

Office on Trafficking In Persons (OTIP)

TVAP Grant Recipient Reporting Reference Guide:

Data Elements and Operational Guidance

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The Trafficking Victim Assistance Program (TVAP) is inclusive of four distinct programs: the Trafficking Victim Assistance Program (TVAP), Aspire: Child Trafficking Victim Assistance Demonstration Program, Victims of Human Trafficking Services and Outreach Program – Pacific Region Demonstration Program (VHT-SO Pacific Program), and Lighthouse: Services, Outreach, and Awareness for Labor Trafficking (Lighthouse) Demonstration Program. The performance indicators and data collection instruments described within this reporting reference guide are applicable to all four TVAP programs. TVAP 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 0970-0467 and the expiration date is 2/28/2026. If you have any comments on this collection of information, please contact Vera Soto, Office on Trafficking in Persons, by email at <u>Vera.Soto@acf.hhs.gov</u>.





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 TVAP
		enrollment date.
Referral Date	mm/dd/yyyy	Record date service
		agency received referral.
Referral Source	Child Protective Services/Child Welfare	Select one which best
	• Court	describes the entity or
	District Attorney/State's Attorney/Victim	individual referring the
	Assistance	client for services.
	 Defense Attorney/Public Defender/Legal Aid Domestic Violence Agency/Shelter 	
	Educator/Teacher/School	
	• Employer	
	Family Member/Guardian	
	• Friend/Peer/Acquaintance	
	Health Care Provider	
	Housing Assistance Agency/Shelter	
	Juvenile Justice	
	Law Enforcement	
	National Human Trafficking Hotline (NHTH)	
	Other National Hotline	
	Psychiatric Treatment Facility	
	State/Local Hotline	
	Religious Organization	
	• Self	





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	Other (specify)	
Type of Trafficking	Sex Labor Sex and Labor Unknown	Select one which best describes the potential trafficking situation.
Does client have family members receiving services from grant recipient?	• Yes • No	Select one which best describes the household being served.
Service Eligibility Status	 Pre-Certified Foreign National Certified Foreign National U.S. Citizen/Lawful Permanent Resident 	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.
Sex	MaleFemaleNot Reported	Select one as identified by the client.
Race/Ethnicity	 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Hispanic or Latino Other (specify) Unknown 	Select one or more as identified by client.
Living Situation at Intake	 Emergency Housing Institutional Housing No Housing/Place not meant for habitation Permanent Housing Transitional Housing Unknown 	Select one which best describes the current living situation of the client. See definitions.
If client is a minor, are they enrolled in school?	• No • Yes	Select one as known at time of intake.
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	Agriculture/Field Labor	Select one or more as best





Industry/Venue ¹	Auto-Mechanic/Auto-Shop/Car Repair	describes the potential
	Arts/Entertainment	trafficking situation. Mark
	Bar/Cantina/Nightclub	unknown if information was
	Begging/Peddling	not disclosed by client.
	• Carnival	-
	Carpentry/Woodworking	
	• Cobbling	
	Commercial Cleaning	
	Commercial Sex	
	Construction	
	Domestic Work	
	Elder Care	
	Escort Services	
	Factories/Manufacturing	
	• Fishing	
	Forced Criminal Activities	
	Forestry/Logging	
	Garment/Textiles	
	Herding/Livestock	
	Health/Beauty	
	Health Care	
	Herding Livestock/Animal Husbandry	
	Hotel/Hospitality	
	• Illicit Massage/Health	
	Landscaping	
	Mining/Quarrying	
	Other (specify)	
	Personal Sexual Servitude	
	Production of Child Sexual Abuse Material	
	(CSAM)	
	Recreation/Sports	
	Religious Institution	
	Restaurant/Food Service	
	Retail Sales	
	Stripping/ Dancing	
	Transportation	
	Traveling Sales Crew	
	Waste Management/Recycling	
	Not Reported	
Commercial Sex	Commercial Space-Based	Select one or more as best
Venue	Institution-Based	describes the potential
	Technology-Based	trafficking situation. Mark
	Outdoor/Street-Based	unknown if information was
	Residence-Based	not disclosed by client.
	Not Reported	

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







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	 Client relocated Client unable to meet program expectations Determined not eligible Incarcerated and out of contact with program Lost contact No longer in need of services Time limitations of the program Transfer to another service program Other (specify) 	Select one or more reasons for client's case closing as known at the time of exit.
Living Situation upon Case Closing	 Emergency Housing Institutional Housing No Housing/Place not meant for habitation Permanent Housing Transitional Housing Unknown 	Select one which best describes the current living situation of the client at time of exit from program. See definitions.
Did the client obtain Continued Presence or a T Visa?	 Continued Presence Bona Fide T Visa T Visa None 	Select the type of documentation the client received from the Department of Homeland Security (DHS).
Did the client obtain HHS Certification or Eligibility?	• Yes • No	Select whether the client received a certification letter while in the program.
Did the client receive a referral for continued case	• Yes • No	Select whether the client received a referral to continue receiving



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management 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	 Feelings of No Support and Isolation Ineffective Coordination with Federal Agencies Ineffective Coordination with Local Agencies Lack of Adequate Funding Lack of Adequate Resources Lack of Adequate Training Lack of Cooperation of Client Lack of Formal Rules and Regulations Lack of In-House Procedures Lack of Knowledge of Victims' Rights Language Concerns Public Health Concerns Safety Concerns Victims' Legal Status Other Services (specify) None 	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	 Basic Necessities Case Management Child Care Crisis Intervention 	Select one or more services that the client received either directly by the organization or





	 Education Assistance 	through a referral. Do not
	 Employment Assistance 	include referrals that did
	 Family Reunification 	not result in the client
	 Financial Assistance 	accessing the service or
	Healthcare	benefit.
	 Housing/Shelter Services 	
	 Interpreter/Translator Services 	
	 Legal Advocacy and Services 	
	Life Skills	
	 Mental/Behavioral Health Services 	
	 Peer-to-Peer Support/Mentoring 	
	Safety Planning Services	
	Substance Use Assessment/Treatment	
	 Transportation 	
	Victim Advocacy	
	Other Services (specify)	
	• None	
	Unknown	
Benefits Received	Child Care Subsidy	Select one or more
	General Assistance	benefits that the client
	Medicaid	received either directly by
	ORR Match Grant	the organization or
	 ORR Targeted Assistance Grant (TAG) 	through a referral. Do not
	• ORR Unaccompanied Children (UC) Program	include referrals that did
	ORR Unaccompanied Refugee Minors	not result in the client
	(URM) Program	accessing the service or
	ORR Wilson/Fish Program	benefit.
	Refugee Cash Assistance	
	Refugee Medical Assistance	
	Refugee Social Services	
	Section 8/Permanent Housing Assistance	
	SNAP (Food Stamps)	
	State-specific Health Benefits	
	Social Security Disability (SSI or SSDI)	
	Temporary Assistance for Needy Families	
	Unemployment Insurance	
	• WIC	
	Other (specify)	
	• None	
	Unknown	
	Other (specify)None	





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	 Agricultural Settings Casinos Commercial Establishments Consulates Court-Based Settings Day Labor Settings Detention Settings Digital: Social Media Digital: Other Education Settings Factories Health Care Settings Hotel/Hospitality Settings Shelter Settings Street Settings Strip Clubs Youth Care Settings Other (specify) 	Select the site or venue where outreach was conducted during the reporting period.
Target Population(s)	 2SLGBTQIA+ Populations Alaska Native/Indigenous	Select the population(s) targeted over the course of outreach





	Populations • Asian American/Pacific Islander Populations • Black Populations • Boys and Men • Direct Care Workers • Hispanic or Latino Populations • People with Disabilities • People who Live in Rural Communities • Religious Minority Populations • Runaway Homeless Youth Populations	activities conducted during the reporting period.
Number of Victims Identified	(number)	Record the number of victims identified by grant recipient through outreach activities, including funded partners.





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.

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	 Advocacy Behavioral Health Child Welfare Education Employment Faith Based Government Health Care Housing Law Enforcement Legal Other Criminal Justice Private Sector Public Health School (K-12) Service Provider Other (specify) 	Select the sector that best describes the type of organization entering into the partnership.
Subrecipient Service Sites	(number)	Record the total number of service site locations of the partner.
Services Provided by Subrecipient	 Basic Necessities Case Management Child Care Crisis Intervention 	Select one or more services that are provided through the partnership.





	 Education Assistance Employment Assistance Family Reunification Financial Assistance Healthcare Housing/Shelter Services Interpreter/Translator Legal Advocacy and Services Life Skills Mental/Behavioral Health Services Medical Services Peer-to-Peer Support/Mentoring Safety Planning Services Substance Use Assessment/Treatment Transportation Victim Advocacy Other Services (specify) None Unknown 	
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.