FORGED IN THE FIRE

Multi-Disciplinary Anti-Trafficking Response

Coordinating a Comprehensive Community Response to Human Trafficking

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Multi-Disciplinary Teams in Anti-Trafficking Response: Coordinated, Survivor-Centered Practice

Forged in the Fire — Knowledge Base Research Paper

Executive Summary

Multi-disciplinary teams (MDTs) and task forces are the standard architecture for effective anti-trafficking response in the United States, endorsed by the U.S. Department of Justice, the U.S. Department of Health and Human Services, and the National Children's Alliance, and reflected in federal funding structures including the Bureau of Justice Assistance (BJA) Enhanced Collaborative Model (ECM) Task Forces, the OVC Human Trafficking Program, and the DOJ Anti-Trafficking Coordination Teams (ACTeams) (Office for Victims of Crime [OVC], 2022; Farrell et al., 2012; U.S. Department of Justice [DOJ], 2023). The premise is straightforward: trafficking cases cross legal, medical, behavioral health, child welfare, immigration, housing, and economic domains, and no single agency can respond competently alone. The challenge is also straightforward: agencies with different mandates, cultures, training, funding pressures, and accountabilities can produce fragmented, duplicative, or harmful responses if collaboration is not deliberately structured. The research base, federal guidance, and survivor-led practice converge on a small set of success factors — clear written protocols and memoranda of understanding, survivor voice formally embedded in governance, trauma-informed practice across all member agencies, lawful and limited information sharing, sustained coordination infrastructure, and continuous quality improvement. This paper synthesizes those frameworks and translates them into practical guidance for Forged in the Fire and partners, whether as a participating member of an existing task force, as a coordinator of community-level coordination, or as a community-based service provider working alongside an MDT.

I. Introduction

Anti-trafficking response in the United States has been built on the premise that no individual agency holds the full set of legal authorities, clinical competencies, and survivor-centered service capacities required to respond well. The federal Trafficking Victims Protection Act (TVPA, 22 U.S.C. § 7101 et seq.) and its reauthorizations have channeled federal investment toward collaborative structures specifically: BJA-funded ECM Task Forces pair a victim services lead with a law enforcement lead and require formal protocols; ACTeams coordinate federal investigation and prosecution across U.S. Attorneys' Offices, the FBI, ICE Homeland Security Investigations, and the Department of Labor; and HHS, OVC, OJJDP, and HRSA funding cycles have increasingly required documented multi-disciplinary collaboration (DOJ, 2023; OVC, 2022).

Effective collaboration is not, however, a function of structure alone. Research evaluating federal task forces and state coordination efforts has documented variable performance, with the strongest predictors of effectiveness being not membership composition but the quality of protocol development, the durability of coordination infrastructure, the integration of survivor voice, and the ability of member agencies to navigate divergent mandates without compromising survivor safety (Farrell et al., 2012; Farrell, Owens, & McDevitt, 2014).

This paper is intended for nonprofit leadership, agency directors, task force coordinators, policymakers, and direct service staff considering or already participating in MDT structures. It synthesizes federal frameworks, peer-reviewed research, and survivor-led practice, and concludes with implementation

recommendations for Forged in the Fire and partners.

II. Definitions and Scope

A multi-disciplinary team (MDT) in the anti-trafficking context refers to a structured group of professionals from distinct disciplines working in coordination on a defined set of cases or on a defined response system, with shared protocols, shared goals, and shared (within legal limits) information (OVC, 2022; National Children's Alliance, 2017). MDTs in this paper include both case-level MDTs that work on individual cases (most often modeled after Children's Advocacy Center practice) and system-level task forces and coalitions that coordinate community or jurisdictional response.

A task force is typically a system-level MDT with formal funding, protocols, and government participation — most often a BJA-funded ECM Task Force or a state or local equivalent (DOJ, 2023; OVC, 2022). A coalition is typically a broader, more flexible coordinating body that may include direct service providers, faith and community organizations, advocacy groups, and others not formally part of a task force.

The scope of this paper covers:

Case-level MDTs: coordination on individual survivor cases, including Children's Advocacy Center-modeled MDTs for child trafficking victims.

System-level task forces and coalitions: coordinated response infrastructure at the local, regional, or state level.

Cross-system collaboration: coordination between MDTs, task forces, and community-based providers including faith-community partners.

The paper does not focus on federal interagency structures (such as the President's Interagency Task Force) or international coordination (such as UNODC/OSCE coordination), though those frameworks inform U.S. practice (United Nations Office on Drugs and Crime [UNODC], 2008).

III. Current Research and Data

The empirical base on MDT effectiveness draws from three sources: research on Children's Advocacy Center (CAC) MDTs, evaluations of federally funded anti-trafficking task forces, and broader research on multi-disciplinary collaboration in adjacent fields (intimate partner violence, child abuse, sexual assault).

The Children's Advocacy Center model, originating in the 1980s and now formalized through the National Children's Alliance accreditation standards (National Children's Alliance, 2017), has the most developed evidence base. CAC MDTs reduce the number of investigative interviews children undergo, improve coordination between law enforcement and child welfare, and are associated with higher rates of services delivered (Cross et al., 2008; Wolfteich & Loggins, 2007). Although CACs were not initially designed for trafficking, the National Children's Alliance has issued specific guidance for serving child trafficking victims within the CAC model (National Children's Alliance, 2018).

Anti-trafficking task force research is more recent and more uneven. Farrell, McDevitt, and colleagues have produced the most influential evaluation work, including a multi-site study of state and local

anti-trafficking task forces that documented significant variation in performance and identified protocol clarity, leadership stability, dedicated coordination staffing, and victim service capacity as central success factors (Farrell et al., 2012; Farrell et al., 2014). The federal evaluation of ACTeams demonstrated meaningful increases in trafficking prosecutions in the participating districts compared to non-participating districts (DOJ Office of the Inspector General [OIG], 2015).

Adjacent-field research on multi-disciplinary response — particularly in intimate partner violence Coordinated Community Response models (Shepard & Pence, 1999), Sexual Assault Response Teams (SARTs; Greeson & Campbell, 2013), and child abuse MDTs — consistently identifies the same success factors: written protocols and MOUs, dedicated coordination staffing, regular convening, role clarity, survivor input, and trauma-informed practice across all members.

Survivor-reported outcomes of MDT involvement are mixed in the literature and depend strongly on whether the survivor experienced the team as supportive or as additional system contact. Survivors who experienced clear, single-point-of-contact advocacy with information control over their own case reported more positive engagement than those who experienced multiple uncoordinated agency contacts (Polaris Project, 2023; National Survivor Network, n.d.). This finding is a central reason that MDT design must explicitly minimize the number of agency contacts the survivor must navigate.

What remains under-researched: outcome-level evaluation of MDTs against survivor-defined outcomes (rather than prosecution metrics); MDT performance for labor trafficking cases (which require different agency partners than sex trafficking cases, including the U.S. Department of Labor, OSHA, and state labor agencies); MDT performance with male, LGBTQ+, immigrant, and disabled survivors; and the role of community and faith-based members in MDT effectiveness (Farrell et al., 2014; HEAL Trafficking, 2022).

IV. Legal and Policy Framework

Several federal and state frameworks shape MDT structure, authority, and operation.

Federal funding-driven structures. The TVPA and reauthorizations have created and sustained federal funding streams specifically for collaborative response. The BJA Enhanced Collaborative Model Task Force grants pair a law enforcement lead with a victim services lead and require documented protocols (DOJ, 2023). The OVC Human Trafficking Program, the OTIP Domestic Victims of Human Trafficking Program, and the OJJDP juvenile justice and child trafficking grants similarly require or strongly incentivize multi-disciplinary collaboration (OVC, 2022; HHS, 2022).

Anti-Trafficking Coordination Teams (ACTeams) are federal interagency teams established by the DOJ, FBI, DHS Homeland Security Investigations, and DOL. ACTeams coordinate complex federal investigations and prosecutions and have been documented as effective in increasing federal trafficking prosecutions in participating districts (DOJ OIG, 2015).

Children’s Advocacy Center MDT requirements are codified in National Children’s Alliance accreditation standards (National Children’s Alliance, 2017) and are referenced in federal funding through OVC and OJJDP. CAP- and CAC-related MDT structures are explicitly extended to child trafficking under National Children’s Alliance guidance (National Children’s Alliance, 2018).

State-level frameworks. California has multiple statutory and policy structures relevant to MDT response. California Penal Code § 13885 et seq. authorizes state and regional anti-human trafficking

task forces, and the California Office of Emergency Services administers a statewide network of victim services and trafficking response funding. The California Multi-Disciplinary Interview Center (MDIC) framework supports child abuse and trafficking interview practice (California Office of the Attorney General, 2022). California Welfare and Institutions Code § 16524 et seq. establishes Commercially Sexually Exploited Children (CSEC) program requirements, including multi-disciplinary case planning.

Information-sharing law is a central operational concern. Relevant federal authorities include the Health Insurance Portability and Accountability Act (HIPAA, 45 C.F.R. Parts 160, 162, 164); the Family Educational Rights and Privacy Act (FERPA, 20 U.S.C. § 1232g); the federal substance use confidentiality regulations at 42 C.F.R. Part 2; the Victims of Crime Act provider confidentiality protections at 28 C.F.R. § 94.115; and the Violence Against Women Act provider confidentiality protections at 42 U.S.C. § 13925(b)(2). State authorities include the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); California Welfare and Institutions Code § 827 (juvenile records); California's Sexual Assault Victim-Counselor and Domestic Violence Victim-Counselor privileges (Evidence Code §§ 1035–1037.7, 1037–1038.2); and various agency-specific confidentiality statutes.

Effective MDT operation requires written information-sharing agreements that respect each agency's confidentiality obligations, and that obtain informed, specific, written, revocable survivor consent for any sharing not legally mandated. Federal guidance has consistently emphasized that information sharing must be lawful, limited, purposeful, and consented to where required (OVC, 2022; HHS, 2022).

Mandatory reporting for child abuse and CSEC cases (California Penal Code § 11164 et seq.) intersects with MDT operation and must be addressed explicitly in protocols. Mandatory reporting is not a substitute for survivor-centered practice; trauma-informed standards require that reporting obligations be disclosed before disclosure is invited and that the reporting process minimize retraumatization (HEAL Trafficking, 2022).

V. Risk Factors and Vulnerabilities (MDT Pitfalls)

In an MDT context, the relevant "vulnerabilities" are the failure modes of coordination — the predictable ways that multi-disciplinary structures harm survivors when not designed deliberately.

Repeated retraumatization through multiple interviews. Without a coordinated interview protocol, survivors may be interviewed repeatedly by different agencies, with each interview risking retraumatization and producing inconsistencies that can be used against them in legal proceedings (National Children's Alliance, 2017; HEAL Trafficking, 2022). This is the original problem CAC MDTs were designed to solve and remains a primary risk in adult trafficking cases without similar coordination.

Information silos and duplicate effort. Without information-sharing protocols (with appropriate consent), agencies may duplicate intake, screening, and assessment, requiring the survivor to re-tell their story repeatedly with no benefit (Polaris Project, 2023; OVC, 2022).

Conflicting mandates. Law enforcement and prosecutorial mandates (investigation, prosecution, evidence preservation) can conflict with victim-services mandates (safety, healing, autonomy) if not negotiated explicitly. Survivors should not be required to participate in investigations to receive services, and victim services should not be conditioned on cooperation (OVC, 2022; Freedom Network

USA, 2018). Federal Trafficking Victims Protection Reauthorization Act amendments and OVC guidance increasingly affirm this principle.

Information sharing without consent. Sharing of survivor information across agencies without legal authority or informed consent violates federal and state privacy law and damages trust. Agencies sometimes treat MDT membership as implicit authorization for sharing; it is not (28 C.F.R. § 94.115; OVC, 2022).

Punitive system entanglement. Survivors who interact with multiple systems simultaneously face elevated risk of punitive consequences — criminal charges, child welfare action, immigration enforcement — that may undermine recovery. MDT design must include explicit attention to minimizing these risks, including through diversion frameworks where available (Polaris Project, 2023; National Survivor Network, n.d.).

Survivor voice as token. MDTs that include a single survivor representative without genuine governance authority, fair compensation, supportive infrastructure, and processes for incorporating feedback risk tokenizing survivors and producing a worse outcome than no survivor membership at all (National Survivor Network, n.d.; HEAL Trafficking, 2022).

Coordinator burnout and turnover. MDT effectiveness depends heavily on a dedicated coordinator role. Underfunded or overloaded coordinator positions are the most common failure point in evaluation literature (Farrell et al., 2014; Greeson & Campbell, 2013).

Cultural and identity blind spots. MDTs that lack representation, training, and partnerships across racial, ethnic, immigration, gender, sexual orientation, and disability identity domains produce coordinated responses that nevertheless fail substantial portions of the survivor population (HEAL Trafficking, 2022; National Survivor Network, n.d.).

VI. Recruitment, Grooming, and Control Tactics (Implications for MDTs)

Trafficker control tactics shape what MDTs need to anticipate operationally.

Survivor distrust of systems is rational and earned. Many survivors have experienced harm at the hands of systems represented in the MDT — law enforcement, immigration, child welfare, healthcare — sometimes during the trafficking itself. MDT engagement strategies must therefore work patiently and demonstrate trustworthiness over time rather than relying on early disclosure (Polaris Project, 2023; National Survivor Network, n.d.).

Disclosure unfolds in stages. Survivors may disclose different parts of their experience to different agency members at different times. MDT documentation and case management must accommodate this without treating later disclosure as inconsistency or fabrication (Hopper, 2017).

Trauma bonding and ongoing trafficker contact. Survivors may remain in contact with their trafficker, including via phone, social media, or in-person, for extended periods after exit. MDTs must respond without judgment, prioritize safety planning, and recognize this as a trauma response rather than non-cooperation (Reid, 2016).

Document and identification control. Survivors of foreign-national labor and sex trafficking often lack control of identification, work authorization, and immigration documents. MDTs working effectively on labor trafficking must include immigration legal services capacity and labor agency partners, not only law enforcement and victim services (Owens et al., 2014; Freedom Network USA, 2018).

Digital surveillance. Some survivors remain under digital surveillance by their trafficker after exit, including through tracked devices, social media, financial accounts, and shared cloud accounts. MDT engagement and communication must be planned around this risk, including providing safe communication options (HEAL Trafficking, 2022).

VII. Survivor Impact (Why MDT Quality Matters)

Survivor experience of MDT engagement is a primary determinant of long-term outcomes. Survivors who experience MDT contact as coordinated, consensual, and dignified report greater willingness to engage with services, lower retraumatization, and better long-term recovery indicators. Survivors who experience MDT contact as fragmented, coercive, or extractive report disengagement, system avoidance, and recovery setbacks (Polaris Project, 2023; National Survivor Network, n.d.; Macy & Johns, 2011).

Specific impacts that effective MDTs can mitigate include: reduction in number of investigative interviews and exam encounters (National Children's Alliance, 2017); reduced delay to housing, mental health, and medical care; reduced criminal-legal exposure for survivor-defendants (through diversion, vacatur, and pre-charge engagement); accelerated immigration relief through coordinated certification and endorsement; and stable case management across long recovery arcs (OVC, 2022; HHS, 2022).

Specific impacts that poorly designed MDTs can cause include: retraumatization through duplicative interviews; inadvertent disclosure to traffickers through information leakage; punitive consequences (criminal charges, child welfare action, immigration enforcement) arising from MDT contact; and disengagement of survivors who experience the team as one more system to navigate rather than a coordinated response (Polaris Project, 2023; HEAL Trafficking, 2022).

The implication is clear: MDT design choices are not administrative — they directly determine whether the structure helps or harms.

VIII. Service Needs and Intervention Models (MDT Composition and Operation)

Effective MDTs share a recognizable architecture, drawn from federal frameworks, CAC standards, and survivor-led practice.

Core member disciplines in adult anti-trafficking MDTs and task forces typically include:

Victim services lead (often a community-based organization with trafficking-specialized advocacy, case management, and trauma-informed practice).

Law enforcement (federal, state, and/or local, with trafficking-specialized investigators).

Prosecution (state and/or federal, with trafficking-specialized prosecutors).

Child welfare (for cases involving minors).

Healthcare (often via an emergency department, hospital social work, or community health partner; SOAR-trained where possible).

Mental and behavioral health (clinicians trained in trauma-specific interventions).

Housing (emergency, transitional, and permanent supportive).

Civil legal services (vacatur, family law, civil cause of action under the TVPA, immigration relief).

Immigration legal services (T visa, U visa, Continued Presence, Special Immigrant Juvenile Status).

Labor agency (Wage and Hour Division of DOL, state labor agencies; essential for labor trafficking cases).

Survivor advisor or survivor advisory body (formally compensated, with governance role).

Coordinator (typically full-time and dedicated).

For child trafficking MDTs modeled on the CAC framework, additional core members include forensic interviewer, victim advocate, medical provider trained in child trafficking response, and mental health provider with adolescent trauma specialization (National Children's Alliance, 2017, 2018).

For labor trafficking specifically, the U.S. Department of Labor Wage and Hour Division and OSHA play significant roles. Many MDTs have historically under-included labor partners and underperformed on labor cases as a result (Owens et al., 2014; Freedom Network USA, 2018).

Operational infrastructure. Effective MDTs operate with:

Written protocols covering case identification, intake, coordination, information sharing, mandatory reporting, communication, escalation, and conflict resolution.

Memoranda of Understanding (MOUs) between participating agencies, addressing roles, information sharing, confidentiality, and resource commitments.

Regular convening, typically including a weekly or biweekly case-coordination meeting and a less frequent system-level meeting.

Dedicated coordinator role, typically with a job description that includes facilitation, documentation, member support, training, and evaluation.

Cross-training, ideally including initial onboarding training, annual refreshers, and cross-discipline shadowing.

Survivor advisory infrastructure, including paid advisor roles, defined governance authority, and supportive practices (compensation, debriefing, meeting structure designed around accessibility).

Quality improvement infrastructure, including outcome tracking against survivor-defined outcomes, after-action review of significant cases, and annual external review.

Coordinated case response flow. A widely used model includes: identification by any member agency; warm handoff to the victim services lead; consented MDT activation; coordinated intake (minimizing duplication); MDT case-coordination meeting; survivor-driven service plan; ongoing coordination; and post-case review. The core principle throughout is that survivor consent and choice direct what happens, and that the MDT exists to serve the survivor's plan rather than to impose its own (OVC,

2022; HEAL Trafficking, 2022).

Documentation discipline is a recurring operational requirement. Information shared in MDT meetings should be limited to what is necessary, lawful, and consented to. MDT meeting notes should be minimized, and survivor-identifiable information should be handled with the same care as clinical or legal records (28 C.F.R. § 94.115; HEAL Trafficking, 2022).

IX. Prevention and Public Awareness

MDTs contribute to prevention in several distinct ways.

Secondary prevention — reducing duration and severity of trafficking — through coordinated identification, faster service connection, and reduced fragmentation (HEAL Trafficking, 2022; OVC, 2022).

Tertiary prevention — reducing recurrence, re-victimization, and long-term harm — through coordinated long-term services, criminal record relief, and stability-building.

System prevention — strengthening community-level response capacity through coordinated training, public awareness, and systems advocacy. Many task forces include a community education or awareness committee that develops materials and training in coordination across member agencies, ensuring consistency and trauma-informed practice in public-facing content.

Public-facing communication about MDT and task force work should emphasize coordination over rescue narratives; should include accurate information about how community members can support the team's work; and should avoid sensationalized content. Survivor stories, if shared at all, must follow the consent and dignity principles discussed in companion papers (HEAL Trafficking, 2022; National Survivor Network, n.d.).

X. Relevance to Forged in the Fire

Forged in the Fire's relationship to MDT structures can take several forms, each with distinct operational and strategic implications.

As an MDT or task force member. Forged in the Fire may participate as a victim services or community partner in a regional or local task force. This requires meeting member-agency requirements: written protocols, MOU participation, trauma-informed practice, survivor-leadership infrastructure, documentation discipline, and reliable coordinator-level engagement. Membership opens access to federal funding partnership opportunities, cross-referrals, and system-level influence.

As a community-based service partner. Forged in the Fire may operate alongside an MDT or task force as a community-based provider, receiving referrals and providing services without formal MDT membership. This role requires strong relationships with the MDT victim services lead, clear referral and warm-handoff protocols, and explicit information-sharing agreements consistent with VOCA, VAWA, HIPAA, and California confidentiality protections.

As a faith-community bridge. Forged in the Fire's faith and community orientation can position it as a bridge between faith-community partners and secular MDT or task force structures. This role requires strict adherence to non-coercion principles around faith engagement, careful attention to informed

consent, and explicit organizational practices that prevent the bridging role from becoming a pathway for evangelism in service contexts.

As a coordinator or convener. In areas without an existing task force or with under-developed coordination, Forged in the Fire may convene a community-level coalition. This is significant work requiring dedicated staffing, written governance, MOU development, and sustained funding.

For grant narratives, MDT and task force participation aligns with multiple federal and California state funding priorities and strengthens grant competitiveness. For donor education, participation in MDT structures communicates organizational maturity, integration with the broader anti-trafficking ecosystem, and commitment to coordinated rather than duplicative response.

For website content, an MDT-focused page accessible to professional and community partners — describing how Forged in the Fire participates, how community members can support coordinated response, and how to access services — adds significant value beyond survivor-facing pages.

XI. Ethical Considerations

MDT and task force participation raises specific ethical responsibilities beyond general nonprofit ethics.

Survivor primacy. The MDT exists to serve the survivor, not the other way around. Operational practices that prioritize agency convenience, prosecution metrics, or organizational visibility over survivor safety, autonomy, and dignity are unethical regardless of efficiency gains (OVC, 2022; National Survivor Network, n.d.).

Informed, specific, revocable consent for information sharing. Information sharing across MDT members must be lawful and consented to where consent is required. Standing or implicit consent is not adequate; consent should be specific to the information and purpose, time-limited, and revocable (28 C.F.R. § 94.115; HEAL Trafficking, 2022).

Confidentiality across grantee and licensing structures. VAWA and VOCA confidentiality, HIPAA, FERPA, 42 C.F.R. Part 2, and state privileges create overlapping but distinct confidentiality obligations. Each member agency carries its own compliance responsibilities, and MDT coordination cannot override them.

Survivor leadership compensation. Survivors providing advisory work to MDTs and task forces should be compensated on the same basis as other professional consultants. Volunteer-only survivor advisory structures are exploitative and produce worse outcomes (National Survivor Network, n.d.; HEAL Trafficking, 2022).

Avoiding coerced cooperation. Survivors must not be required to cooperate with investigations, prosecutions, or interviews to receive services. Federal law and OVC guidance affirm this, and ethical practice requires it (TVPA reauthorization amendments; OVC, 2022).

Avoiding savior framing. Public communication about MDT work should center coordination, not rescue narratives. Survivors are not rescued by teams; they navigate complex systems with the team’s support (HEAL Trafficking, 2022).

Documentation as ethical practice. What is written about a survivor will follow them. Documentation discipline — minimizing unnecessary detail, protecting sensitive information, and maintaining accuracy — is an ethical responsibility, not only a privacy compliance matter.

Vicarious trauma protection for members. Ethical organizations participating in MDTs ensure that staff have the training, supervision, time, and mental health support to engage in this work without preventable harm (Pearlman & Saakvitne, 1995; SAMHSA, 2014).

XII. Gaps, Challenges, and Future Research

Several persistent gaps inform implementation strategy.

Survivor-defined outcome research. Most MDT and task force evaluation has measured prosecution, identification, and process metrics. Outcome research against survivor-defined measures (safety, stability, healing progress, self-defined recovery) is significantly underdeveloped (Farrell et al., 2014; Polaris Project, 2023).

Labor trafficking response. MDT performance on labor trafficking is documented as significantly weaker than on sex trafficking, in part because of historical under-inclusion of labor agencies and immigration legal services (Owens et al., 2014; Freedom Network USA, 2018). Closing this gap requires structural changes in MDT composition and protocol.

Cultural and identity-specific performance. MDT performance with male, LGBTQ+, immigrant, Indigenous, and disabled survivors is under-researched and likely under-performing relative to need (HEAL Trafficking, 2022).

Coordinator role sustainability. Coordinator burnout and turnover are documented barriers to sustained MDT effectiveness, but the literature offers limited evidence on which compensation, supervision, and workload practices best mitigate these risks (Farrell et al., 2014; Greeson & Campbell, 2013).

Funding alignment. The mismatch between short federal funding cycles and the long timeframes required to build durable coordination infrastructure is a structural barrier (Polaris Project, 2023). Multi-year, general operating funding for MDT coordination would substantially improve performance.

Survivor leadership infrastructure. Although the principle of survivor leadership is broadly endorsed, the practice of meaningful integration — with governance authority, compensation, and supportive infrastructure — varies significantly across MDTs. Research and practice frameworks for this work continue to develop (National Survivor Network, n.d.; HEAL Trafficking, 2022).

Faith and community partner integration. The role of faith and community partners in MDT structures is under-researched, despite their substantial role in U.S. anti-trafficking practice. Ethical, evidence-informed integration frameworks are needed.

XIII. Recommendations

For Forged in the Fire and similar organizations, the following recommendations are drawn from federal frameworks, peer-reviewed research, and survivor-led practice.

Determine the strategic role the organization will play in relation to MDT and task force structures (member, partner, bridge, convener) and document the role explicitly in organizational planning. Different roles imply different staffing, training, and policy investments.

If participating as a member or partner, invest in the operational requirements of effective MDT engagement: written protocols, MOU participation, trauma-informed practice across all staff who interact with the team, documentation discipline, language access, and supervision.

Build paid survivor advisory infrastructure as a core organizational practice, with documented governance authority, compensation, supportive structures, and accessibility. Survivor advisors should not only inform programs; they should have decision-making authority over the practices that affect survivors.

Develop explicit ethical practices around MDT participation: consent processes for information sharing, documentation discipline, cooperation-and-services separation, and faith-community engagement guidelines.

Invest in coordination capacity — whether as the team's coordinator, as a partner organization, or as a community convener — recognizing that coordination is the function most likely to be under-resourced and most determinative of effectiveness.

Build labor trafficking capacity intentionally, including partnerships with the U.S. Department of Labor Wage and Hour Division, state labor agencies, immigration legal services, and labor-population community organizations.

Develop trauma-informed cross-training for partner agencies, particularly law enforcement, healthcare, education, and child welfare partners. This is a high-leverage service area aligned with funder priorities.

Implement quality improvement practices that include survivor-defined outcome measurement, after-action review, and annual external review.

For policymakers and funders, advocate for multi-year operational funding for MDT coordination; integration of labor agency and immigration legal services partners; trauma-informed and culturally responsive practice requirements; and paid survivor leadership requirements in federally funded structures.

XIV. Conclusion

Multi-disciplinary teams and task forces are the architecture through which the United States has chosen to respond to human trafficking. The architecture is sound; its outcomes depend almost entirely on implementation. Effective MDTs are built on written protocols, dedicated coordination, lawful and consented information sharing, paid survivor leadership, trauma-informed practice across all members, and continuous attention to the specific failure modes of multi-agency collaboration. Done well, MDTs reduce retraumatization, accelerate access to care and justice, and produce outcomes no single agency could produce alone. Done poorly, they multiply the systems through which a survivor must navigate and replicate the very fragmentation they were designed to eliminate. For Forged in the Fire, the strategic opportunity is to engage these structures with operational seriousness — investing in protocols, partnerships, survivor leadership, and coordination capacity — so that the organization's presence in the broader response system makes that system measurably better for the survivors it serves.

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Self-Audit Note (per project quality control rules): Federal (DOJ, OVC, HHS/OTIP, BJA, DOJ OIG, State Department) and peer-reviewed academic sources are prioritized, with established nonprofit (Polaris, HEAL Trafficking, Freedom Network USA, National Children’s Alliance, Urban Institute) and survivor-led (National Survivor Network) sources supplementing them. All major claims are tied to citations. Statistical and outcome claims are framed cautiously and tied to specific evaluations. Legal claims are tied to specific federal and California statutes and regulations. Language is trauma-informed and avoids sensationalism, savior framing, and prosecution-centric framing. Limitations in the evidence base — particularly around survivor-defined outcome measurement, labor trafficking performance, identity-specific performance, and coordinator sustainability — are explicitly named in Section XII. As with all citations in this knowledge base, specific publication dates, statutory section numbers, regulatory citations, and program guidance should be verified against current versions before external publication, grant submission, training use, or partner protocol adoption.

Series Note. This paper completes the four-part research series spanning Healing Resources (§6), Trauma-Informed Care (§7), Screening (§8), and Multi-Disciplinary Teams (§9). Each paper is designed as a standalone reference, but they are most useful read together: TIC (§7) is the operating framework within which

screening (§8), MDT participation (§9), and healing services (§6) all occur. For website implementation, the four can be presented as a unified Professional Practice section, with cross-links between papers and a shared resources/training appendix.