

Regionalized Human Trafficking Recovery Taskforce of the Greater Hartford Region

Journey Mapping Report

May 2025





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Regionalized Human Trafficking Recovery Taskforce of the Greater Hartford Region Journey Mapping Project

May 2025

Connecticut has made significant strides in identifying and supporting victims of human trafficking. Across the state, law enforcement, service providers, hospitals, courts, child welfare agencies, and medical professionals are becoming increasingly adept at recognizing the signs of trafficking and taking action. These dedicated professionals are working hard to connect victims with the support they need. The question now is: How can we continue to improve?

Despite progress, too many victims still struggle to access comprehensive support due to Connecticut's decentralized system of 169 independent cities and towns. Service gaps, legal inconsistencies, and limited cross-agency coordination can create obstacles to recovery. Addressing these challenges cannot fall on a single public or private entity, it requires a collective effort from government, nonprofits, law enforcement, healthcare providers, and communities to build an effective, survivor-centered system that holds traffickers accountable.

A major step forward has been the expansion of the Child Advocacy Center (CAC) and Multi-Disciplinary Team (MDT) model to include human trafficking cases. Originally designed in the late 1980's to address child abuse, the MDT model was expanded to respond to child trafficking cases in 2014 and again in 2021 with the launch of the Regionalized Human Trafficking Recovery Taskforce (RHTRT) in Greater Hartford to address child and adult trafficking. Led by the Division of Criminal Justice (DCJ) and the Connecticut Children's Alliance (CCA), the Taskforce unites state and local partners to coordinate a trauma-informed response. Supported by the U.S. Department of Justice, this initiative is already improving outcomes for survivors.

Over the past year, the Taskforce conducted a critical initiative mapping the journey of trafficking victims to better understand the barriers they face and identify solutions. This effort uncovered service gaps, systemic inefficiencies, and challenges in accessing justice. The findings in this report provide a roadmap for reform, offering survivor-centered recommendations to enhance protection, streamline services, and improve collaboration across agencies. Connecticut has made significant progress, but much more remains to be done to strengthen policies, ensure resources reach victims, and hold traffickers accountable.

Last year alone, there were several hundred reports of human trafficking in Connecticut, with hundreds of victims identified and receiving services. Much of the progress in addressing this crisis can be attributed to legislative advancements at both the federal and state levels. The **Trafficking Victims Protection Act (TVPA) of 2000** established human trafficking as a federal crime and provided crucial protections for victims. The **Preventing Sex Trafficking and Strengthening Families Act of 2014** required child welfare agencies to address trafficking risks among youth in their care, recognizing the vulnerabilities of children within the system.

Additionally, the **Justice for Victims of Trafficking Act (JVTA) of 2015** expanded criminal liability for exploiters and increased funding for victim assistance programs, further strengthening the nation's response to human trafficking. These federal legislative efforts have laid the groundwork for Connecticut's ongoing commitment to improving protections, enhancing victim services, and holding traffickers accountable.

With that, Connecticut has taken significant legislative action to combat human trafficking. Examples of key legislation are the passage of the **Trafficking in Persons** statute (**Sec. 53a-192a**) in 2006, which formally defined and criminalized sex trafficking at the state level. Since then, the state has expanded protections for victims by strengthening the Department of Children and Families' (DCF) role in service provision, enhancing Multi-Disciplinary Teams (MDTs) and Child Advocacy Centers (CACs) for investigations, and implementing mandatory training for law enforcement and service providers. The **Trafficking in Persons (TIP) Council**, a statewide advisory body, plays a critical role in shaping policy by evaluating existing laws, identifying service gaps, and fostering collaboration among key stakeholders Connecticut's legislative efforts reflect a commitment to addressing trafficking comprehensively, but there is still work to be done (a full listing of Connecticut's human trafficking laws is available in Appendix D).

We hope that this journey mapping initiative will bring partners even closer in the fight against human trafficking, ensuring that victims receive the trauma-informed response and comprehensive services they deserve. By mapping the real-life experiences of victims and synthesizing these findings, this report provides a strong foundation for the systemic change needed to build a more coordinated and effective response. It is not just a roadmap—it is a powerful call to action. While lawmakers at both the state and federal levels have taken meaningful steps, our findings reveal that there is still more to be done to strengthen laws, improve policies, and ensure that victims receive the support they need while traffickers are held accountable. These shortcomings highlight the urgency of implementing comprehensive, survivor-centered solutions. By addressing these critical gaps and offering targeted, practical recommendations, this initiative is a vital step toward a system that prioritizes victims, strengthens prosecutions, and ultimately works to end this injustice in our communities.

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Disclaimer: This is a living document and project subject to updates and revisions.



Regionalized Human Trafficking Recovery Taskforce **Executive Summary**



Who We Are

The Regionalized Human Trafficking Recovery
Taskforce (RHTRT) of the Greater Hartford Region
is led by the Division of Criminal Justice (DCJ) and the
Connecticut Children's Alliance (CCA) and composed
of key partners from state and local government, the
nonprofit provider community, and law enforcement.
With federal funding from the United States
Department of Justice (DOJ), the mission of the
Taskforce is to end human trafficking in the region
through a multidisciplinary, trauma-informed
response to both sex and labor trafficking cases.

"Human trafficking is the exploitation of a person for the purpose of compelled labor or a commercial sex act through the use of force, fraud, or coercion. For those under 18 years old, no evidence of force, fraud, or coercion is required."

The RHTRT aims to provide a comprehensive multidisciplinary response to all victims of trafficking, develop protocols and response procedures based on best-practice with survivor input, provide training to partners and community members, and develop and provide a full array of services for victims. The RHTRT started taking on cases in January 2022, and between 2022 and 2024, the number of human trafficking investigations in the region has risen over 200%. Since its inception, the taskforce has directly supported 49 victims: 27 minors and 22 adults. In 2024, RHTRT received a continuation grant from the DOJ to sustain these efforts.

A COLLABORATIVE, ECOSYSTEM-WIDE APPROACH TO HUMAN TRAFFICKING

INDIVIDUALIZED, TRAUMA-INFORMED CARE & ADVOCACY

VICTIM-CENTERED,
PROACTIVE INVESTIGATIONS
& PROSECUTIONS

COORDINATED NETWORK
OF SHORT- & LONG-TERM
SUPPORT SERVICES

FORMALIZED, CROSS-JURISDICTIONAL POLICIES, TRAINING & INFRASTRUCTURE

Stakeholder Engagement

In 2024, we conducted interviews with **more than 30 stakeholder partners** – representing a wide range of service providers, state and federal agencies, healthcare, and local law enforcement – to better understand their current programs, resources, and practices, and to begin to identify challenges that create barriers to care for victims of trafficking in our region.

SEVEN KEY CHALLENGES:



Governance

There is no clear statewide system or governance structure to administer the state's human trafficking response, leading to **siloed and decentralized oversight** of systems and processes.



Policies

There are gaps in the State's human trafficking-specific laws, statutes, and policies, due in part to the lack of a centralized, agency-led response.



Processes

Intake, screening, and referral processes vary significantly across (and within) agencies and organizations – as do definitions of human trafficking.



Response

While there are agencies and partners dedicated to supporting child victims, particularly victims of sex trafficking, there is **no formal process for adult victims**.



Data

Lack of standardized data collection, inconsistency in tracked variables, discrepancies in definitions, and limited data-sharing across agencies can result in inefficient service delivery.



Resources

The **need for additional resources**, trauma-informed training, statewide advocacy, and specialized services (particularly housing) is greater than available funding.

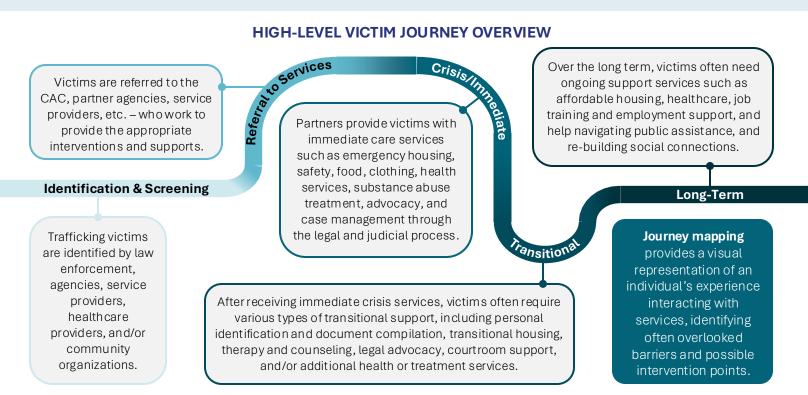


Labor Trafficking

Most services and efforts to address human trafficking are focused on victims of sex trafficking, with a limited focus on the unique challenges and needs of victims of labor trafficking.

Journey Mapping Project

Despite the remarkable efforts of organizations and individuals in government and the nonprofit sector, we know that victims can find themselves in a duplicative and disconnected web of services, depending on their point of entry. Connecticut needs a clear roadmap for how to best deliver efficient and effective services to victims, and this work must be based on a comprehensive understanding of the journey victims navigate when receiving care. Informed by the feedback of our Taskforce members and partners, we have been collecting important data on the scope of this crisis, identifying gaps and duplications in service, understanding the roadblocks victims face, and working to highlight drop-off points and crucial opportunities for our system to improve.



The findings from this mapping project have the potential to inform and improve how Connecticut supports trafficking victims. Our goal is to use this information to improve coordination and communication between providers, so we can collectively offer a robust and efficient system of care to victims. Ultimately, the data will be used to help us develop common language and standards, streamlining communication between service providers and improving the overall experience for human trafficking victims in our region and state.

Looking Forward

In addition to these mapping efforts, the RHTRT is working hard to continue to **proactively address the key challenges** and gaps identified by taskforce members and partners, increase our collaboration, and better empower and support victims.



Identifying gaps in data collection to improve data-sharing and victim identification efforts



Directly **engaging with at-risk youth in the community**through our partners



Holding monthly **response team meetings** to review and collaborate on cases



Creating new on-demand and in-person trainings

Questions about the RHTRT or the journey mapping project? Contact RHTRT@CTAntiTrafficking.org



Regionalized Human Trafficking Recovery Taskforce

Journey Mapping Project Final Report

MAY 2025





About this Report

This report examines how human trafficking victims in Connecticut access support services, highlighting key stakeholders like the Regionalized Human Trafficking Recovery Taskforce (RHTRT), the Department of Children and Families (DCF), Law Enforcement, and the wide network of multidisciplinary response teams, community and service providers. It maps the current processes of supporting a human trafficking victim through the system, and explores the unique characteristics and challenges faced by victims. Through the identification of pain points, a gap analysis, and examples from case studies, the report identifies system and service shortages and drop-off points, while offering opportunities to strengthen the regional and statewide human trafficking response.



The Background &

Context section provides an overview of the journey mapping project approach and methodology, the high-level victim journey, and highlights unique challenges faced by victims and survivors.



The Journey Mapping

section visually maps the process of minor and adult victims in receiving support services via various entry points. These maps identify key stakeholders, process steps, and provide an inventory of process dropoffs and victim pain points.



The **Gap Analysis** takes the pain points, drop-offs, gaps in service provision, and barriers to care identified via journey mapping and synthesizes key challenges and takeaways, highlighting what is working well and where there are areas for improvement.



The **Looking Forward**

section summarizes the actionable next steps the region, State, and stakeholders can use to operationalize the findings from this report.



Key Takeaways

- There are many organizations, agencies, committees, taskforces, and individuals working diligently to help victims of human and labor trafficking throughout the Greater Hartford Region, and across the State of Connecticut. These stakeholders have stepped up to support increased coordination and collaboration, including the formation of the Regionalized Human Trafficking Recovery Taskforce. **Yet despite** these efforts, many victims find themselves unserved or underserved in a duplicative and disconnected web of services, resulting in "pain points" on their path to safety and recovery.
- Navigating multiple jurisdictions and fragmented systems leaves victims without support at critical moments. There are a number of possible "drop-offs" in a victim's journey. Investigations can be prolonged due to unclear oversight and jurisdiction, limited state and local resources, inconsistent processes and protocols, and insufficient trafficking-focused training. Limited data standardization across agencies and providers makes it challenging to provide an efficient continuum of services and to understand the full scope of the State's human trafficking challenge, which also makes securing additional funding more challenging. Community organizations also encounter on-the-ground obstacles such as victim reluctance, as well as human capital and financial resource constraints that lead to long wait times for already limited services. These delays mean victims may lack safe housing, legal advocacy, or trauma-informed care essentials that can make the difference between recovery and re-victimization. Further, adult victims, particularly those who have endured years of exploitation, often disengage due to limited resources aimed at addressing the long-term impacts of trauma.
- Despite these challenges, there is an opportunity to create meaningful change. Strengthening cross-agency collaboration and data-sharing, establishing a statewide governance structure, expanding trauma-informed training, refining trafficking policies, and increasing access to housing and supportive services can improve outcomes for survivors. By addressing these systemic pain points, Greater Hartford and the State of Connecticut can work to build a more effective and compassionate response, one that not only recognizes victims but also empowers them on their path to healing.



Glossary

| Abbreviation / Term | Definition | |
|---|--|--|
| CAC Children's Advocacy Center | Child-focused facilities where multidisciplinary teams work together to investigate and respond to cases of child abuse. These centers provide a safe environment for children to share their experiences, and offer medical, mental health, and support services to help them heal. The goal is to reduce trauma for the child while ensuring a coordinated and effective response. | |
| CT-KIND Connecticut Kids Information Network Database | A comprehensive child welfare information system developed by the Connecticut Department of Children and Families (DCF). The system aims to provide a user-friendly, efficient way to record and access information related to Child Protective Services (CPS) work. It helps in data collection, assessment, decision-making, and tracking outcomes. | |
| CAPTA Child Abuse Prevention and Treatment Act | Originally enacted in 1974, CAPTA is a federal law that provides funding and guidelines to states and organizations to prevent, assess, investigate, prosecute, and treat child abuse and neglect. | |
| CCA Connecticut Children's Alliance | Connecticut Children's Alliance (CCA) is a non-profit professional membership organization on a mission to end child abuse. CCA works to ensure child victims and their families are provided with specialized and personal care and services of a Child Advocacy Center/Multidisciplinary Team. | |
| CSEC Commercial Sexual Exploitation of Children | CSEC refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person. | |
| DCJ Division of Criminal Justice | The Connecticut Division of Criminal Justice is an independent agency of the executive branch of state government; there are 13 State's Attorney's responsible for the investigation and prosecution of all criminal matters in their respective judicial district. | |
| DCF Department of Children and Families | Charged with protecting children who are being abused or neglected in the state. DCF is involved in identifying, recovering, protecting and providing services for children who have been identified as victims of human trafficking, especially when the offender is an interested care giver. | |
| DCF-136 Report of Suspected Child Abuse or Neglect | Derives from CT's DCF and used by mandated reporters in Connecticut to document and report suspected child abuse or neglect. After making an initial oral report to the DCF Careline, reporters must submit this written form within 48 hours. The form collects detailed information about the child, the suspected abuse or neglect, and the circumstances surrounding the report. The form can be found here. | |
| DCF-737 Notification of Suspected Child Sexual Abuse, Severe Physical Abuse or Severe Neglect | cation of Suspected Child Sexual Abuse, includes detailed information about the child, parents, alleged perpetrator, and the incident(s), and must be submitted to the police v | |



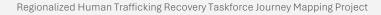
Glossary

| Abbreviation / Term | viation / Term Definition | |
|--|---|--|
| DMHAS Connecticut Department of Mental Health and Addiction Services | DMHAS is the state agency in Connecticut responsible for providing mental health and substance use treatment services for adults. It operates a network of programs focusing on prevention, treatment, and recovery support. | |
| DSS Connecticut Department of Social Services | DSS administers a range of programs and services for Connecticut residents, including healthcare, food assistance, and income assistance for older adults, people with disabilities, low-oncome residents and more. | |
| FETI Forensic Experiential Trauma Interview | FETI is a trauma-informed interviewing method designed to gather accurate and reliable information from individuals who have experienced high-stress or traumatic events. It focuses on open-ended, non-leading questions and sensory-based recall to help interviewees access fragmented memories without pressure or re-traumatization. | |
| Forensic Interview | A forensic interview is a fact-finding conversation conducted by a specially-trained forensic interviewer. Forensic interviews gather information in a non-leading and compassionate manner and aids the MDT in determining facts and the appropriate response. | |
| Forensic Medical Exam FME | The forensic medical exam is a non-invasive, but comprehensive medical exam, conducted by a medical provider, who has specialized training in the medical evaluation of child abuse. | |
| GTF Governor's Task Force on Justice for Abused Children | The GTF is established in accordance with the Children's Justice Act to advise the Governor and the Department of Children and Families concerning the prevention, identification, investigation, prosecution, and treatment of child abuse and neglect in Connecticut and the improvement of Connecticut's civil and criminal justice systems in their handling of child abuse and neglect. | |
| Judicial District / Hartford Judicial District JD / Hartford JD | Connecticut's judicial districts are geographical areas of the state that are used to organize the court system. The state has 13 judicial districts, and each has a State's Attorney responsible for the investigation and prosecution of crime in their respective district. The Hartford JD includes the towns of Avon, Bloomfield, Canton, East Granby, East Hartford, East Windsor, Enfield, Farmington, Glastonbury, Granby, Hartford, Manchester, Marlborough, Simsbury, South Windsor, Suffield, West Hartford, Windsor, and Windsor Locks. | |
| HT Human Trafficking | Human trafficking refers to the exploitation of a person for the purpose of compelled labor or a commercial sex act through the use of for fraud, or coercion. Force, fraud or coercion are not required for youth under 18 years old. | |
| HART Human Anti-Trafficking Response Team | An initiative led by DCF to combat domestic minor sex trafficking (DMST). Established with federal support, HART coordinates efforts across local and state agencies, including law enforcement and medical communities, to provide comprehensive treatment and legal services to child victims. | |



Glossary

| Definition | |
|---|--|
| Law enforcement partners are frontline investigators and responders to calls that may lead to the discovery of trafficking cases. They identify trafficking flags, refer victims to appropriate services, provide safety protections, and continue to engage victims to participate with investigators and pursue prosecutions against traffickers. | |
| MDTs consist of trained professionals who are able to provide specialized support to human trafficking victims, including but not limited to medical providers, mental health providers, forensic interviewer, child welfare and legal advocates, law enforcement, and social workers. There're multiple MDTs in Connecticut based on jurisdiction. | |
| The OVS is a Judicial Branch office providing programs and services to help victims with the emotional and financial impact of criminal activities and support victims through the criminal justice process. | |
| The OCA monitors and evaluates public and private agencies that are charged with the protection of children, and reviews state agency policies and procedures to ensure they protect children's rights and promote their best interest. | |
| The OVA is an independent state agency charged with the promotion and protection of the constitutional and statutory rights of crime victims in Connecticut. It collaborates with law enforcement, service providers and courts, provides public education of the rights and services available to crime victims, and undertakes legislative advocacy. | |
| Serves Greater Hartford and is led by Greater Hartford State's Attorney Sharmese Walcott, and Krystal Rich, the Executive Director Connecticut Children's Alliance (CCA). RHTRT includes a multidisciplinary response team (MDT) to provide coordination and trauma-informed support for sex and labor trafficking of victims. | |
| This refers to Connecticut General Statute § 17a-106a. (2023): Multidisciplinary teams. Purpose. Composition. Confidentiality. Records of meetings. The statute provides mandates and guidance for the formation of multidisciplinary teams that bring together law enforcement, victim advocacy, social services, and other stakeholders to coordinate and strengthen the state's response to child abuse cases. | |
| The TIP is a legislative body and consists of members from state agencies, the judicial branch, law enforcement, motor transport, and community-based organizations. The TIP aims to help victims of sexual and domestic violence, immigrants and refugees, and address behavioral health needs, social justice and human rights. | |
| The form is a standardized application enabling victims to seek financial assistance for out-of-pocket expenses. It gathers essential personal and incident-related details to facilitate the review process by the Connecticut OVS. | |
| | |





Background & Context





Project Approach & Methodology

Project Overview: This targeted project aimed to **strengthen Connecticut's response to human trafficking**. This effort involved mapping victim journeys to understand their interactions with various support systems, assessing internal processes within key organizations, identifying service gaps, and pinpointing opportunities for actionable improvements.

Project Inputs



Stakeholder Interviews & Insights (35): Conducted **more than 35 interviews (over 60 individuals)** with community organizations and service providers, state and federal agencies, healthcare professionals, and law enforcement to assess the current response landscape, and further explore key challenges, barriers to care, and opportunities for improved collaboration. The team used a consistent interview guide to facilitate these conversations.



Document Review and Data Analysis (45): Reviewed the **Shared Hope Report Card and Connecticut state statutes.** Assessed Multi-Disciplinary Team (MDT) and Department of Children and Families (DCF) **policies and protocols,** to evaluate procedures and coordination efforts. Analyzed **anonymized case files** and service provider intake forms to map workflows and identify service gaps along with anonymous victim/survivor feedback. Examined **data from MDTs, service providers, and state agencies** to assess victim referral sources, characteristics, and trends.



Other State Examples (2): Researched analogous human trafficking practices from other states. Evaluated state-level models for multidisciplinary collaboration, victim-centered approaches, and policy enhancements to inform opportunities for improvement.

Project Outputs



Journey Mapping Report (this report), which maps how trafficking victims in Connecticut access services, highlighting key stakeholders, system gaps, and opportunities for improvement.



Executive Summary (separate document), which provides a succinct overview of RHTRT's work to date, their key challenges and barriers, and an overview of this project including how the findings can inform future work to better empower and support victims.





Project Limitations

Readers of this report should be informed on project limitations that may affect the scope of findings and also point to future areas for exploration.

Limitations:

- While the entire project was created over 18 months, the creation of journey maps took place over a **short-term**, **seven-week duration** and included a rapid current state assessment and document/data review.
- The scope of the maps are limited to the journey a victim takes from identification to service provision and do not reflect all potential entry points or unique situations. The maps also reflect the agencies and organizations (or category of organizations, e.g., "community service providers") most frequently interacted with. For example, the maps do not reflect the full, parallel journeys of victims through the courts system.
- As part of the journey mapping project, de-identified victim stories were provided to the project team by RHTRT and reviewed, and victim challenges and pain points were derived from conversations with more than 30 partners and stakeholders and the RHTRT team to ensure that the journey maps, pain points, and opportunities for improvement prioritize improvements in the victim experience.
- There is a **limited availability of available, standardized data** on victims across the state and across agencies. Standardized data can enable aggregated data analysis, offering insights into the full scope of the human trafficking challenge in Connecticut.
- The team researched and highlighted best-practice responses from states that were referenced in stakeholder interviews, ultimately highlighting two. The project did not include a comprehensive leading practices review across all U.S. states.

Future areas of further journey/process mapping exploration may include:

- In-depth mapping of the corresponding courts and prosecution processes.
- Further review and analysis of specific law enforcement, DCF, CAC, and/or individual service provider processes.
- Additional review of state-level leading practices.





RHTRT Executive Summary

The **Executive Summary** is a three-page synopsis of the current state of the region's human trafficking responses and the RHTRT journey mapping project. The document provides a clear and concise definition of human trafficking, highlights the critical role of the Taskforce in implementing and advocating for a multidisciplinary approach in the region, and outlines key challenges and ongoing efforts to address current barriers.

This high-level, informative, and digestible document is designed to raise public awareness and support for strengthening the region and State's capacity to provide efficient, effective, and human-centric support to victims and survivors.

Highlights of the Executive Summary

- Definition of Human Trafficking
 - Collaborative, Ecosystem-Wide Approach to Human Trafficking
- Stakeholder Engagement & Journey Mapping Project

- K
 - Key Challenges & Barriers
- High-Level Victim Journey
 Overview
- Ongoing & Future Efforts

Regionalized Human Trafficking Recovery Taskforce Journey Mapping Project Update



Who We Are

The Regionalized Human Trafficking Recovery Taskforce (RHTRT) of the Greater Hartford Region

is led by the Division of Criminal Justice (DCJ) and the Connecticut Children's Alliance (CCA) and composed of key partners from state and local government, the nonprofit provider community, and law enforcement. With federal funding from the United States Department of Justice (DOJ), the mission of the Taskforce is to end human trafficking in the region through a multidisciplinary, trauma-informed response to both sex and labor trafficking cases.

"Human trafficking is the exploitation of a person for the purpose of compelled labor or a commercial sex act through the use of force, fraud, or coercion. For those under 18 years old, no evidence of force, fraud, or coercion is required."

The RHTRT aims to provide a comprehensive multidisciplinary response to all victims of trafficking, develop protocols and response procedures based on best-practice with survivor input, provide training to partners and community members, and develop and provide a full array of services for victims. The HTRT started taking on cases in January 2022, and between 2022 and 2024, the number of human trafficking investigations in the region has risen over 200%. Since its inception, the taskforce has directly supported 49 victims: 27 minors and 22 adults. In 2024, RHTRT received a continuation grant from the DOI to sustain these efforts.

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COORDINATED NETWORK OF SHORT- & LONG-TERM SUPPORT SERVICES FORMALIZED, CROSS-JURISDICTIONAL POLICIES, TRAINING& INFRASTRUCTURE

Developed February 202





Key Regional Stakeholders

There is a diverse array of stakeholders across Connecticut area who are dedicated to combating human trafficking, spanning law enforcement, state and local government, service providers, and victim advocacy groups. The Regionalized Human Trafficking Recovery Taskforce (RHTRT) exemplifies this collaborative effort, uniting approximately 35 stakeholder entities across multiple fields to address this critical issue.

| Law Enforcement | State and Local Government | Service Providers / Victim Advocacy |
|--|---|---|
| Involved in the beginning stages of identification, investigation, and referral. | Involved throughout the majority of support processes, providing legal support, protective services, and essential resources to help victims navigate the aftermath of trafficking. | Service providers offer immediate and long-term care, including medical, psychological, and legal support, to help the victim recover and rebuild their life. |
| Hartford State's Attorney Office | Division of Criminal Justice | Connecticut Children's Alliance |
| Avon Police | Department of Children and Families | Connecticut Alliance to End Sexual Violence |
| Bloomfield Police | Department of Developmental Disabilities | Connecticut Coalition Against Domestic Violence |
| Canton Police | Department of Mental Health and Addiction Services | Connecticut Institute for Refugees and Immigrants |
| Canton Police East Hartford Police Farmington Police | Department of Social Services | Connecticut Center for Children's Advocacy |
| Farmington Police | Judicial Branch | Connecticut Youth Services |
| Glastonbury Police | Juvenile Probation Services | Greater Hartford Family Advocacy Center |
| Hartford Police | Adult Probation Services | Klingberg Family Centers / Child Advocacy Center |
| Hartford Police Manchester Police | Office of Victim Advocate | Love146 |
| South Windoor Polico | Office of Victim Services | Roca |
| West Hartford Police | | Safe Futures |
| Windsor Police | | Salvation Army CT |
| FBI | | The Underground New England |
| Homeland Security Investigations | | The Village |
| U.S. Attorney's Office | | Trinity |
| U.S. Department of Labor | | Youth Continuum |
| | | |





Victim Referral Sources

Victims of human trafficking in Connecticut may enter the system through various channels, including law enforcement interventions, referrals from community organizations, healthcare providers, and dedicated hotlines. According to RHTRT data, 37% of Greater Hartford victims come into contact with services through initial interactions with law enforcement, 30% through state agencies such as the Department of Children and Families (DCF), 26% through victim service providers, and 7% through other means.*



Human Trafficking Victim



Law Enforcement

37% of referrals.



30% of referrals (DCF).

backwards to be identified

as a victim.

Officers are trained on State entities (i.e., Judicial trafficking and can raise flags, System, DCF, DMHAS, DSS etc.) identify trafficking ask questions, and gather information, but do not have indicators in individuals an official screening encountered during mechanism. LE can only operation, e.g., DCF liaisons staffed at local provide standard sexual courts, Victim Witness Unit, abuse response and typically their response relating to court system may also trafficking ends at referral. charge victims with prostitution and work



Victim Service Providers

26% of referrals.

Victims may contact service providers/advocate groups directly seeking housing, food, counseling, etc. where staff trained in recognizing trafficking indicators can identify them.



Health Care Systems / Providers



Schools / Education Systems



7% of referrals are other, including health care, schools, and community.

Victims may seek medical care for injuries or illnesses, and completion of sexual assault kit exams, providing an opportunity for healthcare professionals to identify signs of trafficking.

Teachers, counselors, and other school staff receive training to recognize signs of trafficking. Programs like the "Not a #Number" curriculum by Love146 are used to educate staff and students.

Victims or concerned individuals can call hotlines like the Careline or National Human Trafficking Hotline to report and identify trafficking situations

Workplaces / private businesses may identify potential victims (i.e., airport, hotel, casino).

*RHTRT Aggregate Demographics as of 2024.





Victim Characteristics & Challenges

Identifying key characteristics and challenges of trafficking victims help stakeholders understand victims' unique experience, vulnerabilities and motivations, and sheds light on the operational realities that shape the delivery of trafficking victim support. The diagram below complements the journey maps by highlighting real challenges and constraints, enabling the future design of a more human-centric, targeted and effective response.

Victim Characteristics

What do we observe in identified victims and survivors of human trafficking?

Challenges in Victim Recovery

How do these victim characteristics pose unique challenges in service provision?

· History of abuse/neglect

Minors

- Lack of stable family support system
- · Involvement in child welfare system
- Involvement in juvenile justice system

Poverty

- Housing instability
- Substance abuse
- History of sexual assault
- Undocumented status
- Language barrier
- Mental health challenges

Adults

- · History of domestic violence
- Unemployment
- · Previously incarcerated
- May be long-term trafficking victim (from childhood to adulthood)

Educational disruptions · Legal and custodial

- complexities
- Developmental considerations
- · Limited availability of foster care services

- Lack of empathy for victims
- Emotional and economic dependence on trafficker
- · Complex trauma response
- Distrust of system
- · Hesitancy to self-identify as victim
- · Risk of re-victimization

- Insufficient public distinction between sex work and sex trafficking
- · Victim coerced into criminality
- · Limited available of housing services





Victim Stories

Since its inception, the **RHTRT has supported 49 victims of human trafficking**, including 27 minors and 22 adults.

- **94%** of these victims were female.
- 73% of those supported were victims of sex trafficking, 4% were victims of labor trafficking, and 4% were victims of sex and labor trafficking.
- 84% of minor victims were between the ages of 13 and 17 and 55% of adult victims were between the ages of 18 and 23.

Stories from two of the victims supported by RHTRT advocates are included below (de-identified and shortened for victim protection).

This adult was identified as a possible victim of sex trafficking, provided a statement to police, and was supported in reaching out to 211 to request shelter and housing services. Due to a lack of shelter space, safety concerns, and a lack of family or community support, RHTRT placed her in a hotel. The information shared during the victim's forensic interview (FETI) led to an arrest, and the perpetrator is awaiting sentencing.

The RHTRT advocate collaborated with other agencies to place the victim in an apartment through rapid re-housing services, connect her to long-term case management services, and assist with mental health services. The advocate continues to provide victim support.

This undocumented youth entered the country as an unaccompanied minor to live with her mother in CT. The youth was trafficked during her journey into the country. In CT she became a victim of domestic violence and was victimized by forced labor at her ex's family restaurant. She decided not to move forward with an investigation out of fear for her safety.

The victim had a child and experienced verbal, physical, and emotional abuse from a new partner. RHTRT assisted by connecting the victim to domestic violence services and provided basic needs. Referrals were made for RRH and to CIRI for immigration services, however, the victim ended all communication with the RHTRT advocate.





High-Level Victim Journey

While every trafficking victim's journey is unique and requires personalized support, below is an overview of the high-level path a victim takes once they encounter services, from identification and screening through the provision of long-term support services.

Crisis

Victims are referred to the CAC, partner agencies, service providers, etc. - who work to provide the appropriate interventions and supports.

Identification & Screening

Trafficking victims are identified by law enforcement, agencies, service providers, healthcare providers, and/or community organizations.

Referration Property Partners provide victims with immediate care services such as emergency housing, safety, food, clothing, health services, substance abuse treatment, advocacy, case management, and/or support through the legal or judicial system.

Over the long term, victims often need ongoing support services such as affordable housing, healthcare, job training and employment support, and help navigating public assistance, and re-building social connections.

Long-Term

ransitiona

After receiving immediate crisis services, victims often require various types of transitional support, including personal identification and document compilation, transitional housing, therapy and counseling, legal advocacy, courtroom support, and/or additional health or treatment services.

Journey mapping provides a visual representation of an individual's experience interacting with services, identifying often overlooked barriers and possible intervention points.



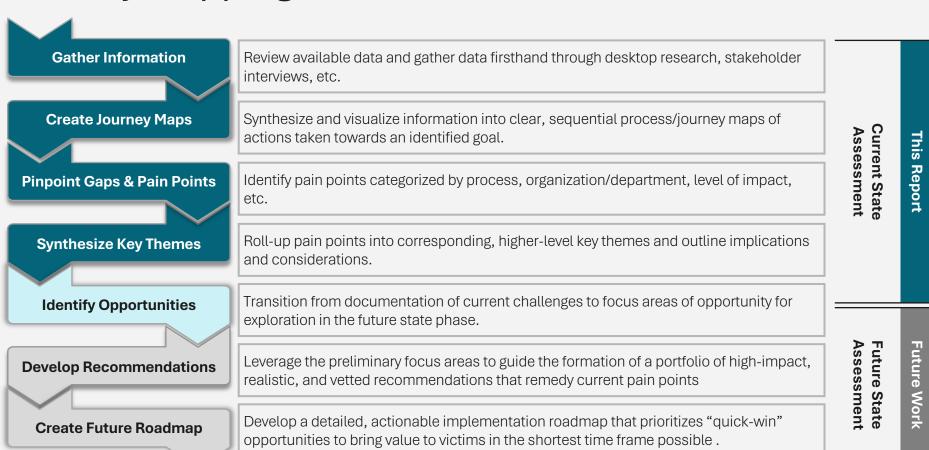


Journey Mapping 3.





Journey Mapping Process





L Journey Mapping

How to Read the Journey Maps

Structure

- Building on the high-level victim journey, detailed maps were created to visualize each process phase for both minors and adults.
- For the **minor** maps, four key stakeholder groups were selected for a deeper examination: Law Enforcement/Juvenile Justice System, Child Advocacy Centers (CAC), Department of Children and Families (DCF) (including HART), and Community/Service Providers.
- For the **adult** maps, two key stakeholder groups were selected: Law Enforcement/Criminal Justice System, and Community/Service Providers
- By featuring key stakeholders, the journey map is representative of a typical victim engagement while remaining digestible. The process maps depict key stakeholders' parallel and intertwined processes, with drop-off points/pain points, victim challenges, and process barriers. The maps also highlight RHTRT involvement as representative of an MDT response.

Wayfinding: The chevrons at the top of each Example Coding map represent the stage of the victim journey For clarity, each **drop-off / pain point** is coded based on the following scheme: Journey Mapping (Minors) • Victim pain points: Victim-centered experiences and challenges that present a barrier to service provision and prosecution, such as fear of disclosure, that require careful consideration by stakeholders. Process pain points: Inefficiencies in the trafficking response that may create barriers for timely and effective support services. Such challenges and barriers are further coded to identify relevant stakeholders: **G**: General / non-stakeholder specific pain point M: Minor-specific pain point A: Adult-specific pain point Swim lanes for each key stakeholder group L: Law enforcement (LE) pain point S: Community/service provider pain point A key for understanding

the symbology

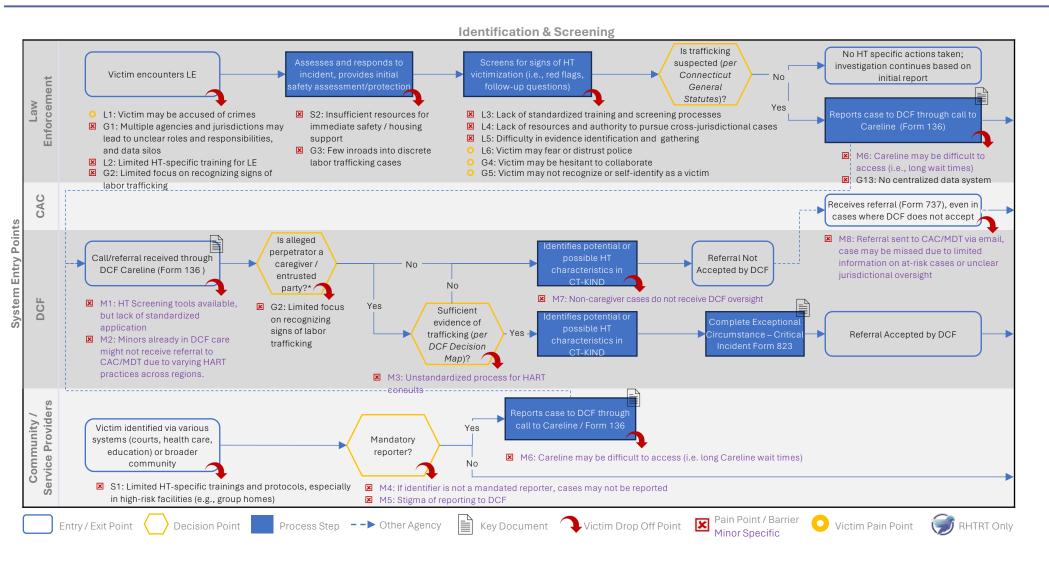


Journey Mapping

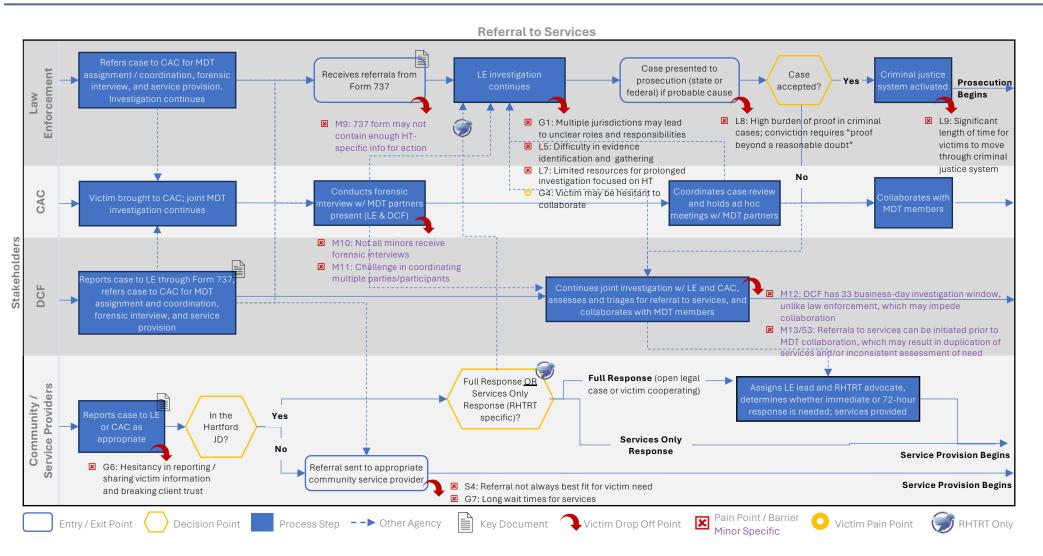
Minors (under 18)



♣ Journey Mapping (Minors)



Language Journey Mapping (Minors) (cont.)



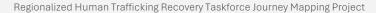
Lagrangian Journey Mapping (Minors) (cont.)

Identification & Screening

eferral to Services Immediate Services

ransitional Services ng-Term ervices

Note: Immediate, transitional, and long-term timeframes are not consistent across agencies/organizations/swim lanes **Immediate Services Transitional Services Long Term Services** LE / Crimina Conclusion of legal proceedings, victim exits victims (VCF offered) L5: Difficulty in evidence criminal justice system identification and gathering G11: Potential for re-victimization G4: Victim may be hesitant to collaborate Response / Case continues Fulfill CAPTA Exploitation or DCF Yes or No trafficking case to HART Director/ substantiated? **Key Stakeholders** Case closed Ν Service provider offerings are based on individual referral to services across MDTs needs S6: Significant variance in available services and limited availability of qualified specialized services S7: Lack of confidentiality protection statue assistance including affordable Community / S8: Limited services for male housing, scholarship, WIC, SNAP, etc. victims ✓ Continuous case management & S9: High eligibility ■ G7: Long wait time for services ■ S5: Resource constraints requirements & complexity of O G8: General distrust of system put low-priority victims accessing public assistance ■ G9: Lack of urgency & trauma service on hold (ex. needing a disability S6: Significant variance in available services and awareness, delaying diagnosis) limited availability of qualified specialized services ■ G7: Long wait times for S9: High eligibility requirements & complexity of services accessing public assistance S10: Potential for overlapping/duplicative efforts ■ G10: Transient nature of ■ S11: Inconsistent tracking of cases trafficking victims Service provision is often non-linear due to trauma, ■ G7: Long wait times for services revictimization, and transient nature of trafficking victims. O G12: Challenge of keeping victims engaged long-term Process Step --> Other Agency Entry / Exit Point **Decision Point** Key Document Victim Drop Off Point Victim Pain Point Minor Specific

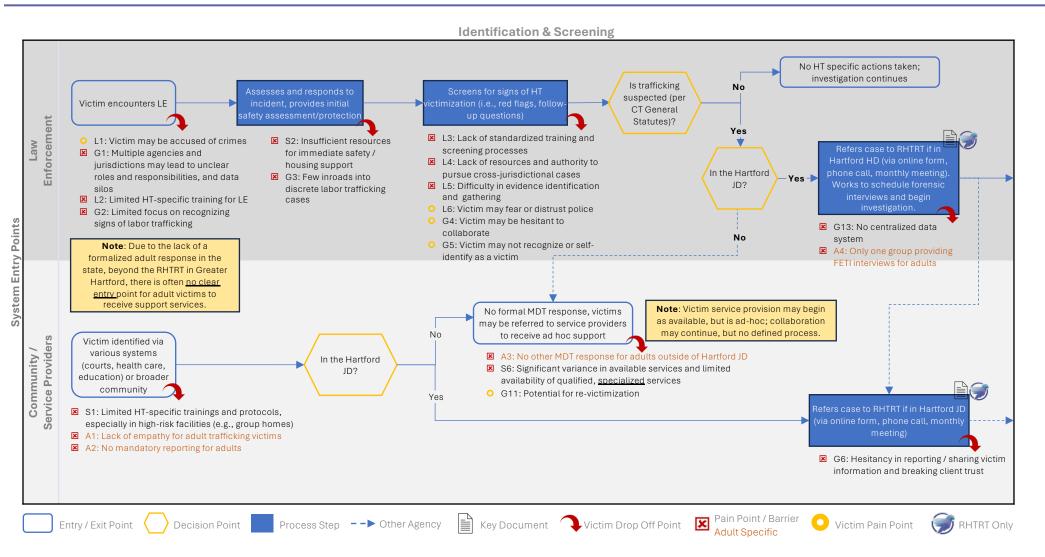




Lagrangian Journey Mapping (Adults)

& Screening

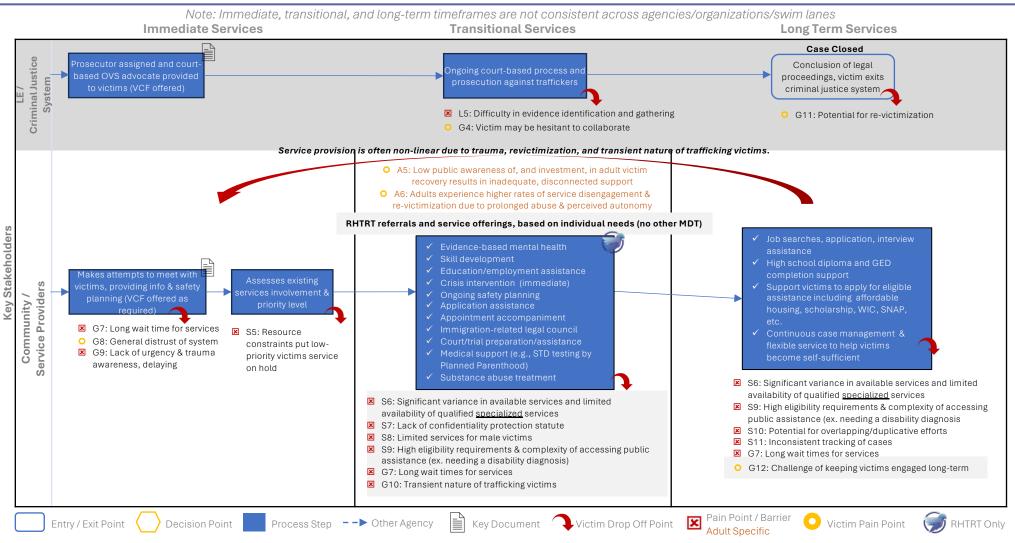




Identification Referral to Immediate Services Services Services Services Services

Referral to Services Enforcement Case presented to Case **Prosecution** Yes prosecution (state or accepted? **Begins** federal) if probable cause ■ G1: Multiple jurisdictions may lead to unclear roles & ■ L9: Significant length A3: No other MDT response for adults outside of responsibilities of time to move ■ L5: Difficulty in evidence identification and gathering No through criminal ■ L7: Limited resources for prolonged investigation justice system System Entry Points Note: Victim service provision may begin focused on HT as available, but is ad-hoc; collaboration O G4: Victim may be hesitant to collaborate may continue, but no defined process. Full Response (open legal case or victim cooperating) Receives referrals Full Response from LE and other OR Services Community / Service Providers channels Only Response? Yes Referral to In the Services Services ■ S10: Inconsistent Hartford Only tracking of cases and Response Service potential for duplicative Provision efforts **Begins** No Note: Victim service provision may begin Referral sent to community service as available, but is ad-hoc; collaboration provider as available may continue, but no defined process. Pain Point / Barrier Entry / Exit Point Process Step --> Other Agency Key Document Victim Drop Off Point Decision Point Victim Pain Point

Lagrangian Journey Mapping (Adults) (cont.)





Journey Mapping

Pain Point Inventory 1

1. Journey Mapping (Pain Point Inventory)

Identification & Screening

Referral to Services mmediate Services Fransitiona Services Long-Term Services



| | | People | Process |
|--------------|--|---|---|
| Stakeholders | Non- Stakeholder Specific (General) | G2: Limited focus on recognizing signs of labor trafficking G4: Victim may be hesitant to collaborate G5: Victim may not recognize or self-identify as a victim G6: Hesitancy in reporting / sharing victim information and breaking client trust G8: Victim's general distrust of system G9: Lack of urgency and trauma awareness, delaying immediate intervention G10: Transient nature of trafficking victims G12: Challenge of keeping victims engaged long-term A1: Lack of empathy for adult trafficking victims A5: Low public awareness of, and investment in, adult victim recovery results in inadequate, disconnected support A6: Adults experience higher rates of service disengagement and re-victimization due to prolonged abuse/perceived autonomy | ☑ G1: Multiple agencies and jurisdictions may lead to unclear roles and responsibilities, and data silos ☑ G3: Few inroads into discrete labor trafficking cases ☑ G7: Long wait times for services ☑ G11: Potential for re-victimization ☑ G13: No centralized data system ☑ A1: Lack of empathy for adult trafficking victims ☑ A2: No mandatory reporting for adults ☑ A3: No other MDTs serving adults outside of Hartford JD ☑ A4: Only one group providing FETI interviews for adults |
| | Law Enforcement | L1: Victim may be accused of crimes L2: Limited HT-specific training for LE L4: Lack of resources and authority to pursue crossjurisdictional cases L6: Victim may fear or distrust police | ∠ L3: Lack of standardized training and screening processes for LE ∠ L5: Difficulty in evidence identification and gathering ∠ L7: Limited resources for prolonged investigation focused on HT ∠ L8: High burden of proof in criminal cases; conviction requires "proof beyond a reasonable doubt" ∠ L9: Significant length of time for victims to move through criminal justice system |
| | CAC | | M10: Not all minors receive forensic interviews M11: Challenge in coordinating multiple parties/participants |
| Key | Pain Point / Barrier Victim Pain Point Pain Point Coding: G = General / Non-Stakeholder Specific M = Minor Specific A = Adult Specific L = Law Enforcement S = Community / Service Provider Specific | | |

1. Journey Mapping (Pain Point Inventory)

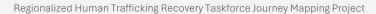
Identification & Screening Referral to Services

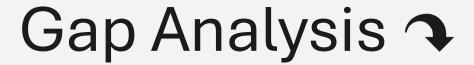
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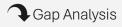
| | | People | Process |
|--------------|---|--|--|
| Stakeholders | DCF | M2: Minors already in DCF care might not receive referral to CAC/MDT due to varying HART practices across regions. | M1:Human Trafficking screening tools available, but lack of standardized application M3: Unstandardized process for HART consults M6: Careline may be difficult to access (i.e., long Careline wait times) M7: Non-caregiver cases do not receive oversight from DCF M8: Referral sent to CAC/MDT via email, case may be missed due to limited information on at-risk cases or unclear jurisdictional oversight M9: 737 form may not contain enough HT-specific info for action based on information provided by caller M12: DCF has a statutorily required 33 business-day investigation window unlike law enforcement M13/S3: Referrals to services can be initiated prior to MDT collaboration, which can result in duplication of services and/or inconsistent assessment of need M14: No standardization of referral to services across MDTs |
| | Community / Service Providers | S1: Limited HT-specific trainings and protocols, especially in high-risk facilities (e.g., group homes) S2: Insufficient resources for immediate safety / housing support M5: Stigma of reporting to DCF | M13/S3: Referrals to services can be initiated prior to MDT collaboration, which can result in duplication of services and/or inconsistent assessment of need S4: Referral not always best fit for victim need S5: Long wait time for services S6: Significant variance in available services and limited availability of qualified specialized services S7: Lack of confidentiality protection statues S8: Limited services for male victims S9: High eligibility requirements and complexity of accessing public assistance (ex. needing a disability diagnosis) S10: Potential for overlapping / duplicated efforts S11: Inconsistent tracking of cases M4: If identifier is not a mandated reporter, cases may not be reported |
| Key | Pain Point / Barrier Victim Pain Point Pain Point Coding: G = General / Non-Stakeholder Specific M = Minor Specific A = Adult Specific L = Law Enforcement S = Community / Service Provider Specific | | |





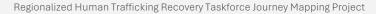






Key Challenges

| Key | Key Themes | | | |
|----------------|------------|---|--|--|
| Then | nes | | Challenges Identified | Opportunities for Improvement |
| <u>.</u> | 1. | Decentralized Oversight | There is no clear statewide system or agency-led governance structure to administer the state's human trafficking response, leading to siloed and decentralized oversight of systems and processes, as well as limitations in collaboration and training. | Connecticut's efforts to support human |
| • ₁ | 2. | Varied Systems & Processes | Intake, screening, and referral processes vary significantly across (and within) agencies and organizations – as do definitions of human trafficking. | trafficking victims show great potential and also face challenges. Coordination among agencies can be improved across the region and state to help support a more unified approach, while standardizing procedures can help provide consistent, reliable support to all victims. Additionally, enhancing data collection and sharing practices, and standardizing data definitions can aid in better understanding current needs and organizing responses. While existing policies have made strides, there is room to further address the needs of adult and labor-trafficking survivors, ensuring they have clear pathways to assistance. With additional funding and specialized services, Connecticut can build on its efforts to create a more cohesive and well-resourced support system for all trafficking victims. |
| <u>lılı.</u> | 3. | Inconsistency in Data Collection & Sharing | Lack of standardized data collection, inconsistency in tracked variables, discrepancies in data definitions, and limited data-sharing across agencies and partners can result in inefficient service delivery – and a limited understanding of the full scope of challenges. | |
| | 4. | Policy & Legislative Gaps | There are gaps in state human trafficking-specific laws, statues, and policies, due in part to the lack of a centralized, agency-led response. | |
| • | 5. | No Formal Adult Victim Response | While there are agencies and partners with dedicated resources and processes for supporting child victims, there is no formal process for adult trafficking victims. | |
| 000 | 6. | Resource & Funding Constraints | The need for additional resources and funding, evidence-based, trauma-informed training and treatment approaches, statewide advocacy, and specialized services (particularly housing) is often greater than available funding. | |
| Q | 7. | Limited Focus on Labor Trafficking | Currently, most services and efforts to address human trafficking in the region and state are focused on victims of sex trafficking, with a limited focus on the unique challenges and needs of victims of labor trafficking. | |





Looking Forward >>>





Recommendations & Next Steps

The Journey Mapping Project identifies the strengths, challenges, and opportunities for improvement in the State's human trafficking response. Working intentionally and collaboratively, Connecticut can build on its efforts to create a more cohesive and well-resourced support system.

Near-Term (<1 year) Recommendations

- Utilizing the findings from this project, work with stakeholders to refine recommendations, develop "future-state" journey maps, and create an actionable roadmap that prioritizes quick-win opportunities for better supporting victims and survivors. This includes bringing a group of stakeholders together to develop short and long term recommendations.
- > Bring agencies, service providers, and stakeholders together to establish clear and consistent definitions of human trafficking (sex and labor trafficking), agree on standardized data definitions, and promote consistency in tracked data variables across organizations to better understand the full scope of the need in the region, and state, and identify where there are gaps, overlaps, and redundancies helping to facilitate additional state investment.
- > Promote increased cross-sector training on identifying and supporting the unique needs of victims of labor trafficking.
- > Continue raising public awareness, advocating for, and identifying additional **state or federal funding opportunities** to increase the supply and availability of victim support resources (staff resources, training, housing, etc.).

Long-Term (>1 year) Recommendations

- > Replicate the RHTRT model across more regions to support additional minor and adult trafficking victims and share RHTRT best-practices.
- Advocate for a **statewide agency or taskforce to administer** Connecticut's human trafficking response for both minor and adult victims and, led by RHTRT, work to **implement the long-term roadmap.**
- Supported by an oversight agency, develop **uniform processes**, **procedures**, **protocols**, **and tools** that can be utilized across organizations to minimize the drop-off risks that come from siloed or ad-hoc responses.
- Work with state and local policymakers to refine human trafficking laws and policies to better support victim needs.
- > Following data standardization in the short-term, work to develop a centralized database or data integration system.

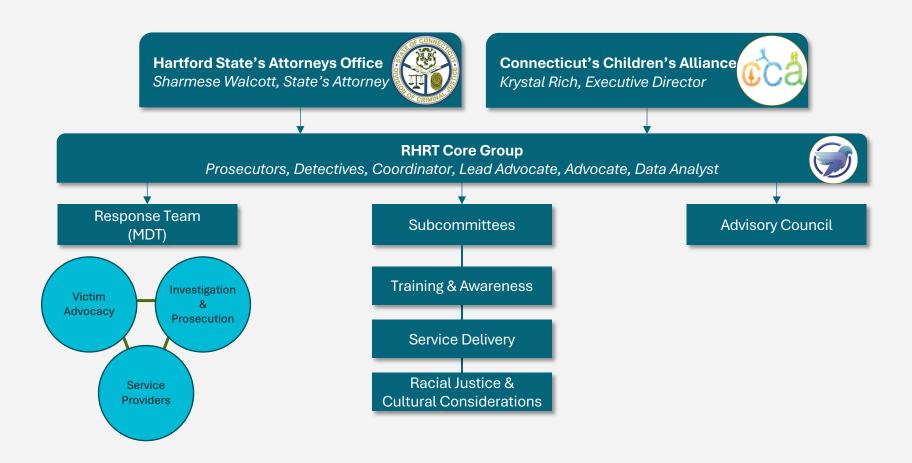


Appendix





Appendix A: RHTRT Structure

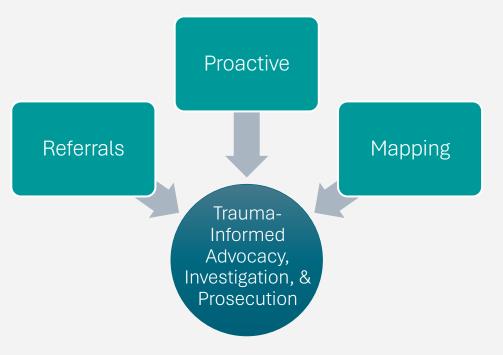






Appendix B: RHTRT Approach

A Multi-Pronged Regional Approach



Reactive Response

- RHTRT receives referrals for suspected and/or confirmed victims
- Monthly case review to discuss updates and next steps

Proactive Response

- Weekly review of 737 and Silver Alerts to determine indicators of trafficking/safety concerns
- Meeting with potential victim and/or caregiver to identify needs

Relationship Mapping

 Visual connections of potential victims and traffickers to identify networks and build stronger cases

MONTHLY CASE REVIEW





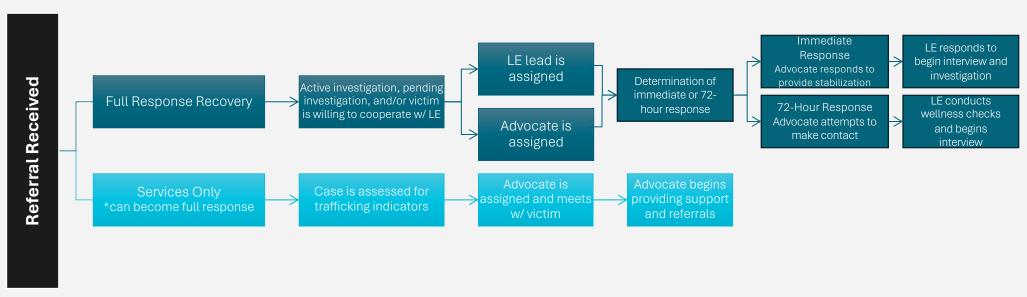
Appendix C: RHTRT Referral Process

RHTRT accepts referrals from service providers, law enforcement, self-referrals, members of the public, and many more sources if: (1) the trafficking occurred in RHTRT's catchment area OR (2) The victim currently lives in RHTRT's catchment area

Total Referrals Received to Date: 47 (1/2022 - 9/2024)

Full Response: 62% Services Only: 38%

Referral Process





Appendix D: Federal & State Laws

Federal Human Trafficking Laws

Trafficking Victims Protection Act (TVPA) of 2000 (22 U.S.C. §§ 7101–7114)

The first comprehensive federal law against human trafficking. It defined trafficking as a federal crime, created victim protections, and enhanced law enforcement tools to prosecute traffickers. Prior to this, cases were prosecuted under statutes on involuntary servitude and slavery. The TVPA has been reauthorized in 2003, 2005, 2008, 2013, 2017, and 2018.

Preventing Sex Trafficking and Strengthening Families Act of 2014 (Public Law 113–183)

Requires state child welfare agencies to address sex trafficking among youth in their care. Also establishes the National Advisory Committee on Sex Trafficking of Children and Youth.

Justice for Victims of Trafficking Act (JVTA) of 2015 (Public Law 114–22; 34 U.S.C. § 20701 et seq.)

Expands criminal liability for buyers of sex from trafficking victims. Creates the Domestic Trafficking Victims' Fund and the U.S. Advisory Council on Human Trafficking. Funds victim assistance programs and establishes training requirements for officials and providers.

Connecticut Human Trafficking Laws

Trafficking in Persons (Conn. Gen. Stat. § 53a-192a)

Defines sex trafficking as "the recruitment, harboring, transportation, or providing a person for the purpose of engaging in sexual conduct with another person for a fee." Establishes trafficking as a Class A felony.

Juvenile Justice Data and Gender Responsiveness (Conn. Gen. Stat. § 46b-121n)

Requires the Juvenile Justice Policy and Oversight Committee (JJPOC) to form a gender responsiveness subcommittee to improve care for girls impacted by the justice system. Collaborates with the Trafficking in Persons Council on trafficking-related data and recommendations.

Trafficking in Persons Council (Conn. Gen. Stat. § 46a-170)

Establishes a permanent council to coordinate state anti-trafficking efforts. Updated in 2023 to expand membership and include a Department of Developmental Services (DDS) commissioner or designee.

Lodging-Based Protections (Conn. Gen. Stat. § 53a-189a)

Prohibits lodging operators from offering discounts based on hourly or 12-hour-or-less occupancy rates to reduce the use of such locations for trafficking.

Address Confidentiality Expansion (Conn. Gen. Stat. §§ 54-240 to 54-240o)

Expands the state's Address Confidentiality Program to include victims of human trafficking.

Affirmative Defense for Minors (Conn. Gen. Stat. § 53a-82)

Provides that minors charged in prostitution-related offenses may assert an affirmative defense if their conduct was due to being trafficked.

U Nonimmigrant Status Certification (Conn. Gen. Stat. § 54-234a)

Requires law enforcement agencies to designate an officer to process immigration-related certifications for undocumented trafficking victims. Clarifies "expeditiously" as within 60 or 14 days based on circumstances.

Vacatur Relief (Conn. Gen. Stat. § 54-95c)

Mandates courts to vacate prostitution convictions if tied to trafficking victimization. Allows vacatur of other misdemeanors and low-level felonies at the court's discretion.

Trafficking of Minor Children (Conn. Gen. Stat. § 17a-106f)

Permits the Department of Children and Families (DCF) to provide child welfare services for minor trafficking victims and train law enforcement on child trafficking issues.

Voluntary Admission (Conn. Gen. Stat. § 17a-11)

Allows young adults (ages 18–21) who were trafficking victims to remain under DCF care voluntarily.

Multidisciplinary Teams (Conn. Gen. Stat. § 17a-106)

Permits Connecticut's Multidisciplinary Teams (MDTs) and Child Advocacy Centers to provide coordinated responses to child trafficking cases.

Hotel/Motel Training (Conn. Gen. Stat. § 17a-106g)

Requires DCF to recommend training for hotel/lodging staff on recognizing signs of human trafficking.

Training for Law Enforcement and Professionals (Conn. Gen. Stat. § 17a-106h)

Mandates DCF to develop and offer training for law enforcement, prosecutors, judges, hospital staff, and educators on identifying and reporting trafficking. New hires must complete training within 6 months, with annual refreshers for all staff.

Trafficking in Persons Training Program (Conn. Gen. Stat. § 46a-4b)

Directs the Commission on Women, Children, Seniors, Equity & Opportunity to create and offer a trafficking training program for law enforcement and community organizations.







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