

MONTGOMERY COUNTY

SEX TRAFFICKING

RESPONSE PROTOCOL

FOR MINORS

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Appendix A: The Guiding Principles to Address the Needs of Victims of Human Trafficking in Pennsylvania

Appendix B: The Red Flags for Human Sex Trafficking Card

Appendix C: Best Practices for Providing Services to Victims of Sex Trafficking

Appendix D: Act 105: Pennsylvania's First Comprehensive Anti-Trafficking Legislation

I. Introduction

The policies and procedures outlined below are a guide for professionals handling cases of suspected minor victims of human trafficking (HT) and commercial sexual exploitation (CSE) in Montgomery County, PA. Human trafficking is a brutal and dehumanizing crime and, because of its nature, is often unreported. The following reflects a collaborative effort and expertise of individuals representing victim services, law enforcement, prosecutors, the county child advocacy center (CAC), social workers, prosecutors, government agencies, community non-profits, and survivors. We have worked to identify, study, and agree upon the most effective and efficient ways to address the trafficking of minors. It is expected that every case will likely be handled slightly differently depending on the facts of each case, and the services may be applied fluidly to best fit each particular case. Therefore, the responses are developed to be complementary and build off each other in a way that best supports the minor victim's unique strengths and needs, while also employing the best use of resources. It is also understood that these policies and procedures may be modified as more minor victims are recovered and lessons are learned from the victims.

All responding personnel from responding agencies should receive training in the causes and dynamics of human trafficked and exploited youth, the best ways to identify and respond to suspected sexually exploited youth, and their specific roles in these challenging cases.

The Guiding Principles to Address the Needs of Victims of Human Trafficking in Pennsylvania (see Appendix A), developed by the Pennsylvania Interbranch Commission for Gender, Racial and Ethnic Fairness, was adopted by the team of professionals who developed Montgomery County's Sex Trafficking Response Protocols for Minors. The Commission's guiding principles served as a strong foundation for *Montgomery County's Sex Trafficking Response Protocol for Minors* to be built upon. In agreement with these guiding principles, it is required that all professionals involved in the multidisciplinary response will engage with the minor victim in a manner that is person-centered and trauma-informed. All policies should be followed in a way that elevates and respects the voice and input of the identified minor victim. The minor victim will be treated as a victim and not as a criminal, with the acknowledgment that charging a victim with offenses related to their trafficking can be traumatic and possibly dissuade an individual from seeking further support. All team members will accurately represent the minor's input at multidisciplinary team meetings and operate in a manner that is empowering to the minor. The multidisciplinary team will function collaboratively with several different stakeholders to best support the victim, and team members understand that each minor will receive unique, specialized services.

The Best Practices for Providing Services to Victims of Sex Trafficking (see Appendix C) was developed by the Montgomery County Sex Trafficking Response Team (STRT). This document was designed to enhance *Montgomery County's Sex Trafficking Response Protocol for Minors*, as it includes more detailed information on how to provide services in a trauma-informed and victim-centered manner. Professionals

should refer to this document for a comprehensive explanation of how to work alongside the victim to help meet their basic needs (e.g. food, clothing, housing, safety planning, etc.), as well as how to help them gain access to support services (e.g. mental health, medical, legal, immigration relief, etc.).

a. Statement of Purpose

The District Attorney of Montgomery County (DA), the Montgomery County Office of Children and Youth (OCY), Police Chiefs of Montgomery County, Montgomery County Juvenile Probation, and Mission Kids Child Advocacy Center of Montgomery County (MKCAC) agree to work as a multidisciplinary team (MDT) to combat and respond to allegations of commercial sexual exploitation of children (CSEC) in the county. Our goal is to protect the best interests of children who are victims of CSEC and help them to leave the life of human trafficking. We will work together to provide the highest quality of investigation which will help to protect the child, return them to a life free of abuse, and provide the evidence necessary to successfully prosecute offenders. Our goals, consistent with the requirements of all applicable Pennsylvania laws, include identifying and protecting children who have been the victims of CSEC, providing the services each child needs, and creating the best environment for the optimal investigation and prosecution of offenders.

Each case will require a coordinated multidisciplinary team (MDT) approach to bring together the professional disciplines involved in intervention and investigation. The MDT shall draw on the contribution of each discipline to ensure a team response with effective information sharing. The MDT formed to investigate and respond to cases of suspected human trafficking and commercial sexual exploitation of children shall be referred to as the Sex Trafficking Response Team (STRT) because of the specialized training and response required of members in this team. The primary STRT members shall include police, prosecutors, social services through OCY, the Office of Juvenile Probation, and MKCAC. Depending upon the case, the following agencies may also participate in the STRT: Laurel House, The Victim Services Center of Montgomery County, the Salvation Army, medical partners, mental health partners, federal law enforcement, culturally-specific organizations, LGBTQIA+ organizations, and drug and alcohol treatment specialists. The members of the STRT shall consult with other disciplines as needed to provide for: medical evaluations, therapeutic intervention, victim support/advocacy, appropriate shelter, legal services, schooling, and employment.

Each STRT member must complete a human trafficking and trauma-informed care training which is specific to their profession to better understand the complexities and dynamics of human trafficking. Through the collaborative intervention of each discipline and effective information sharing, it is the goal of the team to ensure that the needs of every child victim are met.

The guidelines below are intended to establish consistent practices and relationships between investigating agencies including law enforcement, child welfare/social services, prosecution, juvenile probation, and the child advocacy center in their response to allegations of CSEC. These guidelines serve to clarify the role of each discipline, coordinate the activities of each agency, reduce duplication of effort, and provide for the use of a single non-threatening site (MKCAC). When it is not possible to utilize this site, appropriate referrals will be made. These efforts are all designed to minimize trauma and provide support to a child as they participate in a CSEC investigation and recovery efforts. However, given the specific population that is being served by these protocols, it is understood that each case will be unique. Therefore, the protocols are meant to be adapted to fit the unique victim and case involved.

b. Victim-Centered, Trauma-Informed Approach

The Montgomery County Sex Trafficking Response Team (STRT) created this protocol with the shared understanding that the response to sex trafficking must be both victim-centered and trauma-informed. When a person experiences trauma it can impact every aspect of their functioning, including physical, mental, behavioral, and social interactions. A trauma-informed response is crucial when talking and engaging with victims. Organizations and agencies should understand that trauma is widespread and can present in several different ways. When encountering trafficking victims, responders should fully integrate their knowledge of trauma and the impact that trauma has on the way a victim may respond to a perceived authority figure.

The first interaction that a victim has with any type of system is crucial. Engaging a trafficking victim starts with meeting their basic needs, such as food, shelter, clothing, and safety. It is understood that these victims have experienced complex trauma, and therefore, their basic needs have often gone unmet. Showing the victim that their basic needs are a priority is critical in building rapport and trust. Engaging a victim in this manner may help in relieving or diminishing any feelings of shame or self-blame and can assist them in regaining a sense of control in their lives after experiencing multiple traumatic experiences over an extended time.

The STRT believes that victims should be empowered to use their voice and make their own choices. Team members recognize that success will look different for each victim, and that success should be defined by the victim and not the STRT. The STRT is committed to actively recognizing and addressing any biases or discrimination, whether personal or organizational, to provide a truly trauma-informed response. Providing a trauma-informed response also requires that team members provide services that meet a victim's unique needs.¹ The following factors should be considered by all multidisciplinary team members in service delivery:

¹ Substance Abuse and Mental Health Services Administration. Rep. *SAMHSA'S Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

- Race
- Ethnicity
- Culture
- Gender Identity
- Sexual Orientation
- Age
- Prior Experience with the justice system and/or authorities
- Ability to speak and understand the English language

The STRT commits to creating policies and providing services in a manner that is responsive to the needs of individuals served, thereby fostering an environment where victims are more likely to feel safe, empowered, and heard. All team members are required to complete training in trauma and trauma-informed care.

c. Working with Victims from Marginalized Communities

The STRT recognizes that gaps in services continue to exist for victims and survivors from underserved and marginalized communities. Historically marginalized communities may include persons with disabilities; older adults; persons of color; individuals with Limited English Proficiency (LEP); foreign nationals; formerly incarcerated individuals and LGBTQIA+ individuals.² Victims and survivors who identify as part of a marginalized community often face barriers and challenges in accessing necessary services and supports and may encounter “racial bias, homophobia, and discrimination which influence help-seeking behaviors.”³ Victims and survivors of sex trafficking who identify as belonging to one of the aforementioned groups may be reluctant to seek help from systems which have contributed to the discrimination they have experienced.⁴

The STRT will work to reach underserved victims in the community and to provide a culturally competent response for suspected victims of trafficking. Team members should only connect victims with community resources that the victim trusts, understanding that a victim may be reluctant to seek support outside of

² The Office for Victims of Crime. “Reaching Underserved Victims,” 2017.

<https://ovc.ojp.gov/sites/g/files/xyckuh226/files/pubs/reporttonation2017/reaching-underserved-victim-groups.html>.

³ Georgia Domestic Violence Fatality Review Project, and The Georgia Commission on Family Violence. “Improve Access to Culturally Relevant Services for Victims from Marginalized Communities.” Georgia Domestic Violence Fatality Review Project. Accessed February 22, 2021. <http://georgiafatalityreview.com/key-goals/improve-access-to-culturally-relevant-services-for-victims-from-marginalized-communities/>.

⁴ Ibid.

their cultural community. Team members should work collaboratively with culturally specific organizations, where appropriate, to best meet a victim's unique needs.

If a victim identifies as part of the LEP or deaf community, partners should first empower the victim to express how they feel most comfortable communicating, whether that is using in-person or telephone interpretation services. It is important that STRT members have access to interpretation services 24 hours a day, and that only a trained interpreter should be relied upon for interpretation services (See Appendix C, "Language Services Best Practices"). Members of the STRT should continue to receive ongoing training on how to address needs and provide services to members of marginalized communities.

d. Mandated Reporting

At the outset of this document, it must be stated that any Mandated Reporter who **suspects** human trafficking of a minor in PA is **required** to make a ChildLine report of their suspicions. First-hand knowledge from the child is **not necessary** to make a report to ChildLine. The ChildLine report will initiate an investigative response by the Montgomery County Sex Trafficking Response Team. See Section II(b), "Signs of Exploitation" or Appendix B for a list of warning signs that may indicate a child is being trafficked or commercially sexually exploited.

e. Data Collection

Data tracking is an integral element in the effort to combat sex trafficking. Data tracking helps to broaden partners' understanding of the issue of sex trafficking and how it impacts the local community. It also allows for causes and trends to be more thoroughly examined. This data can then be utilized to develop approaches that are better informed and more effective at reducing trafficking and supporting victims.

Data collection should adhere to confidentiality guidelines as outlined in Pennsylvania's Act 105 (See Appendix D, "Act 105: Pennsylvania's First Comprehensive Anti-Trafficking Legislation") and the Violence Against Women Act (VAWA) by reporting aggregate numbers but no identifying information. Agencies can track data using their tracking systems, and data can be shared and reviewed quarterly by the STRT. In some cases, aggregate, non-identifying data may still hint at a person's identity and not adequately protect their confidentiality. If the aggregate data does not adequately protect a person's confidentiality, then the aggregate data should not be provided to the STRT for data tracking purposes.

II. Law Enforcement Response

a. Initial Report—ChildLine Referrals & Suspicions that Arise in Other Police Contacts

Frequently, reports of suspected trafficking will be received via a referral from ChildLine. However, not all ChildLine referrals will clearly and unambiguously indicate that a minor is/has been the victim of commercial sexual exploitation. When reviewing a ChildLine, law enforcement should keep in mind the signs of exploitation discussed in further detail below and respond accordingly.

In addition, police often come into contact with potential CSEC victims in other circumstances—i.e. while on patrol, during a routine traffic stop, while executing a warrant on an unrelated matter, responding to an unrelated call in an area known for prostitution, planned operations at a motel/hotel or in recovering a minor who has run away from home or placement. Police may also identify a suspected trafficking victim when entering a home for a welfare check. In cases of intrafamilial trafficking, it is possible that a victim is primarily trafficked within the home throughout the course of their exploitation. When interacting with minors present during any call for service, law enforcement should always be aware of common signs of exploitation, make inquiries where appropriate, and respond accordingly.

b. Signs of Exploitation

Generally speaking, sex trafficking of a minor is when someone causes a minor to commit a commercial sexual act, defined as prostitution, pornography, and/or sexual performance done in exchange for any item of perceived value. **In the case of minors, no force, fraud, or coercion is needed.** Anyone under the age of eighteen performing any sexual act in exchange for something of value—whether tangible or intangible—is a victim of sex trafficking. See 18 Pa. C.S. 3011(b).

Perpetrators often seek to exert power and control over their victims through manipulation, coercion/threats, economic means, isolation, and other strategies. This leads many minor victims of human trafficking to deny, minimize, or fail to recognize their exploitation, making it impossible to rely solely on self-identification.

There are many warning signs law enforcement should look for when interacting with minors during their duties:

- Has the minor run away from home or placement?
- Are they accompanied by a significantly older individual?
- Is the minor in school?

- Has the person lied about their age?
- Are there circumstances that lead you to suspect the minor is being controlled by another person?
- Does the minor exhibit unusually fearful, anxious, depressed, submissive, nervous, or paranoid behavior?
- Is the minor in control of their own money and/or identification documents? If not, is this appropriate given the age and circumstances of the minor?
- Is the minor not allowed to speak for themselves?
- Has the minor been “branded?” (i.e. tattoos of names or symbols)
- Do they know what city they are in and/or what day/week it is?
- Do they claim to be “visiting” and are unable to clarify where they are staying or provide an address?
- Are they carrying large amounts of cash or multiple luxury items?
- Are they showing signs of neglect, physical/sexual abuse, physical restraint, or confinement?
- Are they showing signs of substance abuse or addiction?

c. Law Enforcement Red Flags Card

To better assist law enforcement in identifying and responding to the suspected trafficking of minors, officers are encouraged to use the “The Red Flags for Human Sex Trafficking Card” (See Appendix B). All law enforcement should contact Mission Kids CAC or other knowledgeable victim services agencies to set up training on identifying victims of human trafficking before utilizing the Red Flags Card.

Law Enforcement may also contact state and national entities such as the Pennsylvania Coalition Against Rape (PCAR), the Pennsylvania Coalition Against Domestic Violence (PCADV), Child Advocacy Centers of Pennsylvania, the Villanova Law Institute to Address Commercial Sexual Exploitation (CSE), the National Center for Missing and Exploited Children (NCMEC), the National Human Trafficking Hotline, and/or other expert state and national agencies for relevant training on trafficking and commercial sexual exploitation.

d. Runaways

Data reveals that traffickers frequently target youth who are “chronically missing or who frequently run away (especially 3+ missing incidents).”⁵ In 2018, 23,500 “endangered runaways” were reported to the

⁵ “The Issues: Child Sex Trafficking.” The National Center for Missing & Exploited Children. The National Center for Missing & Exploited Children, 2021. <https://www.missingkids.org/theissues/trafficking>.

National Center for Missing & Exploited Children, and it is estimated that one in seven of these children were victims of sex trafficking. When responding to a report of a runaway youth who is suspected to be a victim of trafficking, law enforcement should:

- File a ChildLine report, if not already filed;
- Try contacting the runaway minor through various means—i.e. phone, social media, friends and/or associates;
- Enter the minor into the National Crime Information Center (NCIC);
- Conduct an investigation to ascertain the minor’s whereabouts;
- Notify the school district where the minor is enrolled;
- Notify the Department of Health;
- Contact the Montgomery County Lieutenant of Major Crimes, if the investigation reveals any of the previously mentioned red flags.

e. Initial Response

Upon receiving a report of suspected trafficking of a minor or identifying a suspected minor trafficking victim in another manner, the responding law enforcement officer should immediately:

- Assess and respond to any immediate safety needs;
- Assess and respond to any need for urgent medical treatment;
- File a ChildLine report, if not already filed;
- Contact the Mission Kids CSEC Case Coordinator/Advocate to initiate the STRT response (Law enforcement will decide on a case by case basis the investigative steps which should be taken before the STRT meeting convenes).

i. Engaging a Victim Advocate

Victim advocates should be engaged by law enforcement as soon as possible after identifying a suspected victim of sex trafficking. Due to the child’s prior history and perspective on the role of law enforcement, an advocate may be able build trust and rapport with victims of trafficking in way that law enforcement cannot. Law enforcement should contact the Mission Kids CSEC Case Coordinator/Advocate upon suspicion of CSEC or trafficking of a minor.

ii. Engaging & Interacting with CSEC Victims

The first point of contact in a case of human trafficking is critical, not just to the investigation, but to the well-being and ultimate recovery of the minor victim. The first contact is often with a law enforcement officer. A first responding officer’s interaction with a minor victim may have a vital impact on the future

psychological well-being of the victim as well as the level of cooperation and assistance offered by the victim during the investigation. Children who are victims of commercial sexual exploitation are particularly unique. Minor victims have experienced complex trauma and may be triggered by interactions with authorities like law enforcement. Every effort must be made to engage with the victim, even if the child displays a potentially combative demeanor. Law enforcement should practice the following:

1. Trauma-informed response

When a person experiences trauma it can impact every aspect of their functioning, including physical, mental, behavioral, and social interactions. A trauma-informed response is crucial when talking and engaging with victims. Organizations and agencies should understand that trauma is widespread and can present in several different ways. When coming into contact with trafficking victims, responders should be fully integrating their knowledge and understanding about trauma and the impact that trauma has on the way a victim may respond to a perceived authority figure.

To provide a trauma-informed response, the victim should be made to feel as physically and emotionally safe as possible. When engaging with a suspected trafficking victim, individuals should act in a way that is forthcoming and as transparent as possible to help foster a relationship of trust. Promoting peer support from other survivors of lived experiences is also crucial to a trauma-informed approach, and it should be recognized that all team members have an important role in this type of response. Collaboration between agency staff and victims should be recognized, and victims should be empowered to use their voices and make their own choices. For a response to be truly trauma-informed, biases and discrimination must be actively combatted and services should be provided which meet a victim's unique racial, ethnic, and cultural needs.⁶

2. Engagement strategies

The first interaction that a victim has with any type of system is crucial. Engaging a trafficking victim starts with meeting their basic needs, including food, housing, and clothing (See Appendix C, Sections 1.1, 1.5, and 1.9). It is understood that these victims have experienced complex trauma, and therefore their basic needs have often gone unmet. When coming into contact with a system, showing the victim that their basic needs are a priority is critical in building rapport and trust.

When speaking with victims of trafficking, utilizing open-ended questions allows for the victim to answer questions in their own words and provides a responder with more accurate details. It is best practice to

⁶ Substance Abuse and Mental Health Services Administration. Rep. *SAMHSA'S Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

ask a question such as, “Tell me about yourself” instead of “What is your name?” OR “How can I help you the most right now?” instead of “Where do you live, who do you live with, why are you here, etc.?” A responder needs to carefully consider their actions when engaging with a victim of trafficking.

3. De-escalation techniques

It is essential that law enforcement utilize the trauma-informed lens when encountering a victim who may be considered “combative” and/or “excitable.” It should be recognized that this type of response is a common expression of trauma. If a suspected victim of trafficking is presenting in this manner, an officer should avoid escalation responses (e.g. engaging in power struggles, discrediting the individual, or raising the level of one’s voice, etc.) and employ several de-escalation techniques.

Active listening should be employed, and officers should speak softly and slowly. It may be beneficial for officers in certain situations to meet the individual on their level, such as sitting down with the person rather than standing in a position that could be perceived as threatening. If a victim is extremely agitated, or if they are no longer speaking, it may be helpful to switch to a neutral topic to try to engage the victim into communicating again.

ii. Forensic Medical Examination

If the last known incident of sexual intercourse occurred within 120 hours, the victim should be transported for a forensic medical examination. If more than 120 hours have passed, a forensic examination of the individual for trace or DNA evidence may not be productive; however, evidence of injuries, such as bruising, may be identified and documented for a significantly longer time. Additionally, the victim may still benefit from specialized trauma-informed examination and treatment for sexually transmitted infection (STI), pregnancy, neglect, or physical abuse. *See Section VI, Medical Services and Appendix C, Section 2.3.*

An individual’s cooperation with law enforcement is not a prerequisite to forensic or other medical evaluations and treatment. Law enforcement should ensure that a victim advocate is engaged as soon as possible after there is a suspicion of trafficking, and law enforcement will continue to collaborate with the advocate throughout the process of a forensic medical examination. A victim advocate’s role is to provide the suspected victim with information regarding the different options available to them, as well as ensure their informed consent.

iii. Detention/Return Home/Shelter-care

1. General Considerations

There may be circumstances that warrant detention of a minor suspected of being a victim of human trafficking—whether temporarily until the Office of Children and Youth can respond or related to a delinquency petition. Discretion should be used when deciding whether appropriate to detain a minor suspected of being a trafficking victim. Importantly, this decision should be made in consultation with the Office of Children and Youth and, where appropriate, the Juvenile Probation Department. The following factors should be considered:

- Whether there are reasonable grounds to believe the child is suffering from illness or injury or is in imminent danger from their surroundings, *See* Section 2, Protective Custody;
- Whether the child has committed a crime other than Obstruction of Highways, 18 Pa. C.S. § 5507, and/or Prostitution & Related Offenses, 18 Pa. C.S. § 5902, *See* Section 3, Criminal Conduct and Section 4, Safe Harbor Act;
- Whether the child needs specialized services for sexually exploited children, *See* Section 4, Safe Harbor Act;
- Whether there are any active warrants for the child for either delinquent acts or probation violations;
- Whether the child is the subject of a missing child report.

2. Protective Custody 42 Pa. C.S. § 6324(3)

Sometimes it may be necessary to take custody of a child where law enforcement has determined there is an immediate safety concern as authorized by 42 Pa. C.S. § 6324(3). That being said, it is strongly advised that the law enforcement officer make this decision in consultation with the Office of Children & Youth.

In making this determination, the law enforcement officer should evaluate the risk that, without protective custody, the child will be subjected to further abuse or threats and intimidation. The officer should consider whether the child needs immediate medical attention. Both the law enforcement officer and Children & Youth caseworker must be prepared to articulate the reasons why there was an immediate need to take custody of the child.

If, after consultation with the Children & Youth caseworker, the law enforcement officer has “reasonable grounds to believe the child is suffering from illness or injury or is in imminent danger from his

surroundings that his removal is necessary,”⁷ the law enforcement officer must take protective custody of the child. The removal of a child under these circumstances must be coordinated with the Children & Youth caseworker to ensure that the child’s placement in a safe environment occurs in a timely fashion.

3. Criminal Conduct & Probation Violations

Detention may also be appropriate where there are facts and circumstances to conclude that the minor, who is 10 years of age or older, has committed a crime. Careful consideration should be given to whether the crimes were committed as a direct result of the minor’s exploitation or victimization and whether the minor is entitled to immunity or deferred prosecution. *See* Section 4, Safe Harbor Act. If the minor has committed a crime for which they do not have immunity, law enforcement should consult with the District Attorney’s Office and Juvenile Probation to determine whether detention is warranted.

Where a minor has an active warrant for a violation of probation, law enforcement should contact the probation office for guidance.

4. Safe Harbor Act 18 Pa. C.S. 3065

In December of 2018, new legislation to protect minor victims of human trafficking and sexual exploitation went into effect. Traffickers commonly use violence, threats, drugs, and psychological coercion to exert power and control over victims of human trafficking. Frequently, perpetrators use these means to cause children to commit crimes such as prostitution and drug offenses, among other crimes. The Safe Harbor Act prohibits or delays the prosecution of minor victims of human trafficking for specific crimes they committed as a result of their exploitation.

Pursuant to 18 Pa. C.S. 3605, where law enforcement officer believes that a minor is a “sexually exploited child,” the law grants immunity for the following crimes:

- § 5507 Obstruction of Highways and Other Public Passages;
- § 5902(a) Prostitution & Related Offenses.
18 Pa. C. S. 3605(a)

A “sexually exploited child” is any individual under 18 years of age who:

- Is a victim of “sexual servitude;” or

⁷ 42 Pa. C.S. § 6324(3)

- Is a victim of an offense under 18 U.S.C. 1591.
18 Pa. C.S. 3001

“Sexual servitude” is defined as the performance of any sex act or performance involving a sex act for which anything of actual or perceived value is directly or indirectly given, promised to, or received by an individual or which is performed by or provided by an individual who is induced or obtained from (a) a minor or (b) any other individual by any of the means set forth in 3012(b). 18 Pa. C.S. 3001.

The Safe Harbor Act does not prevent the prosecution for any crime other than 18 Pa. C.S. § 5507 and/or § 5902. However, if a sexually exploited child has committed any of the following offenses as a direct result of his/her exploitation or trafficking victimization, he/she must be referred to the Office of Children & Youth first for dependency in lieu of delinquency proceedings:

- § 3503 Criminal Trespass
- § 4914 False Identification to Law Enforcement
- § 5503 Disorderly Conduct
- § 5506 Loitering & Prowling
- § 113(13)(a)(16) & (31) Possession

Delinquency proceedings may still be commenced if treatment and social services are unsuccessful and the Office of Children & Youth feels such action is necessary and warranted.

Lastly, the Safe Harbor Act limits detainment of a minor believed to be a sexually exploited child for no longer than necessary and only to secure specialized services for the child or refer the child to the Office of Children & Youth for dependency proceedings as outlined above.

iv. Initiation of Multidisciplinary Sex Trafficking Response Team (STRT)

A collaborative, multidisciplinary team response is essential for supporting minor victims of trafficking and ensuring their safety, minimizing re-traumatization, and successful investigation and prosecution of perpetrators. This multidisciplinary response should be initiated at the earliest possible moment. The team should be comprised of a consistent, identified set of specially trained professionals.

As soon as law enforcement has assessed and responded to any immediate safety or medical needs and filed a ChildLine as required, the officer should notify the Mission Kids Case Coordinator using the

information provided below, *See* Section V, “Mission MKCAC Initiation of Multidisciplinary Sex Trafficking Response Team (STRT).”

These policies do not mean to suggest that investigations should be paused pending the multidisciplinary team meeting. Law enforcement will decide on a case-by-case basis the investigative steps which should be taken before the MDT conference convenes.

MKCAC Phone During Business Hours

1 (484) 687-2990

After Business Hours

* If an emergency forensic interview is necessary, call the radio room at 1 (610) 635-4300 and ask for the Supervisor on-duty.

f. Criminal Investigation

i. Unique aspects of/issues in human trafficking investigations of minors

There is no such thing as a child prostitute. If an individual gives or receives anything of value as a result of a sexual act performed by a minor, that person is guilty of sex trafficking.

Human trafficking does not require an exchange of money for a sexual act, nor does it require the perpetrator to have received any money. The statute only requires an exchange or promise of anything of actual or perceived value. This could include safety, clothing, food, drugs or anything an individual might regard as valuable.

Unlike with adult victims, human trafficking of minors does not require:

- evidence of force, fraud, or coercion;
- the exploited minor to self-identify as a victim;
- evidence that the minor is being held against their will;
- evidence that the minor has been removed from their country of origin or moved across state lines.

ii. Barriers to Reporting

Victims experience a range of emotions in connection to their traffickers—from fear, to love and loyalty. Some minor victims are unable or unwilling to recognize what happened to them as abuse. As a result, they often minimize, deny, or recant their statements.

When encountering a reluctant or recanting victim, law enforcement should remember to:

- Approach the situation in a trauma-focused manner (*See I(b) and II(i)(1), “Trauma-Informed Response”*),
- Understand and acknowledge the factors outlined above,
- Document any inconsistencies with the understanding that a recantation of one or more aspects of a prior statement does not mean there has been a completely false report.

III. Prosecution Response

Early Assignment & Vertical Prosecution

As discussed above, because of the unique and complex nature of human trafficking cases, the best outcomes are achieved when handled by a consistent team of specially trained professionals. To this end, a prosecutor should be assigned to work together with the assigned investigator and the rest of the multi-disciplinary team anytime a suspected case of human trafficking is identified. Prosecutors and investigators should work closely throughout the criminal investigation. Where criminal charges are filed, the assigned prosecutor should continue to handle the case through its final disposition.

This model provides stability and comfort to victims who are often understandably distrustful and reluctant to move forward with a criminal investigation and/or prosecution. Providing stability builds victim confidence and trust, and in turn, enhances willingness to cooperate with prosecution. Also, having the same prosecutor handle a case from investigation through final disposition minimizes the delay and disruption which might accompany transferring a case to a new prosecutor who must familiarize themselves with the case and begin the rapport-building process with the victim.

Working with Sex Trafficking Victims After Initiation of Criminal Charges

Children who are victims of commercial sexual exploitation have experienced complex trauma. Just like a first responding officer, prosecutors must recognize how their interaction with a minor victim is likely to have a significant impact on the victim’s future well-being as well as their continued cooperation through the final disposition of any criminal case. Prosecutors should at all times be engaging and trauma-informed. *See I(b) and II(e)(i)(1), “Trauma-Informed Response.”* However, it is equally important for

prosecutors to maintain professionalism, objectivity, and make clear their unique role in the criminal justice system.

When appropriate, the prosecutor, an investigator, and/or a victim advocate, should meet with the minor victim to introduce themselves, explain their role, and provide an overview of the criminal justice process. The team may also use this as an opportunity to build rapport with the victim. Such a meeting will assist in establishing a relationship of trust that is important to ensure the victim is supported and heard throughout the case.

Although the prosecutor ultimately maintains sole discretion concerning how a case proceeds from investigation through prosecution, input from the victim is an important aspect of the decision-making process. Victims should feel comfortable that prosecutors will effectively explain each stage of the criminal justice process and adequately prepare them for any proceeding where their appearance may be necessary.

Relevant Criminal Statutes

The prosecutor plays a critical role in the outcome of human trafficking cases. Perhaps the most critical aspect of this role is the decision to prosecute or not prosecute after evaluating the evidence collected during an investigation with any eye toward the ultimate burden of proof: beyond a reasonable doubt.

The following is a list of the criminal statutes specific to the trafficking of minors. Other, non-trafficking offenses may also be appropriate depending on the facts and circumstances revealed by the investigation. The law enforcement officer assigned to investigate a report of suspected human trafficking will consult with the District Attorney's office throughout the investigation. In addition, before the execution of any search or arrest warrant, the officer will need to obtain approval from the District Attorney's office as required by local Rules of Criminal Procedure 201 and 507.

1. Safe Harbor Act 18 Pa. C.S. 3065

Traffickers often use violence, threats, drugs, and psychological coercion to exert power and control over victims. Exploiters use these means to cause minors to commit crimes. The Safe Harbor Act, therefore, prohibits or delays the prosecution of minor victims of human trafficking for the specific crimes they committed as a result of their exploitation.

2. Definitions, 18 Pa. C.S. 3001

"Victim of human trafficking" or **"victim:"** an individual who has been subjected to human trafficking.

“Human trafficking:” any activity in violation of section 3011 (relating to trafficking in individuals) either alone or in conjunction with an activity in violation of section 3012 (relating to involuntary servitude).

“Involuntary servitude:” labor servitude or sexual servitude.

“Sexual servitude:” Any sex act or performance involving a sex act for which anything of value is directly or indirectly given, promised to or received by any individual or which is performed or provided by any individual and is induced or obtained from:

(1) A minor,

(2) Any other individual by any of the means set forth in section 3012(b).

“Sex act:” any touching or exposure of the sexual or other intimate parts of any individual for the purpose of gratifying sexual desire of any individual.

4. Trafficking in Minors, 18 Pa. C.S. 3011(b)

The offense of Trafficking in Minors is graded as a Felony of the 1st Degree and requires the following elements to be proven beyond a reasonable doubt:

- The perpetrator recruited, enticed, solicited, harbored, transported, provided, obtained, or maintained the victim;
- The perpetrator knew or recklessly disregarded that the victim would be subjected to involuntary servitude, *See above Section 2, Definitions*; OR the perpetrator knowingly received anything of value from any act that the defendant knew facilitated the above;
- The victim was under the age of 18 at the time.

It is not a defense that the perpetrator either did not know the victim’s age or even that the perpetrator made a reasonable mistake about the age of the victim.

5. Promoting Prostitution of a Minor, 18 Pa. C.S. 5902(b.1)

The offense of Promoting Prostitution of a Minor is graded as a Felony of the 3rd Degree and requires the following elements to be proven beyond a reasonable doubt:

- The perpetrator promoted prostitution of another person in the following way(s):
 - by owning, controlling, managing, supervising, or otherwise keeping, alone or in association with others, a house of prostitution or a prostitution business in which a victim is a minor;
 - by procuring an inmate who is a minor for a house of prostitution or a place in a house of prostitution where a minor would be an inmate;

- by encouraging, inducing, or otherwise intentionally causing a minor to become or remain a prostitute;
 - by soliciting a minor to patronize a prostitute;
 - by procuring a prostitute who is a minor for a patron;
 - by transporting a minor into or within this Commonwealth with intent to promote the engaging in prostitution by that minor or procuring or paying for transportation with that intent;
 - by leasing or otherwise permitting a place controlled by the actor, alone or in association with others, to be regularly used for prostitution of a minor or the promotion of prostitution of a minor, or failure to make a reasonable effort to abate such use by ejecting the tenant, notifying law enforcement authorities, or other legally available means; OR
 - by soliciting, receiving, or agreeing to receive any benefit for doing or agreeing to do anything specified above.
- The perpetrator did so knowingly, that is, the perpetrator was aware the individual with whom he or she was engaged in the conduct charged was an individual under the age of 18 years old.

IV. Office of Children & Youth Response

The following section contains information that is specific to the Office of Children & Youth’s (OCY) response to cases of minors suspected to be a victim of sex trafficking. These cases are unique and often complex. Therefore, a specialized response is required. The information below is to be used as a general guideline, with each response being tailored to address each minor’s unique needs. OCY staff should always consult a supervisor when responding to these cases.

a. Identification of Victims

The Intake Division at OCY can receive a new referral with allegations of trafficking of a child from ChildLine, a non-mandated referral source, and/or a child is identified on a case referral with observed trafficking red flags. If the report is not numbered for trafficking and/or is given a General Protective Services (GPS) assignment, consult with supervisor to get it re-evaluated to a Child Protective Service (CPS) report through ChildLine or make a new report if you have a new suspicion of trafficking while working another allegation. All caseworkers should refer back to Section II(A)(i), “Signs of Exploitation” and Appendix B for a comprehensive list of red flags that can be used to assist with identifying child sex trafficking victims.

The Ongoing Division at OCY can receive a referral with allegations of trafficking of a child from ChildLine (GPS), non-mandated referral sources, and/or a child is identified on a case referral with observed trafficking red flags, *See II(b), "Signs of Exploitation" and Appendix B*. If an on-going caseworker suspects human trafficking, a new ChildLine referral should be made by that caseworker to allow the Intake Division to investigate.

The OCY caseworker will complete the Commercial Sexual Exploitation of Children (CSEC) Screening Tool. The OCY caseworker is required to complete the CSEC Screening Tool for every open case. If a risk of trafficking is indicated upon completion of the CSEC Screening Tool, then Mission Kids CSEC Case Coordinator/Advocate will be contacted. An STRT pre-team meeting will then be scheduled by the Mission Kids CSEC Case Coordinator/Advocate and held within 72 hours of notification from the assigned OCY caseworker.

b. Safety Plan

The assigned OCY caseworker will assess and respond to the safety needs of trafficking victims. If applicable, the assigned OCY caseworker will establish and implement an initial safety plan in an attempt to assure the safety of a child with non-offending caregivers (relative or non-relative criminal and child abuse checks are conducted by the caseworker). The OCY caseworker will thoroughly explain the established safety plan signed by OCY, the parent(s)/guardian(s), and all related parties. The OCY caseworker and supervisor will monitor compliance with the established safety plan. The trafficking victim can either return home with a safety plan established, reside outside of the home with an appropriately identified caregiver, or reside in shelter care as determined. If applicable, the OCY caseworker will consult the OCY solicitor and complete a Dependency Petition if placement occurs. If applicable due to the disclosed information or allegations, the OCY caseworker and/or the Mission Kids CSEC Case Coordinator/Advocate will coordinate a scheduled medical exam at the Children's Hospital of Philadelphia's CARE clinic. The responsibility to safety plan will be upheld by all providers who come in contact with sex trafficking victims. Service providers should work with victims to plan for safety in the following areas: physical, emotional, and technological, *See Appendix C, Section 1.2*.

c. Initiation of Multidisciplinary Sex Trafficking Response Team

The assigned OCY caseworker notifies and discusses the referral with the assigned law enforcement officer with jurisdiction. The Mission Kids CSEC Case Coordinator/Advocate will schedule the initial STRT meeting within 72 hours of the initial report based on all parties' availability. This initial team meeting can occur by phone if required attendees cannot be present in person for the meeting (*See Section V(ii)* for more information). The OCY caseworker will contact the Mission Kids CSEC Case Coordinator/Advocate to provide the requested case information.

d. Engaging & Interacting with CSEC Victims

The OCY caseworker will use a trauma-informed and collaborative approach by notifying and communicating with all agency participants. The OCY caseworker, along with the designated STRT, will utilize engagement strategies with the CSEC victim. See Section II(e)(i)(1-3) for a more detailed description of trauma-informed responses, engagement strategies, and de-escalation techniques. The OCY caseworker will assess and assure safety measures are in place on an ongoing basis.

e. Child Abuse Investigation

The OCY caseworker will complete collateral contacts with the Mission Kids CAC CSEC Case Coordinator/Advocate to follow up on any services referred to or provided, as well as if any assistance is needed with the family. The OCY caseworker will coordinate and complete collateral contacts with law enforcement on the status of a criminal investigation. The OCY caseworker will also gather and receive medical and/or law enforcement agency reports. The OCY caseworker will assess and refer minor trafficking victims and/or families for community-based services.

At the initial STRT meeting, a determination will be made by the team, using the minor's input, about whether or not the minor is ready to complete a forensic interview. See Section V(a)(iii). If the child is not ready for a forensic interview, the case referral will be unfounded and new information will be received at a later date. This information will generate a new ChildLine referral.

Four weeks after the initial STRT pre-team meeting, a formal case review will be scheduled and held. This case review will involve all STRT members who attended the initial meeting, including the assigned OCY caseworker and appropriate supervisor. The OCY caseworker will schedule and participate in an OCY Administrative Review with the Deputy Intake Administrator and OCY solicitor to make an Indicated/Founded/Unfounded Determination. If a case is unfounded, a new referral would be generated to ChildLine based on any newly discovered information by law enforcement and/or any other party. The case referral will close or open for ongoing services with OCY.

f. Mission Kids Team Forensic Interview

The OCY caseworker will attend a forensic interview preparation meeting with the STRT if it is determined by the team that a forensic interview should take place. The OCY caseworker will provide a detailed OCY history, as well as any additional gathered information. The OCY caseworker will complete the Mission Kids Interview Invoice form. The OCY caseworker will assess a child's safety and establish a safety plan as needed at the time of the interview and closing of the case.

If the child does not disclose at the time of the forensic interview, the case will be unfounded and a new referral will be generated to ChildLine if there is new information to report. The OCY caseworker will meet with the parent/guardian, Mission Kids CSEC Case Coordinator/Advocate, and the Juvenile Detective/Law enforcement officers to discuss concerns, child/family needs, etc. The OCY caseworker will discuss the safety plan and measures during the meeting if applicable. The OCY caseworker will have the parents/caregivers sign any OCY case documentation as needed.

V. Mission Kids Child Advocacy Center Response

Each STRT member who comes in contact with the victim must complete a human trafficking and trauma-informed care training which is specific to their profession. Contact Mission Kids CAC to schedule the appropriate training. Furthermore, all confidentiality that is outlined in Act 105 must be followed by the appropriate personnel.

Human trafficking is a unique form of child abuse. In light of the unique dynamics and challenges, the routine CAC response that is utilized for child abuse cases cannot be utilized for trafficking cases. Unlike other child sex abuse cases, in a trafficking case, STRT members should go beyond collecting minimal facts. STRT members should also seek to build rapport with the minor victim prior to the forensic interview in cases of suspected trafficking. It may be necessary to engage in several discussions with the victim to foster a relationship of trust. All team members are expected to respond to these cases to provide holistic care. The process in place for a forensic interview is also different in a trafficking case in comparison to child abuse cases, *See Section V(a)(iii)*.

a. Initiating the Response

The Mission Kids CSEC Case Coordinator/Advocate will receive a notification from law enforcement, the Montgomery County District Attorney's Office, or the Office of Children & Youth of an allegation of human trafficking involving a minor. Upon receipt of this referral, within 24 hours the MK CSEC Case Coordinator/Advocate will identify and notify the following MDT members:

- Local law enforcement representative;
- Montgomery County Detective Bureau, On-call Lieutenant;
- Montgomery County District Attorney, Assistant Chief or Captain of the Family Protection Unit;
- PA State Police;
- Office of Children and Youth, Investigative Unit;
- Mission Kids CSEC Forensic Interviewer;
- Montgomery County Child Advocate (MCAP).

If applicable, the Mission Kids CSEC Case Coordinator/Advocate will also identify the following STRT members:

- Federal law enforcement representative;
- Montgomery County Juvenile Probation,
- Any other appropriate STRT members as requested by LE, OCY, DA, or MKCAC representative, can include but are not limited to: Laurel House, the Salvation Army, medical partners, mental health partners, culturally-specific organizations, LGBTQIA+ organizations, and drug and alcohol treatment specialists.

The Mission Kids CSEC Case Coordinator /Advocate will schedule either an in-person or phone conference meeting of all required representatives (above) to take place ideally within 48 hours, but not more than 72 hours after the case is called into Mission Kids. The STRT initial meeting will be scheduled more quickly based upon the urgency of the case.

i. Conducting the CSEC Assessment

The CSEC Case Coordinator/Advocate will make a referral to a designated mental health clinician within 48 hours after the case is called into Mission Kids. The designated mental health clinician will meet the victim to conduct the Commercial Sexual Exploitation (CSEC) Assessment within 48 hours upon receipt of the referral from the Mission Kids CSEC Case Coordinator/Advocate. Depending upon the judgment of the mental health clinician, it may take one or several times to complete a detailed CSEC. In some instances, multiple meetings with the minor may be beneficial to build rapport and gather information. It is therefore possible that depending upon the case, the CSEC Assessment will not be completed before the initial convening of the STRT. If the CSEC Assessment has not been completed before the initial STRT meeting, the information gathered through the CSEC Assessment will be shared at the STRT case review that is scheduled 4-6 weeks after the receipt of the initial referral to the MK CSEC Case Coordinator/Advocate. If the information gathered through the completion of the CSEC Assessment is relevant and urgent to the investigation of the case, the designated mental health clinician will notify the MK CSEC Case Coordinator/Advocate and an STRT follow-up meeting will be scheduled to discuss the CSEC Assessment outcomes.

ii. Convening the STRT

During the initial STRT meeting, the STRT will review allegations, agree upon a plan for services, investigation, and welfare, to include, but not be limited to, the following:

- Placement/shelter (*See Appendix C, Section 1.5*);
- Interpersonal mentoring and support (*See Appendix C, Section 2.6*);

- Mental health treatment (See Appendix C, Section 2.1);
- Threats/danger of the alleged perpetrator or other individuals (See Appendix C, Section 1.2);
- Medical evaluation and health care (See Appendix C, Section 2.3);
- Forensic interview timing.

During the initial STRT meeting, the group may want to ask the following questions:

- Who is the child most comfortable speaking with on the team?
- Is the child ready for a forensic interview; if not, what should the team do to help?
- What else does this child need to start moving forward?
- Do we need to involve anyone else that is not on the team at this time? (e.g., medical or mental health personnel, etc.).
- Has the child had a CSEC assessment? If not, is there a reason not to schedule one before the interview?

iii. The Forensic Interview

The forensic interview process for trafficking cases can be different than the process that is routinely enacted at Mission Kids for child sexual abuse (CSA) cases. In trafficking cases, a forensic interview should be utilized as a way to preserve evidence of the victim's statement, as well as an investigative tool. A victim should only be interviewed after their basic needs have been met and some level of rapport has been established. A trafficking victim may not want to participate in a forensic interview, and this should in no way prevent MDT members from having discussions and building rapport with the victim.

A forensic interview preparation meeting is recommended for all forensic interviews conducted at Mission Kids, and should routinely include law enforcement and child protection investigators assigned to the case, the identified HT forensic interviewer, the Mission Kids CSEC Case Coordinator/Advocate, and other STRT members may be included as recommended by the core STRT members. Sharing of available information about the child and the child's level of functioning, all information contained in the reports made to law enforcement and/or child protective services, and any history that the family or the alleged offender has with either investigative organization can be helpful to the interviewer, particularly when a

child is reluctant, young or otherwise challenged to communicate clearly, or has been threatened or influenced in some way.⁸

Cases with allegations of trafficking require additional preparation and planning. More than one law enforcement agency may be involved, and both federal and local agencies may have jurisdiction. Exploitation and trafficking cases often do not originate with an outcry from the suspected victim, who may be frightened, angry, confused, or traumatized. Some children will have a long and complex history of maltreatment, neglect, and poly-victimization. In some cases, there will be evidence that either indicates the possibility or provides definitive proof of a crime that might be used during the forensic interview. Evidence may include electronic media or communications, social media websites, handwritten letters, notes, or the like.⁹

iv. Advocacy Services

The Mission Kids CSEC Case Coordinator/Advocate should visit the victim as soon as possible following a notification from law enforcement, the Montgomery County District Attorney's Office, or the Office of Children & Youth of an allegation of human trafficking involving a minor. The CSEC Case Coordinator/Advocate should meet the suspected victim at a location that the victim expresses they prefer and complies with the agency's internal policies regarding in-person visitation. The Mission Kids CSEC Case Coordinator/Advocate should emphasize rapport building and work to build a relationship of trust with the victim. It is imperative that the Mission Kids CSEC Case Coordinator/Advocate practices a victim-centered, trauma-informed, and empowering approach to service provision.

The person in this specific role should develop, maintain and assist in access to victims' rights information, as well as provide court education, support, and accompaniment to the victim as necessary. They should coordinate, as needed, any medical and mental health services. The Mission Kids CSEC Case Coordinator/Advocate should make a referral to the Montgomery County Advocacy Project (MCAP), as well as the Salvation Army New Day Program.

The Mission Kids CSEC Case Coordinator/Advocate will work within confidential communication as referenced in Act 105: Pennsylvania's First Comprehensive Anti-Trafficking Legislation (See Appendix D for a summation of Act 105). They will educate the victim about their legal rights and privileges, as well as be transparent with the victim about the possible ramifications of signing a written consent to release

⁸ Cordisco, Linda L, and National Children's Advocacy Center. Publication. *Adapted Forensic Interview Protocol for Children and Adolescents When Exploitation and/or Trafficking Is Suspected*. Huntsville, AL: National Children's Advocacy Center, 2019.

⁹ Ibid.

information. The Mission Kids CSEC Case Coordinator/Advocate will not disclose communications without a client's written consent, thereby allowing victims access to care they need without worrying about advocates being subpoenaed by traffickers' defense attorneys at times of trial.

b. Information Sharing and Case Updates

All STRT members will update the team as the minor victim stabilizes and will coordinate subsequent STRT meetings as needed. Information will be shared among team members within the bounds of confidentiality. Specifically, information will be shared following Act 105's confidentiality provisions (See Appendix D), the Criminal History Record Information Act (CHRIA), and the CPS Law Enforcement Exception (depending on the facts of each case).

c. STRT Case Review

An STRT Case Review will be conducted within 4 to 6 weeks of the initial referral to the Mission Kids CSEC Case Coordinator/Advocate. The Mission Kids CSEC Case Coordinator/Advocate will notify all STRT members of the scheduled case review, as well as any other appropriate STRT members as requested. The STRT will evaluate the case, reassess plans and services for the victim, and will continue future case planning with victim input.

VI. Medical Services Response

Every child suspected of being a sex trafficking victim should receive a medical evaluation (See Appendix C, Section 2.3). Medical evaluations for minors should be performed preferentially in the Children's Hospital of Philadelphia's CARE clinic. Children who are suspected victims of sex trafficking will be eligible for medical evaluation at the CARE clinic. Eligible children will be those children under 18 years old who are referred through Mission Kids. Please note that children who have experienced acute sexual assault will be referred to the area Emergency Departments (ED) that provide pediatric care. Where the minor suspected of being a sex trafficking victim does not require immediate medical evaluation, a scheduled CARE clinic appointment will be appropriate.

a. Immediate ED Referrals

The following are examples of a minor sex trafficking victim requiring immediate ED referral:

- An acute assault occurred within 120 hours;
- Concern for the need for emergency contraception;
- The need for post-exposure prophylaxis for sexually transmitted infection including HIV;
- Concern for acute trauma (post-traumatic bleeding, pain, dysuria, hematuria);
- Medical intervention is needed emergently to assure the health and safety of the child;

- The child is experiencing significant behavioral or emotional problems and requires evaluation for possible suicidal ideation/plan.

If it is determined that a child needs immediate mental health treatment, partner agencies will coordinate the child's transport, if necessary, to an appropriate mental health facility. If no beds are available at an appropriate mental health facility or the child cannot be seen immediately, the child must be brought to the local ED for immediate evaluation. If a parent or guardian is not willing or in agreement with the child being evaluated at either a local Emergency Room or mental health facility, the Office of Children & Youth caseworker and/or local police department involved in the investigation must act to ensure the child's safety and get the child mental health treatment where appropriate

b. Non-Immediate Medical Referrals

Children who do not require an ED referral will be given an appointment at the CARE clinic at the next open appointment (*See Appendix C, Section 2.3*). The Mission Kids CSEC Case Coordinator/Advocate will call the CARE clinic to schedule an appointment. The purpose of the medical evaluation in suspected CSEC cases include:

- Ensure the health, safety, and well-being of the child;
- Diagnose, document, and address medical conditions resulting from abuse;
- Differentiate medical findings resulting from abuse from those which may be explained by alternative medical conditions unrelated to abuse;
- Diagnose, document, and address medical conditions unrelated to abuse;
- Assess the child for developmental, emotional, or behavioral problems requiring further evaluation and treatment, and make appropriate recommendations or referrals;
- Reassure and educate the child and family when indicated.

Medical examinations will be conducted by members of the child protection team at The Children's Hospital of Philadelphia, supervised by either an attending physician or senior fellow from the CHOP Child Protection Team. Participants in the medical evaluation may include the following personnel:

- Attending physicians on staff at CHOP;
- Child abuse and neglect fellows from CHOP;
- Emergency Department fellows from CHOP;
- Resident physicians rotating with the child protection team;

- Medical students rotating with the child protection team from The University of Pennsylvania School of Medicine;
- An advanced practice nurse practitioner from the child protection team from CHOP;
- Community physicians working with the child protection team.

Medical examinations can occur at one of three sites:

- CARE clinic at King of Prussia. Appointments will be available on the 2nd and 4th Wednesday afternoons of each month;
- CARE clinic at CHOP-Philadelphia. Appointments will be available each Tuesday and Thursday afternoon;
- CARE clinic at Grandview Hospital. Appointments will be available on the 1st and 3rd Monday of each month.

All examinations will include standard medical documentation following CHOP policies. Photographic documentation of examination findings will be used and will be kept according to the hospital's standards, in the patient's medical record. All requests for records will be obtained according to standard practices and will obey legal requirements.

VII. Juvenile Probation Response

Juvenile Probation Department is cognizant that some minors receiving their services have been and will be, victims of human trafficking, and their needs are varied and challenging to address. All juvenile officers are trained in trauma-informed care (See I(b) and II(e)(i)(1), "Trauma-informed Response" for a brief overview), and have completed training on the dynamics of human trafficking.

Juvenile Probation is the authorizing agency for juvenile detentions in Montgomery County. Detention determinations are governed through the use of an assessment tool called the Pennsylvania Detention Risk Assessment Instrument (PaDRAI). This assessment does not conflict with Act 130, See III(c)(1).

Juvenile Probation may become involved in trafficking cases after the Court has determined the youth is delinquent, or the Court has entered a finding of fact on delinquency charges. The Juvenile Court ultimately determines whether a juvenile is found to be delinquent, and the Court determines disposition.

a. Identification of Victims

It is also possible that a juvenile on probation supervision is discovered to be a trafficking victim. Juvenile Probation will utilize a screening tool to improve the identification of victims.

As mandated reporters, probation officers are obliged to notify ChildLine with any suspicion of trafficking or abuse of a minor. The ChildLine report would trigger the STRT response. Generally speaking, however, issues of trafficking would be exposed before Juvenile Probation involvement. Regardless of how and when the case is identified, Juvenile Probation Officers would work collaboratively with the STRT.

b. Interstate Compact

At times, wanted youth cross state lines, and Interstate Compact becomes involved in their apprehension and return. Rule 6-102, 6-103, and 6-103A of the Interstate Commission for Juveniles govern that wanted juveniles must be held in secure facilities pending return to their state. A secure facility is defined as either hardware secure or staff secure. These provisions apply to Runaways, Probation/Parole Absconders, Escapees or Accused Delinquents, and Accused Status Offenders.

VII. Victim Service Agency Response

Victim services are agencies that have specially trained victim advocates who are experts in providing services to victims of crime, which includes victims of sex trafficking. These agencies provide victims with the necessary services to “address expressed needs and concerns and promote feelings of healing and justice in the aftermath of a crime.”¹⁰ Minor victims of sex trafficking may be identified by various agencies including The Salvation Army, Victim Services Center of Montgomery County, Laurel House, the Women’s Center of Montgomery County, and any other victim service agency in Montgomery County. It is understood that victims enter systems in countless ways, and a multidisciplinary approach recognizes that “no door is the wrong door” for victims to access services.

The victim advocate involved in the response to a minor victim of trafficking may primarily serve sexual assault, child abuse, and/or domestic violence victims and survivors; however, depending upon the agency, the victim advocate’s primary purpose may be to provide support to victims of human trafficking. If the victim advocate’s primary purpose is to support victims of human trafficking, they qualify under 18 Pa. C.S. § 5945.3(c) as a human trafficking caseworker. Mission Kids’ CSEC Case Coordinator and Advocate qualifies under this statute as a human trafficking caseworker.

¹⁰ The Office for Victims of Crime. Publication. *Achieving Excellence: Model Standards for Serving Victims & Survivors of Crime*. Washington, DC: The National Victim Assistance Standards Consortium, 2003.

a. Human Trafficking Caseworker

Pursuant to 18 Pa. C.S. § 5945.3(c), a human trafficking (HT) caseworker is an individual who is engaged by any organization, whether financially compensated or not, whose primary purpose is the rendering of advice or assistance to a victim of human trafficking.

A human trafficking caseworker is required by law to either hold a master's degree or equivalent in a human services profession, hold an undergraduate degree or equivalent in a human services profession, or be supervised by someone who holds either one of the aforementioned degrees or equivalents.

Under Act 105, human trafficking caseworkers are also required to have completed at least 80 hours of training on the following topics:

- The history of human trafficking;
- Civil law and criminal law as they relate to human trafficking;
- Societal attitudes toward human trafficking;
- Peer counseling techniques;
- Housing, public assistance, and other financial resources available to meet the needs of victims of human trafficking;
- Referral services available to victims of human trafficking;
- Privileged communications; or
- Human trauma therapy counseling.

An HT caseworker may not disclose a confidential communication without the written consent of the suspected victim of trafficking who made the confidential communication. Confidential communication as defined in 18 Pa. C.S. § 5945.3(c) is all information, oral or written, transmitted between a victim of human trafficking and a human trafficking caseworker in the course of their relationship. This includes advice, reports, statistical data, memoranda, working papers, and records, given or made during that relationship, including matters transmitted between the human trafficking caseworker and the victim using an interpreter.

The HT caseworker will educate the victim about their legal rights and privilege, as well provide the victim with information about possible ramifications of signing a written consent to release information. In some cases, the age of the survivor is relevant to signing releases. If the minor victim is legally not of age to sign a release, a parent or guardian's signature may need to be obtained.

b. The Initial Response

Victim advocates and/or HT caseworkers should be aware of the common signs of commercial sexual exploitation of children (CSEC), make inquiries where appropriate, and respond in a trauma-informed

manner to the suspected minor victim. Following a suspicion of CSEC, a victim advocate and/or HT caseworker should:

- Assess any immediate safety needs and begin safety planning with the victim;
- Assess and respond to any basic needs;
- File a ChildLine report, if not already filed;
- Contact Mission Kids CAC to initiate the STRT response.

Mission Kids' CSEC Case Coordinator and Advocate will schedule the first STRT meeting within 72 hours of the initial report based on all parties' availability. This first STRT meeting can occur by phone if required and/or attendees cannot be present in person for the meeting. The victim advocate and/or HT caseworker will contact Mission Kids CAC to provide requested case information (if applicable) and will attend the first STRT meeting.

c. Advocacy Services

A victim advocate and/or HT caseworker who works alongside a suspected minor victim of trafficking has an important and distinct role in the multidisciplinary response. A victim advocate and/or HT caseworker should possess the fundamental skills of an advocate, such as knowledge of victims' rights, crisis response and intervention, safety planning, and a victim-centered approach to service provision¹¹. Victim advocates who are engaged in the response to minor victims of trafficking should also understand the complex dynamics of sex trafficking. The victim advocate and/or HT caseworker will work alongside the suspected minor victim of trafficking in identifying their needs and accessing resources that will support them throughout their journey of healing.

The victim advocate and/or human trafficking caseworker will provide the minor with court education, support, and accompaniment as necessary. They will also coordinate, as needed, any medical and mental health services. Referrals should also be made, as needed, to shelter placements, educational and vocational programs, as well as any other service placements in conjunction with the OCY caseworker working with the minor victim.

The victim advocate and/or HT caseworker should meet with the victim at a mutually agreed upon location that adheres to their agency's operating guidelines. Depending upon the organization, this could include, but is not limited to, the victim's current residence, a placement, a library or other public

¹¹ National Sexual Violence Resource Center and Pennsylvania Coalition Against Rape. Publication. *Assisting Trafficking Victims: A Guide for Victim Advocates*. Enola, PA: National Sexual Violence Resource Center, 2012.

space, medical and/or mental health appointments, etc. Upon receipt of the referral, a victim advocate should meet with the suspected victim of trafficking in person as soon as possible.

All meetings following the initial STRT meeting facilitated by Mission Kids should be attended by the victim advocate and/or HT caseworker. The STRT may schedule one or more follow-up meetings on an as-needed basis, and an STRT Case Review is scheduled 4-6 weeks following the initial date of the referral to Mission Kids CAC. The victim advocate and/or HT caseworker will attend all STRT meetings and share information with team members within the bounds of confidentiality.

d. Making Informed Referrals

Victim advocates and/or HT caseworkers should be knowledgeable about other resources and programs in the community that may be beneficial to victims of trafficking. Expressed needs of a victim may be beyond the ability and capacity of their agency to provide, and in these instances, an informed referral should be made.¹² Referrals should always be made with youth input, and minor victims should be presented with choices between services when possible. Referrals should only be made to those agencies that are "...credible, trauma-informed, [and] respectful of confidentiality"¹³.

e. Communicating and Building Rapport with Victims

A victim advocate and/or HT caseworker is in a unique position, as they are not directly affiliated with the justice system, to build rapport and trust with the suspected minor victim. The victim advocate and/or HT advocate should work to make the client feel as safe and comfortable as possible. Victim advocates and/or HT caseworkers should not expect a victim of trafficking to recognize their situation as exploitative or view themselves as a victim in need of intervention. It is important to meet the victim where they are at and on their terms, recognizing and meeting those needs that they present.

When communicating with a suspected victim of trafficking, a victim advocate and/or HT caseworker should not comment on a victim's motivation or dispute facts, as well as react in any way that may communicate disgust or disdain. A victim advocate and/or HT caseworker should remain nonjudgmental when listening to the victim and allow the victim to speak uninterrupted.

VIII. Conclusion

The policies outlined above are a guide for professionals handling cases of suspected commercial sexual exploitation of children. Each case will be responded to differently given the facts of each case, and it is understood that the response to victims should be tailored to meet each minor's unique strengths and

¹² The Office for Victims of Crime. Publication. *Achieving Excellence: Model Standards for Serving Victims & Survivors of Crime*. Washington, DC: The National Victim Assistance Standards Consortium, 2003.

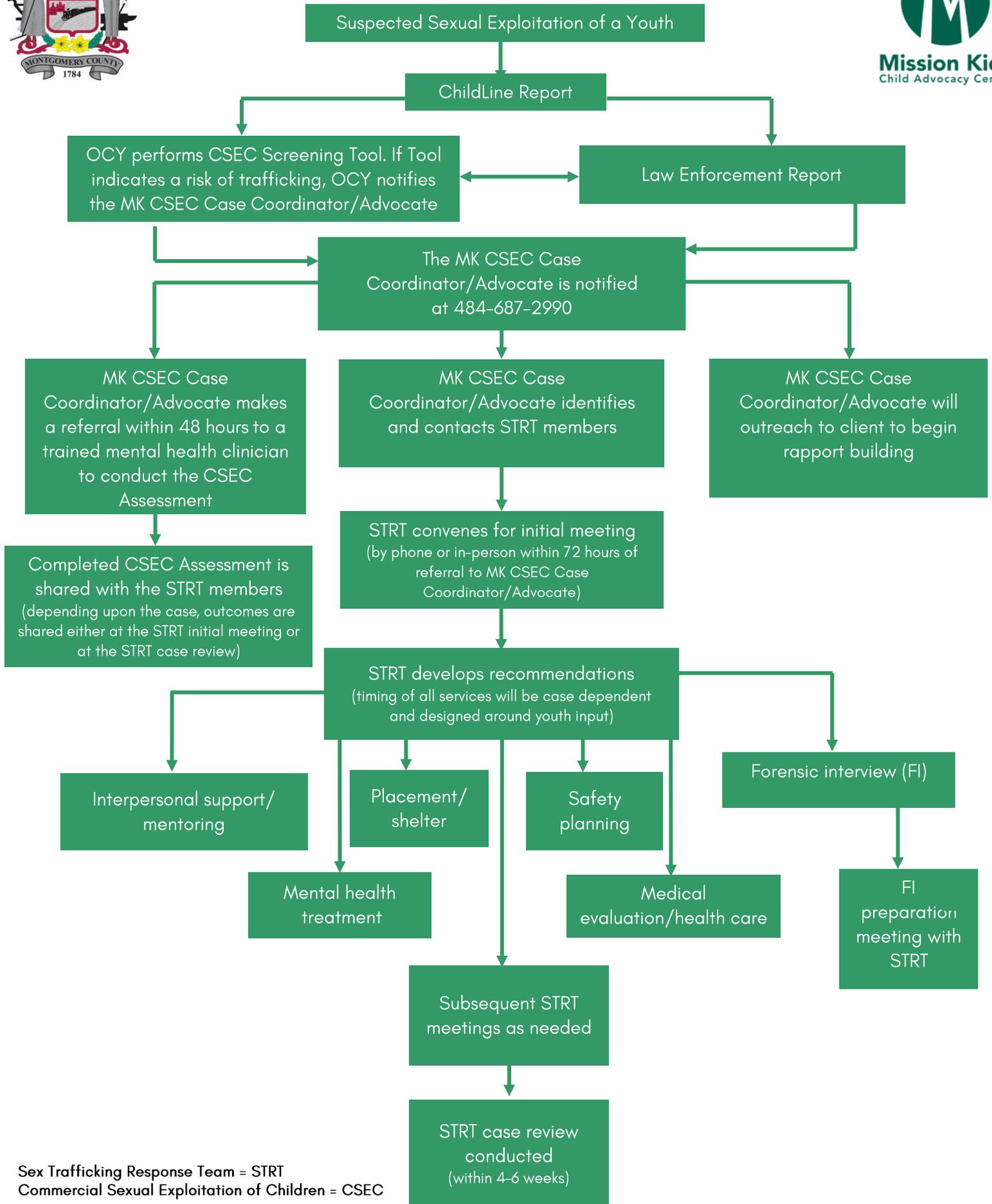
¹³ National Sexual Violence Resource Center and Pennsylvania Coalition Against Rape. Publication. *Assisting Trafficking Victims: A Guide for Victim Advocates*. Enola, PA: National Sexual Violence Resource Center, 2012.

needs. While the response may change for each case, it is recognized that to best identify and respond to commercial sexual exploitation of children, a multidisciplinary team approach is required.

Human trafficking is a dynamic and unfolding field. As such, best practices continue to be updated regularly. It is therefore the responsibility of all MDT members to keep abreast of all new techniques and theories as we continue to combat this issue. All MDT members commit to receiving ongoing training in the dynamics of human trafficking and commercial sexual exploitation, as well as the best ways to identify and respond in their specific roles to suspected sexually exploited youth. As new methodologies and best practices emerge, these policies and procedures may be modified to enhance their overall effectiveness. Furthermore, as more minor victims are recovered, and insight and feedback are gleaned from victims, the policies will continue to be modified.



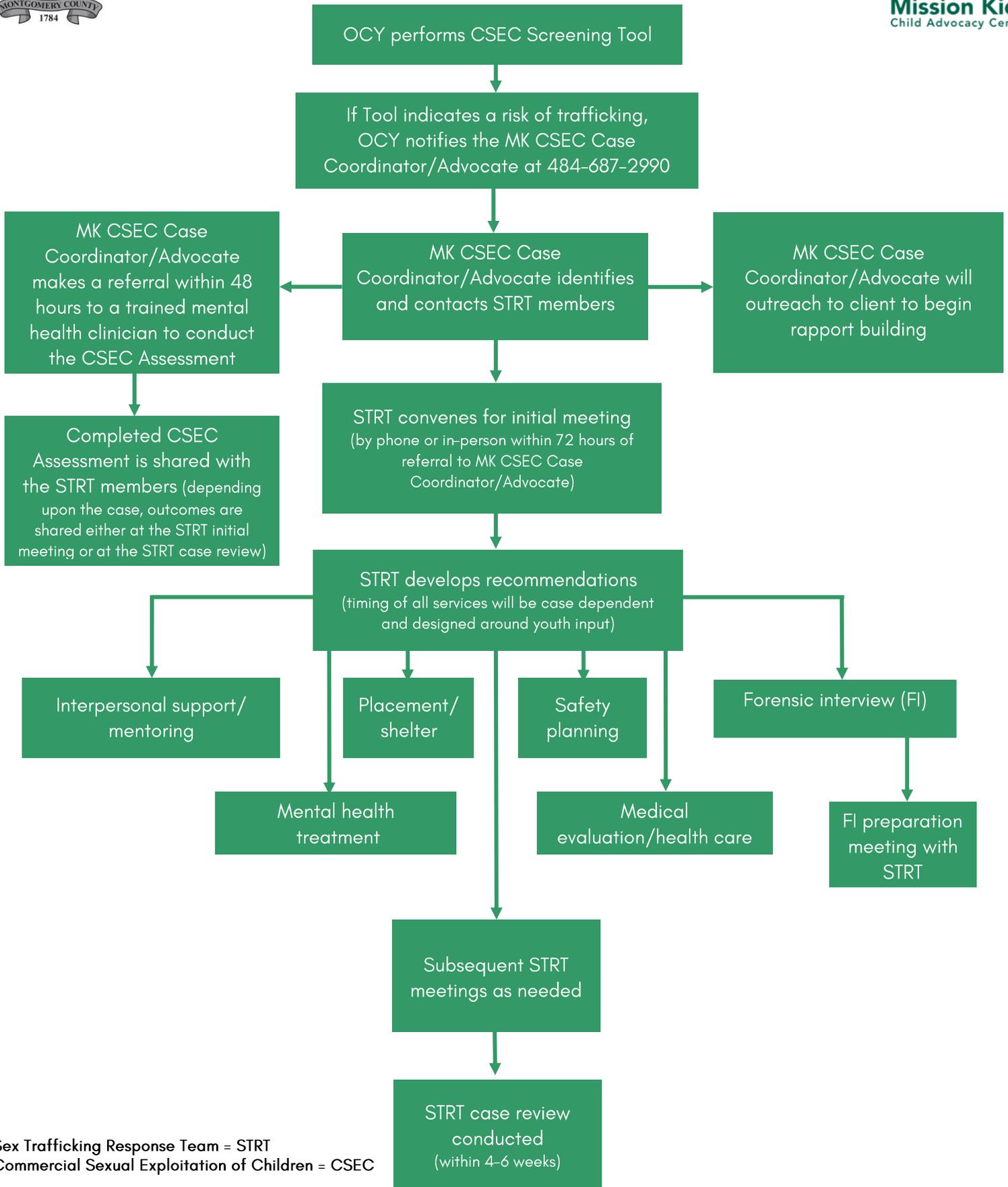
MONTGOMERY COUNTY
COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN RESPONSE PROTOCOL



Sex Trafficking Response Team = STRT
Commercial Sexual Exploitation of Children = CSEC

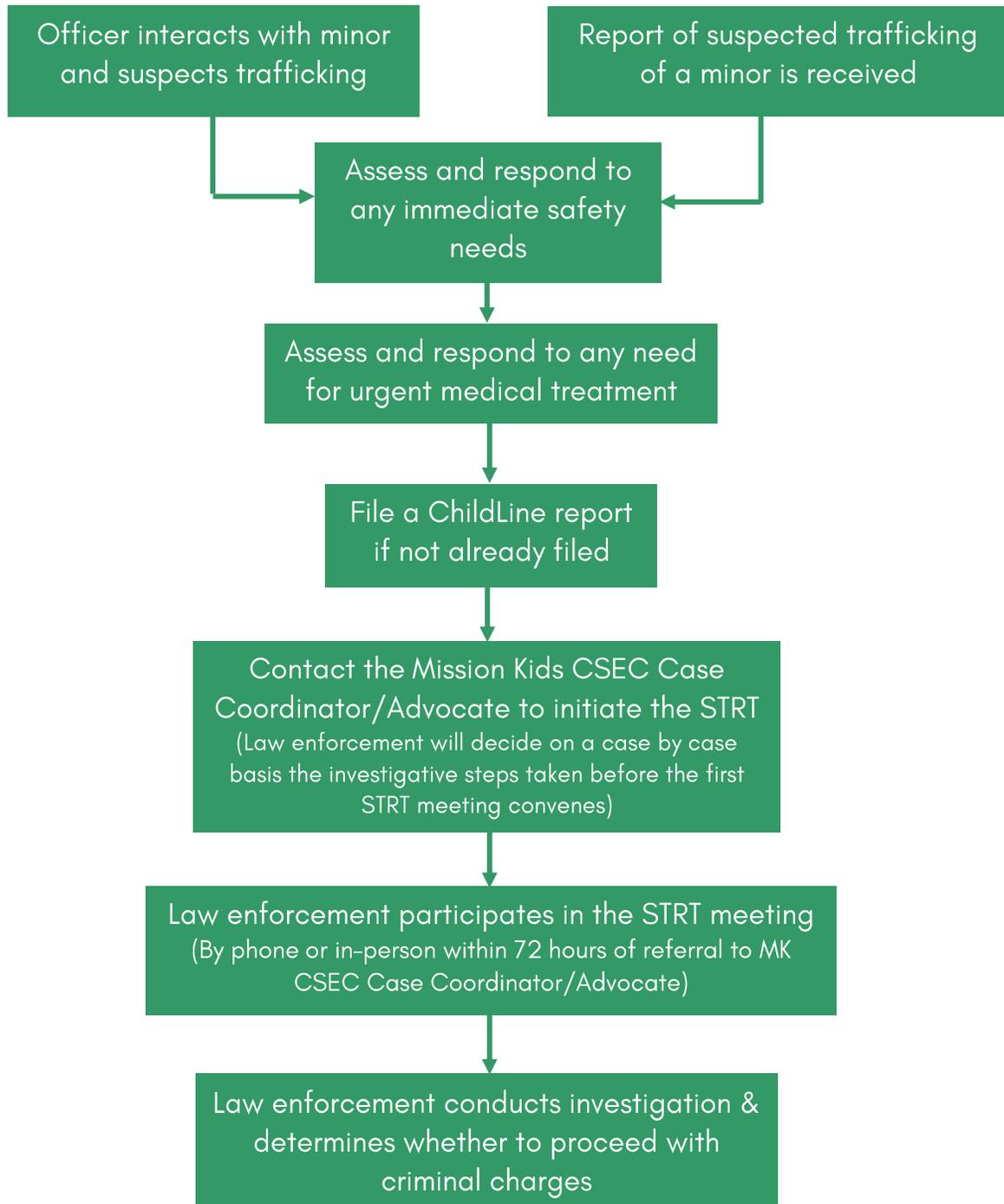


MONTGOMERY COUNTY
 COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN RESPONSE PROTOCOL
 FOR THE OFFICE OF CHILDREN & YOUTH



Sex Trafficking Response Team = STRT
 Commercial Sexual Exploitation of Children = CSEC

LAW ENFORCEMENT RESPONSE PROTOCOL FOR MINORS FLOWCHART*



*It is understood that each case is unique and therefore requires a unique response

PROSECUTOR RESPONSE PROTOCOL FOR MINORS FLOWCHART*



**It is understood that each case is unique and therefore requires a unique response*

JUVENILE PROBATION RESPONSE PROTOCOL FOR SUSPECTED CSEC FLOWCHART*



**It is understood that each case is unique and therefore requires a unique response*

Relevant Contact Information

ChildLine

1-800-932-0313

www.compass.state.pa.us/cwis/public/home

Montgomery County District Attorney's Office

Main: 610-278-3090

Fax: 610-278-3095

On-call ADA: 610-212-1174

Montgomery County Office of Children & Youth

Main: 610-278-5800

Montgomery County Detective Bureau

Main: 610-278-3368

Radio Room: 610-635-4300

Mission Kids Child Advocacy Center

CSEC Case Coordinator and Advocate: 484-687-2990

Physical Address: 180 W Germantown Pike, East Norriton, PA 19401

Children's Hospital of Philadelphia

Medical examinations can occur at one of three sites:

1. CARE clinic in King of Prussia

Scheduling: 215-590-4923 (press 1)

Appointments will be available on the 2nd and 4th Wednesday afternoons of each month

2. CARE clinic at CHOP-Philadelphia

Scheduling: 215-590-4923 (press 1).

Appointments will be available each Tuesday and Thursday afternoon

3. CARE Clinic at Grandview Hospital

Appointments will be available on the 1st and 3rd Monday of each month

Appendix A

The Guiding Principles to Address the Needs of Victims of Human Trafficking in Pennsylvania



The Pennsylvania Interbranch Commission for Gender, Racial and Ethnic Fairness

223 Fourth Avenue, Tenth Floor
Pittsburgh, PA 15222
412.697.1311
pa-interbranchcommission.com

Guiding Principles to Address the Needs of Victims of Human Trafficking in Pennsylvania

Pennsylvania Interbranch Commission for Gender, Racial and Ethnic Fairness

Introduction

Over the past three years, the Pennsylvania Interbranch Commission for Gender, Racial, and Ethnic Fairness ("Commission") has hosted a series of meetings of statewide stakeholders, including prosecutors, law enforcement, victim advocates, and direct service providers, among others, to develop a set of best practices to aid victims of human sex trafficking throughout the state. While the stakeholders discussed resources that currently exist for victims, they also identified areas that require special attention and improvement, specifically: (1) Identification of Victims, including Emergency Response and Interim Solutions; (2) Long-Term Victim Needs; (3) Special Considerations for Juvenile Victims; and (4) Education. Based upon these discussions, the stakeholders produced a set of Guiding Principles and Elements of Model Programs for use by communities throughout the Commonwealth.

Overview of Legal Protections

Human trafficking of adults and juveniles in Pennsylvania is prohibited by both state and federal law. Pennsylvania Act 105 makes it a felony for someone who "recruits, entices, harbors, transports or provides, or obtains by any means...another person, knowing that the other person will be subjected to forced labor or services."¹ The law also requires that the Pennsylvania Commission on Crime and Delinquency ("PCCD") develop a database of community resources and benefits available for victims of human trafficking. Finally, the PCCD is responsible for making grants to improve services to victims (particularly healthcare, temporary/permanent housing, legal/immigration assistance, and employment placement or educational opportunities), increase public awareness of human trafficking, and train first responders who may encounter such victims.

¹ Federal prohibitions are similar, with 22 U.S.C. §7102 defining "sex trafficking" as "the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act."

In order to address the special needs of juvenile victims of commercial sexual exploitation, the Pennsylvania legislature recently passed the Safe Harbor Act², which was signed into law by Governor Wolf on October 24, 2018. The law prohibits the state from prosecuting sexually-exploited children for the offenses of obstruction of highways and prostitution, and requires that sexually-exploited children who are charged with other offenses, such as trespass, false identification, and others, during the course of their abuse, be referred for treatment and social services to a county agency through dependency proceedings. Additionally, the law requires that the Department of Human Services (DHS) work in conjunction with county agencies to develop training programs and protocols for providers who offer services to address the needs of sexually-exploited children.

Guiding Principles

Recognizing that every victim of human trafficking is different and comes into contact with law enforcement and the courts in a different manner, the stakeholders developed a set of “guiding principles” that could be utilized by jurisdictions throughout the Commonwealth to address the needs of victims of sexual exploitation in their unique communities. They include the following:

1. *A victim-centered, trauma-focused approach* - This approach should be used by professionals who are working with victims of human trafficking. Those professionals should be trained on the specific type of trauma that victims face, and should work to empower, not re-traumatize, these victims.

2. *Non-criminalization* - Victims of human trafficking should be treated as victims, not as criminals. Charging victims of human trafficking with offenses they commit as a direct result of being trafficked (such as prostitution, providing a false ID, and other non-violent offenses) ignores their trauma, can be re-traumatizing, and discourages victims from seeking help.

3. *Individualized response* - While an array of services, such as crisis counseling, trauma therapy, addiction treatment, residential placement, continuing education, and career counseling, should be available to victims of human trafficking and tailored to each individual's specific needs, they should not be mandatory.

4. *Collaboration among stakeholders* - Many different groups may encounter victims of human trafficking and play a role in assisting victims: police, prosecutors, first responders, judges, attorneys, and service providers. It is important that these groups

² PA Act 130 of 2018, formerly Senate Bill 554.

work together and communicate, within the confines of confidentiality, to prioritize victim safety and well-being.

Elements of a Model Response

1. Identification of Victims

The first step to assisting victims of human trafficking is to identify them as such. Professionals who may encounter human trafficking victims, such as police, judges, medical professionals, DHS staff, social workers, educators, attorneys, hospitality industry staff, service providers, among others, should receive specialized training on victim identification. Specialized training should be consistent for all involved in each county's coordinated response. This training would educate those most likely to come into contact with human trafficking victims on how to identify potential victims and whom to contact when they suspect someone may be a victim. Trainings can be conducted by victim services staff or trained Children, Youth and Families (CYF) staff. To proactively identify potential juvenile victims, law enforcement should coordinate with the local CYF office to identify the repeated runaways.

a. Emergency Response

Once a victim has been identified by police, medical personnel, victim advocates, or DHS staff, emergency protocols should be implemented to address immediate needs victims may face: crisis support, physical safety, medical care, emergency housing, drug/alcohol treatment, and other basic needs.

A victim services advocate should be notified immediately to provide the victim with support and assess her/his individual needs. Victim services advocates are available in each county. They are aware of local resources and will accompany the victim to appropriate emergency and medical services. Advocates should provide the continuum of victim services, including crisis counseling and accompaniment, and connect the victim to trauma-therapy services. The advocate should also facilitate a coordinated response between systems and providers to ensure the victim's needs are met. Since needs may be met through collaboration with various stakeholders, it is important that the victim have an advocate who has knowledge about available resources and can make the connections for the victim.

b. Interim Solutions

Emergency housing needs for the victim must be addressed. While some victims need simply a clean bed in a safe location, others may need immediate specialized placement, such as in an in-patient addiction treatment program.

Unless charged with an independent violent offense or requested by the victim, emergency residential placement should NOT be a jail or other criminal detention facility. This violates the principles of non-criminalization and a trauma-informed approach to the care of the victim. Adult victims who have been in an intimate relationship with their trafficker may be eligible for placement in domestic violence shelters. Other residential programs open to sexual assault victims can be used to house adult victims who did not have an intimate relationship with their trafficker. Because many of these programs in Pennsylvania are at or near capacity, this type of placement would only be an interim solution.

2. Long-Term Needs of Victims

Once established, each county would follow a similar model, providing emergency housing, short and long-term residential treatment, and an array of services to meet the individualized needs of each victim. Each county would have a 24/7 on-call advocate, available to assist any first responder who may have encountered a victim. Advocates will work with all stakeholders, police, prosecutors, judges, medical personnel and other service providers, to create an individually tailored plan for each victim. This plan would first address emergency needs, which can include hospitalization. Once the victim is stabilized, the advocate would help with the transition to the level of service the victim's plan requires.

3. Special Considerations for Juvenile Victims

For the most part, identification and Emergency Response for these victims would be the same as adult victims. However, it is important to note that juvenile victims will have needs that differ from adult victims, which may alter both the Interim Solutions and Long-Term Needs portions of the Model Response Plan for juvenile victims.

In particular, the provisions of the new Safe Harbor Law require that juvenile victims who are charged with certain offenses during the course of their abuse must be referred to a county agency through dependency proceedings, allowing the victims to receive treatment and social services. Additionally, the law requires that the DHS, in conjunction with county agencies, develop training programs and protocols for providers who offer services to address the needs of sexually-exploited children. The law lists specific needs of victims that must be included in such protocols, including safe and stable housing, education, employment/life-skills training, comprehensive case management, physical and behavioral health care, and drug/alcohol treatment. Additionally, the Municipal Police Officers' Education and Training Commission and the State Police are required to provide training to law enforcement officers on methods to identify, interview, assist, and minimize trauma for sexually-exploited children.

4. Education

The final element of the Model Response Plan calls for statewide education for a range of stakeholders on identifying and responding to victims of human trafficking. Trainings should be tailored to each individual audience. Victim service providers are adept at identifying and responding to victims in a victim-centered, trauma-focused approach, and can train others in the community. This training would have two levels: (1) a cursory introduction to signs of human trafficking and available resources, appropriate for police officers, hotel/hospitality employees, medical professionals, CYF personnel, and others who may only have brief contact with victims; and (2) an in-depth, human trafficking trauma-informed training for detectives, prosecutors, defense attorneys, social workers, judges, and others who will have more prolonged, regular contact with victims.

Trainings are important for each jurisdiction to help them recognize these victims as such and to create a "coordinated response." A collaborative model among community stakeholders will improve long-term survivor engagement, create awareness of victims and their needs, and can aid in building strong criminal cases against traffickers.

Appendix B

The Red Flags for Human Sex Trafficking Card

(Front of Card)

RED FLAGS FOR HUMAN TRAFFICKING

- ▶ Are they free to come and go as they wish?
- ▶ Do they exhibit unusually fearful, anxious, depressed, submissive, or nervous/paranoid behavior?
- ▶ Are they in control of their own money and/or ID documents?
- ▶ Have they had multiple STIs, pregnancies or abortions?
- ▶ Are they accompanied by a significantly older adult and/or not allowed to speak for themselves?
- ▶ Have they been “branded” by a trafficker (*tattoos with someone’s name, etc.*)?
- ▶ Do they know what city they are in or what day/week it is?
- ▶ Do they claim to be “visiting” and are they unable to clarify where they are staying or provide an address?
- ▶ Are they under 18 years of age and having sex in exchange for something of perceived value?
- ▶ Are they carrying large amounts of cash or multiple luxury items?
- ▶ Are they showing signs of physical/sexual abuse, physical restraint, confinement, or torture?

If Red Flags Are Identified Turn Over For Next Steps

(Back of Card)

Steps to take in Montgomery County, PA if human trafficking is suspected:

- ▶ **Victim under the age of 18**
ChildLine: 1-800-932-0313
<http://keepkidssafe.pa.gov>
- ▶ **Montgomery County’s Human Trafficking Hotline**
(Salvation Army)
267-838-5866
- ▶ **National Human Trafficking Hotline (Polaris)**
1-888-373-7888
Text “help” to: **BeFree (233733)**

Human sex trafficking is defined as:

When someone uses force, fraud, or coercion to cause a commercial sex act with an adult or causes a minor to commit a commercial sex act.

Commercial sex act:

Includes prostitution, pornography and sexual performance done in exchange for any item of value, such as money, drugs, shelter, food, or clothes.

(Classified by: Shared Hope)



APPENDIX C

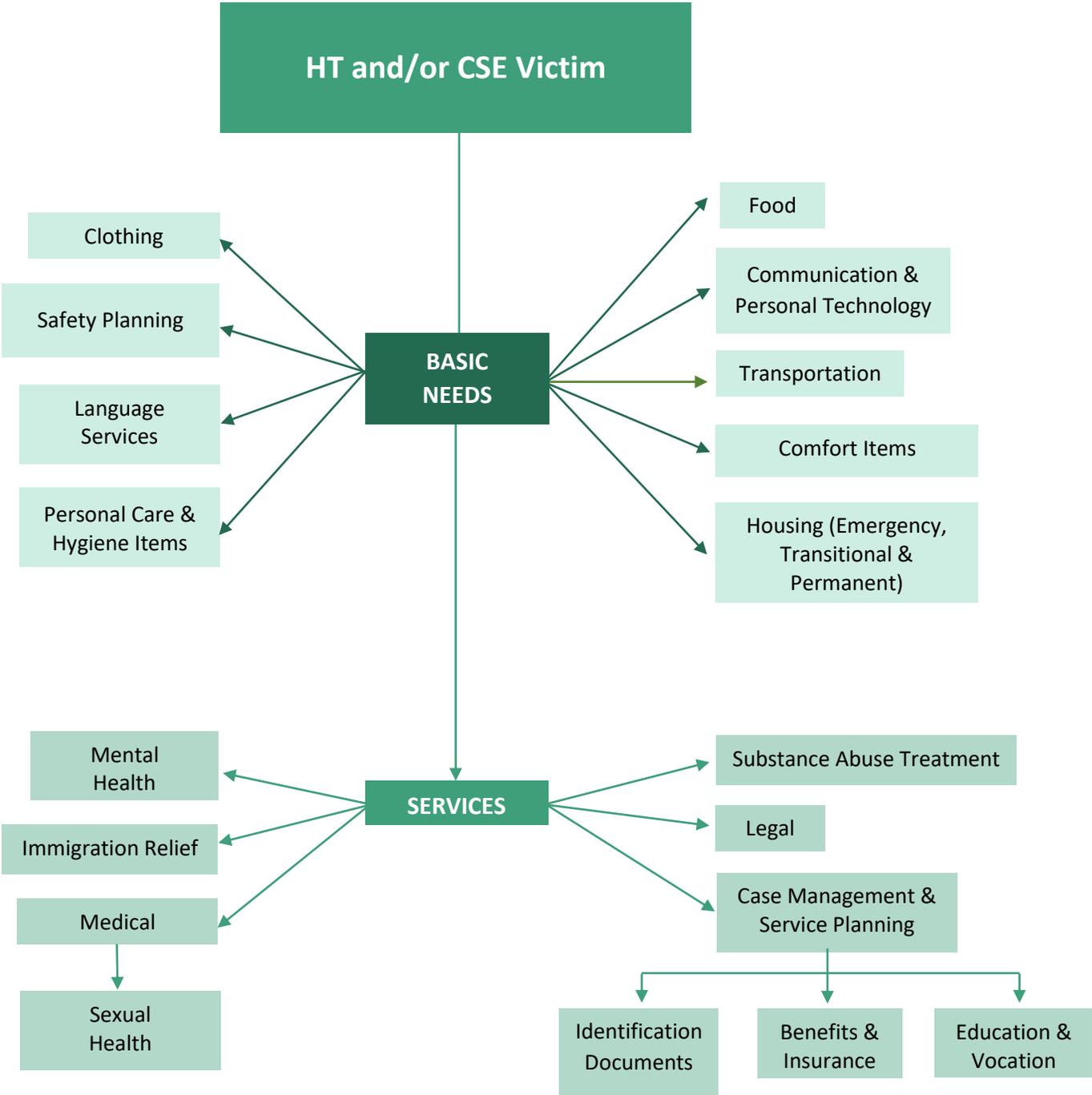
BEST PRACTICES FOR PROVIDING SERVICES TO VICTIMS OF SEX TRAFFICKING

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Necessary Services Provided to Victims of Human Trafficking (HT) and/or Commercial Sexual Exploitation (CSE)



Introduction: Overview

When working with victims of trafficking, reliability, consistency, and honesty must all be demonstrated by service providers. Victims of sex trafficking have often been lied to or manipulated several times before, so honesty and reliability are crucial. Service providers should be consistent and straightforward about what support they can offer. They must be consistent in their actions so that meaningful rapport building can take place. Service providers should also maintain boundaries with victims. By doing so, a victim knows what they can or cannot expect from a service provider.

Service providers must be careful not to adopt a “savior mentality.” This mentality suggests that a person is capable of rescuing or saving someone from their problems and situation. Instead, victims must be recognized as the authors of and experts on their own stories. Service providers operate to support the victim in making their own decisions. Service providers do not save anyone, but rather act in a manner that empowers victims to make the changes they want to see in their lives. Service providers should operate within a trauma-informed framework to better understand why victims may react as they do, and then offer the most helpful support. By valuing the self-determination and autonomy of victims, service providers give power back to victims who historically have had power taken from them.

Lastly, service providers should celebrate success in its various forms. Success may look like a person returning to a housing program for a safe place to sleep, or a victim texting a service provider back to schedule a meeting. Success may mean a victim securing employment or advocating for oneself. A victim talking more openly about their feelings or recognizing that a relationship is unhealthy may be a pivotal success. Ultimately, success looks different for each victim, and service providers should recognize all different types of success. They should also understand when working with victims of trafficking (or any part of humanity), it is rare to see a consistently linear uphill climb towards “success.” Both relapse and success happen in small moments. Service providers should ask the victim what success means to them and celebrate when they take steps towards their goals, even if this is amid relapse or a victim returning to an unsafe situation. Something as small as waking up and trying again can be a huge success.

The rest of this guide offers practical information on services that are needed for victims of sex trafficking. Victims may need support in managing complicated systems while simultaneously working to get their basic and emotional needs met. Service providers play a valuable role in supporting victims of trafficking towards the next phase of their life.

Introduction: Burnout & Vicarious Trauma

Direct service professionals often build strong bonds with victims who may have experienced tremendous and complex trauma. As service providers work with victims in a trauma-informed way, the effect of trauma on a provider’s own body and mind must be recognized. To prevent burnout and/or compassion fatigue, a service provider should be able to identify warning signs.

Burnout is the gradual physical, mental, and emotional exhaustion due to long-term involvement in emotionally demanding or unfulfilling situations at work.¹⁴

- Symptoms include: mental and physical exhaustion, feeling numb, feeling unsatisfied with your work, irritation, inability to concentrate, etc.

The American Counseling Association defines **vicarious trauma** as “the state of tension and preoccupation with the stories and trauma experiences described by victims.”¹⁵

- Symptoms include: difficulty managing emotions, apathy, persistent fight or flight state, feeling numb, sleeping too much or too little, worrying excessively about potential dangers in their personal life, employing negative coping skills (drugs, alcohol, gambling, etc.)¹⁶

Strategies to prevent burnout and vicarious trauma do exist. Many of the guidelines outlined in Section 2.6 demonstrate techniques on how to prevent burnout.

- 1. Be self-aware.** Notice how your body and mind react to the stories and experiences victims share with you. Be careful not to jump into a crisis with victims. Determine whether the victim is experiencing a true crisis. Advocates should assist with coping mechanisms, but not be determined to “solve” problems for victims.
- 2. Create and maintain boundaries.** Inform victims of the days and times when you are available. Provide clients with resources for support for off-hours, holidays, and weekends. Clear boundaries allow for individuals to delineate work from personal time.
- 3. Maintain your role as the “supporter” and not the “rescuer”.** Ultimately, victims are in control of their journeys. It is important to remember that we cannot rescue our victims from the problems they face. Allow victims to use their autonomy to make their own decisions and problem solve.
- 4. Practice self-care.** Allow time in your schedule for yourself. Find a creative outlet that is not work-related. Attend to your basic needs by eating well, sleeping, and exercising.

¹⁴ Job Burnout: How to Spot It and Take Action.” Mayo Clinic. Mayo Foundation for Medical Education and Research, June 5, 2021. <https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642>.

¹⁵ Vicarious Trauma.” The American Counseling Association, n.d. <https://www.counseling.org/docs/trauma-disaster/fact-sheet-9---vicarious-trauma.pdf>

¹⁶ “The Vicarious Trauma Toolkit.” Office for Victims of Crime. U.S. Department of Justice Office of Justice Programs. Accessed August 25, 2021. <https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma>.

- 5. **Utilize supervision.** Seek support from your supervisor or coworkers if you are experiencing a challenging case. Ask for support from your team to debrief after a difficult meeting. As professionals, service providers encounter challenges both from individuals and systems. It is helpful to have continuing conversations about challenging topics to monitor individual and systemic factors that may affect a person’s work.

Basic Needs

Basic needs should be identified by service providers and/or first responders and addressed as soon as possible; however, foremost, basic needs should be identified by the victim. Basic needs should typically be met before any services are pursued.

Please note that the numerical order in which the basic needs are listed does not designate the order in which each area should be addressed. The victim and their situation are unique, and the victim should always be empowered to identify which course of action is best to take.

1.1. Clothing

CLOTHING POLICY BEST PRACTICES
1. A supply of seasonally appropriate clothing will be maintained.
2. Clothing will be made available for people of all genders. Clothing will be provided in various sizes that will fit children ages 10 and up, as well as adults.
3. Ideally, all clothing will be new. If this is not possible, it all will be clean and “gently worn” at most. Clearly outdated clothing will not be included.
4. ALL undergarments and socks will be new.
5. Shoes will be “gently used,” if not new, and will be seasonally appropriate.
6. Jackets, coats, hats, gloves, and scarves will be available during the fall and winter months.
7. Whenever possible, clothing recipients will be given choices as to which clothing items they select.
8. When possible, clothing will be on hangers, and/or neatly folded and stacked by sizes so that recipients can make selections easily.

9. It may be possible for some providers who work with victims of sex trafficking to simply maintain a small supply of clothing for emergencies (stretchy items that fit multiple sizes work well for this) and then refer recipients to a local clothes closet, thrift shop, or another clothing provider with whom the trafficking service provider has developed a memorandum of understanding (MOU) for this purpose.
10. Providers may also wish to keep a supply of basic clothing for children and infants who may be accompanying the victims.
11. Programs serving trafficking victims will work with local thrift shops to develop an MOU that will allow victims to select needed clothing from the thrift shops at no cost.
12. Programs serving trafficking victims will also compile a list of local low or no-cost clothing providers. The list will include information about how victims can access these resources (i.e. hours of operation; any referrals needed, etc.).

CLOTHING RESOURCES

Service providers with the first contact should have access to, or policies surrounding how to access basic clothing items. Service providers are encouraged to have gift cards available for places such as Walmart, Target, CVS, etc. to purchase these items.

1.2. Safety Planning

Service providers must engage in varying levels of safety planning with victims of sex trafficking as soon as possible. Safety planning “...refers to formal or informal risk assessments, preparations, and contingency plans designed to increase the safety of a sex trafficking victim or an individual at-risk for sex trafficking, as well as any agency or individual assisting a victim. A successful safety plan will:

1. Assess the current risk and identify current and potential safety concerns;
2. Create strategies for avoiding or reducing the threat of harm; and
3. “Outline concrete options for responding when safety is threatened or compromised”¹⁷

Service providers should work with victims to plan for safety in the following areas:

1. Physical

Service providers should work with the victim to create a plan surrounding prioritizing

¹⁷ The National Human Trafficking Resource Center. “Safety Planning and Prevention.” Polaris Project, 2011. <https://humantraffickinghotline.org/sites/default/files/Safety%20Planning%20At%20A%20Glance.pdf>

their physical safety. Each victim's safety plan should be unique and specific to their situation. However, some generalized areas that a service provider should address include: helping the victim plan out an escape or exit route; encouraging the victim to obtain (if possible) their identification and other important documents; preparing a bag with essential items should they need to leave the situation quickly; and writing down and/or memorizing important phone number for resources and support.

2. Emotional

While an emphasis is normally placed on physical safety planning, it is important to also consider emotional safety planning. Support the victim in emotional safety planning in a way that honors their unique strengths and needs. This may include helping the victim seek out supportive people in their life; assisting them with identifying and working towards achievable goals; and encouraging them to create a peaceful space for themselves. Emotional safety planning may include the victim acknowledging and validating their emotions, and then identifying what coping skills they will utilize when they experience those emotions.

3. Technological

Traffickers routinely leverage technology to control their victims. It is important to develop a safety plan around technology, including social media, with victims. Service providers should encourage victims to use a public computer if possible, and/or ensure that when using an electronic device a trafficker may have access to, the device's search history and browser history have been cleared. Service providers should work with victims to ensure that their location is protected and that all location sharing is disabled from mobile devices, applications, and all other accounts. Mobile phone providers can be contacted and will be able to disclose if any location sharing services are in use. Service providers should additionally address using discretion and adjusting privacy settings on social media accounts.

Agencies and organizations should ensure that their offices are a safe, non-threatening, and inviting space for victims of trafficking who may come into their office(s). The waiting area/lobby of the office should be warm, welcoming, and clean. It is a best practice that the décor on the walls of the office does not feature any images of people and that the walls of the office be painted a warm, pleasing color or a cool, relaxing color. When possible, an individual should be in the waiting/area lobby of the office to greet the victim and provide information surrounding the next steps during their visit to the office.

It may be beneficial to explain the safety features of the office and explain the set-up of the space (i.e. where exits are, etc.). Be sure to ask the victim if there is anything that they do not

like about the physical space they are meeting in, and/or if there is anything that can be done to make space feel safer and more comfortable.¹⁸

SAFETY PLANNING RESOURCES	
ACCESS Mobile Crisis	1 (855) 634-4673
The Salvation Army’s New Day to Stop Trafficking Hotline	1 (267) 838-5866
The National Human Trafficking Hotline	1 (888) 373-7888 Text line: Text “BeFree” (233733)

1.3. Language Services

Agencies should have their own internal processes and protocols related to provision of language services. As required by law, a majority of the agencies involved in the Sex Trafficking Response Team for minors and adults should have access to translation and interpretation services. Below is a recommendation for best practices related to language services.

LANGUAGE SERVICES BEST PRACTICES
1. When speaking with a victim, service providers should first empower the victim to express how they would feel most comfortable communicating.
2. If the victim feels uncomfortable with in-person interpretation services, then utilize telephone interpretation services. Conversely, if a victim feels uncomfortable with using telephone interpretation services, then use in-person interpretation services. If the victim knows the individual providing interpretation services, then this interpreter should not be utilized and someone else should be contacted to provide interpretation.
3. The best practice for victims with limited English proficiency (LEP) should be to locate a professional, who speaks the preferred language of the victim. Bi-lingual professionals should only interpret if they are trained to interpret.
4. After all attempts are made to provide a professional who can directly speak with the victim in their preferred or primary language, an in-person interpreter should be located and contracted.

¹⁸ The National Human Trafficking Resource Center. “Safety Planning and Prevention.” Polaris Project, 2011. <https://humantraffickinghotline.org/sites/default/files/Safety%20Planning%20At%20A%20Glance.pdf>

- 5. If an in-person interpreter is not feasible due to time restraints, telephone interpretation services should be provided at a minimum.
- 6. To communicate with a victim, professionals should not use another victim, child, and/or family member to interpret. Even if a victim requests to use a friend or family member (who may be the trafficker), the professional should call an interpreter to interpret.
- 7. It is extremely important to have access to interpretation services 24 hours a day.
- 8. When working with any victim, it is important to have multiple interpreters, as fatigue can compromise accuracy. If there is a victim who is deaf or hard of hearing, please note that you would need two sign language interpreters if the victim knows ASL.

INTERPRETATION RESOURCES	
Telephone Interpretation Services	Language Line – (800) 752-6096 Language Services Assoc. – (800) 305-9673.
In-Person Interpretation Services	Quantum – (215) 627-2251 Must schedule online: quantumtranslations.com

1.4. Personal Care and Hygiene Items

PERSONAL CARE & HYGIENE PRODUCTS BEST PRACTICES
1. A supply of basic personal care items will be maintained by those organizations with the first contact.
2. Items will be stocked that are suitable for those who identify as either female or male, or agender. Items will be stocked for children age 10 and up.
3. Basics include: small-medium bottles of hand and body soap; toothbrushes; toothpaste; denture cleaner and denture cream; feminine hygiene products (assorted types and sizes); shampoo and conditioner; hand and body lotion; deodorant; body powder; combs and brushes for all types of hair; over-the-counter medications; Band-Aids; basic cosmetics with variety when available; a small supply of adult

diapers/briefs in small, medium, large, and x-large; tissues; toilet paper; and small tote bags or cosmetic bags
4. Service recipients will be able to choose the items that they want and need.
5. Programs/Providers may also wish to keep some supplies on hand for infants: diapers in various sizes, bottles, pacifiers, and so on, as well as children’s strength over-the-counter medications.
6. A supply of new or gently used backpacks and/or tote bags will be kept on hand for victims to be able to carry and organize products as easily as possible.

RESOURCES FOR PERSONAL CARE & HYGIENE PRODUCTS

Service providers with the first contact should have access to, or policies surrounding how to access, basic care and hygiene products. Service providers are encouraged to have gift cards available for places such as Walmart, Target, CVS, etc. to purchase these items.

1.5. Housing

Housing First is a proven approach, applicable across all elements of systems, for ending homelessness. In this approach, people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. People experiencing homelessness, including victims of sex trafficking, can achieve stability in permanent housing if provided with the appropriate level of services from the community. Research shows Housing First yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes (United States Interagency Council Homelessness, 2016). Service providers should set realistic expectations for victims surrounding housing. Housing options can be limited and available options are not always as comfortable and/or accommodating as victims may prefer. If this is the case, providers should be advised to assist victims in identifying a safe individual with who they could stay temporarily.

1.5.1 Emergency Housing

EMERGENCY HOUSING BEST PRACTICES

1. When a victim of sex trafficking is engaged, immediate emergency housing such as emergency shelter, safe haven, or hotel should be made available to them, See Section 1.5.1, Emergency Hotel Best Practices.
2. In order to reduce the amount of trauma, entry into emergency housing should be swift and low barrier, meaning no preconditions related to sobriety, income, or participation in treatment.
3. Barriers, rules, or regulations required for shelter entry have been shown to mostly affect those who are marginalized, such as people who identify as LGBTQ, people with disabilities, and the elderly (Rankin & Skinner, 2016). Barriers to entry into emergency shelters may also cause the victim to return to their trafficker.
4. Once emergency housing needs are met, a plan for exit to a permanent housing destination should begin immediately, to keep the stay at the emergency shelter as brief, and therefore less traumatizing, as possible. See Section 1.5.3, Permanent Housing Best Practices.

EMERGENCY HOUSING RESOURCES		
If not otherwise indicated, then the resources below are located in Montgomery County.		
Your Way Home	24/7 hotline assists callers by providing information on and assistance with accessing those housing resources that have space available	2-1-1 or 1 (866) 964-7925
Laurel House	Emergency housing resources available for adult victims and their children.	1 (800) 642-3150
A Woman's Place	<i>Bucks County.</i> Emergency housing resources available for adult victims and their children.	1 (800) 220-8116
Valley Youth House	<i>Bucks County.</i> Emergency shelter option for abused and homeless youth.	1 (215) 442-9760
Domestic Violence Center of Chester County	<i>Chester County.</i> Emergency housing resources available for adult victims and their children.	1 (888) 711-6270
Domestic Abuse Project	<i>Delaware County.</i> Emergency housing resources available for adult victims and their children.	1 (610) 565-4590
Turning Point of Lehigh Valley	<i>Lehigh County.</i> Emergency housing resources available for adult victims and their children.	1 (877) 438-4957
Covenant House of Pennsylvania	<i>Philadelphia County.</i> Emergency shelter options available for runaway and homeless youth.	1 (888) 829-1249

Women Against Abuse	<i>Philadelphia County.</i> Emergency housing resources available for adult victims and their children.	1 (866) 723-3014
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If a hotel is utilized to provide emergency housing, please follow the guidelines below. A victim who has been historically victimized by a trafficker(s) and/or sex buyer(s) in hotels may not feel this is a safe place to reside. As such, careful consideration must be given before placing an individual in a hotel, and only done if a victim expresses they would like to pursue this housing option.

EMERGENCY HOTEL BEST PRACTICES
<p>While emergency funds are available for hotel costs for emergency shelters, <u>this resource should be a last resort</u> if no other alternatives can be arranged.</p>
<p>1. An Advocate from the Salvation Army should be contacted to meet with the victim face-to-face. The Salvation Army Hotline Number is 267-838-5866. An Advocate should address the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical Care (See Sections 2.3, 2.31, and 2.4) <input type="checkbox"/> Plan for Meals (See Section 1.9) <input type="checkbox"/> Clothing (See Section 1.1) <input type="checkbox"/> Temporary phone will be provided (See Section 1.8) <input type="checkbox"/> Transportation should be arranged if needed (See Section 1.7) <input type="checkbox"/> Post-hotel living arrangements (See Section 1.5.2 and 1.5.3)
<p>2. Services should be provided in the victim’s preferred language. Language services can be reimbursed through the grant (See Section 1.3).</p>
<p>3. Threat assessment and safety assessment should be conducted. Security details have been needed/requested in some cases (See Section 1.2).</p>
<p>4. The use of an alias for the hotel room should be utilized. If the victim doesn’t have identification, most hotels will accept a letter on letterhead.</p>
<p>5. Careful consideration should be made to the selection of hotels. Price should not be the only deciding factor due to the hotel industry’s participation in sex trafficking.</p>
<p>6. Hotels utilized for emergency shelter should ideally serve a hot meal in-house, and/or having cooking facilities in them (i.e. a microwave, mini-refrigerator, etc.).</p>

EMERGENCY HOTEL RESOURCES
Hampton Inn (Willow Grove, PA)
<p>1500 Easton Road, Willow Grove, PA (215) 659-3535</p>
<p>Free breakfast. All rooms have free WiFi, microwave, mini-refrigerator.</p>

Not pet-friendly. Multi-lingual staff.
Nearby: Turnpike, Restaurants, Shops.

Hampton Inn (King of Prussia, PA)

530 West Dekalb Pike, King of Prussia, PA
(610) 962-8111

Free breakfast. All rooms have free WiFi, microwave, mini-refrigerator.
Not pet-friendly. Multi-lingual staff.

Nearby: ½ mile from King of Prussia Mall. Near Panera, Burger King, and other shops.

Comfort Inn (Pottstown, PA)

99 Robinson Street (off SR 100), Pottstown, PA
(610) 326-5000

Free breakfast. Pet friendly.

Nearby: Walmart and other shops. Wendy's, Friendly's, and Red Lobster all within walking distance.

Holiday Inn (Lansdale, PA)

1750 Sumneytown Pike, Kulpsville, PA 19443
(215)-368-3800

All rooms have free WiFi, a microwave, and a mini-refrigerator. There is a restaurant within the hotel that offers breakfast and dinner. Kids 12 and under stay for free when sharing their parents' room. Up to four kids ages 12 and under eat free in the on-site restaurant.

Pet friendly – pet fee is \$20/night.

Languages spoken by staff: English, French, Hindi, Punjabi, and Spanish

Nearby: Wawa (Store only, doesn't sell gas).

1.5.2. Transitional Housing

TRANSITIONAL HOUSING BEST PRACTICES

1. From the Salvation Army’s STOP-IT initiative: “Transitional housing (TH) is a project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Many TH programs focused on serving trafficking victims operate by supporting victims in accessing safety and attending to their healing before working on longer-term goals that would lead to more permanent housing in their chosen community. These programs offer a lot of structure for their participants and often incorporate a religious component to their requirements. For some victims, this model offers the stability and community needed to work toward long-term goals. For others, programmatic restrictions and expectations can serve as reminders of their previously controlling and exploitative situations and may put them at risk for returning to their trafficker or abuser. Additionally, many anti-trafficking residential programs serve only female-identified young people leaving sex trafficking situations. This focus can foster safety and mutual aid through shared experiences. Unfortunately, it also leaves out people who do not share these identities or experiences, such as people who are transgender or non-binary.”
2. Thus, while transitional housing should be an available temporary housing option for victims who wish to work on treatment goals (or other goals of their choosing) first, transitional housing should never be mandatory for victims who prefer to be supported in permanent housing of their own.
3. Additionally, for any victim that chooses to enter transitional housing, entry into the program should be low-barrier and easy, program requirements & rules should be limited, and goals should be victim-centered.
4. The ultimate objective should be to exit the transitional housing project to a permanent housing destination within or before 24 months.

TRANSITIONAL HOUSING RESOURCES <i>If not otherwise indicated, then the resources below are located in Montgomery County.</i>		
Your Way Home	24/7 hotline assists callers by providing information on, and assistance with, accessing those housing resources that have space available.	2-1-1 or 1 (866) 964-7925
Laurel House	Transitional housing resources available for adult victims and their children.	1 (800) 642-3150
The Salvation Army’s New Day New Home	Long-term transitional living program for adult victims who identify as female, ages 18 and older.	1 (267) 838-5866
Gemma Services’ Residential Treatment Facility	Transitional living program for girls, 12 to 18 years of age, with serious mental	1 (610) 519-1493

	health treatment needs often stemming from trauma.	
Valley Youth House	<i>Bucks County.</i> Transitional housing option for abused and homeless youth of all genders.	1 (215) 442-9760
The Well	<i>Bucks County.</i> Long-term transitional housing option available for women 18 and over.	1 (215) 997-2587
A Woman's Place	<i>Bucks County.</i> Long-term transitional housing options are available for adults and their children.	1 (800) 220-8116
Domestic Violence Center of Chester County	<i>Chester County.</i> Transitional housing resources available for adult victims and their children.	1 (888) 711-6270
Truth Home for Women	<i>Lehigh County.</i> Long-term transitional housing for female victims of sex trafficking ages 18-39.	1 (610) 866-5755
Dawn's Place	<i>Philadelphia County.</i> Long-term housing for adult female victims of sex trafficking.	(215) 849-2396
Covenant House of Pennsylvania	<i>Philadelphia County.</i> Transitional housing option available for runaway and homeless youth.	1 (888) 829-1249
Lutheran Settlement House	<i>Philadelphia County.</i> Transitional housing resources available for adult victims and their children.	1 (215) 426-8610

1.5.3. Permanent Housing

<p>PERMANENT HOUSING BEST PRACTICES</p> <p><i>If not otherwise indicated, then the resources below are located in Montgomery County.</i></p>
<ol style="list-style-type: none"> 1. Housing is a basic human right and need. Housing First is the belief that all people can be successful in independent housing that is their own (meaning the lease is theirs); some just need more support from the community to achieve that success. 2. Rapid Re-Housing (RRH) is an evidence-informed best practice that supports obtaining and maintaining permanent housing in a victim's community of choice. RRH assists a victim who is homeless (in an emergency shelter or transitional housing) exit homelessness by providing them with specialized housing location services, short to medium term rental assistance (up to 24 months), and case management to connect them to health, legal, financial, budgeting, mental health, drug and alcohol, job training, and other supportive services as needed by the individual to maintain that

housing. RRH has been shown to have an average of 75% success rate with households experiencing homelessness, meaning 3/4 of recipients do not return to homelessness. RRH is proven to be a best practice for all victims of domestic violence, dating violence, stalking, sexual assault, and human trafficking. RRH is based on the principle of Housing First and does not require any pre-conditions for help in finding and maintaining housing in the community, meaning there are no sobriety requirements or treatment requirements. It is victim-centered and trauma-informed service delivery, with the victim working in participation of the program to develop their own goals around economic self-sufficiency, well-being, and health.

3. Permanent Supportive Housing should also be discussed with victims of trafficking as a possible housing option. Permanent Supportive Housing (PSH) is “a model that combines low-barrier affordable housing, health care, and supportive services to help individuals and families lead more stable lives. PSH typically targets people who are homeless or otherwise unstably housed, experience multiple barriers to housing, and are unable to maintain housing stability without supportive services” (National Health Care for the Homeless Council).

4. For more information on Rapid Re-Housing, visit:
<https://endhomelessness.org/ending-homelessness/solutions/rapid-re-housing/>

5. For more information on Permanent Supportive Housing, visit:
<https://endhomelessness.org/ending-homelessness/solutions/permanent-supportive-housing/>

PERMANENT HOUSING RESOURCES

If not otherwise indicated, then the resources below are located in Montgomery County.

A list of permanent supportive housing resources in Montgomery County can be accessed using the following link: <https://montgomery.pa.networkofcare.org/mh/services/subcategory.aspx?tax=BH-8400>

At this time there are no known permanent housing resources in Montgomery County specific to victims of sex trafficking.

HOUSING FOR UNACCOMPANIED MINOR CHILDREN VICTIMS BEST PRACTICES

1. When an unaccompanied minor is identified as a victim of human trafficking, it is best practice to first meet their immediate safety needs.
2. Family reunification for minor victims of trafficking may be best practice depending upon the case. In some instances, family reunification is not best practice (e.g. if an unaccompanied minor victim is trafficked by their parent and/or caregiver). For further information, see *The Montgomery County Sex Trafficking Response Protocol for Minors*.

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| 3. Call Childline for assistance from Montgomery County Office of Children and Youth. |
| 4. For more information on serving child victims of human trafficking, visit https://www.acf.hhs.gov/sites/default/files/orr/fact_sheet_child_victims_of_human_trafficking.pdf . |

1.6. Comfort Items

COMFORT ITEMS BEST PRACTICES
1. Upon recovery of a victim of sex trafficking, they need to have access to items that provide them with comfort or feelings of safety. A comfort object, transitional object, or security blanket is an item used to provide psychological comfort, especially in unusual or unique situations.
2. Oftentimes individuals who have been trafficked have lost items that held value for them. They may have stress-reducing coping techniques such as listening to music or drawing etc.
3. A victim may have something that has stayed with them throughout their lifetime. This could be a jewelry item, a particular piece of clothing, etc. In those cases, the best practice is to help that victim to maintain possession of the item(s), if at all possible. A victim needs to be able to maintain possession of what they have when services are planning living arrangements.
4. Comfort items could be, but are not limited to: a notebook and writing utensil, a stuffed animal, music listening device, jewelry items, coloring book, reading material, a blanket, pillow, etc.
5. Professionals meeting with a victim may want to bring with them paper for drawing or writing, fidgets, or any other grounding items to help build trust between them and the victim.

RESOURCES FOR COMFORT ITEMS
Service providers with the first contact should have access to, or policies surrounding how to access basic comfort items. Service providers are encouraged to have gift cards available for places such as Walmart, Target, CVS, etc. to purchase these items.

1.7. Transportation

TRANSPORTATION BEST PRACTICES

1. Transportation can be a challenge in many areas throughout our state, as well as the country. It can act as a barrier to a victim receiving services in many cases. Therefore, when assisting with the victim’s connection to services, access, and proximity to public transportation should be considered when necessary.
2. If a ride-sharing service needs to be utilized, an advocate should accompany the victim to ensure that they feel safe and supported. An advocate should only accompany a victim if this practice is in alignment with their agency’s policies and procedures
3. Some victim service organizations can assist with transportation.

TRANSPORTATION RESOURCES		
Uber	It is recommended that an advocate accompany the victim.	Download the Uber app on your smartphone. For more information, see: https://www.uber.com/us/en/ride/
Lyft	It is recommended that an advocate accompany the victim.	Download the Lyft app on your smartphone. For more information, see: https://www.lyft.com/rider
TransNet	This is available for victims with a disability or who require medical assistance.	1 (215) 542-7433
SEPTA	Southeastern Pennsylvania Transportation Authority serves Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties	1 (215) 580-7800 For SEPTA schedules in the area, see: http://www.septa.org/schedules/

1.8. Communication and Personal Technology

In a report published by Thorn, it was found that 74 percent of victims interviewed reported having “access to a telephone while in the life.”¹⁹ Following 2007, the same study found that 78 percent of victims described having a smartphone while in the life.²⁰ While many victims disclosed utilizing their smartphones to communicate with their trafficker, many also reported using their phone to maintain communication with family and friends.²¹

¹⁹ Bouche, Vanessa. Rep. *Survivor Insights: The Role of Technology in Domestic Minor Sex Trafficking*. Thorn, 2018.

²⁰ Ibid.

²¹ Ibid.

COMMUNICATION AND PERSONAL TECHNOLOGY BEST PRACTICES

1. Victims should have access to their cell phones, as well as other forms of personal technology, to foster empowerment and agency. Programs that require victims to relinquish access to their technology may be in danger of replicating harmful power and control dynamics demonstrated by traffickers.
2. Since carrying a device such as a tablet and/or smartphone allows a trafficker to more easily track the location of a victim, an emphasis should be placed on safety planning with an advocate. See Section 1.2, Safety Planning Best Practices. There should be a discussion regarding the possible ramifications of carrying a device that the trafficker can utilize for tracking purposes.
3. Should a victim choose to disable their phone, then a smartphone should be provided by an advocate. A smartphone is no longer a luxury item but is a necessity for individuals. A smartphone can be utilized by victims to access the internet as a means to arrange transportation and combat isolation.
4. Should a cell phone of a victim be confiscated by law enforcement as evidence in an investigation, another pre-paid smartphone should be provided to the victim.
5. Additionally, if a victim does not own their phone, then a phone should be provided to this individual as it is considered a basic need.
6. Service providers and law enforcement officers should engage in a discussion around safety planning and personal technology with the victim (see "Safety Planning Best Practices" p. 8). Traffickers frequently utilize cellphones as a means to track the location of their victim; therefore, if a victim expresses concern that their cell phone may be used by the trafficker for this purpose, a smartphone should be provided to the victim to use for communication and the original cell phone should be shut down with the battery removed.

RESOURCES FOR COMMUNICATION AND PERSONAL TECHNOLOGY

Service providers with the first contact should have access to, or policies surrounding how to access, smartphones and other personal technology. Service providers are encouraged to have gift cards available for places such as Walmart, Target, CVS, etc. to purchase these items.

1.9. Food

FOOD BEST PRACTICES

1. Advocates who are providing emergency response services for victims of trafficking will carry snack food packs and bottled water with them.
2. Once the victims are in a safe location, a choice of foods will be made available to them. When possible, food choices should take into consideration medical requirements (i.e., for people with diabetes or food allergies and other medical conditions requiring dietary accommodations) and cultural food preferences.
3. When possible, residential programs will offer a variety of food choices, as well as opportunities for residents to plan meals and assist with cooking, grocery shopping, etc.
4. If a victim needs to be temporarily placed in a hotel or other safe space that does not have cooking facilities, they will be provided with gift cards to local, easy to get to restaurants/fast food places. When possible, gift cards for places that will deliver meals and/or meal delivery services will be provided.

RESOURCES FOR FOOD

Service providers with the first contact should have access to, or policies surrounding how to access food. Service providers are encouraged to have gift cards available for places such as Walmart, Target, CVS, etc. to purchase these items.

2.0. Services

Service providers should assist a victim in meeting their basic needs before supporting the victim in becoming connected with additional services. However, if the victim expresses that they would prefer immediate support in becoming connected to certain services, then the service provider should follow the victim's lead and support the victim in their self-advocacy.

The following are service areas which should be discussed with a victim. Each victim and their situation are unique; therefore, every service should not be pursued. A victim should be empowered to determine which services they would like to pursue in their own time.

2.1. Mental Health

MENTAL HEALTH SERVICES BEST PRACTICES

1. All mental health services must be trauma-informed.
2. The victim is should be provided with choices in what mental health services they want and when they want them.
3. Culturally-specific, community-based, and non-traditional therapy models should also be explored such as yoga, equine, dance and movement, etc.
4. Counseling should never be mandated. Counselors should be chosen who have experience with human trafficking (preferably a licensed professional). If that is not an option, a therapist with experience working with sexual assault or domestic violence victims should be offered a choice.
5. A victim may be inconsistent with attendance and their willingness to engage in services, so providers should allow for this possibility.

RESOURCES FOR MENTAL HEALTH

Victims’ access to mental health services vary based upon location, insurance plan, and type of therapy desired by the victim. Services will also vary over time and are impacted by staff changes. Each immediate contact agency should maintain an updated and vetted list of mental health clinicians who should be consulted when assisting victims to become connected to therapy.

Mental Health Clinicians in Montgomery County which specialize in working with victims of human trafficking are listed below:

Creative Health Services	(484) 941-0500
Mission Kids Child Advocacy Center	(484) 687-2990
Victim Services Center of Montgomery County	(610) 277-0932
Laurel House	(610) 277-1860

The six local community behavioral health centers are base serve providers for adults in different parts of Montgomery County:

Abington Region (#464)
Central Behavioral Health
 1500 Maryland Rd, Willow Grove, PA 19090
 (267) 818-2220

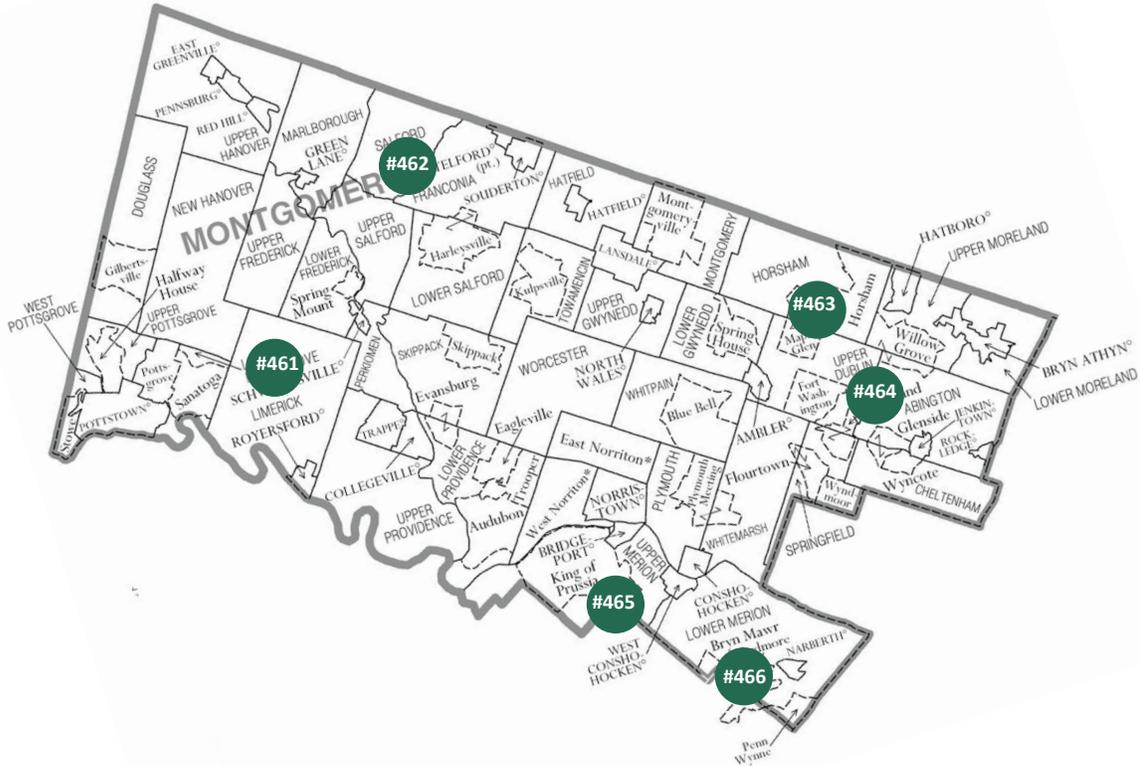
Lower Merion Region (#466)
Lower Merion Counseling and Mobile Services
 850 W. Lancaster Ave, Bryn Mawr, PA 19010
 (610) 520-1510

Norristown Region (#465)
Central Behavioral Health
 1100 Powell St, Norristown, PA 19401
 (610) 277-4600

Lansdale Region (#463)
Merakey
 400 N. Broad St, Lansdale, PA 19446
 (215) 368-2022

Western Region (#461)
Creative Health Services
 11 Robinson St, Pottstown, PA 19464
 (610) 326-2767

Franconia/Salford Region (#462)
Penn Foundation
 807 Lawn Ave, Sellersville, PA 18960



2.2. Immigration

IMMIGRATION BEST PRACTICES	
1.	If a victim is undocumented or has expired documentation and has experienced trafficking or serious crime in the US or another country, the service provider should refer the victim to a legal agency to work with an immigration attorney.
2.	The immigration attorney should assess for the victim’s eligibility and trafficking history.
3.	The service provider should continue to support and connect a victim with an immigration attorney.

4. The victim should be informed by the attorney about their rights in the case and what will be required of them before they start the visa process.
5. The victim should receive a letter from their attorney stating that their immigration case is under preparation so that they can present this to ICE or HSI officials if they are asked. If possible, the victim should receive a copy of the USCIS Receipt Notice for their pending T Nonimmigrant Status application.
6. Service providers should uphold confidentiality in not disclosing a victim’s location or program participation to ICE or HSI unless the victim is specifically collaborating with HSI workers and has signed a Release of Information giving their consent.
7. All legal documents should be translated by a translator.
8. Case Managers should be present in court as a victim advocate and to emotionally support victims, if they want someone to accompany them.
9. Case managers should be available to support victims throughout their process of preparing the visa and retelling their experiences for legal documentation. Staff should be aware of the potentially triggering nature of that process and be available for support.

PARTNERS IN MONTGOMERY AND SURROUNDING COUNTIES

NSC (Nationalities Service Center)	Anh Hua	ahua@nscphila.org
	Lindsey Mossor	lmossor@nscphila.org
JAW (Justice at Work)		(215) 733-0878
ACLAMO	Nelly Jimenez-Arevalo	Nellja@aclamo.org
HIAS (Hebrew Immigrant Aid Society)	General Intake Line	(215) 832-0900
	Joanna Gardner	jgardner@hiaspa.org
	Noelle Lemon	nlemon@hiaspa.org

SERVICES AVAILABLE TO VICTIMS OF TRAFFICKING

Federal services are available for foreign national victims of human trafficking. Follow the link and click on a specific status to see what services someone might have access to. This link is intended to help case managers and service providers find programs a victim may be eligible for.

- <https://www.acf.hhs.gov/otip/victim-assistance/services-available-to-victims-of-trafficking>

T-VISA

Eligibility	<ul style="list-style-type: none"> • Victim of a severe form of human trafficking involving “force, fraud, or coercion.”
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	<ul style="list-style-type: none"> • Are in the United States, American Samoa, the Commonwealth of the Northern Mariana Islands, or at a port of entry due to trafficking (but trafficking can begin after entry). • Comply with any reasonable request from a law enforcement agency for assistance in the investigation or prosecution of human trafficking. <ul style="list-style-type: none"> ○ <i>Unless you are under the age of 18 or you are unable to cooperate due to physical or psychological trauma. In either case, you may not need to show that you complied with reasonable requests from law enforcement.</i> • Demonstrate that you would suffer extreme hardship involving unusual and severe harm if you were removed from the United States.
Duration and Derivatives	Granted for four years. After four years a victim can apply for lawful permanent residence after three years or after the trafficking investigation or prosecution is completed. Certain qualifying family members may be eligible for a derivative visa, such as parents, spouse, and unmarried siblings under 18 years of age.

U-VISA	
Eligibility	<ul style="list-style-type: none"> • Victim of qualifying criminal activity. These include but are not limited to: <ul style="list-style-type: none"> ○ <i>Sexual abuse; Domestic violence; Female genital mutilation; Fraud in foreign labor contracting; Incest; Involuntary servitude; Murder; Rape; Prostitution; and Trafficking.</i> • Suffered substantial physical or mental abuse as a result of having been a victim of criminal activity. • You were, are, or are likely to be helpful to law enforcement in the investigation or prosecution of the crime. <ul style="list-style-type: none"> ○ <i>If you are under the age of 16 or unable to provide information due to a disability, a parent, guardian, or next friend may assist law enforcement on your behalf.</i> • The crime occurred in the United States or violated U.S. laws. • You may apply (petition) for U nonimmigrant status if you are outside the United States, which follows different criteria.
Duration and Derivatives	Granted for four years. After four years a victim can apply for lawful permanent residence after three years or after the investigation or prosecution is completed. Derivatives are eligible for certain qualifying family members.

ASYLUM	
Eligibility	<ul style="list-style-type: none"> • Application has to be within one year of entering the US. <ul style="list-style-type: none"> ○ <i>Unless the victim has an extenuating circumstance.</i>

	<ul style="list-style-type: none"> • Not willing to go back to your country because you suffered persecution • Have a legitimate belief that you will be persecuted if you return to your country • Persecution must be one of the following: race; faith; country of birth; political opinion; or belonging to a specific social group as outlined below: <ul style="list-style-type: none"> ○ Tribes; Ethnic groups; Educated people and other social classes; Relatives of political dissidents; Workers in a particular occupation; Homosexuals; Former policemen or soldiers; Women (in specific cases). • Persecution: harassed, injured, oppressed, and may be related to harm that is physical, psychological (threats, acts of violence, unjust imprisonment, denial of freedom, denial of basic human rights, DV) <p>Ineligible if you have been resettled in another country before coming to the US</p>
Duration and Derivatives	<p>Can apply to be a lawfully permanent resident after one year of living in the United States with asylum.</p> <p>Spouses and children may be recipients of derivative visas.</p>

CONTINUED PRESENCE

- Filed by HSI
- Temporary immigration status for individuals who are victims of human trafficking
- Allows victims who are potential witnesses in the criminal investigation to remain in the U.S. for the duration of the investigation and receive work authorization.

EMPLOYMENT AUTHORIZATION DOCUMENT (EAD)

“When USCIS grants T nonimmigrant status, an Employment Authorization Document (EAD) is granted at the same time. The information for the EAD is generated from Form I-914. There is no need to file a Form I-765, Application for Employment Authorization, along with the application for a T nonimmigrant status.”

- EAD cards are also granted to asylees, refugees, and their dependents, as well as holders of other immigration statuses.

ELIGIBILITY AND CERTIFICATION LETTERS

Interim Assistance and Eligibility Letters allow minors who have experienced human trafficking to apply for the same benefits and services as refugees. Certification letters offer the same benefit to adults.

REFERENCES

T-visa	https://www.uscis.gov/humanitarian/victims-human-trafficking-other-crimes/victims-human-trafficking-t-nonimmigrant-status
U-visa	https://www.uscis.gov/humanitarian/victims-human-trafficking-other-crimes/victims-criminal-activity-u-nonimmigrant-status/victims-criminal-activity-u-nonimmigrant-status
Asylum	https://www.uscis.gov/humanitarian/refugees-asylum/asylum/questions-and-answers-asylum-eligibility-and-applications https://www.uscis.gov/greencard/asylees
TPS (Temporary Protected Status)	https://www.uscis.gov/humanitarian/temporary-protected-status
Employment Authorization Document (EAD)	https://www.uscis.gov/humanitarian/victims-human-trafficking-other-crimes/victims-human-trafficking-t-nonimmigrant-status/questions-and-answers-victims-human-trafficking-t-nonimmigrant-status-0
Eligibility and Certification Letters	https://www.acf.hhs.gov/otip/victim-assistance/eligibility-letters https://www.acf.hhs.gov/otip/victim-assistance/certification-and-eligibility-letters-for-foreign-national-victims

Consular Contact Sheet for Obtaining a Foreign Passport For Pennsylvania Residents

For a complete list of foreign consulates, visit:

<https://travel.state.gov/content/travel/en/consularnotification/ConsularNotificationandAccess.html>

Mexico

- Make an appointment through MEXITEL: 1-877-639-4835 or online at: <https://mexitel.sre.gob.mx/citas.webportal/pages/public/login/login.jsf>
- Philadelphia consulate: 111 S Independence Mall E, Philadelphia, PA 19106
- Phone: (215) 923-8384
- For more information: <https://consulmex.sre.gob.mx/filadelfia/index.php/documentacion/pasaportes>

Honduras

- Make a consular appointment online: <https://www.citaconsular.com/#/home>
- PA residents' consulate: 255-2 West 36 Street, First Level, New York, NY 10018
- Telephone: (212) 714-9451 / (212)714-9452 / (212)714-9086
- Office hours: Monday-Friday, 9:00am - 3:00pm

Guatemala

- Make a consular appointment online: <http://www.citaconsularguatemala.com/>
- PA residents' consulate: 276 Park Avenue South, 2do piso, New York, New York, 10010
- More information available at: <https://www.consuladoguatemalanuevayork.org/pasaportes.html> or call 1-844-805-1011

El Salvador

- Make an appointment online: <https://pasaportes.gob.sv/> or call 1-888-301-1130
- PA residents' consulate: 46 Park Avenue, New York, NY, 10016.
- Telephone: (212) 889-3608/09 / (347) 356-9916
- More information: <http://consuladonuevayork.rree.gob.sv>

Dominican Republic

- PA residents' consulate: 1501 Broadway Ave., Suite 410
- Phone: (212) 768-2480, 81, 82 y 83
- Web: www.consuladord-ny.org

Telephone (212) 244-9392

Others

Argentina – New York, NY
Telephone (212) 603-0400

Costa Rica - New York, NY
Telephone (212) 509-3066/3067

Saudi Arabia - New York, NY
Telephone (212) 752-2740

Côte d'Ivoire - Washington, DC
Telephone (202) 204-4034

Bolivia - New York, NY
Telephone (212) 687-0530, (212) 687-0531,
(212) 986-3280, (646) 430-5132

Democratic Republic of the Congo -
Washington, DC
Telephone (202) 234-7690

Brazil - New York, NY
Telephone (917) 777-7793 Monday - Friday
from 9:00 a.m. to 5:00 p.m.
917-943-7155 off-hours 24/7

Ecuador - New York, NY
Telephone (212) 808-0170, (212) 808-0171

Burkina Faso - New York, NY
Telephone (212) 308-4720/4721

Eritrea - Washington, DC
Telephone (202) 319-1991

Cameroon - Washington, DC
Telephone (202) 285-8790

Haiti - New York, NY
Telephone (212) 697-9767

Central African Republic - Washington, DC
Telephone (202) 483-7800

India - New York, NY
Telephone (212) 774-0600

Chile - New York, NY
Telephone (212) 980-3366

Jamaica - New York, NY
Telephone (212) 935-9000

China - New York, NY

Kenya - New York, NY
Telephone (212) 421-4741

Liberia - New York, NY

Telephone (212) 687-1025

Nicaragua - New York, NY
Telephone (212) 986-6562

Nigeria - Atlanta, GA
Fax (770) 394-4671

Pakistan - New York, NY
Telephone (212) 879-5800

Panama - Philadelphia, PA
Telephone (215) 574-2994

Paraguay - New York, NY
Telephone (212) 682-9441/9442

Peru - New York, NY
Telephone (646) 735-3901

Philippines - New York, NY
Telephone (212) 764-1330

Russia - New York, NY
Telephone (212) 348-0926

Sierra Leone - Washington, DC
Telephone (202) 939-9261/62/63

Singapore - New York, NY
Telephone (212) 223-3331

South Korea - New York, NY
Telephone (646) 674-6000

Uganda - Washington, DC
Telephone (202) 726-7100

Ukraine - New York, NY
Telephone (212) 371-6965

Uruguay - New York, NY
Telephone (212) 753-8191, (212) 753-8192

Venezuela - New York, NY
Telephone (212) 826-1660

** Note: In June 2019, the U.S. State Department announced it will recognize five-year validity extensions for Venezuelan

passports. The acting Venezuelan government decreed that it will automatically extend all Venezuelan passports for five years beyond their expiration date. More info here:

<https://www.state.gov/the-united-states-supports-extension-of-validity-for-venezuelan-passports/>

Vietnam - New York, NY
Telephone (212) 644-0594/0831/2535

Zambia - New York, NY
Telephone (212) 888-5770

Zimbabwe - New York, NY
Telephone (212) 980-9511

2.3. Medical

MEDICAL TREATMENT BEST PRACTICES	
1.	The physical health of any victim should be a priority.
2.	If the victim is using medication(s), then a medication evaluation should be completed so that those medications can be received immediately.
3.	Tuberculosis testing should be considered as many individuals may have experienced homelessness before seeking medical attention. Many residential placements or shelters require a tuberculosis test to be completed.
4.	Victim service professionals should engage in open discussions with victims about their medical treatment options, particularly concerning sexual health (See Section 2.3.1). The victim should be empowered to make their own decisions regarding their medical treatment, and the advocate should provide many different options for treatment to the victim.
5.	Victim service professionals should provide the victim with thorough information regarding the potential costs of medical treatments. Information should also be provided on resources that could be utilized to cover medical and other expenses related to their victimization such as the Crime Victims Compensation Assistance Program (VCAP).
6.	<p>A Sexual Assault Nurse Examiner (SANE) will be able to provide care and medical treatment in a person-centered and trauma-informed manner. Should the victim want support during this time, an advocate should offer to accompany the victim to this examination. The SANE nurse can:</p> <ul style="list-style-type: none">• Gather a culturally and developmentally appropriate medical history and a history of the assault, with an essential understanding of the medical and legal implications of both;• Offer the patient suitable options in care, which may include forensic evidence collection, testing and treatment or prevention of sexually transmitted diseases and the human immunodeficiency virus (HIV), pregnancy prevention, and immediate and following services with community-based sexual assault advocacy, medical and law enforcement partners;• Provide culturally sensitive, developmentally appropriate, and patient-specific evaluation and treatment;• Testify in a criminal or civil trial as a fact or expert witness when necessary (Office for Victims of Crime, n.d.).

MEDICAL TREATMENT FOR MINORS BEST PRACTICES

1. Every child victim of suspected sexual abuse needs a medical evaluation. Therefore, if a minor is suspected of being a victim of commercial sexual exploitation, then a trained advocate should encourage a medical evaluation by a trained child abuse medical professional.
2. Medical evaluations for minors should be performed preferentially in the Children’s Hospital of Philadelphia’s CARE clinic. Children who are suspected victims of sexual abuse will be eligible for medical evaluation at the CARE clinic. Eligible children will be those children < 18 years old who are referred through Mission Kids.
3. The majority of minor CSEC victims may not require immediate medical evaluation, and a scheduled CARE clinic appointment will be appropriate.
4. Referrals will be determined by the following information:
 - A minor CSEC victim requiring immediate ED referral:
 - The acute assault occurred within 120 hours
 - Concern for the need for emergency contraception
 - The need for post-exposure prophylaxis for sexually transmitted infection, including HIV
 - Concern for acute trauma (post-traumatic bleeding, pain, dysuria, hematuria)
 - Medical intervention is needed emergently to assure the health and safety of the child
 - The child is experiencing significant behavioral or emotional problems and requires evaluation for possible suicidal ideation/plan.
5. If it is determined that a child needs immediate Mental Health treatment (See Section 2.1), partner agencies will coordinate the child’s transport, if necessary, to an appropriate mental health facility. If no beds are available at an appropriate mental health facility or the child cannot be seen immediately, the child must be brought to the local emergency room for immediate evaluation. If a parent is not willing or in agreement with the child being evaluated at either a local emergency room or mental health facility, the Office of Children and Youth caseworker and local police department involved in the investigation must ensure the child’s safety and get child mental health treatment.

HOSPITALS WITH A SANE NURSE FOR ADULTS

Abington Hospital- Jefferson Health	1200 Old York Rd Abington, PA 19001 (215) 481-2000
Einstein Medical Center Montgomery	559 W Germantown Pike East Norriton, PA 19403 (484) 622-1000
Bryn Mawr Hospital	130 S Bryn Mawr Ave. Bryn Mawr, PA 19010 (484) 337-3000
Phoenixville Hospital	140 Nutt Rd. Phoenixville, PA 19460

	(610) 983-1000
Pottstown Memorial Medical Center	1600 E High St. Pottstown, PA 19464 (610) 327-7000
Lankenau Medical Center	100 E Lancaster Ave. Wynnewood, PA 19096 (484) 476-2000

GENERAL MEDICAL RESOURCES	
Planned Parenthood	Pottstown Health Center 2081 E High St, Pottstown, PA 19464 1 (610) 326-8080
	Norristown Health Center 1221 Powell Street Norristown, PA 19401 1 (610) 279-6095
Esperanza Health Center	Hunting Park 4417 N. 6th Street, Philadelphia, PA 19140
	Kensington (incl. Dental Clinic) 861 E. Allegheny Ave., Philadelphia, PA 19134
	Fifth Street 2940 N 5th Street, Philadelphia, PA 19133
Mazzoni Center	1348 Bainbridge Street Philadelphia, PA 19147 Main: 215-563-0652 Medical: 215-563-0658
Montgomery County Health Department	1430 DeKalb Street Norristown, PA 19401 (610) 278-5117
Community Health and Dental Care	700 Heritage Dr #701 Pottstown, PA 19464 (610) 326-9460

2.3.1. Sexual Health Services

SEXUAL HEALTH SERVICES BEST PRACTICES	
	1. All victims that have experienced sex trafficking should be offered sexual health services.
	2. These offered services should include STI testing, medical evaluation, prophylactic medications, and contraceptives.
	3. Sex trafficking is a crime. All victims are entitled to a forensic rape exam. The victim should be offered the ability to seek services from a Sexual Assault Nurse Examiner (SANE). A Sexual Assault Nurse Examiner (SANE) will be able to provide care and medical treatment in a person-centered and trauma-informed manner. Should the victim want support during this time, an advocate should offer to accompany the victim to this examination.

SEXUAL HEALTH RESOURCES	
Mazzoni Center	1348 Bainbridge Street Philadelphia, PA 19147 Main: 215-563-0652 Medical: 215-563-0658
Planned Parenthood	Pottstown Health Center 2081 E High St, Pottstown, PA 19464 1 (610) 326-8080
	Norristown Health Center 1221 Powell Street Norristown, PA 19401 1 (610) 279-6095

2.4. Substance Abuse Treatment

SUBSTANCE ABUSE BEST PRACTICES	
	1. Victims of sex trafficking will be assessed for substance abuse disorder, by a medical or mental health professional who is trained in this type of assessment, if they are willing to participate in the assessment.
	2. Providers will recognize that, at least initially, the victim may not be forthcoming about substance use (amounts, frequencies, etc.). Because of this, the support providers will be open to the possibility that, even if not initially disclosed at the

assessment, the victim may have a substance abuse disorder that will make it more difficult for them to fully participate in services that are offered.
3. Keeping this in mind, service providers will continue to broach the subject with the victim, in a non-judgmental manner, if/when it appears that substance abuse may be interfering with the victim participating in services.
4. If the victim indicates that they have a problem with substance abuse and is open to help with this, they will be connected to substance abuse disorder treatment professionals who are trauma trained and who have had additional training on best practices when providing services to victims of human trafficking.
5. Program staff/support providers will then ensure that the victim has whatever they may need to attend the substance abuse treatment (transportation, scheduling accommodations, etc.).
6. If the victim indicates a problem and/or if the assessment suggests that they have a problem, but they are unwilling or unable to participate in substance abuse disorder treatment at this point, the service providers will continue to work with the victim to the extent that they are willing and able.
7. Programs will keep resource lists on hand of detox facilities. The list will include as much information as possible about how to access those facilities, i.e.: referral process; intake process; insurance requirements if any; transportation assistance if any, etc.

SUBSTANCE ABUSE RESOURCES	
Detox Facilities	Eagleville Hospital 100 Eagleville Rd. Eagleville, PA 19403 1 (610) 539-6000
	Malvern Institute 240 Fitzwatertown Rd. Willow Grove, PA 19090 1 (610) 647-0300
	Valley Forge Medical Center 1033 W. Germantown Pike Eagleville, PA 19403 1 (610) 539-8500
	Mirmont Center 100 Yearsley Mill Rd. Media, PA 19063 1 (610) 744-1400
Drug and Alcohol Inpatient	Eagleville Hospital 100 Eagleville Rd. Eagleville, PA 19403 1 (610) 539-6000

	<p>Malvern Institute 240 Fitzwatertown Rd. Willow Grove, PA 19090 1 (610) 647-0300</p>
	<p>Valley Forge Medical Center 1033 W. Germantown Pike Eagleville, PA 19403 1 (610) 539-8500</p>
	<p>Mirmont Center 100 Yearsley Mill Rd. Media, PA 19063 1 (610) 744-1400</p>
Drug and Alcohol Outpatient	<p>Creative Health Services 11 Robinson St. Pottstown, PA 19464 1 (610) 327-1503</p>
	<p>Gaudenzia – Montgomery County Outpatient 166 W. Main St. Norristown, PA 19401 1 (610) 279-4262</p>
	<p>Montgomery County Methadone Center 316 DeKalb Street Norristown, PA 19401 1 (610) 272-3710</p>
	<p>PRO-ACT 622 Swede Street Norristown, PA 19401 (484) 383-0802</p>

2.5. Legal

Legal Needs of Human Trafficking Survivors Polaris Project
<p style="text-align: center;">Polaris Project National Human Trafficking Resource Center 1-888-373-7888 </p> <p>NHTRC@PolarisProject.org www.PolarisProject.org © Copyright Polaris Project, 2012. All Rights Reserved This publication was made possible in part through Grant Number 90XR0012/02 from the Anti-Trafficking in Persons Division, Office of Refugee Resettlement, U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Anti-Trafficking in Persons Division, Office of Refugee Resettlement, or HHS.</p>

This document provides a list of legal and related issues that may affect human trafficking survivors. Legal providers should be aware of these diverse needs and develop plans to help survivors address them. This list is not meant to be comprehensive, but rather a starting point for understanding the issues faced by survivors of trafficking. Underlined items are designated by Polaris Project Client Services as of particular interest to US Citizen survivors requiring legal assistance.

Family Law Divorce Domestic violence Orders of protection Custody, and visitation Child abuse and neglect Child abduction/concealment Securing access to child support		
Legal Aid of Southeastern PA	Nonprofit legal services	(855) 980-6924
Laurel House	Domestic violence center and attorney	(800) 642-3150
Women’s Center	Domestic violence advocacy center (no attorney)	(800) 773-2424
Victim Services Center of Montgomery County, Inc.	Comprehensive crime victim center and attorney	(888) 521-0983
SeniorLAW Center	Nonprofit legal services	(877) 727-7529
Legal Clinic for the Disabled, Inc.	Nonprofit legal services	(215) 587-3350

Benefits Access to public benefits (Medicaid, Medicare, SSI, State-level benefits) Access to crime Victim compensation Certification or letter of eligibility* Assistance vacating convictions (e.g., for prostitution) that complicate eligibility for benefits *May also fall under immigration-related needs (See “Immigration Best Practices” p. 30)		
Legal Aid of Southeastern PA	Nonprofit legal services	(855) 980-6924
Laurel House	Domestic violence center and attorney	(800) 642-3150
Women’s Center	Domestic violence advocacy center (no attorney)	(800) 773-2424
Victim Services Center of Montgomery County, Inc.	Comprehensive crime victim center and attorney	(888) 521-0983
SeniorLAW Center	Nonprofit legal services	(877) 727-7529
Legal Clinic for the Disabled, Inc.	Nonprofit legal services	(215) 587-3350

Employment

Back wages | Occupational safety and health violations | Sexual harassment or discrimination
| Equal employment opportunity violations | Unemployment benefits

Legal Aid of Southeastern PA	Nonprofit legal services	(855) 980-6924
Laurel House	Domestic violence center and attorney	(800) 642-3150
Women's Center	Domestic violence advocacy center (no attorney)	(800) 773-2424
Victim Services Center of Montgomery County, Inc.	Comprehensive crime victim center and attorney	(888) 521-0983
SeniorLAW Center	Nonprofit legal services	(877) 727-7529
Legal Clinic for the Disabled, Inc.	Nonprofit legal services	(215) 587-3350

Criminal Justice Advocacy

Advocacy within criminal justice system for victims of crime | Legal representation for survivors who are incarcerated | Representing trafficking victims as defendants charged with prostitution and related crimes | Vacating prostitution-related convictions

Legal Aid of Southeastern PA	Nonprofit legal services	(855) 980-6924
SeniorLAW Center	Nonprofit legal services	(877) 727-7529
Victim Services Center of Montgomery County, Inc.	Comprehensive crime victim center and attorney	(888) 521-0983
Legal Clinic for the Disabled, Inc.	Nonprofit legal services	(215) 587-3350
Villanova CSE Institute	Legal research and technical assistance	(610) 519-7183

Civil Litigation

Various tort claims against traffickers, those who aid and abet trafficking | Civil damages | Restitution

Legal Aid of Southeastern PA	Nonprofit legal services	(855) 980-6924
SeniorLAW Center	Nonprofit legal services	(877) 727-7529
Legal Clinic for the Disabled, Inc.	Nonprofit legal services	(215) 587-3350
Villanova CSE Institute	Legal research and technical assistance	(610) 519-7183

Housing		
Access to public or subsidized housing If in public housing, negotiating transferring to a safer facility Negotiating with a private landlord to change leasing arrangements Knowledge of VAWA rights		
Legal Aid of Southeastern PA	Nonprofit legal services	(855) 980-6924
SeniorLAW Center	Nonprofit legal services	(877) 727-7529

2.5.1. Protection Orders

PROTECTION ORDER BEST PRACTICES
1. There are three (3) types of Protection Orders available in Pennsylvania. If a trafficking victim is interested in filing a Protection Order, refer them to one of the agencies listed below.
2. Eligibility for Protection Order: <ul style="list-style-type: none"> • Family or household members = Protection from Abuse • Not family or household member + sex crime occurred = Protection from Sexual Violence Order • Not family or household member + victim is under 18, the offender is over 18 = Protection from Intimidation
3. The victim is responsible for deciding whether to file for the Protection Order.
4. The victim should understand that Protection Orders are civil remedies and do not have a bearing on whether criminal charges will be filed or not.
5. Benefits for Victims: The order states that Defendant cannot abuse, stalk, harass, or threaten Plaintiff, Defendant cannot contact Plaintiff, and Defendant is evicted or excluded from Plaintiff's residence. If Defendant violates Order, Defendant may face up to six (6) months in jail or up to \$1,000 in fines.
6. Potential Barriers for Victims: Potential for increased threats to the Victim, prolonged ties to the Defendant, the court process may be traumatic for Victim, the Victim is giving information to Defendant, the Judge may not grant the Final Order.
7. After the Victim files the Petition for the Protection Order, the Judge will review the Petition and either grant or deny the Temporary Order. A hearing on whether to grant or deny the Final Order will be scheduled within ten (10) days.
8. Options at Final Hearing: Hearing, Agreement, Continuance, or Plaintiff withdraws.

PARTNERS IN MONTGOMERY COUNTY		
Legal Aid of Southeastern PA	Nonprofit legal services	(855) 980-6924
Laurel House	Domestic violence center and attorney	(800) 642-3150
Women's Center	Domestic violence advocacy center (no attorney)	(800) 773-2424

Victim Services Center of Montgomery County, Inc.	Comprehensive crime victim center and attorney	(610) 277-0932
SeniorLAW Center	Nonprofit legal services	(877) 727-7529
Legal Clinic for the Disabled, Inc.	Nonprofit legal services	(215) 587-3350

2.6. Case Management and Service Planning

When offering case management services, it is important not to create a parallel process between programs and a victim’s trafficking situation. A parallel process to a victim’s trafficking would be a program that tries to exert power and control over what victims can or cannot do. It limits the victim’s choice and restricts the freedom that a victim is given. Instead, create case management programs that offer choice to victims and listen to what victims need for their growth and healing moving forward.

GENERAL REQUIREMENTS <i>for participants concerning services</i>
1. Available for individuals who have experienced or are suspected of having experienced human trafficking
2. All programs should be survivor-led. This means employing survivors when possible and including survivors’ thoughts and insights into the program policy and structure.
3. Victims should maintain contact with case managers on a semi-consistent basis to be considered active in the program.
4. Services can change depending on the victim’s place of residence. If a victim moves out of their current county, the case manager can connect them with different services in that new county.
5. If the victim has stayed in a residential home and has moved to the community, they must still respect the confidentiality of the location of the home.

BEST PRACTICES <i>for programs</i>
1. Connect with victims as soon as possible after they are identified.
2. Be attuned to the nuances and differences between sex and labor trafficking. Mirror the language a victim uses to refer to themselves (pronouns, etc.) and their situation. If a victim does not reference their situation as trafficking, use other words to describe their experience.
3. Programs should work with individuals who are at risk or are suspected to have experienced trafficking. This would include working with a victim as you assess for their trafficking history or risk.
4. Support victims through a crisis and in identifying their immediate needs.

5. Staff should be open to talking with victims about sexual health. This includes talking with victims about STIs, birth control, or making an appointment with medical professionals if a victim is interested.
6. Establish boundaries with victims so they know when you are available. Victims should know that you will always respond, but that response might not always be immediate (that hour, etc.). Always give them a contact in case of an immediate emergency (crisis hotline, HT hotline, etc.). Be clear about when you are or are not available. Give victims times to pick from to meet to create predictability for victims in knowing when meetings can occur.
7. Create longer-term plans for service provision. This leaves room for victims to return and continue engaging in services even if they leave the program for some time.
8. Explain participant rights in the program. This includes being clear about confidentiality and what that means for the victim's relationship with the case manager. Let victims know that case management can be as relaxed or formal as they wish in reference to what they expect from services. Some victims require less intensive services.
9. Victims should sign a Release of Information (ROI) for any information that they want to be shared from the case manager to another worker or organization. With an ROI, information should only be shared with other workers if the conversation is needed for the victim to move forward with their goals or to ensure their safety. The ROI should be written, time-limited, and person-centered. The case manager should ensure that they provide the victim with ample information to make an informed decision regarding signing the ROI. The possible outcomes, both intended or unintended, of signing the ROI should be discussed.
10. Language services should be offered at each meeting. For more in-depth conversations, case managers should call a live interpreter over the phone to better understand each other. Case managers should call a live interpreter when reviewing case management documents that require a signature, including ROIs, participant agreements, etc.
11. A victim's culture can impact how they communicate and respond. Take your cues from the victim and include culturally-specific organizations.
12. Respect gender identity and sexuality. Upon first meeting, ask a victim what their preferred pronouns are and be sure to use their preferred pronouns in all communication. Refer to appropriate health care and mental health resources that work with the LGBTQIA+ community and are inclusive, competent, and affirming.
13. A victim should be given the choice of where they would like to meet so that they can choose a space that feels both safe and comfortable. If meeting in a public place, maintain confidentiality and privacy as much as possible.
14. The case manager should support the victim in getting a phone. Phone use should not be restricted. This can mirror the power and control of their trafficking situation when phone use is limited or restricted. The case manager should safety plan with the victim about how to use technology safely and healthily.

15. The case manager should consistently safety plan with victims to assess their current safety (See “Safety Planning Best Practices” p. 8). This includes safety planning about where they are living if they have contact with abusers from their past, their current emotional safety with mental health triggers and concerns, etc. The case manager and victim should plan for what the victim can do or who they can contact in the case of a situation where they are not safe.

SERVICES NEEDED	
1.	Counseling or non-traditional therapy (See Section 2.1)
2.	Psychiatry services with a medicine management component (See Section 2.1)
3.	Legal services (See Section 2.5)
4.	Housing (See Section 1.5)
5.	Education (See Section 2.6.3)
6.	Medical services (See Section 2.3)
7.	Employment services or support (See Section 2.6.3)
8.	Office of Children and Youth involvement

2.6.1. Identification Documents

IDENTIFICATION DOCUMENTS FOR VICTIMS	
Philadelphia ID	<ul style="list-style-type: none"> Who’s eligible: any Philadelphia resident, age 13 or older Documents needed to apply: Proof of identity including one with a photo and US or foreign passport, birth certificate, SS card, student ID, etc.
Social Security	<ul style="list-style-type: none"> All applicants must provide original documents as proof of age, identity, citizenship, and work eligibility (for non-citizens only) Documents showing proof of identity include a US driver’s license, State ID, or US passport. If the victim does not have those, an employee ID card or school ID card can be accepted
EAD card	<ul style="list-style-type: none"> Having an Employment Authorization Document (EAD) is one way to prove that the individual is allowed to work in the United States. Case managers should support victims to find an attorney to work with for the EAD filing process. For a complete list of the specific requirements for all categories that are eligible, use the following link: https://www.uscis.gov/i-765Checklist Eligibility

	<ul style="list-style-type: none"> ○ For individuals who are authorized to work in the United States because of their immigration status (for example, you are an asylee, refugee, or U nonimmigrant) and need evidence of that employment authorization. You do not need to apply for an EAD if you are a lawful permanent resident. Your Green Card is evidence of your employment authorization. ● Reference for EAD Section: US Citizenship and Immigration Services: https://www.uscis.gov/greencard/employment-authorization-document
State ID	<ul style="list-style-type: none"> ● The following is required for US Citizens to be given a State ID: <ul style="list-style-type: none"> ○ Original Social Security Card (card cannot be laminated) ● One of the following: <ul style="list-style-type: none"> ○ Birth Certificate from the United States ○ Valid U.S. Passport (Only valid U.S. Passports and original documents will be accepted). ○ Photo ID (such as State ID or Driver’s License) ○ A check or money order payable to PennDOT for the appropriate fee (cash is not accepted) and, if you are 18 or older, two acceptable forms of address verification are required. ○ For additional information concerning non-citizens, visit http://www.dot.state.pa.us/Public/DVSPubsForms/BDL/BDL%20Publications/pub%20195nc.pdf ○ (Please note: Documents must be original photocopies will not be accepted.)

2.6.2. Benefits and Insurance

BENEFITS FOR VICTIMS	
SNAP	<p>Eligibility:</p> <ul style="list-style-type: none"> ● You must meet certain requirements, including resource and the gross and net income limits ● In general, people must meet work requirements to be eligible for SNAP. These work requirements include registering for work, not voluntarily quitting a job or reducing hours, taking a job if offered, and participating in employment and training programs assigned by the state. <p>Benefits:</p> <ul style="list-style-type: none"> ● Allotments are determined as outlined on the following website:

	https://www.fns.usda.gov/snap/recipient/eligibility#Am%20%20eligible%20
WIC (Women, Infants, and Children)	<p>Eligibility:</p> <ul style="list-style-type: none"> • Services available for women who are pregnant, postpartum, breastfeeding • Applicants must meet all four of the following eligibility requirements: https://www.fns.usda.gov/wic/wic-eligibility-requirements <p>Benefits of WIC:</p> <ul style="list-style-type: none"> • Checks or vouchers to buy specific foods each month to supplement nutrition • Additional supports and programs of WIC can be found at https://www.fns.usda.gov/wic/frequently-asked-questions-about-wic

Cash Assistance (CA)	<ul style="list-style-type: none"> • Emergency cash assistance for domestic violence (DV) victims • Victim of DV or another abusive living situation. You have a nine-month limit during your lifetime to receive CA benefits for this reason. • Past trafficking under HUD definition can be considered fleeing domestic violence until a victim is stable and independent
TANF (Temporary Assistance to Needy Families)	<p>Eligibility requirements:</p> <ul style="list-style-type: none"> • Cash assistance for needy families can be used on a wider range of things than SNAP benefits. • Available for pregnant women, dependent children and their parents, or dependent children with other familial caregivers
ELRC (Early Learning Resource Center) Formerly CCIS	<ul style="list-style-type: none"> • ELRC pays part of the childcare cost. Victims pay the family co-pay and both of those payments go directly to the childcare location. <p>Eligibility Requirements:</p> <ul style="list-style-type: none"> • Be within 200% of the PA poverty line • Have a child who is under 13 or between 13 and 19 years of age with a disability • Work 20 or more hours a week or be enrolled in work and/or education.

<p>Low Income Home Energy Assistance Program (LIHEAP)</p>	<p>Eligibility Requirements:</p> <ul style="list-style-type: none"> ● LIHEAP Cash Grant eligibility: <ul style="list-style-type: none"> ○ Income at or below 150% of the Federal Poverty Level ○ Responsible for the main source of heat in the household (pay utility or fuel vendor directly, or indirectly through rent) ● LIHEAP Crisis Grant eligibility: <ul style="list-style-type: none"> ○ The requirements listed above as well as a situation of actual or imminent home heating emergency that can be resolved by crisis funds <p>Benefits of Grant:</p> <ul style="list-style-type: none"> ● LIHEAP Cash Grant Benefits: <ul style="list-style-type: none"> ○ \$200 (minimum grant) to \$1000 (maximum grant) to help with a heating bill. This includes bills for electricity, gas, water, oil, propane, kerosene, or other fuel types. ● LIHEAP Crisis Grant Benefits: <ul style="list-style-type: none"> ○ Pays up to \$500 to stop a shut-off of utility service, to get service turned back on, or to get fuel if a household is out of fuel or about to run out of fuel.
<p>Medical Insurance</p>	<ul style="list-style-type: none"> ● Recommended Medicaid insurance - Keystone First ● To change insurance, call the change center. ● Call Change Center -> (215) 560-7226 (Philadelphia) ● General Change Center -> 1 (877) 395-8930 ● If the victim has moved counties, the case manager should support the victim in calling the change center to switch their insurance to the correct county

2.6.3. Education and Vocation

<p>EDUCATIONAL AND VOCATIONAL RESOURCES FOR VICTIMS</p>	
<p>GED</p>	<p>Service providers should support the victim in researching relevant online and in-person programs to earn GED.</p>
	<p>Montgomery County OIC</p> <ul style="list-style-type: none"> ● OIC offers year-round GED and adult basic adult training for people looking to obtain their high school equivalency diploma. The cost is \$75 per year.
<p>Montgomery County Community College</p>	

Community College	Central Campus 340 DeKalb Pike, Blue Bell, PA 19422 (215) 641-6300
	West Campus 101 College Drive, Pottstown, PA 19464 (610) 718-1800
	The Culinary Arts Institute 1400 Forty Foot Road, Lansdale, PA 19446 (267) 646-5970
	For more information, see: https://www.mc3.edu/admissions/applying-to-mccc
English as a Second Language (ESL) Classes	Nationality Services Center
	<ul style="list-style-type: none"> • For victims near Montgomery County, Nationality Services Center (NSC) hosts beginning, intermediate, and advanced courses. • Students’ language skills are assessed at registration and they are placed in one of seven levels of ESL classes. All of their classes are open to the public and taught on-site at NSC by highly motivated, experienced volunteer teachers who help students gain a richer understanding of US culture and society. • Classes are \$200* for 10 weeks (20 classes/50 hours). Each class meets twice a week. • Montgomery County OIC offers a 12-month course for ESL classes. The cost is \$75 in total.
	Literacy Council of Norristown
	<ul style="list-style-type: none"> • Offers free ESL tutoring and classes • The YWCA Norristown and Pottstown Adult Education and Training Center locations offer free weekly ESL and Civics classes

Appendix D

Act 105: Pennsylvania's First Comprehensive Anti-Trafficking Legislation



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Act 105: Pennsylvania's First Comprehensive Anti-Trafficking Legislation

In September 2014, Pennsylvania enacted its first comprehensive anti-trafficking statute, "Act 105." The new law expands Pennsylvania's legal definition of human trafficking, giving prosecutors better tools to hold traffickers accountable. It provides new and enhanced protections for victims of human trafficking, including a robust civil remedy that allows survivors to sue those who participated in or profited from their victimization. And, it calls for a state plan to coordinate anti-trafficking initiatives and to educate the community and stakeholders about human trafficking, to prevent it from happening in the first place.

Prosecution

Act 105 (2014) clearly defines human trafficking in Pennsylvania as a criminal offense that covers both sexual servitude and labor servitude. (The previous definition failed to include sexual servitude as a distinct form of human trafficking, focusing instead on trafficking for "forced labor or services." 18 Pa. Cons. Stat. § 3002 (2006).) Under the new law, the crime of trafficking is committed if a person "recruits, entices, solicits, harbors, transports, provides, obtains or maintains an individual if the person knows or recklessly disregards that the individual will be subject to involuntary servitude," or if the person "knowingly benefits financially or receives anything of value from any act that facilitates any [such] activity."

The key to understanding Pennsylvania's definition of trafficking is determining what it means for an individual to "be subject to involuntary servitude." (18 Pa. Cons. Stat. §

3011(a)(1)-(2)). Under Act 105, "involuntary servitude" covers both labor and sexual servitude.

Given the focus of the CSE Institute, this report will focus on what constitutes sexual servitude.

Sexual servitude, as defined under Pennsylvania law (18 Pa. Cons. Stat. § 3001), includes, "[a]ny sex act or performance involving a sex act for which anything of value is directly or indirectly given, promised to or

received by any individual or which is performed or provided by any individual and is induced or obtained from...[a] minor... or [an adult who has been] subject [to] any of the following means:

1. Causing or threatening to cause serious harm to any individual;
2. Physically restraining or threatening to physically restrain another individual;
3. Kidnapping or attempting to kidnap any individual;
4. Abusing or threatening to abuse the legal process;
5. Taking or retaining the individual's personal property or real property as a means of coercion
6. Engaging in unlawful conduct with respect to documents, as defined in 18 Pa. Cons. Stat § 3014 (relating to unlawful conduct regarding documents);
7. Extortion;
8. Fraud;
9. Criminal coercion, as defined in section 18 Pa. Cons. Stat. § 2906 (relating to criminal coercion);
10. Duress, through the use of or threat to use unlawful force against the person or another;
11. Debt coercion;
12. Facilitating or controlling the individual's access to a controlled substance; or
13. Using any scheme, plan or pattern intended to cause the individual to believe that, if the individual does not perform the labor, services, acts or performances, that individual or another individual will suffer serious harm or physical restraint. (18 Pa. Cons. Stat. § 3012(b))

If the victim is a minor, then there is no need to prove any of the thirteen means listed above. Rather, the existence (or lack) of threats, harm, restraint, kidnapping, abuse of the legal process, etc. is simply irrelevant to determining whether a minor has been subjected to sexual servitude. As such, any commercial sex act involving a minor counts as trafficking under Pennsylvania law – even if the minor is not subjected to force, fraud, or coercion and even if the minor does not self-identify as a victim. In comparison, if the victim is above the age of eighteen years, then a prosecutor must prove that a victim has been subject to at least one of the thirteen means listed above.

The Pennsylvania definition of trafficking is consistent with the Federal definition, which was first enacted in 2000, in the U.S. Trafficking Victims Protection Act (TVPA). Like the Pennsylvania definition, all minors who are commercially sexually exploited are defined as victims of sex trafficking. When it comes to adult victims, the Federal definition counts these cases as “severe forms of sex trafficking” whenever the adult victim’s commercial sex act has been induced by “force, fraud, or coercion” (22 U.S.C. §7102(9)). Insofar as the thirteen means listed in the Pennsylvania definition can be categorized as various forms of “force, fraud, or coercion,” the Federal definition and Pennsylvania definitions are very similar.

Notably, both the Pennsylvania definition and the Federal definition impose criminal liability for trafficking on those who “benefit, financially” from trafficking (18 Pa. Cons. Stat. § 3011(a)(2); 18 U.S.C. § 1591(a)(2)). While the mens rea differs somewhat between the two definitions (with Pennsylvania requiring knowledge, and the Federal definition requiring mere recklessness), this provision arguably exposes strip clubs, massage parlors, hotels, motels, and other entities to criminal liability for sex trafficking that they allow on their premises.

Act 105 also specifically targets purchasers of sex, otherwise known as “the demand” or “Johns.” It imposes criminal liability on those who solicit sex from someone they know is a trafficking victim (18 Pa. Cons. Stat. § 3013: Patronizing a Victim of Sexual Servitude). Moreover, Act 105 imposes criminal liability for trafficking not only on those who induce sex trafficking (such as pimps), but also on those who solicit or obtain sex from a person (buyers), if the buyer knows or recklessly disregards that the individual is a victim of trafficking.

Given the difficulty of proving the mental element (knowledge) included in the offense of Patronizing a Victim of Sexual Servitude (18 Pa. Cons. Stat. § 3013), prosecutors should pursue charges against purchasers of sex under Act 105’s expansive definition of trafficking, in cases where buyers solicit or obtain sex in reckless disregard that the victim is a trafficking victim. In sum, under the expansive definition of sex trafficking in the Pennsylvania law, prosecutors need not prove that buyers knew their victims were being trafficked – it is enough that they acted in reckless disregard of this fact. (A similar provision, allowing buyers to be prosecuted directly as traffickers, was recently enacted at the Federal level in the U.S. Justice for Victims of Trafficking Act.)

Protection

Act 105 provides a civil remedy for victims of trafficking (18 Pa. Cons. Stat. § 3051), permitting them to sue any person that “participated” in their trafficking. Additionally, Act 105 specifically permits victims of commercial sexual exploitation to sue anyone who profited from their victimization or anyone who knowingly published an ad recruiting them to the sex trade. These provisions of Act 105’s civil remedy arguably expose hotels to liability, as well as advertising websites like Backpage.com, which traffickers frequently use to advertise their victims as available for sex, usually at a hotel.

Furthermore, Act 105 permits judges to vacate certain criminal convictions – such as prostitution or simple possession of a controlled substance – that trafficking victims received as a direct result of their victimization (18 Pa. Cons. Stat. § 3019(d)). This provision critically helps survivors move beyond their victimization, both symbolically and practically. Vacating these convictions symbolizes Pennsylvania’s recognition that it has unjustly convicted and punished these victims – and that they are not, and never were, criminally culpable for their actions. Moreover, vacating these convictions has the crucial practical value of removing barriers to finding a job. That said, however, there is an important flaw in this provision, insofar as the Commonwealth must consent to the petition being filed in the first place. An improved version of this law would allow survivors to have their day in court, with a judge ruling on the merits of their vacatur petition, regardless of whether or not the Commonwealth agrees.

Finally, Act 105 provides important protections for victims by creating an evidentiary privilege for confidential communications between victims of human trafficking and their caseworkers. Pursuant to 42 Pa. Cons. Stat. § 5945.3, human trafficking caseworkers cannot disclose these communications without their clients’ written consent. This privilege allows victims to get the care they need without having to worry that their traffickers’ defense attorneys can subpoena their caseworkers, and thus use that information to attack their credibility at the time of trial. Victims can communicate freely with their caseworkers, knowing what they say will be truly kept confidential and protected from disclosure.

Prevention

Act 105 permits the Commonwealth to award grants, “subject to the availability of funds” to organizations that develop, expand, or strengthen programs for victims of human trafficking and to direct funds toward increasing public awareness of human trafficking. Unfortunately, Act 105 was signed into law without a fiscal note. As a result, no organizations have received funding to implement this comprehensive legislation. Instead, more than 30 anti-trafficking organizations and coalitions from across the Commonwealth have formed Pennsylvania Alliance Against Trafficking in Humans (PAATH), to work together to implement Act 105 cohesively.