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Administration for Children and Families
Office of Planning Research and Evaluation
330 C Street SW
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RE: Trafficking Victim Assistance Program Data Collection, OMB No.: 0970-0467

ACF Reports Clearance Officer:

As an organization whose direct line staff members have referred survivors of human trafficking to the Trafficking Victim Assistance Program (TVAP) since 2007, the International Institute of Buffalo (IIB) is grateful that the HHS Office on Trafficking in Persons is seeking feedback to improve this vital program.

IIB established a Human Trafficking Services Program in Western New York in 2006. Since that time, the program has expanded to include collaborations around the region in order to serve nearly 1,500 survivors of all types of human trafficking. IIB's program serves minors, adults, and the elderly, U.S. Citizens, foreign-nationals, and survivors of both labor and sex trafficking. Survivors identified through IIB's program have originated from approximately 45 different countries of origin and have escaped exploitation and abuse from farms, construction sites, massage parlors, hotels, domestic servitude, online and motel-based prostitution, restaurants, retail stores, meat packing plants, and other industries.

In IIB's extensive experience, undocumented survivors of human trafficking are the most vulnerable type of victim and therefore, require the most comprehensive and specialized response. This makes the work of the TVAP program that much more critical in supporting the work of case managers who aim to provide the expertise required to assist each eligible crime victim in obtaining the services and stability they deserve.

It is this expertise and experience that causes IIB to express **significant concern with both the highly detailed information that is being requested across a variety of proposed forms and data collection tools and also the extreme burden on staff time to collect these expanded requirements.** We do not believe the information being collected is necessary and may, in fact, put clients at grave risk for re-victimization while also increasing the burden on an already overwhelmed case management system.

We are also concerned at the sheer amount of time and effort it will take case managers to elicit and document the added information outlined on these proposed forms. The new funding limitations recently released by USCRI, the only TVAP grantee, provides significantly less financial support for both direct client costs and case management support.



To understand that OTIP is now proposing an increase in required documentation would mean putting even more strain on an overwhelmed case management system across the country, including within IIB. Overall, we have found the HHS time estimates for form completion extremely low and without consideration of the use of an interpreter, need for breaks when working with highly traumatized individuals, or need for explanation of concepts that are literally foreign to this population.

Our concerns and recommendations are detailed below, by form.

All Forms

Each form requires a client identifier. We strongly oppose using a client identifier that includes personally identifying information (PII) such as date of birth, client initials, and/or reference to the person's home country. This directly contradicts the confidentiality policies of the grantee and subgrantee agencies. Therefore, we recommend that TVAP grantees and subgrantees utilize a randomized client identifier system that does not disclose any PII.

Client Characteristics and Enrollment Form

The purpose of this form should be to ensure that service providers are enrolling clients who are eligible to receive services under TVAP. Per IIB's understanding of eligibility, the following information is unnecessary and inappropriate for the determination of eligibility and therefore, these questions should be deleted:

- Referral Source: Service Delivery System; Referral Source: Informal; Did the referral come from a formal/informal partner within the network
- Sex; Does the client identify as LGBTQ?
- Does the victim have a disability
- Client's County/Parish and State/Territory of origin
- How well does the client speak English?; Does the client speak a language other than English at home?; If yes, what is this language?
- Current living situation
- Current school enrollment; Last grade completed
- Is client employed in the legal job sector?; Is client enrolled in job training?; If yes, what is the type of employment?; If no, is the client seeking employment?
- Client History and Presenting Needs including the lists of Polyvictimization, Other risk factors, and Current systems involvement
- What public benefits does the client need?
- Was the client referred to law enforcement?
- Client relationship to trafficker
- Exploitation Industry
- If known. Location of the most recent trafficking incident County/Parish, State/Territory, Country

Though some of this information can be useful for subgrantee service providers to collect and assess to complete a thorough case plan, oversee case management, and ensure quality service provision, it is not information that should be required to be collected nor required to be reported to HHS. It is not relevant to the information needed to determine

eligibility for services. Therefore, we recommend that these questions be removed from any required forms HHS proposes to implement across the TVAP network.

Perhaps most concerning, service providers should not be required to, ask detailed questions related to a client's trauma history and details of their trafficking experience at any point and especially not to ensure program enrollment – it is not relevant. USCRI indicates that as grantees, we are required to provide a person-centered response to survivors. These practices are not trauma-informed or person-centered.

TVAP Spending Form

The second tab of this form is irresponsible, unethical, and unnecessary for the stated purposes of the program. Additionally, requiring survivors to choose between releasing personal, sensitive information related to their medical care and receiving necessary medical treatment is likely to cause physical, emotional, and financial harm to survivors who either forgo needed care, face discrimination from providers, or pay for care through other means.

While there are limitations on what costs may be allowable, those requirements, like all other program compliance issues, should be addressed through contract language and oversight activities. Not by gathering intrusive health care information from survivors of trauma. It is the responsibility of the TVAP grantee to ensure all sub-awardees comply with the allowable and unallowable costs under this program and to monitor agencies on a regular basis. The TVAP grantee is able to audit sub-awardees and ensure funds are responsibly spent. Therefore, HHS should not require sub-awardees to report any client-specific information related to medical services.

Client Case Closure Form

The TVAP program is time-limited and subgrantees are required to inform the TVAP grantee when a case is closing. The Client Case Closure Form should only include the date on which the case is closing and the reason for case closure. The client's employment status and living situation at the time of case closure is neither necessary nor relevant to the purposes of maintaining accurate records of the program. It is also not appropriate for OTIP to know the living situation or employment status of clients at any point during their service provision, and certainly inappropriate for survivors who are no longer receiving services.

IIB commends HHS in its role of supporting foreign national victims of severe forms of trafficking. In our experience, this is the most vulnerable population of victims and therefore requires the most care and specialized support without our program. IIB feels a significant responsibility to treat these individuals with the respect and care they deserve and to make efforts to avoid retraumatizing victims with unnecessary questions, or worse, exposing them to further exploitation by sharing their personally identifying information or details of their trauma with anyone other than their immigration attorney or mental health counselor.

We believe HHS shares these goals and responsibilities.

We believe that the recommended changes will help to ensure that survivors are supported and their information and privacy is protected.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Eva Hassett', with a long, sweeping horizontal line extending to the right.

Eva Hassett
Executive Director
International Institute of Buffalo