



**Office on Trafficking In Persons (OTIP)**  
**DVHT Grant Recipient Reporting Reference Guide:**  
**Data Elements and Operational Guidance**

**Contents**

Victim Assistance Reporting.....2  
    Victim Assistance—Client Characteristics and Program Entry.....2  
    Victim Assistance—Client Case Closure.....6  
    Victim Assistance—Barriers to Service Delivery.....7  
    Victim Assistance—Client Service Use and Delivery.....8  
Victim Outreach Reporting.....9  
Subrecipient Enrollment Reporting.....11

The Domestic Victims of Human Trafficking (DVHT) Program is inclusive of two distinct programs: the Domestic Victims of Human Trafficking and Services Outreach Program and the Demonstration Grants to Strengthen the Response to Victims of Human Trafficking in Native Communities Program. The performance indicators and data collection instruments described within this reporting reference guide are applicable to both DVHT programs. DVHT award recipients must provide program performance indicator data to OTIP on a quarterly and annual basis, as indicated. Award recipients will be provided with the following information when requesting data:

*PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather data on the grant program to assess program performance, inform evaluation efforts, tailor technical assistance for recipients, respond to inquiries from stakeholders, and inform policy and program development. Public reporting burden for this collection of information is estimated to average XX hours per grant recipient, including the time for reviewing instructions, gathering, and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (22 U.S.C. 7105, Trafficking Victims Protection Act). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0542 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact Vera Soto, Office on Trafficking in Persons, by email at [Vera.Soto@acf.hhs.gov](mailto:Vera.Soto@acf.hhs.gov).*



## Victim Assistance Reporting

### Key Performance Measures:

- Increase the number of victims of trafficking served by a network of grant recipients

## Victim Assistance—Client Characteristics and Program Entry

### Reporting Expectations:

The grant recipient is expected to collect on the following data elements on a rolling basis during the first three months after an individual is enrolled into the Trafficking Victim Assistance Program. Aggregated information should be reported to OTIP on a quarterly basis:

- Quarter 1 Reporting Period: October 1 – December 31 (due January 30)
- Quarter 2 Reporting Period: January 1 – March 31 (due April 30)
- Quarter 3 Reporting Period: April 1 – June 30 (due July 30), and
- Quarter 4 Reporting Period: July 1 – September 31 (due October 30)

Victim Assistance—Client Characteristics and Program Entry		
Data Element	Response Options	Operational Guidance
Intake Date	mm/dd/yyyy	Record the DVHT enrollment date.
Referral Date	mm/dd/yyyy	Record date service agency received referral.
Referral Source	<ul style="list-style-type: none"> <li>• Child Protective Services/Child Welfare</li> <li>• Court</li> <li>• District Attorney/State's Attorney/Victim Assistance</li> <li>• Defense Attorney/Public Defender/Legal Aid</li> <li>• Domestic Violence Agency/Shelter</li> <li>• Educator/Teacher/School</li> <li>• Employer</li> <li>• Family Member/Guardian</li> <li>• Friend/Peer/Acquaintance</li> <li>• Health Care Provider</li> <li>• Housing Assistance Agency/Shelter</li> <li>• Juvenile Justice</li> <li>• Law Enforcement</li> <li>• National Human Trafficking Hotline (NHTH)</li> <li>• Other National Hotline</li> <li>• Psychiatric Treatment Facility</li> <li>• State/Local Hotline</li> <li>• Religious Organization</li> <li>• Self</li> </ul>	Select one which best describes the entity or individual referring the client for services.



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
 Office on Trafficking in Persons

	<ul style="list-style-type: none"> <li>• Other (specify)</li> </ul>	
Type of Trafficking	<ul style="list-style-type: none"> <li>• Sex</li> <li>• Labor</li> <li>• Sex and Labor</li> <li>• Unknown</li> </ul>	Select one which best describes the potential trafficking situation.
Does client have family members receiving services from grant recipient?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Select one which best describes the household being served.
Grant Eligibility Status	<ul style="list-style-type: none"> <li>• Pre-Certified Foreign National</li> <li>• Certified Foreign National</li> <li>• U.S. Citizen/Lawful Permanent Resident</li> </ul>	Select one as identified by client.
Country of Origin	Country	Record country where client is from.
Age	01-99	Record age of client at intake.
Gender Identity	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Transgender</li> <li>• Client uses a different term: [free text]</li> <li>• (Unknown)</li> <li>• (Prefer not to answer)</li> </ul>	Select one or more as identified by the client.
Sexual Orientation	<ul style="list-style-type: none"> <li>• Straight or heterosexual</li> <li>• Gay</li> <li>• Lesbian</li> <li>• Bisexual</li> <li>• Client uses a different term: [free text]</li> <li>• (Unknown)</li> <li>• (Prefer not to answer)</li> </ul>	Select one or more as identified by the client.
Race/Ethnicity	<ul style="list-style-type: none"> <li>• American Indian or Alaska Native</li> <li>• Asian</li> <li>• Black or African American</li> <li>• Native Hawaiian or Other Pacific Islander</li> <li>• White</li> <li>• Hispanic or Latino</li> <li>• Other (specify)</li> <li>• Unknown</li> </ul>	Select one or more as identified by client.
Living Situation at Intake	<ul style="list-style-type: none"> <li>• Emergency Housing</li> <li>• Institutional Housing</li> <li>• No Housing/Place not meant for habitation</li> <li>• Permanent Housing</li> <li>• Transitional Housing</li> <li>• Unknown</li> </ul>	Select one which best describes the current living situation of the client. See definitions.
If client is a minor, are they	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Select one as known at time of intake.



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
 Office on Trafficking in Persons

enrolled in school?		
Location of Services	State/Territory Remote	Record location of organization that will be providing services to the client
Location of Trafficking	State/Territory, Country	If known, record the location of the trafficking incident.
Exploitation Industry/Venue <sup>1</sup>	<ul style="list-style-type: none"> <li>• Agriculture/Field Labor</li> <li>• Auto-Mechanic/Auto-Shop/Car Repair</li> <li>• Arts/Entertainment</li> <li>• Bar/Cantina/Nightclub</li> <li>• Begging/Peddling</li> <li>• Carnival</li> <li>• Carpentry/Woodworking</li> <li>• Cobbling</li> <li>• Commercial Cleaning</li> <li>• Commercial Sex</li> <li>• Construction</li> <li>• Domestic Work</li> <li>• Elder Care</li> <li>• Escort Services</li> <li>• Factories/Manufacturing</li> <li>• Fishing</li> <li>• Forced Criminal Activities</li> <li>• Forestry/Logging</li> <li>• Garment/Textiles</li> <li>• Herding/Livestock</li> <li>• Health/Beauty</li> <li>• Health Care</li> <li>• Herding Livestock/Animal Husbandry</li> <li>• Hotel/Hospitality</li> <li>• Illicit Massage/Health</li> <li>• Landscaping</li> <li>• Mining/Quarrying</li> <li>• Other (specify)</li> <li>• Personal Sexual Servitude</li> <li>• Production of Child Sexual Abuse Material (CSAM)</li> <li>• Recreation/Sports</li> <li>• Religious Institution</li> <li>• Restaurant/Food Service</li> <li>• Retail Sales</li> </ul>	Select one or more as best describes the potential trafficking situation. Mark unknown if information was not disclosed by client.

<sup>1</sup> Polaris. The Typology of Modern Slavery. Defining Sex and Labor Trafficking in the United States. March 2017.



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
 Office on Trafficking in Persons

	<ul style="list-style-type: none"> <li>• Stripping/ Dancing</li> <li>• Transportation</li> <li>• Traveling Sales Crew</li> <li>• Waste Management/Recycling</li> <li>• Not Reported</li> </ul>	
Commercial Sex Venue	<ul style="list-style-type: none"> <li>• Commercial Space-Based</li> <li>• Institution-Based</li> <li>• Technology-Based</li> <li>• Outdoor/Street-Based</li> <li>• Residence-Based</li> <li>• Not Reported</li> </ul>	Select one or more as best describes the potential trafficking situation. Mark unknown if information was not disclosed by client.



## Victim Assistance—Client Case Closure

### Reporting Expectations:

The grant recipient is expected to collect the following data elements on a rolling basis as clients exit the Trafficking Victim Assistance Program. Aggregated information should be reported to OTIP on a quarterly basis:

- Quarter 1 Reporting Period: October 1 – December 31 (due January 30)
- Quarter 2 Reporting Period: January 1 – March 31 (due April 30)
- Quarter 3 Reporting Period: April 1 – June 30 (due July 30), and
- Quarter 4 Reporting Period: July 1 – September 31 (due October 30)

Victim Assistance – Client Case Closure		
Data Element	Response Options	Operational Guidance
Case Closure Date	mm/dd/yyyy	Record the month, day, and year the client's case was closed.
Reason for Case Closing	<ul style="list-style-type: none"> <li>• Client relocated</li> <li>• Client unable to meet program expectations</li> <li>• Determined not eligible</li> <li>• Incarcerated and out of contact with program</li> <li>• Lost contact</li> <li>• No longer in need of services</li> <li>• Time limitations of the program</li> <li>• Transfer to another service program</li> <li>• Other (specify)</li> </ul>	Select one or more reasons for client's case closing as known at the time of exit.
Living Situation upon Case Closing	<ul style="list-style-type: none"> <li>• Emergency Housing</li> <li>• Institutional Housing</li> <li>• No Housing/Place not meant for habitation</li> <li>• Permanent Housing</li> <li>• Transitional Housing</li> <li>• Unknown</li> </ul>	Select one which best describes the current living situation of the client at time of exit from program. See definitions.
Did the client receive a referral for continued case management services?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Select whether the client received a referral to continue receiving services.



## Victim Assistance—Barriers to Service Delivery

### Reporting Expectations:

The grant recipient is expected to submit data on the barriers experienced during the course of service delivery on a quarterly basis:

- Quarter 1 Reporting Period: October 1 – December 31 (due January 30)
- Quarter 2 Reporting Period: January 1 – March 31 (due April 30)
- Quarter 3 Reporting Period: April 1 – June 30 (due July 30), and
- Quarter 4 Reporting Period: July 1 – September 31 (due October 30)

Victim Assistance—Barriers to Service Delivery		
Data Element	Response Options	Operational Guidance
Barriers to Service Delivery	<ul style="list-style-type: none"> <li>• Feelings of No Support and Isolation</li> <li>• Ineffective Coordination with Federal Agencies</li> <li>• Ineffective Coordination with Local Agencies</li> <li>• Lack of Adequate Funding</li> <li>• Lack of Adequate Resources</li> <li>• Lack of Adequate Training</li> <li>• Lack of Cooperation of Client</li> <li>• Lack of Formal Rules and Regulations</li> <li>• Lack of In-House Procedures</li> <li>• Lack of Knowledge of Victims' Rights</li> <li>• Language Concerns</li> <li>• Public Health Concerns</li> <li>• Safety Concerns</li> <li>• Victims' Legal Status</li> <li>• Other Services (specify)</li> <li>• None</li> </ul>	Select all barriers to service delivery that were encountered during the reporting period.



## Victim Assistance—Client Service Use and Delivery

### Reporting Expectations:

The grant recipient is expected to submit data on all of the services and public benefits the client accessed during the reporting period annually with the fourth quarter report, due on October 30.

Victim Assistance—Client Service Use and Delivery		
Data Element	Response Options	Operational Guidance
Services Received	<ul style="list-style-type: none"> <li>• Basic Necessities</li> <li>• Case Management</li> <li>• Child Care</li> <li>• Crisis Intervention</li> <li>• Education Assistance</li> <li>• Employment Assistance</li> <li>• Family Reunification</li> <li>• Financial Assistance</li> <li>• Healthcare</li> <li>• Housing/Shelter Services</li> <li>• Interpreter/Translator Services</li> <li>• Legal Advocacy and Services</li> <li>• Life Skills</li> <li>• Mental/Behavioral Health Services</li> <li>• Peer-to-Peer Support/Mentoring</li> <li>• Safety Planning Services</li> <li>• Substance Use Assessment/Treatment</li> <li>• Transportation</li> <li>• Victim Advocacy</li> <li>• Other Services (specify)</li> <li>• None</li> <li>• Unknown</li> </ul>	Select one or more services that the client received either directly by the organization or through a referral. Do not include referrals that did not result in the client accessing the service or benefit.
Benefits Received	<ul style="list-style-type: none"> <li>• Child Care Subsidy</li> <li>• General Assistance</li> <li>• Medicaid</li> <li>• Refugee Cash Assistance</li> <li>• Refugee Medical Assistance</li> <li>• Refugee Social Services</li> <li>• Section 8/Permanent Housing Assistance</li> <li>• SNAP (Food Stamps)</li> <li>• State-specific Health Benefits</li> <li>• Social Security Disability (SSI or SSDI)</li> <li>• Temporary Assistance for Needy Families</li> <li>• Unemployment Insurance</li> <li>• WIC</li> <li>• Other (specify)</li> <li>• None</li> </ul>	Select one or more benefits that the client received either directly by the organization or through a referral. Do not include referrals that did not result in the client accessing the service or benefit.





	• Unknown	
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## Victim Outreach Reporting

### Key Performance Measures:

- Increase the number of victims of trafficking identified

### Reporting Expectations:

The grant recipient is expected to submit data on outreach activities and impact on a quarterly basis:

- Quarter 1 Reporting Period: October 1 – December 31 (due January 30)
- Quarter 2 Reporting Period: January 1 – March 31 (due April 30)
- Quarter 3 Reporting Period: April 1 – June 30 (due July 30), and
- Quarter 4 Reporting Period: July 1 – September 31 (due October 30)

Victim Outreach Reporting		
Data Element	Response Options	Operational Guidance
Public Awareness Activities Conducted	(number)	Report the total number of public awareness activities conducted during the reporting period.
Outreach Activities Conducted	(number)	Report the total number of outreach activities conducted during the reporting period.
Outreach Settings	<ul style="list-style-type: none"> <li>• Agricultural Settings</li> <li>• Casinos</li> <li>• Commercial Establishments</li> <li>• Consulates</li> <li>• Court-Based Settings</li> <li>• Day Labor Settings</li> <li>• Detention Settings</li> <li>• Digital: Social Media</li> <li>• Digital: Other</li> <li>• Education Settings</li> <li>• Factories</li> <li>• Health Care Settings</li> <li>• Homeless Encampments</li> <li>• Hotel/Hospitality Settings</li> <li>• Massage Parlors</li> <li>• Shelter Settings</li> <li>• Street Settings</li> <li>• Strip Clubs</li> <li>• Youth Care Settings</li> <li>• Other (specify)</li> </ul>	Select the site or venue where outreach was conducted during the reporting period.



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
 Office on Trafficking in Persons

<p>Target Population(s)</p>	<ul style="list-style-type: none"> <li>• 2SLGBTQIA+ Populations</li> <li>• Alaska Native/Indigenous Populations</li> <li>• Asian American/Pacific Islander Populations</li> <li>• Black Populations</li> <li>• Boys and Men</li> <li>• Direct Care Workers</li> <li>• Hispanic or Latino Populations</li> <li>• People with Disabilities</li> <li>• People who Live in Rural Communities</li> <li>• Religious Minority Populations</li> <li>• Runaway Homeless Youth Populations</li> </ul>	<p>Select the population(s) targeted over the course of outreach activities conducted during the reporting period.</p>
<p>Number of Victims Identified</p>	<p>(number)</p>	<p>Record the number of victims identified by grant recipient through outreach activities, including funded partners.</p>



## Subrecipient Enrollment Reporting

### Key Performance Measures:

- Increase the diversity of services available to victims of trafficking

### Reporting Expectations:

The grant recipient is expected to collect data elements **only** on subrecipients or entities/organizations with whom the grant recipient has a formal contractual relationship to provide services. This data should be updated as entities/organizations are enrolled into the grant recipient’s network on a rolling basis. Any updates are to be reported on a quarterly basis.

- Quarter 1 Reporting Period: October 1 – December 31 (due January 30)
- Quarter 2 Reporting Period: January 1 – March 31 (due April 30)
- Quarter 3 Reporting Period: April 1 – June 30 (due July 30), and
- Quarter 4 Reporting Period: July 1 – September 31 (due October 30)

Subrecipient Enrollment Reporting		
Data Element	Response Options	Operational Guidance
Name of Subrecipient Organization	(text)	Record name of partnering organization.
Location of Subrecipient Organization	City, State	Record location of organization.
Type of Subrecipient Organization	<ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Behavioral Health</li> <li>• Child Welfare</li> <li>• Education</li> <li>• Employment</li> <li>• Faith Based</li> <li>• Government</li> <li>• Health Care</li> <li>• Housing</li> <li>• Law Enforcement</li> <li>• Legal</li> <li>• Other Criminal Justice</li> <li>• Private Sector</li> <li>• Public Health</li> <li>• School (K-12)</li> <li>• Service Provider</li> <li>• Other (specify)</li> </ul>	Select the sector that best describes the type of organization entering into the partnership.
Subrecipient	(number)	Record the total number



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
 Office on Trafficking in Persons

Service Sites		of service site locations of the partner.
Services Provided by Subrecipient	<ul style="list-style-type: none"> <li>• Basic Necessities</li> <li>• Case Management</li> <li>• Child Care</li> <li>• Crisis Intervention</li> <li>• Education Assistance</li> <li>• Employment Assistance</li> <li>• Family Reunification</li> <li>• Financial Assistance</li> <li>• Healthcare</li> <li>• Housing/Shelter Services</li> <li>• Interpreter/Translator</li> <li>• Legal Advocacy and Services</li> <li>• Life Skills</li> <li>• Mental/Behavioral Health Services</li> <li>• Medical Services</li> <li>• Peer-to-Peer Support/Mentoring</li> <li>• Safety Planning Services</li> <li>• Substance Use Assessment/Treatment</li> <li>• Transportation</li> <li>• Victim Advocacy</li> <li>• Other Services (specify)</li> <li>• None</li> <li>• Unknown</li> </ul>	Select one or more services that are provided through the partnership.
Enrollment Date	mm/dd/yyyy	Record month, day, and year when entity partnered with grant recipient network.
Exit Date	mm/dd/yyyy	Record month, day, and year when entity ended their partnership with grant recipient network.