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After Rescue: Evaluation of Strategies to Stabilize and Integrate Adult Survivors of Human Trafficking to the United States

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ABSTRACT

Human trafficking for forced labor, domestic servitude, and sexual exploitation is a trans-national crime whose victims include men, women, and children. In the United States, trafficking in persons became a focus of activities in the late 1990s and culminated in the passage of the Trafficking Victims Protection Act (TVPA), which was signed into law in 2000. Despite the increased interest in human trafficking, there is little systematic and methodologically rigorous empirical research. Notably absent are studies of adult foreign-born trafficked victims who are identified and, as survivors, provided services to facilitate their reintegration into the wider society.

This project examines comprehensive case management services provided to foreign-born adults survivors of trafficking from 2006 to 2011. These programs were funded by the Anti-Trafficking in Persons (ATIP) Program of the Office of Refugee Resettlement (ORR) under the Per Capita Reimbursement Contract administered by the U.S. Conference of Catholic Bishops (USCCB). The USCCB was also in charge of providing training and technical assistance to the programs serving survivors of human trafficking. This report provides a summary of the analysis of data collected by USCCB and augmented by field research with selected number of programs. The objective of this mixed-methods study was to better understand the characteristics of trafficking survivors and the efficacy of interventions in stabilizing their well-being.

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AFTER RESCUE: EVALUATION OF STRATEGIES TO STABILIZE AND INTEGRATE ADULT SURVIVORS OF HUMAN TRAFFICKING TO THE UNITED STATES

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STATEMENT OF THE PROBLEM

Human trafficking for forced labor and sexual exploitation is a transnational crime whose victims include men, women, and children. Trafficking in persons involves violations of labor and immigration laws as well as victims' human rights. Victims of trafficking are bought, sold, and transported across international borders and within nation-states. They are forced to work in sweatshops, domestic service, agriculture, and in the sex industry. What distinguishes human trafficking from crimes such as human smuggling or other labor laws violations is the traffickers' use of force, fraud, or coercion to compel victims into, or hold them in, forced labor, domestic servitude or sexual exploitation. In the United States, trafficking in persons became a focus of activities in the late 1990s and culminated in the passage of the Trafficking Victims Protection Act (TVPA) signed into law in 2000.

However, despite the increased interest in human trafficking, little systematic and methodologically rigorous empirical research has been done on this issue. Notably absent are evaluations and academic studies on victims trafficked for labor and assisted in their reintegration to the mainstream society by federally supported programs. Given that services to trafficked persons are still evolving, empirical research should be an integral part of every assistance program. Particularly important are assessments of the effects of rehabilitation programs on the ability of survivors to achieve social and economic self-sufficiency. The United States has spent considerable resources supporting services to victims of trafficking in persons, but no systematic research has been conducted on any of the adult survivors.¹

In 2012, a year after the period covered in this study, the Office of Planning, Research and Evaluation in the Administration for Children and Families established the *Enhanced Employment Services for Trafficking Victims Demonstration* grant program, a reflection of increasing attention to attaining self-sufficiency. Projects funded under this grant program are required to evaluate whether and how services are successfully provided to the foreign-born victims of trafficking and examine the achievement of self-sufficiency among service recipients.²

¹ The National Institute of Justice funded a groundbreaking study of children and adolescents trafficked to the United States for sexual exploitation, domestic servitude, and forced labor. A book based on this study will be published in early 2016 (Goździak 2016).

² At the time of this study no evaluations of the demonstration projects were available yet. For more information see: <http://www.acf.hhs.gov/programs/opre/research/project/enhanced-employment-services-for-victims-of-trafficking-demonstration>

Academic database searches yield an astonishing number of publications on human trafficking, but few draw on reliable or empirical data and few address the challenges faced by survivors. A survey of research-based English language publications on human trafficking, funded by NIJ, identified over 2000 references; however, most relied on overviews, commentaries, and anecdotal information (Goździak and Bump 2008; Goździak 2014). With the exception of the NIJ, the U.S. Government's resources for combating human trafficking have been earmarked almost exclusively for provision of services and technical assistance, less for basic research and evaluations. The NIJ has funded Caliber Associates to evaluate services offered to victims of trafficking (Clawson, et. al. 2003; Clawson n.d.). These evaluations are primarily based on telephone surveys or in-person interviews with on a sample of service programs.

Given the limited research, there is a need for both quantitative and qualitative studies that would improve our understanding of survivors' daily lives after trafficking. Research establishes that trafficking survivors exhibit significant physical and mental stress as a result of their ordeals. At the same time, an entire field of inquiry establishes that trauma victims possess multifaceted resilience in the face of adversity (Agaibi and Wilson 2005). Early research on trafficking survivors in the United States indicates that they have multiple housing, healthcare, employment, and legal needs, barriers that service agencies must address in order to satisfy those needs. Later assessments of service programs created a framework for evaluating service provision by drawing upon survivor data and surveys of service providers (Clawson 2009). These investigations tend to focus on the nature of service provision and the capacity of agencies.

This project analyzed data on foreign-born, mainly adult survivors who received case management services under the ORR-funded and USCCB-administered Per Capita Reimbursement program in fiscal years 2006 to 2011. The study employed quantitative analysis of that data. We estimated a multivariate statistical model that measures the degree to which intervention- or, months of service and need reduction along with measures of agency capacity -improves survivors' overall measured stability. Additionally, fieldwork with selected service programs subcontracted by USCCB was conducted to better understand how service providers used the database and how they assessed survivors' stabilization during service provision. We conclude with some observations about the program's implementation.

STATISTICAL DATABASE OF CLIENT SURVIVORS

Between April 2006 and October 2011, the Office of Refugee Resettlement (ORR) contracted the U.S. Conference of Catholic Bishops (USCCB) to administer the Per Capita Reimbursement program. The program was designed to provide comprehensive case management services to foreign-born survivors of human trafficking and their family members (derivatives) through partnerships with local service providers (sub-contractors) in several U.S. states, as well as the territories of Guam and the Northern Mariana Islands.³ In order to be enrolled in the Per Capita Reimbursement program, the client must meet the TVPA definition of a victim of a severe form of trafficking, be removed from the trafficking situation,⁴ and meet additional requirements to receive services.⁵ The organizations providing services under the Per Capita Reimbursement

3 The Per Capita Reimbursement program implemented traditionally defined "case management," i.e. the provision of services by a case manager who assesses the needs of a client and "arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client's complex needs." See also: http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp

4 The term "severe forms of trafficking in persons" is defined under section 108, TVPA, 2000 as: a) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or b) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

5 Under Section 4 TVPRA, 2003 these requirements are: residing in the US but not a US Citizen or a Lawful Permanent Resident; working towards or have already received certification/eligibility from HHS/ORR; and requiring case management around the trafficking situation or have status as a family derivative of a trafficking survivor status (through receipt of the T-2, T-3, T-4, T-5 visa).

scheme included a wide range of programs: agencies specializing in providing services to trafficking survivors, immigration and refugee assistance programs, domestic violence shelters, and other social service and community-based organizations. All programs were vetted by USCCB to ensure that they were equipped to address the needs of foreign-born survivors of trafficking. The data reported here are from electronic records these agencies maintained on all clients enrolled in the Per Capita Reimbursement program.

As part of their contract with ORR, USCCB created a case management information database to be used by service providers participating in the Per Capita Reimbursement program.⁶ Information about the agencies was also retained and merged with the case management data.⁷ The survivor data reported here are derived from those records and contain the following details:

- **Survivor characteristics** include information on country of origin; age; gender; type of exploitation (labor trafficking, sex trafficking, both labor and sex trafficking); location of first identification after trafficking situation (city/state); certification status; date of entry into the services program; number of months receiving services; and needs and stability assessment during each month of service.
- **Service provider characteristics** include information on agency type (human trafficking specific, refugee/immigration, family violence/crime, or community/social); staffing levels; experience working with trafficking survivors; and service provision (job placement, mental health, emergency or temporary housing services, and transportation). We also added information on the service providers, including location (county or district and urban or rural), unemployment rates, and the presence of co-ethnic populations.⁸

These observations are the basis of this research. There is no other comparable case management information on human trafficking survivors of this size and extent in the United States available for independent analysis. The Department of Justice (DOJ) has established their own database, which many of the programs that received both DOJ and ORR funding were using. However, the DOJ database is not available to the research community.

While the population of trafficking victims is unobserved, those who have escaped their traffickers and become known to the government are countable, albeit different sources of the number of trafficking survivors are not comparable. Counts of “trafficked victims” include individuals who are suspected or confirmed to be victims of human trafficking, those who are awarded T-visas, or those confirmed eligible for service. Time lags and regulatory criteria mean that individuals may be counted in one or more statuses at different times.

A study by the U.S. Department of Justice found that the number of suspected victims has been growing and that it takes the better part of one year before most cases are confirmed (Banks and Kyckelhahn 2011).

6 The USCCB Case Management database was a longitudinal, relational database of client survivors. It was an on-line database system used to facilitate interaction between service providers throughout the United States, USCCB and HHS/ORR. The database, however, did not foster interactions among service providers. Providers had access only to their own sub-portal. The number of providers changed year to year. For some description and geographic coverage see: US Conference of Catholic Bishops, 2010. *Reflections: HHS Service Mechanism for Foreign National Survivors of Human Trafficking*, Washington DC, <http://www.usccb.org/upload/Reflections-HHS-Service-Mechanism-for-Foreign-National-Survivors-of-Human-Trafficking.pdf>

7 The USCCB provided training and consultation to agencies and stakeholders. Roughly 5,630 Technical Assistant records were collected but only for the years 2009 through 2011. These records are therefore not part of this analysis. The TA records demonstrate that the USCCB provided considerable training to more than 1,155 individuals in 690 organizational settings on 325 discrete topics. Over two-thirds of the training was on “processes,” such as database management or financial reporting, and “practices,” such as adult or child victim case management. Much of the balance focused on training for mental health or legal issues or specialty training topics. Online reports state that the USCCB provided training to 2,963 individuals from 2006 to 2009 and technical assistance to 1,646 individuals. See US Conference of Catholic Bishops, 2010. *Program Operations Manual Anti-Trafficking Services Program*, Washington DC.

8 These variables were estimated with the US Census Bureau’s American Community Survey (ACS) using the weighted five-year microdata for 2007 to 2011.

The U.S. Citizenship and Immigration Services (USCIS) reports 2,704 T-visas awarded for FY 2006 to FY 2011,⁹ but there are lags here too and survivors may be pre-certified as eligible for services before receiving the T-visa.¹⁰ The Office of Refugee Resettlement reports this it issued eligibility or certification letters to 2,339 survivors during this period, but this number may not include pre-certifications for services supported by the Office for Victims of Crime (OVC) or account for services that certified survivors receive after their certification date (Office of Refugee Resettlement 2013; Office of Justice Programs 2011). In turn, the USCCB reports that they assisted 3,087 survivors during the period of FY2006 to FY2011 (United States Conference of Catholic Bishops n.d.). As can be seen, these numbers do not neatly line up precisely because they come from different sources and refer to people at different points on the assistance continuum.

The 2,735 clients in the USCCB database analyzed in this report include most trafficking survivors who were pre-certified or certified and assisted under the Per Capita Reimbursement program between April 2007 and September 2011. While USCCB began to administer the Per Capita program in early 2006, the data for that year are incomplete and are not included in the database analyzed in the course of this project. This is the main reason why these counts are smaller than those reported by the USCCB for the program in its entirety.

Some of the limitations of the USCCB database have to do with the fact that it was primarily designed as an administrative and case management tool.¹¹ Nevertheless, as mentioned above, this database includes the majority of identified survivors who received services during this period of time. These data also represent most service agencies in the U.S. that were involved with assisting these individuals. These data permit reliable estimation of the effect of survivors' individual characteristics, agency type, and interventions to address the needs of survivors on their recovery. See below for a discussion of practical ramifications of the data collection effort itself.

CHARACTERISTICS OF SURVIVORS OF HUMAN TRAFFICKING

The USCCB database provides a valuable profile of the survivor population. We focus here on some of the most pertinent individual characteristics, service variables, and selected traits of agencies assisting survivors enrolled in the Per Capita programs. The characteristics of the clients have changed somewhat over time; they are rather less likely to be victims of sex trafficking than commonly presumed as shown in Figure 1. Clients are also very diverse, come from many countries around the globe, and are found in many U.S. states albeit with greater concentration in the southeast (Clawson, et. al. 2009).

We exclude from our analyses victim "derivatives," largely child family members, and further restrict observations to those with non-missing data on client type.¹² We also restrict our sample to victims who are 18 years of age or older at time of entry into the program, as child trafficking victims may have different stabilization

9 The federal government's Fiscal Year begins in a given fiscal year's month of October and runs through the next year's month of September, e.g., FY 2011 includes the months from October 2010 to September 2011.

10 Some U visaholders may also be trafficking victims. This number includes both victims (2,059 visas approved) and their families (645 visas approved). See US Citizenship and Immigration Services, n.d., Data Set: Form I-914 Application for T Non-immigrant Status, US Department of Homeland Security, <http://www.uscis.gov/tools/reports-studies/immigration-forms-data/data-set-form-i-914-application-t-nonimmigrant-status>

11 The information relates to the delivery of services to survivors as they enter, move through, and exit the program. The database does not include specific information on educational, work, or family status of the survivors or their trafficking experience prior to receiving assistance under the Per Capita Reimbursement program. While this type of information may be available in individual case management files, it could not be extracted from the database and thus limits the ability of this report to analyze trafficking situations, trends, and patterns prior to the enrollment in this particular assistance program. Furthermore, the database contains observational data, not a random assignment of trafficking victims or survivors.

12 Only 2,484 observations have a non-missing client type and there are 453 derivative family members.

experiences compared to adult survivors.¹³ Since we are interested in progress made by victims over time, we exclude victims with only one month of service from the data. This results in a sample of 1,778 survivors. Table A1 in the Appendix provides further details of the final sample used in analysis.

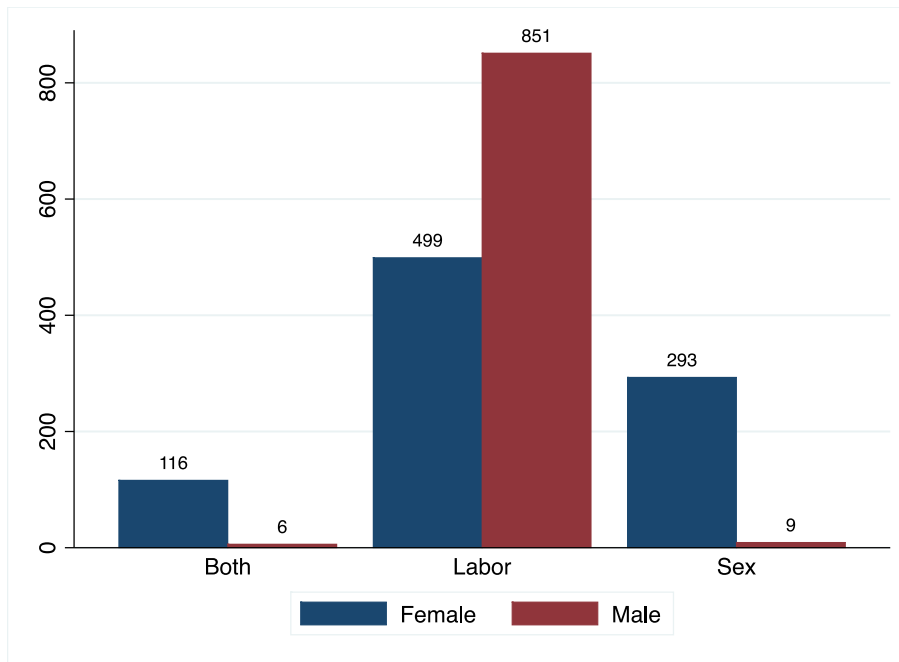


Figure 1: Number of Victims by Type of Exploitation and Gender

There is a perception that trafficking of foreign-born women for sexual exploitation is dominant. However, 53 percent of survivors assisted under the Per Capita program were women and 75 percent were trafficked for labor, 18 percent for sexual exploitation, and 7 percent for both. Figure 1 also shows how the type of trafficking varies by gender and region. Among survivors from the Americas, 70 percent were female. Conversely, Thailand and India both recorded over 90 percent of survivors to be men.

Figure 2 shows the type of trafficking in each of the top 10 source countries for these survivors.¹⁴ Fully 78 percent of survivors from East Asia were trafficked for purposes that involved sexual exploitation. Almost half of survivors from Central America and about one quarter from Europe were trafficked for sexual exploitation. On the other hand, the majority of African survivors were trafficked for labor exploitation. Most survivors, women and men, were from four countries: Mexico, Thailand, India and the Philippines.

The majority of survivors were found in five U.S. states: Florida, New York, California, Mississippi, and Texas. Nineteen percent of survivors were assisted by agencies located in New York, and 12 percent in California. The location of survivors in the United States also differs by source country. The majority of Thai survivors were located on the West Coast. Mexican and Central American survivors were scattered throughout most regions; however, more than half were located on the East Coast. The vast majority of Indian survivors, more than 80 percent, were located in the South.

¹³ There are 81 survivors under than age of 18 in our dataset, or less than 5 percent of the total number of survivors. Results for the regression analysis do not change substantially when children are included.

¹⁴ Some countries do not sum to 100 due to missing values for traffic type (for example, China).

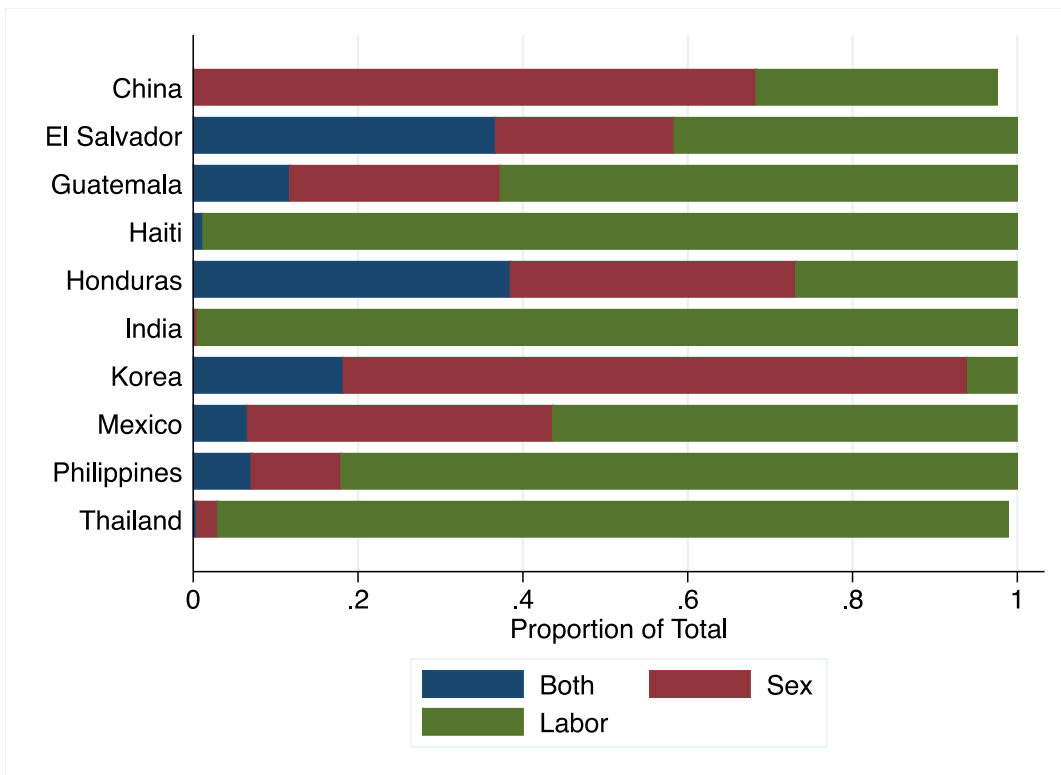


Figure 2: Proportion of Survivors by Form of Exploitation from Top Source Countries

Most of the survivors were adults at the time they were identified.¹⁵ The median age that survivors started receiving services was 33 years.¹⁶ Statistically significant differences in average age were observed by gender ($p < 0.05$). On average, women entered the program at 31 years of age while men entered at 36 years. Survivors of sex trafficking were significantly younger on average than survivors of labor trafficking (28 and 35 years respectively).

Survivors’ needs and service period. There are two ways in which the data permit us to measure service provision: the length of time assistance was provided and the number of needs identified and met. Meeting the survivor’s needs is the main goal of the service, while the amount of time in care is cited as an important element in survivor outcomes.¹⁷ Table 1 shows the length of assistance or average number of months that survivors were in this database, generally from initial service to final exit from the program.¹⁸ There was a wide range of the length of time in the program: from one month up to 21 months. However, the average time in service was 5.42 months. There was some variation around this time by gender and age; older individuals and women spent more time in the program.

15 These clients do not include unaccompanied minors who are served by different programs, mainly the Unaccompanied Refugee Minors (URM) program.

16 The median age in the unrestricted sample where victims below age 18 are included is 32 years.

17 “Another challenge identified by service providers and victims themselves was the length or duration of services available to victims. For example, the standard period for pre-certification services under the per capita contract is 9 months and the period of services after certification is 4 months. However, according to service providers the timeline to self-sufficiency varied by client” (Clawson et al. 2009, p. 32)..

18 The survivors could have entered the program in pre-certified status with federal support. The mandated duration of service has changed over the years, which contributes to the large range in service provision, but the maximum funded service has been 9 months for pre-certified and 4 months for certified survivors during most of the program.

Table 1: Total Service Months by Gender and Age

	N	mean	sd
Total	1916	5.42	3.67
Gender			
Male	912	5.74	3.96
Female	1004	5.13	3.36
Age			
18 to 29 years	701	5.04	3.24
30 to 39 years	641	5.65	3.82
40 to 49 years	463	5.62	3.97
50 or more years	111	5.65	3.84

A crucial first step in service delivery for survivors is conducting a needs assessment and developing a service plan with the client. Throughout the service period, the case manager and client would continually re-assess a list of about 70 different needs.¹⁹ Table 2 shows an average of 22 total needs for a trafficking survivor at first month of service. This dropped on average to 17 needs during the last month of service. On average, women had four more needs than men in both the first and last month of service. Survivors of trafficking involving both labor and sexual exploitation had the highest initial total needs.

Table 2: Total Needs Identified At First and Last Service Month

	First	Last
Total	22.45	17.44
Gender		
Male	20.49	15.48
Female	24.32	19.32
Traffic Type		
Labor	21.61	16.68
Sex	23.42	20.41
Both	24.75	19.75

¹⁹ A full list of needs can be found in the appendix.

Assessment of Survivor Stabilization. The central outcome of interest is that of survivor “stabilization,” defined as prospects for long-term social and economic self-sufficiency. Case managers measured stability for each survivor for each month of service on a scale of 1-5.²⁰ Descriptions of the ranking protocols for the stability code were provided, and training on ranking survivor stabilization was available to the agencies. While ordinal in its level of measurement, the stability ranking is subject to unknown variation across agencies and case managers (see discussion below of fieldwork research into this question).²¹ While the case managers were professionals with substantial experience in evaluating clients’ status, many different case managers across 120 different agencies assigned the stability scores.²² The stabilization measure is arguably more reliable in capturing caseworkers’ perceptions of improvements in clients’ self-sufficiency. We consider it more robust, therefore, to capture improvement in the ranking of stability over service periods. This was a binomial variable that was assigned a value of one if the case managers saw an improvement in their clients’ overall stability between the first and last service month and zero for non-positive changes. This simplified measure addresses possible bias arising from the stabilization ranking.

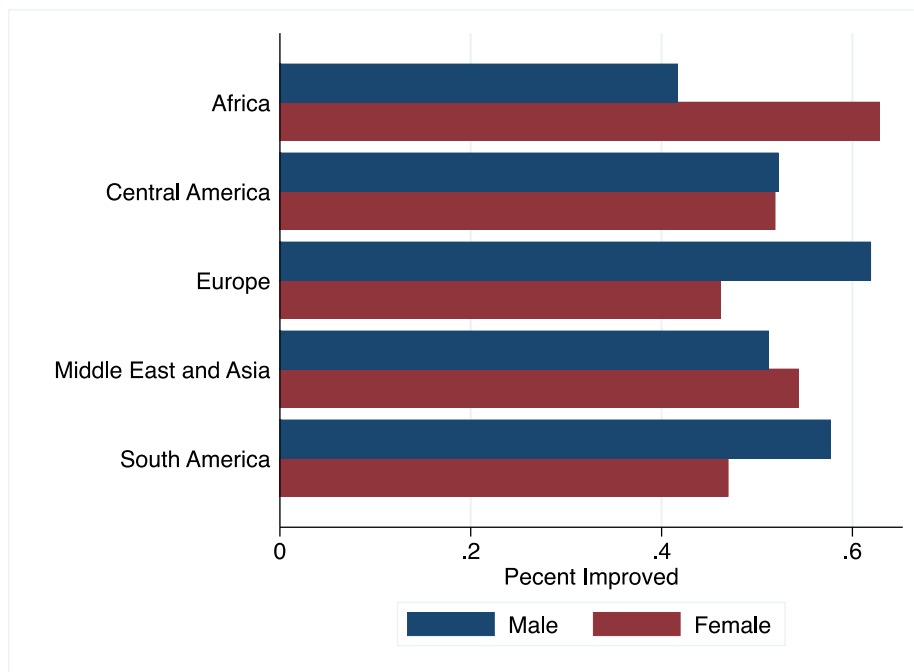


Figure 3: Proportion of Survivors with Improved Overall Stability by Gender and Region

No significant differences in stability improvement were observed between genders: females recorded an overall stability improvement of 52 percent while males recorded 53 percent. At the same time, stabilization differed by gender within regions of origin. Figure 3 shows the proportion of survivors who saw an increase in

20 Stability was measured across the need categories identified in the client service plan. Based on the combined stability codes across these categories, an average overall stability code was automatically generated for each survivor.

21 Training manuals follow this ranking definition: (1) In crisis: Requires urgent care for survival, (2) Vulnerable: At risk of returning to “In crisis” stage if comprehensive services are not provided, (3) Stabilizing: On path to self-restoration while relying on support systems, (4) Integrating: Demonstrates ability to utilize personal strengths along with support systems for continuous progression; and (5) Thriving: Fully engaged in community and nearing self-sufficiency.

22 We found in our fieldwork that several case managers reported that the assigned stability scores depended, in part, on their experience working with survivors of trafficking. Those who assisted larger numbers of survivors were able to compare levels of stability across client populations. Those with limited experience working with survivors indicated that they erred on the side of caution and often lowered the score to keep clients in the program for longer periods of time to make sure that they were truly ready to graduate from the assistance program. A couple of program managers admitted that it was not in their best financial interest to assess high stabilization scores until discharge at end of the funded period. At the same time, private and local sources of funding could permit some survivors to continue service, although they would no longer be included in the Per Capita program.

overall stability between their first and last service month by gender and region of origin. Females from Africa had the highest proportion of stability improvement at 62 percent, while females from Europe had the lowest stability improvement outcomes at 46 percent. The converse was true for males: 62 percent of European males saw an improvement while males from Africa had the lowest increase at 42 percent. Stability outcomes differed across type of exploitation, with 48 percent of sex trafficking survivors, 53 percent of labor trafficking survivors, and 59 percent of survivors of both forms of trafficking recording improvement in overall stability. Differences in outcomes between all combinations of types of exploitation were statistically significant ($p < 0.1$). There was no statistical difference in the proportion of survivors improving when type of exploitation was further disaggregated by gender or age.

Agency characteristics. Over the period of time under analysis, 120 agencies participated in the Per Capita Reimbursement program. A few of these agencies, only 6 percent, were classified as primarily serving trafficking victims, while roughly one-fifth had primarily serviced either victims of domestic violence or other crimes. At the same time, over half the agencies were primarily classified as assisting foreign-born refugee populations; agencies with experience with foreign-born clients were considered to be better situated to service foreign-born trafficking victims. Nevertheless, while few agencies were primarily servicing trafficking victims, well over half reported prior experience providing assistance to trafficking survivors.

EMPIRICAL ANALYSIS OF SURVIVOR STABILIZATION

There are many individual and contextual factors that impact whether or not a survivor experiences improved stabilization while receiving comprehensive case management assistance. We employ a multivariate regression to evaluate which factors contribute significantly to a survivor's stabilization, defined as their improvement in prospects for long-term social and economic self-sufficiency as ascertained by their caseworker. We are particularly interested in whether or not various agency-level service interventions are important factors in improving survivors' stabilization. The data we analyze here are individual observations of survivors by the agencies providing assistance; survivors were rated on their stabilization and needs in each service month. We are interested in how individual attributes affect stabilization, as well as how service provision and the characteristics of agencies influence outcomes. We undertake two regressions: one assessing improvement in overall stabilization by aggregating all survivor needs and a second evaluating the effects of different need domains.

The Variables Affecting Survivor Stabilization

Individual demographic characteristics. The trafficking experience affects survivors' stabilization; however, we are only able to identify the type of trafficking experienced. It is assumed that victims of sex exploitation suffer compounded trauma and may be less likely to stabilize. It is also often thought that because women are assumed to be primarily trafficked for sexual exploitation, they may show lower stabilization levels. Younger adults may possess greater resiliency and, thus, increased age might reduce stabilization. Recall we include only adults in this sample.²³ Stability in the initial month of service is also included, as individuals with different initial stability levels may have different stabilization paths. For example, those with lower initial stability may find it more difficult to stabilize than individuals who enter the program with relatively higher initial stability.

An individual's country or region of birth can be expected to be associated with differences in stabilization. Individuals come from conditions of varied poverty or violence, pre-existing conditions that affect resiliency.

²³ This sample is restricted to adult survivors. Individuals trafficked at young ages may have fewer resources and lowered resiliency. The common assumption is that child victims, especially those trafficked for sexual exploitation, are less resilient. The majority of the 142 adolescents studied by Goździak (2016) in the NIJ-funded study showed considerable levels of resiliency.

It is also possible that different origin groups are trafficked by different types of traffickers employing more or less extreme methods; or, that different origin groups are afforded more or less social support. However, there are no *a priori* expectations about how origins differ.

Individual service provision/treatment. There are two variables that measure the delivery of post-trafficking assistance. First, there is the period of service, or the number of months that an individual visits their caseworker. We expect that victims benefit from more months of service.

Second, the number of needs that a survivor presents – or more specifically, the reduction in needs over time between the first and final service month – should be associated with an increase in the social, economic, legal, and psychological resources that a survivor has secured. As mentioned above, there are over 70 need ratings; and these apply to different survivors. For example, not all survivors have needs to resolve family relationships. For ease of interpretation we first examine a measure of the grand number of needs met for each survivor, or the total number of needs reduced. This is a binary variable that is equal to one if the survivor experiences a decrease in their total needs between the first and last month of service and zero if there is an increase or no change in total needs. In a second model, we adopt need categories used by USCCB. This allows us to examine whether some types of needs are more important to overall stabilization than other. In both models, a measured reduction in needs should be associated with an increase in individual stabilization.

Agency characteristics. There are several variables that capture organizational capacity. The agencies providing the services for these survivors were pre-vetted for inclusion in the Per Capita Reimbursement program, in part for their experience in servicing foreign-born trauma victims such as refugees but also for their general experience and organizational capacity. Size is a factor; larger agencies should have greater capacity. Onsite capacity to provide mental health services and emergency housing is expected to increase stabilization. An ancillary expectation is that an agency’s capacity to support job-seeking and self-reliance will promote stabilization.

Additionally, the local context of service provision or agency geography may play a role in addressing particular needs. Research on foreign-born populations considers the “context of reception” to be important to integration and, by extension, one might surmise for survivor recovery. For example, a large co-ethnic population should provide more diverse networks and resources.²⁴ Communities with lower unemployment rates are likely to increase the chances for a survivor to find a job.

Methods, Model Specification, Estimation, and Sample

We turn next to the formal multivariate statistical model, which evaluates the association between stabilization and the independent variables just discussed. The survivor’s overall stability was evaluated at each month the survivor was receiving services from the agency, and the survivor’s caseworker assigned a number between 1 and 5, with 5 being the highest possible value. The difference in a survivor’s overall stability between the first and last service month was calculated yielding a variable, y^* with discrete values between -4 and 4.²⁵ The dependent variable used in the analysis, y , is constructed as:

$$y = 1 \text{ if } y^* > 0$$
$$y = 0 \text{ if } y^* \leq 0$$

24 Survivors are relocated from their initial recovery area to reduce survivors’ susceptibility to the criminal activities in which they were found.

25 While a simple majority of cases resulted in improvements of at least 1 to 2 levels, there were a handful of cases in which measured stability decreased.

If a survivor's overall stability improved over the duration of their service, they were given a value equal to one. If there was no change or if overall stability declined, they were assigned a value of zero.

The model we estimate is:

$$y_i = x_i\beta + z_i\gamma + \varepsilon_i$$

Where y_i is the outcome variable, overall stability change for an individual i ; x_i is a vector of variables including individual demographic and service/treatment variables; and z_i is a vector containing agency and geographic variables. Since this is a discrete choice model, a logit regression is estimated. Annual time dummies are included and a random effects specification is applied to account for possible variation in individual stability code assignments nested within agencies.²⁶

The dynamic variables in this regression are the number of service months and the change in individual needs over the service period. Another time varying factor is that of survivors who switched agencies: there were 95 such individuals, or 5 percent of the sample.²⁷ Otherwise observations and other variables are fixed at a single point in time. Individual characteristics, including age, are measured at entry into service. Similarly, all agency variables were taken from a survey administered at the start of the study.²⁸

Finally, the sample of survivors analyzed includes only those identified as trafficked for sex, labor, or both; family derivatives and children are omitted from this sample. The state and city location of the agencies servicing 250 survivors is unavailable, so county level geographical information could not be obtained for these agencies. Other survivors have additional missing information. This missing information does not appear to be systematic, so omitting these individuals from the analysis does not create discernable bias in the results.²⁹ The regression analysis that follows uses 1,778 survivors in the dataset. See Appendix One for the descriptive statistics on variables in the regression. Note that due to missing agency and geographic information for some survivors, the final regression model uses only 1,697 observations.

Results of the Multivariate Logit Model

Table 3 shows the results of a model regressing improvement in the stabilization index on the variables described above. A positive coefficient indicates that a variable increases the probability that survivors experience an improvement in overall stability between their first and last service month. The final column shows the odds ratio for each variable: values greater than 1 are interpreted as the increase in the odds that a survivor will experience an improvement in overall stability, with odds decreasing for values less than 1 compared to the omitted cases.

26 See Stata, xtlogit - <http://www.stata.com/manuals13/xtxtlogit.pdf>

27 This is a dummy variable where movers are assigned a value of one and values of zero are assigned to all other observations. Most of the variables in this regression are two-state or dummy variables of this sort.

28 The agency data were collected at the outset of the Per Reimbursement Capita program or up to 5 years before the last survivors entered the program. Agency capacities could have changed during this period; however, those knowledgeable about these agencies report little or no change in the variables used in the regression. The geographic variables were obtained ACS using 5-year averages that span the time period covered in the data set. It is possible that the Great Recession post-2008 may have impacted some regions more than others; however, the structure of these data are unlikely to uncover such an effect given concentrations in the southeast and greater variation across counties than over time.

29 Regressions with and without these individuals were estimated to demonstrate almost no differences in results. We deemed it unnecessary to introduce multivariate imputation of missing values for these few cases.

Table 3: Regression Results for Survivors' Overall Stabilization

	(1) Coefficients	(2) Odds Ratio
Female	-0.232 (0.185)	0.793 (0.147)
Age	-0.022*** (0.008)	0.978*** (0.008)
Initial Overall Stability	-1.550*** (0.122)	0.212*** (0.026)
Traffic Type: Sex	0.206 (0.330)	1.229 (0.406)
Traffic Type: Labor	-0.144 (0.310)	0.866 (0.268)
Region: Central America	0.099 (0.419)	1.104 (0.462)
Region: Mexico	-0.410 (0.426)	0.663 (0.283)
Region: Philippines	0.779* (0.463)	2.178* (1.008)
Region: Thailand	0.754 (0.477)	2.126 (1.014)
Region: India	-0.290 (0.497)	0.748 (0.372)
Region: Asia/Oceania	-0.180 (0.469)	0.835 (0.392)
Region: South America	-0.069 (0.482)	0.933 (0.450)
Region: Africa	0.429 (0.475)	1.536 (0.729)
Client changed Agencies	-0.050 (0.310)	0.951 (0.295)
Total Months of Service	0.143*** (0.024)	1.154*** (0.028)
Initial Total Needs	-0.007 (0.008)	0.993 (0.008)
Decrease in Total Needs	0.544*** (0.155)	1.722*** (0.267)
Number of employees in Agency	-0.001 (0.001)	0.999 (0.001)
Agency Type: Refugee	-0.177 (0.434)	0.838 (0.364)
Agency Type: Human Trafficking	-0.284 (0.673)	0.753 (0.507)
Mental health services available	0.150 (0.379)	1.162 (0.440)
Job placement services available	0.205 (0.403)	1.228 (0.495)
Emergency or temporary housing available	0.406 (0.371)	1.501 (0.557)
Transportation services available	0.311 (0.401)	1.365 (0.548)
Total Coethnic Population	0.000*** (0.000)	1.000*** (0.000)
ORR City	-0.123 (0.178)	0.884 (0.158)

Table 3: Regression Results for Survivors' Overall Stabilization (Continued)

Unemployment Rate	-0.004 (0.045)	0.996 (0.045)
Urban Area	-0.104 (0.448)	0.901 (0.403)
Year: 2008	0.359 (0.326)	1.431 (0.467)
Year: 2009	0.148 (0.301)	1.159 (0.349)
Year: 2010	-0.193 (0.300)	0.824 (0.247)
Year: 2011	-0.167 (0.322)	0.846 (0.272)
Constant	3.966*** (1.072)	52.765*** (56.563)
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Constant	0.569** (0.264)	1.767** (0.466)
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Observations	1639	1639

Standard errors in parentheses

Dependent variable: Decrease in Overall Stability

* $p < .10$, ** $p < .05$, *** $p < .01$

Individual demographic characteristics. Of the coefficients for survivors' individual characteristics, those for gender and age have a statistically significant association. The odds of stabilization decrease with each additional year of age by about two percent which, over the age range of this sample, does not add up to a substantively large reduction in stabilization. The odds of a women experiencing increased stabilization (0.79) is less than that of a male survivor, which is substantive. The odds of a female survivor improving are 20 percent lower than that of male survivors. Type of trafficking also has no relationship with stabilization after controlling for other factors. While the different trafficking experiences may impact survivors' recuperation, the type of trafficking appears to have no effect. Stabilization outcomes for survivors from most regions are not significantly different than outcomes for those from Europe. Survivors from the Philippines, however, are more than twice as likely to experience improved stabilization as those from other regions.³⁰ There are no expectations of how survivors' region of birth might result in differences in stabilization, but given the substantially greater likelihood of stabilization this is worth additional study. A lower stability rating at the initial service month is highly significant and negatively related to improvement in overall stability. We introduce this as a control for initial level of stabilization in order to better estimate the effect of other variables, and this finding implies that variance in stabilization at the outset of service matters for subsequent improvement.³¹

Agency characteristics. All of the variables in the model for agency characteristics have no statistically significant association with improved stabilization. There is no apparent relationship between an agency's capacities and its clients' stabilization. It would be strange if capacity were to have no relationship with service provision. It is likely, however, that the nature of the agency pre-selection minimized organizational effects: agencies in this sample had been selected for having achieved a threshold capacity for services geared to trafficking survivors. Despite differences in capacity, the suite of capacities available apparently enabled all

30 Countries are separated from regional aggregates when they include more than 30 observations.

31 Recall that we include initial level of stability ranking as a control variable because individuals who are less (or more) stable initially may have different stabilization trajectories. Indeed, lower initial stabilization is associated with a lower likelihood of improvement. An individuals' improvement would be captured, however, by the combination of initial level and likelihood of improvement between initial and final service month.

agencies to deliver equivalent services. Further research is needed. The coefficient for the size of the co-ethnic population in the county where the survivor resides is positive and statistically significant, but the log-odds of that variable show little substantive effect. The other geographic variables have no statistical association with a survivor's odds of improved stabilization.

Individual service provision/treatment. These intervention variables have statistically significant associations with improved survivor stabilization.³² The greater the number of service months, the greater odds that a survivor experiences improvement in stabilization. Every month is associated with 1.2 greater odds of experiencing improved stability. Exploratory analyses found no threshold number-of-months effects or curvilinear association (see Figure A1 in the Appendix). Still, the logit measures exponential change and there is steeper improvement in the first 4-5 months than thereafter. Still, the likelihood of improved stability continues to improve with successive months. Survivors benefit from more rather than minimal months of service to an agency for assistance in stabilization.

The greater the number of a survivor's needs that are addressed, the greater the odds that their stability ranking improves. Every additional met need is associated with a 1.6 increased odds of improved stabilization net of all other variables in the estimation. The difference in total needs a survivor requires between their first and last service month contributes very significantly to the probability that a survivor's overall stability will increase over time. With an average of 5 needs addressed between the first and last service month, this implies that addressing needs makes a substantial contribution to stabilization. Taken together, both intervention variables attain a high level of statistical significance regardless of exploratory inclusion of different sets of variables. Their measured impact on the odds of stabilization is therefore substantive.

An Extended Model with Need Categories

While the aggregate number of needs met over the course of the program is highly significant, we are also interested in what type of needs are being met by the agency and which needs matter to overall stability. We evaluate the following categories of needs identified by the USCCB:

- Basic Needs: includes food, clothing, immediate housing, and transportation
- Child Needs: includes after-school care, enrollment, and school transportation
- Community Needs: includes English-language courses and general education
- Employment Needs: includes job placement, job transportation, and job skills training
- Family Reunion Needs: includes post-arrival support and repatriation
- Health Needs: includes dental care, medical care, and mental health services
- Legal & Law Needs: includes assistance with criminal inquiries and visa applications
- Public Benefits Needs: includes public housing, social security, and disability
- Safety Needs: includes safe housing and safety plans
- U.S. Documentation Needs: includes society security cards and driver's license³³

Table 4 shows the average number of needs recorded at the initial service month and the proportion of survivors who saw a decrease in each category. Survivors were most likely to see a decrease in their basic, community, health, and legal needs. The type of most needs met do not vary substantially by gender, although survivors of sex trafficking are significantly less likely to see an improvement in basic needs as compared to other survivors ($p < 0.05$).

³² As an additional control these results indicate that survivors who changed agency did not have significantly higher probability of improving stability, although the coefficient is positive. These findings suggest change was not disruptive and leaves open the possibility that a change in agency or location was a beneficial step in the cases where it was indicated.

³³ Please see the appendix for a full list of needs by category.

Table 4: Average Change in Needs by Category

	Average Initial	Average Decrease
Basic	2.89	0.49
Child	0.30	0.06
Community	3.46	0.44
Employment	0.96	0.25
Family Reunion	0.23	0.06
Health	3.68	0.47
Public Benefits	2.14	0.34
Safety	1.64	0.33
US Documents	1.26	0.31
Legal and Law	4.57	0.51

As the regression results in Table 3 showed, reducing the number of needs a survivor has significantly contributes to an improvement in overall stability. We now want to test which categories matter to improvement. Binary variables representing a decrease in total needs by category are constructed, similar to the previous section. We expect that the categories basic, health, and safety needs will significantly impact overall stabilization. Since a decrease in needs should improve overall stability, the coefficients on all needs categories are expected to be positive.

Variables for the initial number of needs in each category are included in the regression model, since each of the categories have a different number of possible needs. For example, the public benefits category contains 13 different needs, while U.S. documents identify just three. Controlling for initial needs by category also allows us to take into consideration that survivors with an initially high level of needs may be more- or less- likely to decrease their number of needs than survivors who enter the program with fewer needs. Table 4 shows a shortened version of the regression analysis with needs categories (see the Appendix for the full version.)

Table 5: Regression Results for Overall Stabilization and Survivor Needs

	(1) Coefficients	(2) Odds Ratio
Initial Needs: Basic	-0.124** (0.060)	0.884** (0.053)
Initial Needs: Child	0.040 (0.109)	1.041 (0.113)
Initial Needs: Community	0.134** (0.060)	1.143** (0.069)
Initial Needs: Employment	0.068 (0.101)	1.071 (0.108)
Initial Needs: Family Reunion	0.134 (0.178)	1.144 (0.203)
Initial Needs: Health	0.026 (0.060)	1.026 (0.061)
Initial Needs: Public Benefits	0.005 (0.051)	1.005 (0.052)
Initial Needs: Safety	-0.361*** (0.104)	0.697*** (0.072)
Initial Needs: US Documents	0.060 (0.091)	1.062 (0.097)
Initial Needs: Legal and Law	-0.133*** (0.034)	0.875*** (0.029)
Decrease in Needs: Basic	0.649*** (0.169)	1.914*** (0.324)
Decrease in Needs: Child	-0.215 (0.379)	0.807 (0.306)
Decrease in Needs: Community	-0.307* (0.183)	0.736* (0.135)
Decrease in Needs: Employment	-0.195 (0.215)	0.823 (0.177)
Decrease in Needs: Family Reunion	0.160 (0.401)	1.173 (0.471)
Decrease in Needs: Health	0.056 (0.184)	1.058 (0.194)
Decrease in Needs: Public Benefits	0.357* (0.195)	1.429* (0.278)
Decrease in Needs: Safety	0.618*** (0.198)	1.855*** (0.367)
Decrease in Needs: US Documents	0.419** (0.206)	1.520** (0.313)
Decrease in Needs: Legal and Law	0.577*** (0.177)	1.780*** (0.316)
Observations	1638	1638

Standard errors in parentheses

* $p < .10$, ** $p < .05$, *** $p < .01$

The results suggest that meeting a subset of need categories increases the odds of stabilization. A greater number of initial basic, safety, and legal needs significantly hinder subsequent improvements in stability. However, meeting or decreasing needs in the categories of basic, safety, U.S. documents, and legal needs lead to a statistically significant improvement in overall stability. Survivors who enter the program with a large number of basic, safety, and legal needs find it more difficult to stabilize, but those who are able to see these needs met show improvements in the stabilization measure.

At the same time, a high initial level of community needs is associated with higher overall stability. Increasing community needs is also associated with an increase in the probability of improving stability. This somewhat paradoxical pattern could occur if community needs arise once a survivor has reached some level of stabilization. For example, once a survivor has obtained appropriate visas, addressed safety concerns, and has shelter and food, he or she may then be able to require other needs, such as obtaining formal education. A closer analysis of the community needs reveal that survivors do report requiring these types of needs at later service periods rather than at the initial month of service.

PROGRAMMATIC EVALUATION: FIELDWORK WITH AGENCIES

This project was designed with a combined qualitative and quantitative methods approach. Fieldwork was intended to address in depth issues that the statistical analysis could not, as well as gain a better understanding of the Per Capita Reimbursement program and elicit assessment from service providers of the database. We conducted telephone interviews with representatives of 20 Per Capita Reimbursement programs, a sample of 17 percent, in the District of Columbia and across eight states: California, Georgia, Maryland, New York, Nevada, Pennsylvania, Texas, and Virginia. Thirty service providers—mainly program directors and caseworkers—were interviewed.³⁴ Each interview took between 45 to 90 minutes and focused on a number of questions related to the history and characteristics of the program, operationalization of the stabilization concept, assessment of the database, and lessons learned (see Appendix Two for a detailed listing).

It was challenging to recruit staff members to participate in this project and some of what we learned reflects new developments in the program.³⁵ Most, but not all, of the agencies that provided services under the Per Capita Reimbursement program are still in existence. Staff turnover was greater than anticipated; many of the case managers and caseworkers from the era when USCCB was administering the Per Capita program were gone, and new staff members felt ill-prepared to talk about the past.

The majority of the agencies that participated in the Per Capita Reimbursement program are now part of the Trafficking Victims Assistance grant program, which succeeded the Per Capita Reimbursement program. At the time of the study, three main grantees--the U.S. Committee on Refugees and Immigrants (USCRI), Heartland Human Care Services, and Tapestri, Inc.—provided sub-awards to local service providers. Additionally, the effects of the federal government’s decision to discontinue funding USCCB³⁶ over what some journalists called “abortion politics” left many program staff weary of talking to researchers. Many staff members we approached assumed that we would want to focus our interviews on comparisons between USCCB and the current contractors or to elicit staff opinions about the issue of providing comprehensive reproductive health services to victims of trafficking. Despite assurances that we were not interested in these issues, some program

³⁴ We do not name the interviewed programs or individual staff members since they spoke to us on the basis of anonymity.

³⁵ The original study design called for in-person interviews with programs in California, Florida, and the District of Columbia. The intent was to interview program staff in 1-2 agencies per site and approximately 10 survivors in each site. Unfortunately, by the time the project commenced most of the survivors graduated from the studied programs. With no-follow up services, it was impossible to locate survivors and elicit their participation in the study. With NIJ permission, the protocol was modified and a larger number of programs in several states were contacted to participate in telephone interviews.

³⁶ As we finalize this report, USCCB is again part of the Trafficking Victims Assistance grant.

staff members were not persuaded to participate in the study. The 20 programs and 30 representatives interviewed here, nevertheless, were selected to represent a good range of agencies in terms of size, experience, and geography.

What follows is a brief discussion of the major findings from the qualitative research. The findings are organized under the same headings used in the telephone interviews.

Agency Service Programs

Agency Capacity. The service programs represented different types of agencies, including faith-based and secular organizations, programs with a long history of serving foreign-born clients (refugees, immigrants, foreign-born domestic violence victims), programs that had no familiarity with foreign-born clients when they first started assisting survivors of human trafficking, one-stop-shops providing comprehensive social and legal services, large agencies, and smaller programs. Despite these varied experiences, all interviewed program managers indicated that they were well positioned to stabilize survivors of trafficking and facilitate their integration into the wider American society. Individual caseworkers' perceptions differed somewhat from the opinions of program directors. Several case managers indicated that programs without experience serving foreign-born clients faced many challenges.

As indicated above, USCCB thoroughly vetted agencies that applied to be part of the Per Capita Reimbursement program. Organizations that did not have the capacity to provide, for example, services in the native languages of the survivors were put in touch with language banks or other community-based organizations that were able to step in and provide appropriate interpretation. Similarly, programs that did not have in-house capacity to provide legal aid or mental health counseling had to prove that they could tap into wider networks of service providers to ensure that survivors received comprehensive services as needed. In most cases, according to the interviewed program staff, this approach worked. In a couple of instances, however, programs without bilingual or bicultural staff struggled with working through interpreters from language banks. One case manager said: "Some of my caseworkers get lost working through interpreters. They wonder why the interpreter and the client talk for five long minutes and the translation that comes back is one sentence long."

Additionally, USCCB provided training and technical assistance to the sub-contractors. USCCB organized a series of webinars and one-on-one technical assistance. The majority of the interviewed service providers participated in those webinars and some requested individual telephone consultations. The training and technical assistance acted as a quality control mechanisms and 'safety net' should a program need any specialized assistance. Several of the programs managers interviewed in the course of this study indicated that they made sure that newly hired staff took advantage of the provided training and technical assistance. Experienced service providers found the webinars less valuable, except for learning the mechanics of the reporting process using the USCCB database.

Type of trafficking clientele. Initially, all of the studied agencies served solely foreign-born survivors of human trafficking- mainly adults trafficked for sexual and other forms of labor exploitation. Of all the survivors of human trafficking who received services from the Per Capita Reimbursement program between 2007 and 2011, only 81 were minors. Girls made up the majority of child survivors. The median age at the time of entry to the program was 16 years old for girls and 15 years old for boys. Only two of the interviewed programs served families that included minors. In both cases the minors were adolescent boys trafficked for work in the construction industry with their relatives.³⁷

³⁷ Unaccompanied minors were not part of the Per Capita Reimbursement programs. The majority of unaccompanied minors trafficked for sexual exploitation, domestic servitude, and other forms of labor are referred to the Unaccompanied Refugee Minors (URM) programs.

Some programs were serving trafficking survivors before they joined the Per Capita Reimbursement program, while for others this was the first foray into this field. However, by the time of the telephone interviews, many programs also served survivors of domestic minor sex trafficking (DSMT). In fact, the majority of the interviewed providers saw a marked decrease in the numbers of foreign-born survivors referred for services and a considerable increase of domestic victims. Theoretically, domestic victims can include foreign-born individuals who are either naturalized citizens or lawful permanent residents. However, all programs interviewed for this study indicated that 100 percent of their DSMT clients were U.S. born. The vast majority of them were African American females. Only one of the interviewed programs served a couple of young male survivors, ages 16 and 17, who had been involved in sex work. Both males were U.S.-born Latinos fluent in English.

A director of a large social service agency in the South told us that his program is currently almost exclusively working with victims of domestic minor sex trafficking. “We used to call them the CSEC [Commercially Sexually Exploited Children] kids,” he said, “now they are trafficked victims.” He added that, “We hardly get any referrals of foreign-born victims.” He further wondered whether the label of “trafficking” has not been stretched too much at the cost of losing sight of the particular needs of victims experiencing different types of exploitation. When asked whether her agency continues to work with the new Trafficking Victims Assistance grant program, another program manager remarked: “We do, but in name only. I have not seen one single referral of a foreign-born victim in the past year. All we get are U.S.-born African American women rescued from forced prostitution.” Another caseworker in a different program emphasized that many of the domestic victims her program serves are not minors. “Most of my clients are young women in their early or late 20s, but they have been forced into sex work when they were teens hence the police that refer them to us classify them as victims of minor sex trafficking. Their needs are definitely not those of minors. They are not interested in education, not even GED programs. All they want are good jobs.”

The shift in clientele from foreign-born, limited English-speaking trafficking survivors of diverse ethnic backgrounds to U.S.-born, native English speaking African-American women in forced prostitution compelled some programs to make significant staffing changes, including laying off some of their workers since they no longer needed bilingual staff. Some case workers moved on to work with other foreign-born clients—immigrants, unaccompanied children—since they did not see their cultural and linguistic capacities being appreciated any more. Other programs tried to avoid letting their staff go and made sure, instead, that bilingual and bicultural caseworkers with limited experience serving U.S.-born clientele got the appropriate training and support to be as effective as possible.

Funding sources. Without exception, all programs supported their work with foreign-born survivors of human trafficking from multiple funding sources, both public (ORR, DOJ, state funding) and private (private foundations, charitable gifts, in-kind contributions, and volunteers).³⁸ Every program indicated that without diversified funding streams they would not have been able to meet all of their clients’ needs. They emphasized that ORR’s funding combined with relatively short period of service eligibility was not sufficient for the survivors to attain stabilization. As the analysis of the database suggests, many clients remained in the programs for long periods of time- some up to 11 months. In many of the programs studied in this project, clients worked with a particular agency prior to being certified as victims of human trafficking. In fact, the majority of the interviewed programs worked with pre-certified clients. Upon certification they were enrolled in the Per Capita Reimbursement program. In some instances, clients continued to receive assistance once their eligibility for the Per Capita Reimbursement program ended. These cases, however, were rare, and the service history of most survivors is represented in the database

38 We do not have information on per capita costs from the administrative data, and the field interviews did not include grant managers, although some respondents said it was difficult to ascertain per capita costs because their budgets included in-kind and other contributions.

Several service providers wished for additional resources to be able to follow-up with clients who graduated from their programs in order to assess their long-term social and economic self-sufficiency. None were able to do this in a formal way. Some heard from former clients because the clients sought them out. One social worker relayed the following story: “Our agency has an in-house legal aid program and when my former clients come to see the attorneys to adjust their immigration status or petition to be reunited with their child, they pop into my office as well to say hello or to tell me how they are doing. If they didn’t have a reason to come back to the agency, I would never know what happened to them. It’s very satisfying to see the ones that are doing well, and quite sad to see the ones that continue to struggle—financially or emotionally—and know that my hands are tied because there is no money to continue to help them.” Since there is no follow-up, there is no information on re-trafficking. There is also no information on the risks not just for re-trafficking—whether for sex or labor—but on labor exploitation more generally. Service providers wondered, for example, whether survivors were well equipped to negotiate new contracts on their own, whether they understood what the prevailing wages were in different labor sectors, and whether they knew their labor rights. Some social workers also wondered about the long-term effects of trafficking on the psychological and social well-being of the survivors.

Survivor Stabilization

Definition of stabilization. The Per Capita Reimbursement program defined “stabilization” as prospects for long-term social and economic self-sufficiency. As indicated above, there were different stabilization outcomes as well as separate measures of survivor needs calculated by numerous indicators. Many social workers interviewed in the course of this study discussed stabilization within the context of the Maslow’s hierarchy of needs (Maslow 1943). One social worker summed it up as follows: “You know, just like in Maslow’s pyramid, you need to take care of the most important things first—safety, housing, employment—and in the case of these foreign-born survivors also immigration status.” There was consensus among interviewed case managers that the priority needs included the needs outlined by Maslow in the first two tiers of his pyramid, namely food, shelter, employment, and health.

Training and technical assistance. In order to ensure some level of uniformity in assessment of clients’ progress, USCCB offered monthly trainings in the form of webinars and teleconferences. The trainings covered both the mechanics of entering data into the database and the operationalization of stability codes. Participation in the trainings was not mandatory, but USCCB encourage new agencies and case managers to attend trainings. According to USCCB, some program staff attended monthly, just to make sure they were not out of date, while others did not feel they needed the training. Additionally, USCCB did one-on-one telephone consultations with struggling agencies. There was also peer-to-peer training where more experienced agencies would help newer programs.

Survivors’ needs and stabilization. The assessments of a survivor’s needs and stabilization were made by individual caseworkers and were prone to some level of subjectivity that resulted in somewhat different perceptions of the stability of individual clients by caseworkers. These differences in perceptions may have generated rating differences but do not, however, put the validity of the stabilization measure into question.

The case workers were well acquainted with the concept of stabilization, they had experience with assisting clients, and rating guidelines and on-going training were available. The stabilization measure is based on professional perceptions and protocol. At the same time, there was no formal self-assessment by the survivors; therefore, there is no indication as to whether or not the clients agreed with the caseworkers’ assessments or felt that their needs were met or not. However, several caseworkers indicated that many clients were very vocal about their needs and proactively sought assistance with issues they could not resolve on their own.

Additionally, the rating scales were not used to determine when clients were ready to graduate from the program but rather to indicate whether progress has been made in meeting particular needs of individual clients. For example, if clients were in a stable employment situation, had stable housing, or were in a good frame of mind in any particular reporting period. With very few exceptions, the majority of survivors left the program when their eligibility for services ended. One of the interviewees summed the situation as follows: “People left the program because of the time limit, more than because they were ready to leave. There wasn’t a sense of ‘graduating out.’ Rather, they used up their [service] units and had to finish up. There wasn’t a kind of discharge summary (asking about their plans, etc.). Rather, it was abrupt.” On the other hand, it is worth remembering that the Per Capita Reimbursement programs served the majority of their clients while they were pre-certified and not yet eligible for the Per Capita program. During that period of time, caseworkers assisted their clients with many of their immediate needs. Therefore, clients entered the Per Capita Reimbursement program at different levels of stabilization. As will be discussed below, the stabilization codes measured progress of individual clients (or the perceptions of caseworkers of the clients’ progress) as incremental improvements in meeting clients’ needs.³⁹

Use of stabilization codes. The discussions with program staff regarding stabilization codes were often contradictory. Caseworkers’ assessments of the stabilization codes very much depended on their past experiences. Indeed, staff members at agencies with considerable experience serving survivors of trafficking thought the stabilization codes lacked relevance, as they were not used to inform or improve their case management of the survivors. One program director remarked: “Our caseworkers are highly skilled and capable of making assessments of what clients needed. The stabilization codes were irrelevant [to case management] and we used them only for reporting purposes.” A program manager at another agency revealed: “The whole concept of stabilization was rather artificial. The boxes were arbitrary and we checked them off for reporting purposes.” While these comments suggest that caseworkers reliably assessed client stabilization (or rather their perception of stabilization), they also viewed the ranking as an exercise in record keeping with little relation to program performance (see discussion of database below).⁴⁰

Stabilization as defined by clients. Although there was no formal way to record clients’ point of view regarding stabilization, the vast majority of the interviewed caseworkers indicated that timely access to employment was the greatest stabilizer. Everything else was secondary once the client had a job and a guarantee that the employer would pay them on time. One interviewee reported that every social worker knows that you need to start by addressing the client’s needs, and the client will say whether they feel “stabilized” or not. No matter what the social worker says, it’s ultimately how the client feels regarding their ability to function in different domains that determines whether or not they are stabilized. Another caseworker emphasized the importance of immigration status adjustment to how clients felt they were doing. She said: “Once the application for a T-Visa came through, you could see a visible difference in people’s outlook. Most were relieved that they could get on with their lives.”

³⁹ As discussed above, most clients’ service histories start in pre-certified status and most end as certified and at completion of the funded service period. This was, nevertheless, associated with variation in the number of service visits while the fieldwork suggests that continuation beyond government-funded service was “rare.” In other words, the finding from our analysis that service provision is associated with greater stabilization is unaffected by funded-service censoring of the number of visits. The observation that caseworker’s stabilization ratings are not coordinated with actual service provision or program graduation helps to both explain why only some survivors graduated rated as fully stabilized and reinforces the possibility that longer periods of service may benefit select survivors. The case managers interviewed in the course of this study indicated that the number of visits was not solely related to more pressing needs or a larger number of unmet needs but rather to personal characteristics of the clients. Some survivors were very proactive and sought out help whenever they couldn’t solve a particular issue on their own. Others were just very impatient or, as one of the bilingual caseworkers said, “came from cultures where people demand services from the government or people in authority.” Yet others would have benefited from a closer evaluation of their needs and the number of visits required for achieving optimal stabilization.

⁴⁰ These comments reinforce the discussion below on the database itself, e.g., it was in most cases a duplicate exercise and, evidently, the potential research and program management value of the data were not clear.

The Database on Human Trafficking Client Survivors

As indicated above, empirical data on survivors of human trafficking is scarce, both in the United States and worldwide. The four organizations with databases on global trafficking in persons are the U.S. government, International Labor Organization (ILO), International Organization for Migration (IOM), and United Nations Office on Drugs and Crime (UNODC). However, none of these datasets are publically available for independent analysis (Government Accountability Office, 2006). The ILO, IOM, and UNODC databases also do not include any information on victims trafficked to the United States.⁴¹ While the U.S. government shares anti-trafficking data annually in several reports, including the annual Attorney General Report to Congress on Federal Anti-Trafficking Activities, the annual State Department Trafficking in Persons (TIP) report, the annual report to the President’s Interagency Taskforce to Monitor and Combat Trafficking in Persons, and the annual report to Congress from the Office of Refugee Resettlement, these reports provide aggregate data. The U.S. government does not share the databases for these data with the research community for independent analysis.

In the United States, individual service providers collect administrative data on survivors they assist, and case managers keep case files on clients they serve. Citing confidentiality reasons, service providers do not make any of this information publically available, even in cases where identifiable characteristics could be easily removed to preserve anonymity and confidentiality of client records. Given the paucity of data on survivors of human trafficking, the USCCB database held a lot of promise from its inception, both for service providers and researchers. The hope of the database creators was that the collected information would be useful for USCCB and their partner agencies to not merely report service outcomes to ORR but also to analyze the data in order to identify trafficking trends and assess the effects of different variables on short-term stabilization and long-term social and economic self-sufficiency.

USCCB indeed used the database to track performance of the sub-contractors serving trafficking survivors under the Per Capita Reimbursement program, assess rates of stabilization of clients served by various providers, and report to ORR. Interviewed program managers, on the other hand, indicated that they used the USCCB database for reporting purposes only. In the day-to-day case management, however, they used a database developed by DOJ.⁴² Several interviewed program staff were disappointed that USCCB never sought input from others in the field that were already working with well-established databases. Others remarked that since they had access only to their own agency’s portal both in the USCCB and the DOJ databases, they were unable to compare their own clients with those served by other programs or to see national trends. One program manager said: “We used the database to report to USCCB because if we didn’t we would not have been reimbursed for the services we provided. But it was a nuisance, a duplication of effort at a minimum. Why couldn’t DOJ talk to ORR and decide on using the same database?”

Indeed, during the time period under study there seemed to have been a lack of coordination between different government departments working on human trafficking and a lot of duplication of effort. In an unpublished but widely circulated report prepared by Senator Tom Coburn’s office, titled *Blind Faith: How Congress is Failing Trafficking Victims*, the author writes: “HHS and DOJ should coordinate their grants so that they are not duplicating effort and wasting valuable resources that could go to non-duplicative projects that truly help solve the human trafficking problem (Coburn 2001).” In 2013, two years after the period of time covered in this study, the *Federal Strategic Action Plan on Services to Victims of Human Trafficking in the United States* was developed. The strategic plan includes some 250 action items on what federal agencies will do to coordinate, collaborate, and build capacity to strengthen services to victims of human trafficking. The plan covers

41 Personal communication with GAO and IOM staff.

42 The DOJ database is not publically available therefore we were not able to assess first-hand what kind of information it contains.

the years 2013 through 2017 and, as of this writing, has not yet been evaluated.⁴³

The database USCCB developed was not mandated by ORR, but ORR liked the idea of having a virtual one-stop-shop to track the progress of grantees, sub-grantees, and their clients. ORR decided to fund the development of the database as a part of USCCB's contract to administer the Per Capita Reimbursement program. This decision was made without reference to the database already used by DOJ. Additionally, not all of ORR staff in the ATIP program are familiar with databases; the use of the dataset all but stopped once the only staff member familiar with the database moved to a different agency. The use of the database stopped altogether when USCCB lost the contract to continue administering the Per Capita Reimbursement program. The Trafficking Victims Assistance grant program working with USCRI, Tapestri, and Heartland Human Care Services continue to use the DOJ database. Several of the interviewed programs have also been using their own internal Case Management Information Systems (CMIS) to track all the clients they serve including domestic violence victims, refugees, or immigrants.

It is unfortunate that there was no discussion regarding the continued use of the USCCB database when the new awards were made or, alternately, no discussion between ORR and DOJ regarding sharing the database. The USCCB database was not perfect—we found problems with missing, incomplete or non-analytic information—but it could have been used as a baseline model for the development of future databases. Its design could have been improved if social scientists were involved in creating analytic components into the administrative system.⁴⁴

Lessons Learned

The caseloads varied between a few survivors to a little over 100 clients per program. As a result, experiences varied considerably from agency to agency. The analysis of the database suggests that the type of agency did not affect how well survivors were doing and how quickly they were stabilized. Nevertheless, most of the interviewed program managers were adamant that social service agencies that previously served foreign-born clients were much better prepared to assist foreign-born survivors of trafficking. One program director said: “You need to have a foundation. One cannot go into this type of service without experience serving similar populations. Many of the new programs were flying by the seat of their pants. I don't know how they managed.” Another caseworker elaborated: “Social service agencies working with foreign-born populations can easily adapt to working with trafficking survivors. The most important issue is a diverse group of caseworkers on staff. Even when the match is not 100 percent, victims feel a certain affinity with caseworkers coming from the same region or continent and open up to them.”

Numerous staff members indicated that assisting trafficking survivors requires a lot of “front-loading” of time to establish rapport with clients. Especially time-consuming was working with victims who were identified by law enforcement and did not trust anybody in authority. Some program staff thought it was much easier to work with foreign-born domestic violence victims than with foreign-born trafficked victims. According to several interviewed caseworkers, the population of trafficking survivors is very diverse and even clients who were part of the same ‘case’ were very different from each other. The prevailing feeling among caseworkers was that many survivors were not interested in the range of services on offer, except for legal aid and employment. Many felt that they were “rescued” against their will and wanted to return to work as soon as possible.

Discussions between DOJ, ORR, and USCCB should have preceded the development of the database. Service providers wished they had been consulted as well. Ideally, social scientists should have also been involved in these discussions. This collaboration would have resulted in less duplication of effort and possibly

43 See: <http://www.ovc.gov/pubs/FederalHumanTraffickingStrategicPlan.pdf>

44 Now that USCCB is again part of the Trafficking Victims Assistance grant program, they also have no plans to continue the use of the database because of a lack of resources (personal communication with USCCB staff).

in one database that would meet administrative goals of DOJ and ORR as well as the research community. As researchers, we wished the database included more information on the clients' experiences while in the trafficking situation, how they were extricated from the exploitation, and who referred them to service programs. This type of information is usually kept in case files, and if these data could be integrated into the database, they would have addressed a richer set of relevant questions. Analysis of detailed information about rescue would have been very valuable to the criminal justice community, as it could inform and enhance identification of foreign-born victims. Examination of the trafficking ordeal details could have informed both prevention efforts and services to identified victims. Service providers, especially program directors, wished for access to the whole database to be able to compare client populations and identify trends. Access might have been ensured with appropriate safeguards to protect the identity of individual victims.

CONCLUDING OBSERVATIONS

Programs dedicated to the long-term well-being of victims of trafficking and their integration into the mainstream society as competent and self-sufficient individuals faced a number of challenges. These challenges were related to the time-limited funding for services, complex needs of this population, and the lengthy process of achieving confirmation from the Federal Government that the survivor was a victim of trafficking as defined by the TVPA.⁴⁵ This project worked with the ORR-funded and USCCB-administered Per Capita Program data on survivors, constructing a data set for the period of service provision during which data records were electronically maintained. We also conducted fieldwork with 20 agencies and 30 of their representatives. We can single out the following major concluding observations.

The Per Capita Reimbursement program during the tenure of USCCB initiated a new client-tracking tool, provided training to agencies, and assisted 3,087 trafficking survivors. Labor trafficking predominated and male survivors were only slightly less than half of the survivors; both characteristics are more prevalent than casual observers might presume. While Mexicans were the single largest group of survivors, many were from India or the Philippines, and there were roughly equivalent shares of survivors of Asian or Latin American origins. This was a fairly youthful population that tended to be found in Florida, southern California and the East Coast. Because we cannot observe the population of trafficking victims and do not know what factors generate these demographics, we do not know whether they constitute a reliable profile of trafficking victims in the United States, even if they reliably represent the official population of identified survivors.

The multivariate regression evaluated the association with improvements in client stabilization of variables on client demographics, agency characteristics, and service delivery. Women and the elderly were less likely to experience improvement, which reflects, perhaps, either lesser resiliency of the elderly or harsher experiences of women. Somewhat surprisingly, survivors from Europe were less likely to experience improvement compared to all other regions, especially the Philippines. While we controlled for type of trafficking, we do not observe and cannot fully control for the nature of the trafficking experiences that conditioned these associations. The findings are that service/treatment variables were highly statistically significant and increased the odds of a survivor's improved stability. This finding supports a contention that the Per Capita Reimbursement program succeeded in its goal of improving the measured stability of the survivors.

The fieldwork largely confirms findings from the statistical evaluation of the program. The agencies serviced the survivors for an average of 5.2 service months and reduced their incoming needs from an average of 22 to 17 needs during that time period. We would like to examine how the fulfillment of specific needs impacts improved stabilization- immediate needs like housing or psychological support but particularly em-

⁴⁵ This is no longer true, because the letters of eligibility have been issued in a timely fashion recently.

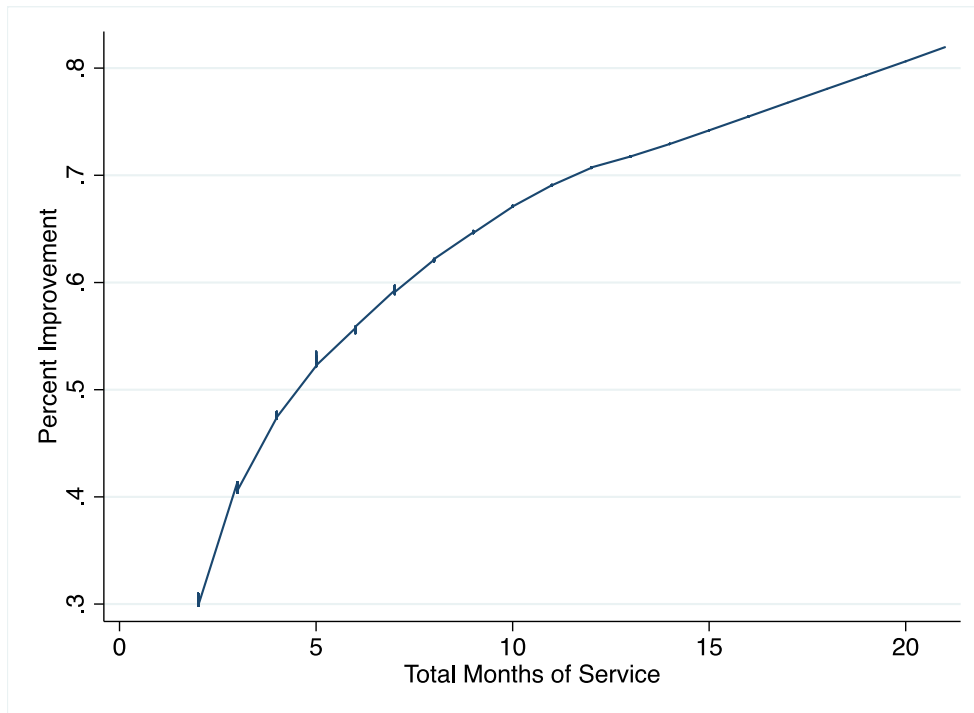
ployment, which our fieldwork and U.S. experience with refugees suggests is key. Still, the fact that meeting overall client needs improves outcomes confirms the fundamental model of case management. At the same time, the length of service was found both in the data and from the field to be an equally fundamental factor in stabilization. Length of service had a highly statistically significant association with a substantial impact on the odds of improvement, an effect that appeared linear but only about half of the clients experienced improvement. As one as interviewee noted, their discharge from the program was “abrupt.” Clients left because of the time-limited services, not always because they were ready. This seemingly simple finding is one of the more consequential of this project, as it has significant ramifications for program design and cost.

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Appendix Figure 1: Lowess Scatter Plot with Percent Improved Stability and Total Service Months

Appendix Table 1: Sample Size Specification

Included in Sample				
Total survivors				
Missing client type	No	No	No	No
Derivatives		No	No	No
Survivors aged 17 or younger			No	No
Discharged, did not complete				No
One service month only				No
Number	2,735	2,427	1,976	1,916
				1,778

Appendix Table 2: Full List Needs Included in Case Management Reports

<i>Basic</i>	<i>Public Benefits</i>
Clothing	Assistance unaccompanied refugee minor
Food	Awareness of benefits programs
General transportation	Food stamps
Immediate shelter	Health screening
Personal care items	One stop career center program
Transitional shelter	Public housing
Transportation to services	Refugee cash assistance
Utilities	Social security disability
<i>Child</i>	TANF
After school care	Torture survivor program
Childcare/Head Start program	Victim compensation funds
Immunizations	WIC
Parent orientation to school	Wilson Fish program
School enrollment	<i>Safety</i>
School supplies	Dependent child safety
Transportation to school	Safe environment
<i>Community</i>	Safe housing
ESL class	Safety plan
Formal general education	<i>US Documents</i>
Interpretation/translation services	EAD
Life skills education	Social security card
Orientation to community programs	State ID/Driver's license
Orientation to US laws	<i>Legal & Law</i>
Worship resources	Continuing presence visa
<i>Employment</i>	Criminal interviews
Job corps	Criminal investigation
Job placement	Application for T visa
Job skills training	Apply for derivative visas
Job transportation	Civil case involvement
<i>Family Reunion</i>	Criminal charge involvement
Post arrival support	Intake screening
Preparations for arrival of family	IOM program
Repatriation	Legal rights information
<i>Health</i>	Long term housing
Dental care	Other immigration relief
Medicaid	Passport
Medical care	Prosecution trial involvement
Mental health informal counselling	
Mental health formal therapy	
Refugee medical assistance	
Spiritual resources	
Vision services	

Appendix Table 3: Descriptive Statistics for Variables Included in Regression Analyses

	N	mean	sd	min	max
Change in Overall Stability	1779	0.53	0.50	0	1
Female	1779	0.51	0.50	0	1
Age	1777	33.46	9.48	17	71
Traffic Type: Sex	1779	0.17	0.38	0	1
Traffic Type: Labor	1779	0.76	0.43	0	1
Region: Central America	1779	0.20	0.40	0	1
Region: Mexico	1779	0.17	0.37	0	1
Region: Philippines	1779	0.13	0.34	0	1
Region: Thailand	1779	0.15	0.36	0	1
Region: India	1779	0.12	0.32	0	1
Region: Asia/Oceania	1779	0.08	0.27	0	1
Region: South America	1779	0.05	0.22	0	1
Region: Africa	1779	0.07	0.26	0	1
Client changed Agencies	1779	0.07	0.25	0	1
Total Months of Service	1779	5.76	3.58	2	21
Initial Overall Stability	1716	2.55	0.82	1	5
Initial Total Needs	1779	22.45	13.46	0	71
Decrease in Total Needs	1779	0.65	0.48	0	1
Number of employees in Agency	1744	152.09	246.91	0	1500
Agency Type: Refugee	1779	0.57	0.50	0	1
Agency Type: Human Trafficking	1779	0.14	0.34	0	1
Mental health services available	1779	0.43	0.50	0	1
Job placement services available	1779	0.60	0.49	0	1
Emergency or temporary housing available	1779	0.43	0.50	0	1
Transportation services available	1779	0.70	0.46	0	1
Total Coethnic Population	1735	30496.12	1.3e+05	0	1400484
ORR City	1779	0.36	0.48	0	1
Unemployment Rate	1737	8.65	1.90	3	17
Urban Area	1737	0.97	0.18	0	1
Year: 2008	1779	0.12	0.33	0	1
Year: 2009	1779	0.23	0.42	0	1
Year: 2010	1779	0.30	0.46	0	1
Year: 2011	1779	0.24	0.43	0	1

Appendix Table 4: Regression Results with Needs Categories

	(1) Coefficients	(2) Odds Ratio
Female	-0.153 (0.196)	0.858 (0.168)
Age	-0.023*** (0.008)	0.977*** (0.008)
Overall Stability First Month	-1.828*** (0.136)	0.161*** (0.022)
Traffic Type: Sex	0.338 (0.347)	1.402 (0.486)
Traffic Type: Labor	-0.052 (0.329)	0.949 (0.313)
Region: Central America	-0.071 (0.440)	0.932 (0.410)
Region: Mexico	-0.659 (0.446)	0.518 (0.231)
Region: Philippines	0.526 (0.491)	1.692 (0.831)
Region: Thailand	-0.071 (0.507)	0.931 (0.472)
Region: India	-0.916* (0.524)	0.400* (0.209)
Region: Asia/Oceania	-0.571 (0.493)	0.565 (0.279)
Region: South America	-0.394 (0.504)	0.674 (0.340)
Region: Africa	0.272 (0.498)	1.313 (0.653)
Client changed Agencies	-0.025 (0.328)	0.976 (0.320)
Total Months of Service	0.158*** (0.027)	1.171*** (0.031)
Number of employees in Agency	-0.001 (0.001)	0.999 (0.001)
Agency Type: Refugee	-0.470 (0.428)	0.625 (0.267)
Agency Type: Human Trafficking	-0.510 (0.661)	0.601 (0.397)
Mental health services available	0.356 (0.364)	1.427 (0.519)
Job placement services available	0.400 (0.399)	1.492 (0.596)
Total Coethnic Population	0.000*** (0.000)	1.000*** (0.000)
ORR City	-0.122 (0.186)	0.885 (0.165)
Unemployment Rate	-0.024 (0.048)	0.976 (0.047)
Urban Area	-0.260 (0.457)	0.771 (0.352)
Year: 2008	0.720** (0.350)	2.054** (0.719)
Year: 2009	0.587* (0.327)	1.799* (0.588)

Table A4: (cont.): Regression Results with Needs Categories

Year: 2010	-0.097 (0.326)	0.908 (0.296)
Year: 2011	-0.142 (0.354)	0.868 (0.307)
Initial Needs: Basic	-0.124** (0.060)	0.884** (0.053)
Initial Needs: Child	0.040 (0.109)	1.041 (0.113)
Initial Needs: Community	0.134** (0.060)	1.143** (0.069)
Initial Needs: Employment	0.068 (0.101)	1.071 (0.108)
Initial Needs: Family Reunion	0.134 (0.178)	1.144 (0.203)
Initial Needs: Health	0.026 (0.060)	1.026 (0.061)
Initial Needs: Public Benefits	0.005 (0.051)	1.005 (0.052)
Initial Needs: Safety	-0.361*** (0.104)	0.697*** (0.072)
Initial Needs: US Documents	0.060 (0.091)	1.062 (0.097)
Initial Needs: Legal and Law	-0.133*** (0.034)	0.875*** (0.029)
Decrease in Needs: Basic	0.649*** (0.169)	1.914*** (0.324)
Decrease in Needs: Child	-0.215 (0.379)	0.807 (0.306)
Decrease in Needs: Community	-0.307* (0.183)	0.736* (0.135)
Decrease in Needs: Employment	-0.195 (0.215)	0.823 (0.177)
Decrease in Needs: Family Reunion	0.160 (0.401)	1.173 (0.471)
Decrease in Needs: Health	0.056 (0.184)	1.058 (0.194)
Decrease in Needs: Public Benefits	0.357* (0.195)	1.429* (0.278)
Decrease in Needs: Safety	0.618*** (0.198)	1.855*** (0.367)
Decrease in Needs: US Documents	0.419** (0.206)	1.520** (0.313)
Decrease in Needs: Legal and Law	0.577*** (0.177)	1.780*** (0.316)
Observations	1638	1638

Standard errors in parentheses

* $p < .10$, ** $p < .05$, *** $p < .01$

APPENDIX ONE: FIELDWORK QUESTIONS

History and characteristics of the program. When did you start working with victims of trafficking? What prompted you to start serving this population? What prompted you to participate in the Per Capita Reimbursement Program? How many trafficking victims has your agency handled? What are the specific demographics of the trafficking cases that your agency has handled? Were all of your trafficked clients part of the “Per Capita Program”? If not, what other types of trafficked clients have you served and with what resources? When clients were no longer eligible for ORR funding, what resources did you use to continue serving them? How long, on average, have the victims stayed in your care? How did you determine when they were ready to graduate from your program? Was it related to the assessment of their stabilization?

Stabilization. How do you define stabilization? How did you ensure that all staff members operationalized this concept in a consistent manner? Did you receive any training around issues of stabilization from USCCB? What kind of training? How useful was the training? Did you need to receive additional TA? What did you seek advice about from USCCB? Over time, has your operationalization of stabilization changed? How? Can you discuss in more detail? What were the greatest challenges in stabilizing survivors of human trafficking? Are there certain thresholds of stabilization that are harder to reach for human trafficking survivors than for other clients? How does the concept of stabilization relate to prospects for long-term socio-economic self-sufficiency of survivors of trafficking? Are outcomes for trafficking victims significantly different than outcomes for other clients? (i.e. domestic violence victims, refugees, victims of other crimes, etc.) Compared to these other populations, were trafficking victims easier/ harder to find housing for, finding employment for, processing legalization process for, etc.? Does their well-being (physical, mental health etc.) differ? ORR funding was never supposed to fully fund an individual, but to supplement local social service provision. Do clients in counties with better resources achieve self-sufficiency faster or with greater ease? To what extent are stabilized clients protected from being re-trafficked? What kind of protective factors must be in play to ensure that clients are not re-trafficked? What kind of risk factors might lead to re-trafficking?

Database. How useful was the database established to track stabilization of trafficked clients? Please elaborate. If it was not useful, please explain why you found it not useful? Did you receive training or technical assistance on how to use the database? How often? What format did the training take? What other types of TA would you have liked to receive? What other types of TA did they receive? Do you continue to use the database? Have you developed a different database to track progress of your trafficked clients? How does your database differ from the one developed by USCCB?

Lessons learnt. What are the lessons that you have learned from working with trafficked clients? What are the lessons that you have learned from working with the Per Capita Reimbursement Program? USCCB has a model of using existing social service organizations in the community to accommodate a niche population instead of developing a specialized program for niche population. Are these more generalized organizations more or less effective at providing services than organizations that concentrate on specialized programming? What barriers do general social service organizations face when serving niche populations? What kind of support provided by USCCB was most helpful in your work? What was least helpful? Do you continue to work with this program? Which of the three agencies do you work with? If you are no longer involved with the Per Capita Program, please explain why you opted out? What advice would you give to a caseworker or a program just beginning to work with trafficked clients?



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