The CARE Model to Develop Protocol

The CARE approach provides a model for responders to frame their multidisciplinary skills, capacities, resources, perceptions, limitations, advantages and disadvantages in the anti-human trafficking effort. Clearly of lesser importance as an acronym, the word “CARE” is intended to be indicative of the level of interest applied to fighting against human trafficking. The stages of the model are:

- Discovery
- Custody, Safety and Services
- Analysis and Investigation
- Response
- Evaluation

The CARE Model strongly emphasizes strategic partnerships in all phases of the response to trafficking, including the investigation stage. The model seeks to ensure that responders to the human trafficking problem are:

- Informed, prepared, equipped, trained, and proactive in identifying victims of this crime. (Discovery)
- Equipped to respond and sensitive to the physical and psychological safety of the victims; and capable of a successful apprehension of the trafficker (Custody, Safety and Services)
- Committed to an exhaustive criminal investigation and thorough analysis of the enabling conditions of the problem within the community. (Analysis and Investigation)
- Conducting all stages of this community response to human trafficking through the efforts of a strategic, multidisciplinary, and collaborative effort. (Response)
- Maintaining ongoing evaluations of the response and of the evolving dynamics of the crime. (Evaluation)

The CARE model is effectively a boilerplate checklist in the formulation of a protocol for a multidisciplinary Task Force response to human trafficking. It is both a methodology and a guide for the development of effective services, investigations, and for collaboration through a victim-centered approach.

The CARE model is a tool to aid in the development of a protocol and to ensure that certain minimum standards are in place to aid in the response to human trafficking. Each stage questions preparedness for one or more potential aspects of the human trafficking problem. Each general category requires a collaborative and multidisciplinary response.

Discovery

A prevalent condition among persons in field situations where human trafficking is likely to occur is that they often fail to recognize human trafficking within the problems they encounter. Many are unable to distinguish human trafficking from routine labor associated with the crime. For instance, what criterion should be applied to determine
whether or not a person working on a hotel cleaning crew is a victim of human trafficking?

In Section 1.2 of this guide, indicators of human trafficking were listed with the qualifier that it is not possible to conclusively determine that human trafficking is occurring when those indicators are observed. In addition to education and training, executing a specific plan of action that includes reaching out to community members to collect and follow up on information is necessary to discover human trafficking.

Custody, Safety and Services

Within this stage of the response, “custody” refers to the protocol and plan of action for the well-being of a victim and for the successful and timely arrest of a trafficker. “Safety and services” refers to the physical and psychological safety concerns of the victim with priority given to the needs of the victim and subsequently to the victim's capacity to cooperate as a good witness in the investigation.

Custody:

a. Victim intake and housing
   - What is the intake procedure?
   - What is the capacity of the housing?
   - How do we respond to youth?
   - How do we respond to female victims?
   - How do we respond to male victims?
   - How do we respond to victims with extraordinary mental or physical needs?
   - What and where are our alternative community resources?

b. Suspect custody and control
   - Has the suspect been identified?
   - Is an arrest possible?
   - Is an arrest timely?
   - Are there multiple suspects?
   - What is the suspect’s current capacity to influence the victim?

c. Who is responsible for oversight of this stage of CARE?

Safety and Services

a. Physical safety
   - What is your safety protocol?
   - Who and where are resources for physical and psychological care?
   - What are the resource capacities?
   - What do we do with numerous victims?
   - How do we respond to foreign national victims?
   - How do we respond to U.S. citizen victims?
   - How do we respond to youth?
   - How do we respond to female victims?
   - How do we respond to male victims?
   - How do we respond to victims with extraordinary safety needs?

b. Preserve psychological safety
   - What is the condition for well-being?
   - What is the condition for assisting the victim for reintegration/repatriation?
   - What is the condition for cooperation with the investigation?
c. How competent, prepared, and equipped are our referral sources for victim safety and services?
d. Who is responsible for oversight of this stage of CARE?

**Analysis and Investigations**

In law enforcement, the stronger focus in daily operations tends to be on investigations. In conducting more comprehensive cases, analysis and investigations is a crucial combination. Task Force operations must be oriented toward a comprehensive combination of investigation and analysis.

1. Investigative considerations
   - Case management
   - Initiating investigative steps
   - Gathering victim data
   - Gathering suspect data
   - Interview and interrogation techniques
   - Gathering evidence
   - What is the plan to integrate partner agencies?
   - Developing sources of information
   - Local connections to the crime
   - Intrastate and international connections to the crime
   - Who is responsible for this stage of CARE?

2. Analysis to uncover and prevent trafficking
   - What conditions exist to draw in the trafficking?
   - What incidents were happening to support and conceal the trafficking?
   - How extensive is the operation’s network?
   - What are the consequences of the trafficking?
   - What are the cultural factors?
   - Is this a rare incident for this community?
   - How long has this been going on in this community?
   - Is it likely to occur again?
   - When it occurs, how long does it last?
   - Is it cyclical or enduring in this community?
   - Does the operation move with the victims?
   - Who is responsible for this stage of CARE?

**Response to Intelligence and Incidents**

In responding to an analysis of intelligence and to incidents, the goal of the response goes beyond merely making an arrest as a solution to a singular incident. The goal is to comprehensively affect the problem. The combination of a thorough investigation and a detailed analysis can lead to the development of a response that targets the larger human trafficking problem rather than a single trafficking incident.

3. Response considerations
What is the goal of the response?
What resources could assist in solving the problem?
What strategies and tactics have already been tried?
What is the Task Force input?
Evaluate the feasibility of all the options.
What must be done before the plan can be implemented?
Who will be responsible for all parts of the plan?
What can be expected from this response plan?
Anticipate problems and plan to handle them.

**Implement the plan.**
Who is responsible for the stage of CARE?

**Evaluation of Efforts**

In the execution of a tactical strategy the efforts can be significantly undermined by presumptions that the formulated plan is executing as designed or will continue successfully without ongoing evaluation. In a response to a criminal operation, law enforcement has learned that adaptation is a hallmark of the criminal world. The incorporation of ongoing evaluation of effort and flexible adaptation is as strategic as the planning process itself.

Was the plan implemented as designed?
How do we know the plan is working?
Is there progress toward the goal identified for the response?
What is likely to happen if the strategy/tactics are stopped?
What is likely to happen if the strategy/tactics are left in place?
Have strategies that are more effective been identified?
How will ongoing monitoring occur?
Who is responsible for this stage of CARE?