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Partnering to Enhance Services for Survivors: An Evaluability Assessment and Formative Evaluation of Safe Horizon's Anti-Trafficking Program

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- Phase 1 project team: Rebecca J. Macy (PI), Amanda M. Stylianou (Co-PI) Cynthia Fraga Rizo, Christopher J. Wretman, Jeongsuk Kim, Elizabeth N. Ebright, Laura McElherne, Madeleine Marrin, Anita Teekah, Jia (Lisa) Lou, Erin Meehan, Spenser Radtke, Vrinda Trivedi, Chaquan Smith, and Max Pizzardi; and
- Phase 2 project team: Cynthia Fraga Rizo (PI), Sandra L. Martin, Spenser Radtke, Elizabeth N. Ebright, and Madeleine Marrin.

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Executive Summary

Background

Human trafficking—including forced labor and sexual exploitation— involves the use of force, fraud, or coercion to exploit people for commercial gain. Research is clear that human trafficking is associated with numerous negative consequences, resulting in a wide range of needs in the areas of physical and mental health, housing, financial assistance, education, employment, and legal and immigration services (García-Vázquez & Meneses-Falcón, 2024; Oram et al., 2012; Ottisova et al., 2016; Preble et al., 2022). Recognizing the multiple needs of people who have experienced human trafficking, anti-trafficking programs have been developed by numerous organizations. Such programs offer an array of services to support the healing journey of those who have experienced human trafficking. Unfortunately, relatively few such programs have been rigorously evaluated; thus, there is minimal information available on the acceptability and effectiveness of anti-trafficking programs (Dell et al., 2019; Schroeder et al., 2024). To address this knowledge gap, the project team conducted a two-phase project comprised of an evaluability assessment (Phase 1) and a formative evaluation (Phase 2) of Safe Horizon's Anti-Trafficking Program (SH-ATP). The project was guided by two expert advisory groups—one composed of human trafficking survivors, and one composed of researchers and practitioners.

Approach

Phase 1 of the project, the **evaluability assessment,** was informed by Trevisan and Walser's (2014) evaluability assessment model. This phase of the project was guided by the following research question: What approaches and methods are best for delivering and evaluating Safe Horizon's Anti-Trafficking Program SH-ATP? To answer this question, the project team conducted five different research activities focused on SH-ATP: (1) review of de-identified administrative data from 653 clients, (2) review of 20 program documents, (3) site visits composed of six virtual site observations, (4) focus groups with 11 staff, and (5) interviews with 11 clients. Informed by findings from these evaluability assessment activities, the project team then developed SH-ATP program materials (i.e., theory of change, logic models) and research materials for the formative evaluation.

Phase 2 of the project, the **formative evaluation,** was guided by two research questions: Are the program and research materials developed as part of the evaluability assessment feasible for evaluating an anti-human trafficking program? How can these materials be further enhanced? To address these research questions, the formative evaluation included three components: (1) service evaluation, (2) implementation evaluation, and (3) client outcome evaluation. This phase of the project also sought to assess the overall feasibility of the formative evaluation. The service evaluation consisted of examining administrative data from 894 clients. The implementation evaluation was composed of two research activities: (1) focus groups and interviews with 6 SH-ATP staff to inform the development of a frontline work tool, and (2) a pilot test of the frontline work tool based on 21 client interactions. The client outcome evaluation involved collecting survey data from 13 current and former SH-ATP clients.

Key Findings

SH-ATP's Approach, Theory of Change, and Logic Model. Based on findings from the evaluability assessment evaluation research activities, SH-ATP's theory of change (i.e., the assumed pathways linking SH-ATP to desired client outcomes) could best be described in the following way: ***Comprehensive services comprised of intensive case management and legal assistance lead to enhanced well-being and self-sufficiency.*** This theory of change highlights SH-ATP's two core programs: (1) case management (i.e., social work services) and (2) legal assistance. In addition to these two core programs, SH-ATP is comprised of various other key activities, including but not limited to outreach and training, policy and advocacy, and Voices of Hope. Given SH-ATP's multi-focus, an evaluation of the entire program would require examination of numerous potential outcomes, such as client needs and outcomes, collaboration indicators, policy and advocacy indicators, process indicators, service indicators, training indicators, and VOH indicators; thus, requiring a complex intervention research approach.

Best Strategies for Evaluating SH-ATP. The evaluability assessment findings stress the importance of using multiple sources of data (e.g., existing administrative data, staff data, client data) to comprehensively evaluate SH-ATP. The findings also suggest recommendations for engaging clients of anti-human trafficking programs in research, including:

- Incorporating flexibility and choice;
- Using multiple strategies to share information about research opportunities (e.g., email, flyer, phone, mail, media and website);
- Offering different ways to participate in research (e.g., online survey, paper-pencil survey, phone/virtual interview, in-person interview, and focus group);
- Maximizing anonymity, confidentiality, and privacy; and
- Working with anti-trafficking programs and providers to determine potentially helpful research supports, including compensation that is not coercive but acknowledges clients' time and expertise.

Service Evaluation. Descriptive analysis of SH-ATP de-identified administrative data from 894 clients found that 353 had experienced only labor trafficking, 221 had experienced only sex trafficking, and 52 had experienced both labor and sex trafficking. Based on these findings, it is clear that SH-ATP serves survivors of different genders and wide varying racial/ethnic backgrounds, primary languages, and countries of origin. SH-ATP clients also have diverse trafficking experiences, including location of victimization, primary trafficking state, trafficker relationship and country of origin, and exit from the trafficking situation. As identified in the evaluability assessment, SH-ATP has two primary programs or components—a case management program and a legal program—along with a multitude of services. Both the case management and legal programs were accessed by a majority of clients, with notable differences based on type of trafficking. The most common types of services used included case management, mental health counseling and treatment, follow up services, immigration support, advocacy, intake, safety support, and referral. However, the prevalence and frequency of these and other services also varied by type of trafficking.

Implementation Evaluation. The implementation evaluation demonstrated adequate fit between SH-ATP's approach and the frontline work framework developed by Benjamin and Campbell (2014). This framework emphasizes the importance of understanding the frontline work (i.e.,

actual work) performed by non-profit staff that goes beyond the program activity. This includes behaviors and strategies used to foster relationships with clients, adjust services as needed, promote client agency and self-determination, and link clients to additional resources. Both the focus group and pilot findings identified multiple strategies that SH-ATP staff use to (a) develop and maintain positive relationships with clients, (b) tailor services and approaches, (c) promote client agency, and (d) link clients to resources. Notably, more strategies were identified and endorsed for creating and maintaining positive relationships and endorsed for tailoring services than the other frontline work components. It is possible that this reflects the need to attend to provider-client relationships and tailoring along a client's healing journey and over the course of multiple client interactions, whereas strategies to address agency and connection to resources might not necessarily arise in all client interactions

Client Outcome Evaluation. The client outcome evaluation found participants had numerous service needs when they started with SH-ATP, and the majority received SH-ATP services related to their stated needs. Nonetheless, at survey completion, participants still reported between 2 and 12 service needs. These findings reflect the long-term nature of human trafficking services and service delivery. Further, many of the stated needs—for example, housing, immigration, legal, and employment support—are reliant on external factors and systems that can influence the time it takes to have these needs fully addressed. Despite continued needs, participants were highly positive regarding their perceptions of SH-ATP both when they started the program and at survey completion. Participants felt safe accessing SH-ATP services; perceived services as accessible; perceived staff as competent, respectful, and helpful; and reported satisfaction with the supports received and related results. Notably, at survey completion, all participants indicated they would recommend SH-ATP to a friend. Participants felt knowledgeable of SH-ATP services, community resources, legal options and immigration supports, with such knowledge increasing from when they started the program to survey completion. Participants also reported improvements in their physical health, access to health insurance, depression, and social support, as well as increases in their use of emotion-focused and problem-focused coping strategies.

Feasibility. Overall, the implementation and client outcome evaluation components of the formative evaluation were determined to be feasible for evaluating anti-human trafficking programs. Nonetheless, feedback from staff and UNC-CH research team members offered valuable guidance on challenges as well as recommendations for enhancing future feasibility. For the implementation evaluation, although staff found it relatively easy to complete the frontline work tool, recommendations centered on reorganizing and streamlining the tool. For the client outcome evaluation, challenges focused on the timing of inviting clients to participate in research, memory, social desirability, and the survey itself. One recommendation was to incorporate initial survey questions into the intake process. The noted challenges also speak to the importance of piloting and conducting cognitive interviewing to determine how clients are interpreting and responding to items to improve survey validity. The importance of trust and ongoing communication between providers and the research team, as well as the research team's openness to learn from their community partner and be flexible to making changes in response to provider concerns was also highlighted throughout the formative evaluation, staff feedback, and UNC-CH team member reflection. Lastly, lessons learned highlight the importance of training team members assisting with data collection on trauma-informed interviewing.

Key Takeaways

- **A multi-method evaluability assessment can provide valuable information to guide research and evaluation of existing anti-human trafficking programs.**
- **Anti-human trafficking programs can develop and enhance administrative data infrastructure and processes for program evaluation.**
- **A Frontline Work Framework and related tool can capture the manner in which anti-trafficking program staff work with clients.**
- **It is possible to engage clients in research and evaluation of anti-trafficking programs.**

Chapter 1: Introduction

1.1 Background

Human trafficking—including forced labor and sexual exploitation— involves the use of force, fraud, or coercion to exploit people for commercial gain. People who have experienced human trafficking in the United States (U.S.) include both U.S. citizens and foreign nationals of all ages, genders, and racial/ethnic backgrounds. Research is clear that human trafficking is associated with numerous physical and mental health outcomes, including headaches, memory problems, injuries, reproductive health concerns, depression, anxiety, posttraumatic stress disorder, and suicidal thoughts/attempts (García-Vázquez & Meneses-Falcón, 2024; Oram et al., 2012; Ottisova et al., 2016). Further, the social impact for those experiencing human trafficking includes insufficient food and water; poor basic hygiene, work, and living conditions; denied access to important documentation and wages; lack of freedom; violence victimization; and threats to self or family (García-Vázquez & Meneses-Falcón, 2024; Oram et al., 2012; Ottisova et al., 2016). Thus, people who have experienced human trafficking may have a wide range of needs in the areas physical and mental health, housing, financial assistance, education, employment, and legal and immigration services (Preble et al., 2022).

Recognizing the multiple needs of people who have experienced human trafficking, anti-trafficking programs have been developed by numerous organizations. Such programs offer an array of services to support the healing journey of those who have experienced human trafficking, with these programs typically centered on establishing safety and enhancing wellbeing. Unfortunately, relatively few such programs have been rigorously evaluated; thus, there is minimal information available on the acceptability and effectiveness of anti-trafficking programs (Dell et al., 2019; Schroeder et al., 2024).

One reason for the limited evaluation of anti-trafficking programs is the lack guidance on how to conduct such evaluations given that human trafficking recovery needs are varied and that services offered to address these needs are often delivered by different groups in different contexts. Therefore, to help address this issue, this report shares findings from an evaluability assessment and formative evaluation of a comprehensive, anti-trafficking program.

1.2 Project Team and Study Site

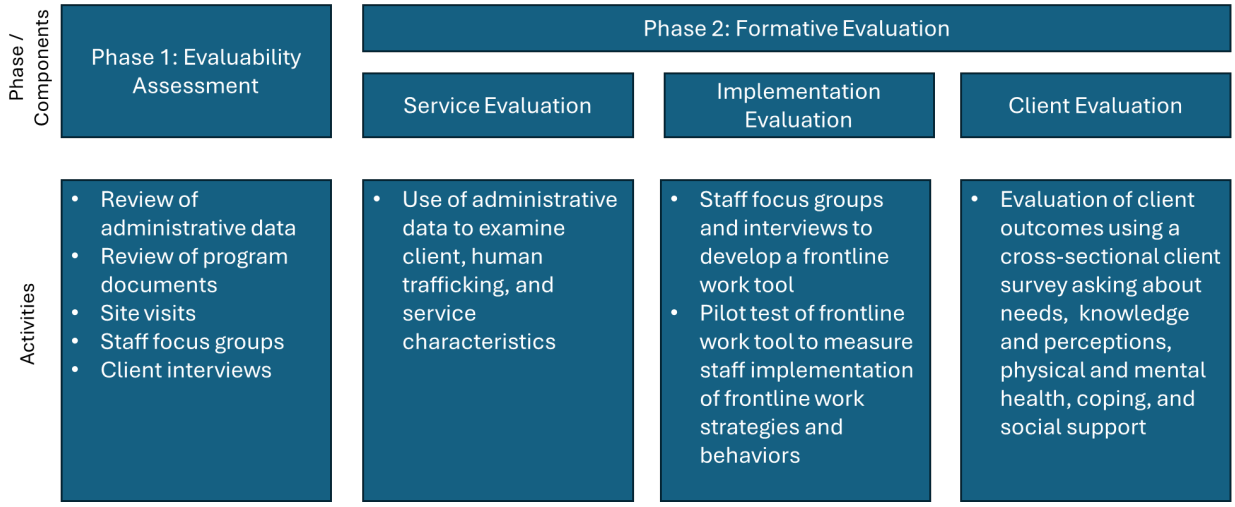
This project was a collaboration between researchers from the University of North Carolina at Chapel Hill (UNC-CH) and Safe Horizon. Safe Horizon (SH) is located in New York City and has a long history of serving survivors of many forms of violence and abuse, including intimate partner violence, child abuse, sexual assault, stalking, and human trafficking. As a leading victim assistance non-profit organization, SH offers and oversees multiple programs and projects, including hotlines; SafeChat; legal, court and community programs; domestic violence shelters; a crime victim assistance program; child advocacy and counseling centers; the Streetwork Project; the Domestic Violence Law Project; and the Immigration Law Project.

Notably, this collaborative project centered on Safe Horizon's Anti-Trafficking Program (SH-ATP). SH-ATP supports survivors of labor and sex trafficking regardless of age, gender/gender identity, or nationality. The program provides comprehensive case management and legal services, and also helps in connecting clients to public benefits, shelter, housing options, and other needed services. The project team, including UNC-CH academic researchers and members of Safe Horizon's Policy and Research Team, worked together to conduct an **evaluability assessment** and a **formative evaluation** of Safe Horizon's Anti-Trafficking Program (SH-ATP).

1.3 Research Phases, Goals, Objectives, Questions, and Approvals

The overall project was guided by two broad goals—to conduct an evaluability assessment of SH-ATP (Goal 1, Phase 1) and to conduct a formative evaluation of SH-ATP (Goal 2, Phase 2). See Figure 1.1 for an overview of the project's goals, components, and related research activities.

Figure 1.1 Overview of Project Phases, Components, and Activities



1.3.1 Phase 1: An Evaluability Assessment of SH-ATP. Phase 1 consisted of an evaluability assessment of SH-ATP informed by Trevisan and Walser's (2014) evaluability assessment model. Evaluability Assessments focus on better understanding an intervention or program as well as determining if the intervention or program (or some a component of it) can be evaluated and how to approach such an evaluation. This phase of the project was guided by the following research question: What approaches and methods are best for delivering and evaluating SH-ATP? To answer this research question, the project team convened two expert advisory groups (Objective 1): one composed of human trafficking survivors, and one composed of researchers and practitioners. In addition, the team conducted five different research activities: (1) review of administrative data, (2) review of program documents, (3) site visits, (4) staff focus groups, and (5) client interviews. Informed by findings from these evaluability assessment research activities, the project team then developed SH-ATP program materials (i.e., theory of change, logic model; Objective 2) and research materials (Objective 3).

1.3.2 Phase 2: Formative Evaluation of SH-ATP. Phase 2 consisted of a formative evaluation of SH-ATP to inform future, rigorous research. Formative evaluations focus on the feasibility, acceptability, and appropriateness of programs as well as the feasibility of methods and tools used as part of the formative evaluation (Center for Disease Control and Prevention, 2024). This phase of the project was guided by two research questions: Are the program and research materials developed as part of the evaluability assessment feasible? How can these materials be further enhanced? To address these research questions, the formative evaluation included three components: (1) service evaluation (Objective 1), (2) implementation evaluation (Objective 2), and (3) client outcome evaluation (Objective 3). This phase of the project also sought to assess the overall feasibility of the formative evaluation.

1.3.3 Office of Human Research Ethics Approval. All study procedures were reviewed and approved by UNC-CH's Office of Human Research Ethics (#19-3437, #22-0133, #24-2756).

Chapter 2. Methods

2.1 Evaluability Assessment Methods

The evaluability assessment included five research activities: review of administrative data, review of program documents, site visits, focus groups with program staff, and interviews with program clients. Findings from these evaluability assessment activities were used to develop practice and research materials. The following sections provide detailed information regarding each of the evaluability assessment research activities.

2.1.1 Review of Administrative Data. SH-APT administrators shared de-identified administrative data from 653 clients seen between July 2016 and May 2021 with the project team. Data centered on client characteristics (e.g., gender, race/ethnicity, primary language, country of origin, and disability status); experiences of human trafficking (e.g., type of trafficking, trafficking place, trafficker country of origin, primary recruiter, type of exit from trafficking, and source of referral to ATP); and service use (e.g., type and duration of service use). Analysis of the administrative data involved examining the nature of the data (e.g., variables, response options, level of measurement, missingness) and conducting descriptive analyses.

2.1.2 Review of Program Documents. Program document review was undertaken to learn about ATP's mission, vision, and programmatic operations. This activity included: (a) identifying the types of documents to be reviewed, (b) documenting the types of information to be abstracted from the documents, (c) abstracting data from the documents, and (d) analyzing the abstracted data. Collaboratively, the project team including UNC researchers and SH staff, determined a list of potential SH and SH-ATP documents that would provide salient information and were not protected nor confidential. Twenty documents were identified for review, including brochures and fact sheets, evaluation materials, a logic model diagram, meeting notes, organizational policies and procedures, presentations, reports, and webpages. Informed by the goals of the evaluability assessment, the project team developed the following abstraction categories: program description (e.g., mission, program goals, target population, service approach), program implementation (e.g., service providers, service guidelines and guidance, fidelity), theory of change (e.g., statements describing how the program enhances client well-being), and logic model (e.g., inputs, activities, outputs, short-term outcomes, long-term outcomes). A team member then used Excel to abstract information on these four categories from the 20 documents. Data analysis consisted of summarizing findings within and across documents for each category.

2.1.3 Site Visits with the Program. Site visits were conducted to observe key activities and meetings identified by SH-ATP leadership. Because of COVID-19-related travel restrictions, the site visits took place virtually using Zoom video conferencing software. Two members of the project team attended these virtual site observations (n = 6), which included two SH-ATP staff meetings, an in-depth case review (IDCR) kick-off meeting, an IDCR data organizational meeting, a full IDCR meeting, and a vicarious trauma and mindfulness staff training. Virtual site visits took place between November 2020 and February 2021. The number of site visit participants ranged between six and more than 55, and consisted of SH leadership, SH research and evaluation staff, SH-ATP leadership, and SH-ATP staff. Team members took notes using a standardized observation form that collected information on program philosophy and approach

(e.g., culture, norms, values/principles); program staffing (e.g., capacity, responsibilities, roles); core program components (e.g., case management and social work services, client trainings and education, legal services); program delivery and implementation strategies (e.g., program planning, staff training and support); program strategies for ensuring fidelity (e.g., feedback and fidelity measures); program data, evaluation, and research (e.g., outcomes, quality improvement strategies); physical program site and facility; and funding (e.g., budget, sources, sustainability). In addition, the form included space for capturing general thoughts and comments that occurred during the site visits.

2.1.4 Focus Groups with Program Staff. The project team coordinated with SH-ATP leadership to schedule two focus groups. Depending on their position within the organization and program, staff were invited to participate in one of two virtual focus groups using Zoom video conferencing. The first focus group was conducted in November 2020 with SH-ATP leadership (n = 3). The second focus group was conducted in December 2020 with SH-ATP staff (n = 8) involved in the day-to-day operations of the program, including administrative staff, attorneys, social workers, and training staff.

Each focus group was led by two team members, one who facilitated the group using a standardized guide and another who took notes using a standardized note taking form. The standardized guide included facilitator guidelines, open-ended questions, and follow-up prompts. Focus group questions focused on: perceptions of SH-ATP goals, core components, activities, and implementation (e.g., "What are the goals of the program?"); considerations of research with human trafficking survivors (e.g., "How can researchers help survivors feel comfortable about engaging in research?"); and reflections on the impact of the COVID-19 pandemic on SH-ATP clients, staff, and programming (e.g., "How has COVID-19 affected the way services are delivered?"). Prior to each focus group, the facilitators reviewed the information guide describing the overall project and focus group activity, answered any questions, and sought verbal consent to continue with the focus group. Both focus groups lasted approximately 100 minutes, and were audio recorded. The focus group recordings were transcribed, checked for accuracy, and de-identified.

2.1.5 Interviews with Clients of the Program. Current and former SH-ATP clients were invited to participate in an in-depth, qualitative interview using Zoom video conferencing. To maintain client confidentiality, SH-ATP staff identified potential participants and made initial contacts to invite participation using flyers and scripts developed by the project team. Interested potential participants contacted a team member who shared more information on the study goals; gathered information from the participant on their availability and preferences regarding communication, interviewer gender, and language; and scheduled the interview.

Each interview was facilitated by a project team member using a standardized guide comprised of guidelines, open-ended questions, and prompts. The standardized guide included questions regarding: experiences with and perceptions of SH-ATP (e.g., "What were the most important or helpful parts of SH-ATP for you?"); considerations of research with human trafficking survivors (e.g., "If you were asked to participate in research about whether a program is working and how it could be improved, what would make you want to participate?"); reflections on the impact of COVID-19 (e.g., "How, if at all, has COVID-19 impacted your life?"); and individual

characteristics (e.g., age, gender/gender identity, race/ethnicity, country of origin, primary language, education, children, type of trafficking, services received). Prior to each interview, the facilitator reviewed the information guide, answered any questions, and sought verbal consent. In addition to taking notes during each interview using a standardized note taking form, the interviews were audio-recorded, and the recordings were transcribed, checked for accuracy, and de-identified.

Eleven clients participated in interviews between December 2020 and March 2021. On average, interviews lasted 66 minutes, ranging from 45 to 84 minutes.

Participants ranged in age from 31 to 59 years old (M = 46.5, SD = 9.3). Most participants (n = 10; 90.9%) identified as female, and one participant identified as male (9.1%). Participants described their race/ethnicity in the following ways: Asian (n = 6; 54.5%), African American or Black (n = 3; 27.3%), and other (n = 2; 18.2%). Participants' county of origin included the Philippines (n = 5; 50%), Jamaica (n = 2; 20%), Indonesia (n = 1; 10%), Kenya (n = 1; 10%), and the United States (n = 1; 10%). Six participants (54.5%) identified their primary language as English, three (27.3%) identified their primary language as Tagalog, and two participants (18.2%) identified other primary languages. Participants described varying levels of education, including less than high school degree (n = 2; 18.2%), high school degree (n = 2; 18.2%), college degree (n = 6; 54.5%), and graduate schooling (n = 1; 9.1%). Approximately two-thirds of participants (n = 7; 62.6%) were parents. Participants' trafficking experiences included labor trafficking (n = 8; 72.7%), sex trafficking (n = 2; 18.2%), and both labor and sex trafficking (n = 1; 9.1%).

2.1.6 Qualitative Analysis of Site Visits, Focus Groups, and Interviews Data. A qualitative content analysis approach (e.g., Crowe et al., 2015; Elo & Kyngäs, 2008; Vaismoradi et al., 2013) was used to identify themes within and across the three qualitative data sources (i.e., site visits, staff focus groups, and client interviews). Before engaging in coding and analysis, the project derived an initial codebook of *a priori* codes based on the project aims and research questions. The de-identified site visit notes, focus group transcripts, and interview transcripts were imported into ATLAS.ti for analysis. One member of the team deductively coded the documents according to the initial codebook, while also inductively applying codes that emerged from the data. A second member of the team then coded approximately one-third of the documents selected randomly using the final codebook comprised of both deductive and inductive codes. The coders met to discuss the applied codes and reconcile any discrepancies by consensus. Tools in ATLAS.ti were then used to review and summarize the emergent themes and codes. The following strategies were used to enhance the credibility and trustworthiness of the findings: (a) applying constant comparison procedures, (b) creating an audit trail to document coding decisions, (c) engaging in negative case analysis to identify disconfirming themes, and (d) including multiple document sources (i.e., triangulation; Johnson et al., 2020; Morse, 2015).

2.2 Formative Evaluation Methods

The formative evaluation sought to test the feasibility of the practice and research materials developed based on the evaluability assessment, as well as determine how the materials could be improved for use in future research. The formative evaluation was composed of three components—a service evaluation, an implementation evaluation, and a client outcome

evaluation. In addition to these formal components, the project team sought feedback from SH and SH-ATP staff to explore their perspectives on the feasibility of the formative evaluation. The following sections provide detailed information regarding each of the formative evaluation research activities

2.2.1 Service Evaluation. SH-ATP's existing administrative data includes comprehensive client information collected as part of the intake assessment process as well as service use data collected separately following service delivery. SH members of the project team shared the extant data—comprised of two Excel spreadsheets—with UNC-CH members of the team via a secure and project-specific Microsoft Teams folder. Across the two spreadsheets, the data included information from 894 clients seen by SH-ATP between July 2016 and August 2024, consisting of (a) client demographics (e.g., age, gender, race/ethnicity, language), (b) experiences of human trafficking (e.g., type of trafficking), (c) and service use (e.g., type of service use). The data were merged, cleaned, and analyzed using Stata17.0. Data analysis consisted of descriptive statistics.

2.2.2 Implementation Evaluation. Given the adaptive nature of SH-ATP, the implementation evaluation focused on fidelity related to the implementation of frontline work strategies and behaviors. The implementation evaluation was composed of two research activities: (1) focus groups and interviews with SH-ATP staff to inform the development of a frontline work tool, and (2) a pilot test of the frontline work tool to measure the implementation of staff frontline work strategies and behaviors.

Focus Groups/Individual Interviews with SH-APT Staff Members. SH-ATP staff members were invited to participate in either a focus group or individual interview to gather information on the nature of SH-ATP frontline work with clients, how this work contributes to client outcomes, and recommendations for collecting program implementation data related to frontline work. The project team emailed potential participants (members of SH-ATP) information about this research activity along with a link to sign up for a focus group or interview. A total of 6 SH-ATP staff members participated in this research activity. The project team conducted 2 focus groups (2 participants per focus group), and 2 interviews. On average, the discussions lasted approximately 65.25 minutes (SD = 18.57).

Focus groups and interviews were facilitated via Zoom by at least two members of the project team. At the start of this process, a member of the project team reviewed information about the research activity, answered any questions, and sought verbal consent. The discussions were facilitated using a structured, standardized guide informed by Benjamin & Campbell's (2014) scholarship on frontline work, in particular, four types of frontline work: relational work (i.e., strategies focused on relationship-building), adjustment work (i.e., strategies focused on tailoring work with clients), codetermination work (i.e., strategies focused on ensuring client agency), and linking work (i.e., strategies focused on connecting clients to internal and external resources). The guide was composed of open-ended questions and prompts focused on: (a) SH-ATP frontline work, (b) SH-ATP delivery context and realities, and (c) recommendations for evaluating SH-ATP implementation and outcomes. All discussions were audio-recorded and supplemented by team member field notes.

Focus group and interview transcripts were analyzed in ATLAS.ti using a content analysis approach. An initial codebook was developed by deductively identifying codes informed by the literature on frontline work and the discussion guide. Two members of the project team then independently coded each transcript, meeting throughout the coding process to compare codes and adjudicate disagreements.

Development and Piloting of a Frontline Work Tool. Based on focus group and interview findings about frontline work, the project team developed a Frontline Work Tool to capture how anti-trafficking service providers and attorneys work with clients who have experienced human trafficking. The Frontline Work Tool (see Appendix A) was developed to collect anonymous client-interaction service data. It consisted of a checklist to document information about the respondent (i.e., role), client contact (i.e., date, duration, client type, contact type, and contact format), and frontline work undertaken as part of the client interaction. The section of the tool focused on frontline work was divided into four sections: (1) creating and maintaining positive relationships with clients, (2) tailoring services to clients' goals, needs, and circumstances, (3) ensuring clients have agency, autonomy, and self-determination, and (4) connecting clients to resources in your agency and other agencies. For each section, respondents were presented with a list of strategies related to each type of frontline work and they were asked to indicate which strategies were used during the client interaction. Respondents were also asked to provide more information or examples of the relevant behaviors employed in the interaction.

To pilot the Frontline Work Tool, a meeting was held with SH-ATP staff to review the tool, discuss the pilot research activity, and seek feedback. SH-ATP staff were then invited to pilot the instrument between September 2024 and October 2024. Specifically, SH-ATP staff were mailed paper copies of the Frontline Work Tool as well as a link to a virtual, Qualtrics version of the tool. Staff were asked to complete the tool following contacts/interactions with clients. All staff who participated in this research activity elected to complete the virtual version of the tool (though some first completed the tool on paper and then transferred their responses to the virtual version). Basic descriptive statistics (e.g., mean, standard deviation, frequency, and percentage) were calculated using Stata 18 to summarize respondent, contact, and frontline work data.

2.2.3 Client Outcome Evaluation. The client outcome evaluation focused on examining clients' service needs, knowledge and perceptions of SH-ATP, and wellbeing. This research activity was comprised of two approaches (1) a longitudinal, prospective design collecting survey data from active clients at three time points (i.e., baseline, 4 weeks, and 8 weeks) and (2) a cross-sectional, retrospective design focused on collecting survey data from active and prior clients about their experiences when they first contacted SH-ATP and at the time of survey completion. Notably, no clients participated in the longitudinal component of this research activity; therefore, all information presented below centers on the cross-sectional survey design component.

The outreach materials, data collection approach, and client survey were developed based on Phase 1 findings. The client survey was composed of standardized measures and study-developed questions, and included the following seven sections: (a) SH-ATP program involvement, (b) basic needs, (c) knowledge and perceptions of SH-ATP services and supports, (d) physical health, (e) mental health, (f) coping, and (g) demographic information (see Appendix B). The section on *SH-ATP program involvement* asked participants to indicate when they first

started working with SH-ATP, and if no longer involved with the program, when they stopped working with SH-ATP. The section on *basic needs* provided a list of 19 needs adapted from the Office for Victims of Crime Training and Technical Assistance (2025) guidance on victim service provider intake and needs assessment. For each need listed, participants were asked to indicate whether they had the need when they first started working with SH-ATP (*yes* = 1, *no* = 0), whether they received help with the need from SH-ATP (*yes* = 1, *no* = 0), and whether they currently still need help with the need (*yes* = 1, *no* = 0). The *knowledge and perceptions of SH-ATP services and supports* section included four study-developed items to examine participants' knowledge regarding SH-ATP resources, community resources, immigration remedies, and legal rights and options both when they first contacted SH-ATP and at survey completion using a 5-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (5). This section also examined participants' perceptions of SH-ATP staff and services using a combination of items adapted from the Vermont Legal Partnership Performance and Outcome Measures (Joy & Gennette, 2019) and study-developed items informed by Phase 1 findings, as well as frontline work and formative evaluation frameworks (Benjamin & Campbell, 2014). Participants were asked to respond to the 13 items based on when they first contacted SH-ATP and at survey completion using a 5-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (5).

The *physical health* section asked participants to describe the state of their physical health (*excellent* = 1, *very good* = 2, *good* = 3, *fair* = 4, *poor* = 5) and indicate whether they had health insurance (*no* = 1, *yes* = 2) both when they first contacted SH-ATP and at survey completion. The *mental health* section included the 20-item Center for Epidemiological Studies-Depression scale (CES-D; Radloff, 1977) to measure depression symptoms when participants first contacted SH-ATP and at survey completion using the following response options: *rarely or none of the time* (1), *some or a little of the time* (2), *occasionally or a moderate amount of time* (3), and *most or all of the time* (4). The *coping* section examined emotion-focused coping, problem-focused coping, and social support. The Brief-Cope (Carver, 1997) was used to measure emotion-focused coping (12 items) and problem-focused coping (8 items) when participants first contacted SH-ATP and at survey completion using the following response options: *I haven't been doing this at all* (1), *a little bit* (2), *a medium amount* (3), and *I've been doing this a lot* (4). An adapted version of the 12-item Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) examined social support when participants first contacted SH-ATP and at survey completion using a 7-point Likert scale ranging from *very strongly disagree* (1) to *very strongly agree* (7). The *demographic information* section questions focused on age, sex assigned at birth, gender identity, race/ethnicity, primary language(s), country of origin, children, and type of trafficking. The survey was translated into Spanish, and both the English and Spanish versions of the survey were uploaded into Qualtrics.

The project team met with SH-ATP staff in August 2024 to discuss the research activity and process for inviting clients to participate. SH-ATP staff then invited current and former clients to participate in the client outcome evaluation by sharing a study flyer available in both English and Spanish. A member of the project team connected with interested participants by telephone to share more detailed study information, answer any questions, determine eligibility (i.e., 18 years of age or older, comfortable reading and speaking in English or Spanish, received SH-ATP services for 2 months or longer), inquire about participation interest, review the consent form, and obtain verbal consent. Participants could complete the survey on their own using a link to the

electronic survey or they could schedule a time to complete the survey together with a member of the project team by phone or video conferencing. In appreciation of their time, participants received a $50 Target e-gift card. Data collection for this research activity occurred between August 2024 and October 2024.

All participants were foreign nationals. On average, participants were 45.62 years old (*SD* = 10.77) and ranged from 30 to 60 years of age. Approximately two-thirds identified their sex as female (*n* =9, 69.23%) and about one-third identified their sex as male (*n* = 4, 30.77%). Gender was described as women/cis woman (*n* = 8, 61.54%), man/cis man (*n* = 4, 30.77%), and transgender (*n* = 1, 7.69%). Slightly over two-thirds identified as Hispanic or Latino/a/e/x (*n* = 9, 69.23%), two identified as Asian (15.38%), one identified as White (7.69%), and one identified as "other" (7.69%). Languages spoken included Spanish (*n* = 8, 61.54%), multiple languages including English (*n* = 2, 15.38%), and "other" (*n* = 3, 23.08%). Ten participants were parents; participants had an average of 1.85 children (SD = 1.21, Range = 0–3). Participants had varied prior experiences of human trafficking, including labor trafficking (n = 6, 46.15%), sex trafficking (n = 2, 15.38%), and both of these forms of trafficking (n = 5, 38.46%).

Data analysis was conducted using Stata17.0 and consisted of descriptive analysis.

2.2.4. SH-ATP Debrief Meeting. The project team aimed to understand SH-ATP staff members' perceptions of the formative evaluation, and in particular, the implementation and client outcome evaluation components. The project team also sought to determine challenges and facilitators to conducting and participating in these components of the formative evaluation. A UNC-CH member of the project team visited New York City to tour the organization and program, and to meet with SH-ATP staff members in person. As part of the visit, SH-ATP staff members were invited to attend a debrief meeting focused on sharing preliminary research findings and identifying lessons learned.

The debrief meeting was facilitated by the UNC-CH project team member using a PowerPoint presentation that included implementation and client outcome evaluation preliminary findings as well as questions about staff members' experiences with these formative evaluation activities. The questions were organized into three sections: (1) facilitators, challenges, and recommendations regarding the implementation evaluation; (2) facilitators, challenges, and recommendations regarding the client outcome evaluation; and (3) general feedback about the overall research project. The debrief meeting took place in December 2024, and the UNC-CH project team member who facilitated the meeting took detailed notes to capture the discussion. A total of seven people participated in the debrief meeting, including three members of the SH policy and project team and four SH-ATP staff members. The debrief meeting notes were reviewed by a member of the project team to distill key lessons learned.

Chapter 3. Evaluability Assessment Findings

3.1 SH-ATP's Approach, Theory of Change, and Logic Model

This section describes SH-ATP's underlying approach, theory of change, and logic model based on findings from across the five evaluability assessment research activities—administrative data review, document review, site visits, staff focus groups, and client interviews.

3.1.1 Approach. SH-ATP's program philosophy is centered in trauma-informed, client-centered, and anti-racist practice. The program approaches service delivery from a multi-disciplinary framework, offering voluntary, individualized, holistic, and ongoing services. SH-ATP has a collaborative and supportive culture that emphasizes collegiality, community, learning, respect, and staff well-being. Core principles and values include accessibility; confidentiality; cultural humility and responsiveness; data-driven quality improvement; diversity, equity, and inclusion; quality services and trainings; and serving as many people as possible.

3.1.2 Theory of Change. Findings from the evaluability assessment activities suggest the following theory of change: ***Comprehensive services comprised of intensive case management and legal assistance lead to enhanced well-being and self-sufficiency.***

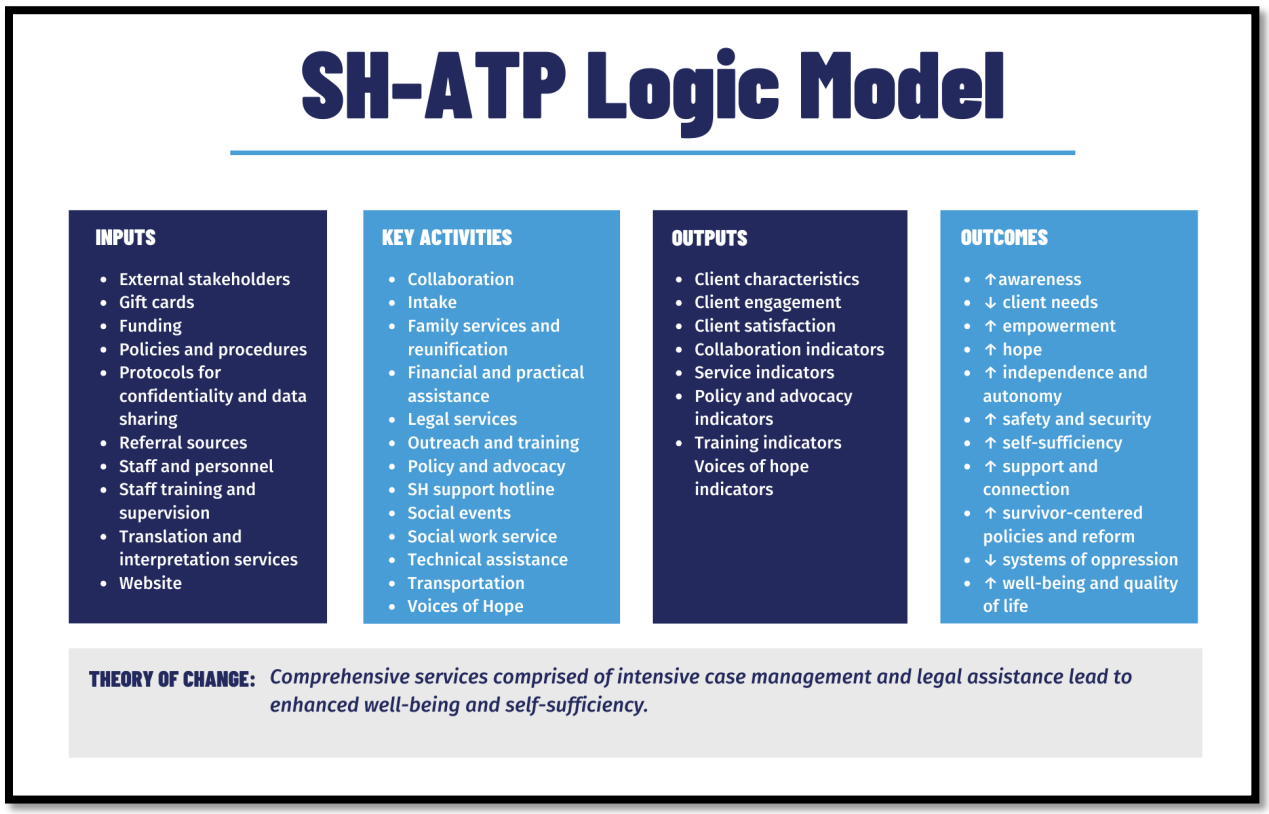
3.1.3 SH-ATP's Logic Model. Figure 3.1 presents a logic model for SH-ATP based on evaluability assessment findings. Identified **inputs** needed to implement SH-ATP include staff and personnel; staff training and supervision; policies, procedures, and protocols (e.g., protocols for confidentiality and data sharing); funding from fees, contributions, investments and interests, grants (e.g., private, state, and federal funding), special events, and other miscellaneous sources; gift cards; eternal stakeholders; referral sources; translation and interpretation services; and the program's website.

SH-ATP is comprised of multiple **activities**. Following intake, two core activities include legal services and social work services. Legal services include rights-based education, general legal assistance, immigration legal assistance, and assistance with identification documents), whereas social work services include advocacy, accompaniment, assistance with basic needs, case management, crisis intervention, psychoeducation, counseling, safety planning, and referrals related to housing, education, and employment. Additional key activities include collaboration, family services and reunification, financial and practical assistance, outreach and training, policy and advocacy, support hotline, social events, technical assistance, and transportation. Further, SH-ATP helps coordinate and facilitate Voices of Hope—a survivor leadership program.

Outputs—or the results of these activities—include client engagement, client satisfaction, collaboration indicators (e.g., number of partners), service indicators (e.g., number of intakes and initial assessments, number of new and ongoing clients, number of services by type and manner, amount of financial assistance provided, number of legal remedies, number of referrals by type, minutes of service by type and manner), policy and advocacy indicators (e.g., number of legislation influenced), training indicators (e.g., number of trainings and training hours, number

of trainees, trainee satisfaction), and Voices of Hope (VOH) indicators (e.g., number of VOH activities, number of members, number of attendees).

Figure 3.1 SH-ATP Logic Model



The findings highlight a number of key **outcomes**. For example, outcomes related to SH-ATP's legal and social work services include decreases in client needs, as well as increases in empowerment, hope, support and connection, safety and security, independence and autonomy, self-sufficiency, well-being, and quality of life. Training outcomes include increases in awareness, including knowledge of human trafficking and available services as well as confidence in identifying people with experiences of human trafficking. Further, policy and advocacy outcomes include increases in survivor-centered policies and reform and decreases in systems of oppression.

3.2 Best Strategies for Evaluating SH-ATP

This section describes promising strategies for evaluating SH-ATP based on administrative data review, document review, site visits, staff focus groups, and client interviews findings. These findings informed the research materials and protocols used in the formative evaluation.

3.2.1 Administrative Data. Findings from the administrative data and document review, as well as the site visits and staff focus groups, described SH-ATP's data infrastructure and available data. The program's data infrastructure includes an internal ATP Excel database comprised of client and service data, as well as records with supervision data, training data, and turnover data.

3.2.2 Measurement Constructs. Findings from all of the evaluability activities except the site visits informed the following measurement constructs:

a. ***Collaboration indicators***: number of partners
b. ***Client needs and outcomes:*** goals and needs met, needed services received, empowerment, hope, independence and autonomy, self-sufficiency, safety and security, support and connection, well-being (e.g., physical health, mental health, quality of life)
c. ***Outreach and training indicators and outcomes:*** number of trainings and outreach activities, number of training hours, number of trainees, trainee satisfaction, communities and groups trained, trainee awareness and knowledge, trainee confidence in identification
d. ***Policy and advocacy indicators and outcomes:*** number of legislators talked to, number of lobbying activities, number of policy and reform efforts worked on, inclusion of survivor voice
e. ***Process indicators:*** client engagement; client satisfaction; client perceptions of and experiences with SH-ATP services; client perceptions of SH-ATP staff; timeliness of services; programmatic strengths and recommendations; staff burnout and stress; staff rapport with clients; staff understanding of program goals, purpose, and roles; SH-ATP team cohesion and collaboration
f. ***Service indicators***: number of intakes and initial assessments, number of new and ongoing clients served (overall, by legal, and by social work), number of services by type and manner, number of legal remedies provided, number of social work services provided, number of family reunifications completed, number of referrals by type, amount of financial assistance provided, and minutes of services by type and manner
g. ***Voices of Hope (VOH) indicators:*** number of members, number of activities and attendees

3.2.3 Client Perceptions of Research. Client interview participants defined research in different ways, including "A systematic way of making an inquiry about something to address relevant situation," "Research is finding out ideas and inquiring about other stuff that you don't know," "Looking for what is happening" and "Gathering some information." Whereas some participants had positive perceptions of research (e.g., important, increases knowledge, good, love research), others held negative perceptions (e.g., "it's a business" with its own set of priorities, that may not align with survivors and appears deceptive in its intentions) or were generally wary of research. Client interview participants described reasons why they would and would not participate in research. Reasons to participate in research included helping others, personally benefiting from the research, and the relevance of the research. Participants also noted that their personal availability and trust in the person inviting them to participate would also influence their decision. Reasons not to participate in research included not being available to participate, dishonesty on the part of researchers, embarrassment, fear, and triggers.

3.2.4 Client Engagement in Research. Staff focus group and client interview participants shared their perceptions regarding inviting clients to participate in research, data collection, compensation, and research supports. In terms of inviting clients to participate in research, client

participants discussed a general preference for receiving research participation information from a familiar person (e.g., SH-ATP employee, therapist). They noted that this would help distinguish an actual research opportunity from a scam. Both staff and clients discussed key information that should be provided and conveyed (e.g., project overview, benefits and relevance, strategies for protecting privacy and confidentiality). Client participants varied in their perceptions of ideal strategies for sharing research participation information, including email, flyer, phone, mail, media, and website.

Client interview participants had varied preferences regarding data collection. In fact, participants noted that survivors' preferences may vary depending on the amount of time out of the trafficking situation and/or the amount of time receiving services from SH-ATP. Overall, client participants noted that data collection activities should consider anonymity and flexibility. Table 3.1 presents a list of benefits and concerns raised by client participants regarding different data collection approaches. Client participants also discussed potential data collection questions and content areas. They noted that researchers should not ask specifics about the human trafficking situation, and should instead focus on service needs, service-related outcomes, service-related experiences (e.g., feelings toward provider, specific services, timeliness of services), and well-being (e.g., mental health, physical health, and safety).

Table 3.1 Benefits and Concerns, by Data Collection Activity

Data Collection Activity	Pros	Cons
Online survey	More economical Time to think about answers	Concentration diverted Difficulty with technology Lack of trust in technology Need to sit at computer
Paper-pencil survey	Can take time to complete or think about answers Helpful if client has something negative to share More control over anonymity	Not as economical as online survey
Interview (general)	Control over participation More candid More comfortable See interviewer	Language barriers
Phone/virtual interview	Casual Comfortable Helpful during pandemic Transparent	Lacks human connection Not comfortable
In-person interview	Helpful for reading body language Mutual learning	
In-person focus group	Mutual learning	Not comfortable talking in groups

Both staff focus group and client interview participants discussed the importance of compensation. Whereas staff discussed the importance of compensation that is commensurate and non-coercive, client participants shared different opinions on the appropriate amount of compensation—some mentioned that even small amounts are helpful (e.g., $5, $10, $20); another participant shared that a 1-hour interview/survey should be compensated with $200. Overall client participants noted that compensation may be more important to newer SH-ATP

clients and should match survivors' needs. Client participants also mentioned additional support that would facilitate their ability to engage in research. These supports included help with accommodations if they needed to travel to participate, childcare, transportation (e.g., bus fare, uber ride, plane ticket), food, phone data, and connection to support services (e.g., counseling). It was also noted that some survivors might require interpretation services; however, one participant reported that the use of interpreters could add more complexity.

3.2.5 Additional Research Challenges and Recommendations. Research challenges identified by SH-ATP staff as part of the site visits and focus groups include (a) limitations of current data collection practices (e.g., not capturing trans clients, not capturing the program as delivered, data categories not used consistently), (b) varying staff perceptions of success (e.g., physical health, mental health, stress and coping, social support, meeting client goals), and (c) difficulty obtaining candid client data. In terms of recommendations, client interview participants noted that researchers should be considerate of participants' time when making requests (e.g., being patient because they have jobs and are busy), and that researchers should take all efforts to make sure participants' data are treated with the utmost confidentiality.

3.3 Evaluability Assessment Summary

Based on findings from the evaluability assessment evaluation research activities, SH-ATP's theory of change (i.e., the assumed pathways linking SH-ATP to desired client outcomes) or idea of change could best be described in the following way: ***Comprehensive services comprised of intensive case management and legal assistance lead to enhanced well-being and self-sufficiency.*** This theory of change highlights SH-ATP's two core programs: (1) case management (i.e., social work services) and (2) legal assistance. In addition to these two core programs, SH-ATP is comprised of various other key activities, including but not limited to outreach and training, policy and advocacy, and Voices of Hope. Given SH-ATP's multi-focus, an evaluation of the entire program would require examination of numerous potential outcomes, such as client needs and outcomes, collaboration indicators, policy and advocacy indicators, process indicators, service indicators, training indicators, and VOH indicators; thus, requiring a complex intervention research approach.

Recommendations for such an evaluation include combining both existing administrative data and collecting new data from staff and clients. Notably, the findings highlight limitations to the existing administrative data. The formative evaluation was unable to pilot changes to the administrative data given the use of administrative data collected prior to and throughout the project. However, prior to launching a future, more rigorous and comprehensive evaluation, it may be prudent to identify, discuss, and pilot changes to the administrative data infrastructure, process, and collected information. The findings also suggest challenges to and recommendations for engaging clients in research. Overall, these findings stress variability in clients' preferences for learning about and participating in research as well as compensation and research supports. To address this variability, it is necessary to incorporate flexibility, choice, and multiple strategies for learning about (e.g., email, flyer, phone, mail, media and website) and participating in research (online survey, paper-pencil survey, phone/virtual interview, in-person interview, and focus group). It is also important that researchers work with anti-trafficking programs and

providers to identify (a) compensation that is not coercive but acknowledges clients' time and expertise and (b) potentially helpful research supports (e.g., childcare, connection to services, food, interpretation services. phone data, and transportation). Further, researchers should consider strategies to maximize anonymity, confidentiality, and privacy.

Evaluability findings should be considered in light of study limitations. For example, selection bias may be a concern given that the review documents and site visit meetings were selected in collaboration with SH-ATP leadership. Further, staff focus group and client interview participants had to self-select to participate. Notably, having included other program documents, site visit meetings, or staff and client participants may have changed the findings in meaningful ways. It is also possible that structured notetaking forms, discussion guides, and codebooks did not include all relevant questions, prompts, categories, or themes. Strategies incorporated to enhance analytic rigor include involving multiple coders, applying constant comparison procedures, creating an audit trail, engaging in negative case analysis, and including multiple data sources. Evaluability assessment findings and practice materials informed the formative evaluation approach and related research materials.

Chapter 4: Formative Evaluation Findings

4.1 Service Evaluation Findings

Table 4.1 presents information on client characteristics. From July 2016 through August 2024, there were a total of 894 individuals served by SH-ATP, including 626 who experienced labor trafficking, sex trafficking, or labor and sex trafficking (with 353 of these experiencing only labor trafficking, 221 experiencing only sex trafficking, and 52 experiencing both labor and sex trafficking). There were an additional 68 persons who were not trafficked themselves, but who were highly impacted by the trafficking of a loved one, such as children or partners of the trafficked victim. There were also 200 persons served by SH-ATP whose administrative data did not include information about the type of trafficking experienced.

The majority of all persons seen by SH-ATP were female (63.20%), followed by male (30.65%), transgender (2.91%), and other genders. The race/ethnicity of persons seen by SH-ATP also varied, with the most common backgrounds being Hispanic/Latino (29.53%) and Asian (19.80%). The most common primary languages were English (32.10%) and Spanish (30.87%). These clients came from numerous countries, including the Philippines (20.36%), Mexico (13.65%), the US (12.53%), and others.

Table 4.1 Client Characteristics

Client Characteristics	Total *n* = 894 Count (%)
Gender	
Female	565 (63.20)
Male	274 (30.65)
Transgender	26 (2.91)
Other	7 (0.78)
Missing	22 (2.46)
Race/Ethnicity	
Hispanic/Latino	264 (29.53)
Asian	177 (19.80)
Black/African American	116 (12.98)
Native Hawaiian/Pacific Islander	84 (9.40)
White	50 (5.59)
American Indian/Alaska Native	3 (0.34)
Multiracial	16 (1.79)
Other	90 (10.07)
Missing	94 (10.51)
Primary Language	
English	287 (32.10)
Spanish	276 (30.87)
Tagalog	119 (13.31)
Other	131 (14.65)
Missing	81 (9.06)
Country of Origin	
Philippines	182 (20.36)
Mexico	122 (13.65)
United States [3]	112 (12.53)
Other [4]	394 (44.07)
Missing	84 (9.40)

Note. Includes all SH-ATP clients, including those who have experienced sex trafficking, labor trafficking, both forms of trafficking, no trafficking but were impacted by the trafficking experiences of a family member, and those whose experiences of trafficking were unknown.

Table 4.2 presents information on clients' human trafficking characteristics. Of the 894 persons represented in the administrative data, the two most common trafficking locations were private homes (20.02%) and hotels/motels (9.84%). New York was the most common state in which the trafficking occurred; this is likely related to the fact that the SH-ATP program is located in New York City so trafficked persons in New York state would have easier access to SH-ATP than to other programs in other states. Although the traffickers' countries of origin varied, the most common country of origin was the United State (13.53%). The trafficked victims were recruited by persons with various relationships to them, with the most common being boyfriends/girlfriends (13.31%) and agencies (12.64%). When asked about how they left trafficking, 37.7% of the SH-APT clients said that they had escaped. Multiple groups referred these clients to SH-ATP with the most common of these being prosecutors (20.02%), other clients (10.40%), service providers (9.73%), community-based organizations (9.73%), and friends/family (9.17%).

Table 4.2 Human Trafficking Characteristics

Human Trafficking Characteristics	Total *n* = 894 Count (%)
Primary Victimization Location	
Residential private home	179 (20.02)
Hotel/Motel	88 (9.84)
Brothel/Strip club	44 (4.92)
Bar/Restaurant	28 (3.13)
Parking lot/Street	26 (2.91)
Construction site	23 (2.57)
Retail business	19 (2.13)
Multiple	62 (6.94)
Other	159 (17.79)
N/A	25 (2.80)
Missing	241 (26.96)
Primary Trafficking State	
New York	350 (39.15)
Florida	49 (5.48)
Northern Mariana Islands	25 (2.80)
Other	154 (17.23)
Missing	316 (35.35)
Trafficker Country of Origin	
United States	121 (13.53)
Mexico	87 (9.73)
Philippines	48 (5.37)
Other	219 (24.50)
Missing	419 (46.87)
Primary Recruiter	
Boyfriend/Girlfriend	119 (13.31)
Agency	113 (12.64)
Family/Friend	113 (12.64)
Stranger	38 (4.25)
Employer	49 (5.48)
Acquaintance	36 (4.03)
Smuggler	19 (2.13)
Multiple	20 (2.24)
N/A	67 (7.49)
Missing	318 (35.57)
Type of Exit	
Escaped	337 (37.70)
Law enforcement	76 (8.50)
Forced	47 (5.26)

Other	95 (10.63)
Not yet escaped	10 (1.12)
Missing	329 (36.80)
Referral Source	
Prosecutor	179 (20.02)
Other client	93 (10.40)
Service provider	87 (9.73)
Friend/Family	82 (9.17)
Community based organization	87 (9.73)
Law enforcement	82 (9.17)
Other	201 (22.48)
Missing	83 (9.28)

Note. Includes all SH-ATP clients, including those who have experienced sex trafficking, labor trafficking, both forms of trafficking, no trafficking but were impacted by the trafficking experiences of a family member, and those whose experiences of trafficking were unknown.

Table 4.3 describes the prevalence of SH-ATP clients' service use, whereas table 4.4 includes information on the frequency of SH-ATP service use for each type of service among clients who engaged in the specified service. Service data were available for 891 SH-APT clients. Overall, about 75.42% of clients received services from SH-ATP's case management program and 60.38% of clients received services from SH-ATP's legal program. Although engagement in SH-ATP's case management program was high across all types of trafficking, engagement in the legal program was higher for experiences of trafficking involving labor trafficking compared to sex trafficking alone. Overall and across all types of trafficking, clients most commonly received services via phone, followed by in-person and having the service completed by staff on their behalf.

The 10 SH-ATP services most commonly received by clients included: case management (79.01%, M = 26.02, SD = 37.54), mental health counseling and treatment (e.g., individual or phone counseling, group counseling, emergency or long-term mental health treatment; 76.21%, *M* = 19.09, *SD* = 29.74), follow-up services (67.68%, *M* = 17.33, *SD* = 27.39), immigration support (e.g., immigration attorney assistance; 62.74%, *M* = 17.77, *SD* = 25.08), advocacy (e.g., advocacy within and outside Safe Horizon, ; 60.72%, *M* = 10.66, *SD* = 15.35), intake (e.g., client intake and orientation; 57.01%, *M* = 1.90, *SD* = 1.52), safety support (e.g., safety assessment, safety planning; 56.57%, *M* = 10.88, *SD* = 20.89), referrals (e.g., referrals within and outside Safe Horizon; 53.87%, *M* = 4.27, *SD* = 4.00), practical assistance (e.g., personal care items, phone/phone cards, clothing, food pantry or voucher, 46.80%, *M* = 6.84, *SD* = 7.52), and housing (e.g., emergency shelter, short-term housing, long-term housing; 32.55%, *M* = 4.42, *SD* = 7.99). Notably, the ordering of these services by prevalence varied by type of trafficking.

- **Labor Trafficking:** Case management, mental health counseling and treatment, follow-up, advocacy, immigration support, safety support, referral, intake, practical assistance, and housing
- **Sex Trafficking:** Case management, mental health counseling and treatment, follow-up, safety support, advocacy, intake, referral, practical assistance, housing, and immigration support
- **Both Labor and Sex Trafficking:** Case management, mental health counseling and treatment, follow-up, advocacy, safety support, intake, referral, practical assistance, immigration support, and housing

Table 4.3 SH-ATP Service Characteristics, Prevalence

Services	Total [1] *n* = 891 Count (%)	Labor Trafficking *n* = 353 Count (%)	Sex Trafficking *n* = 221 Count (%)	Labor and Sex Trafficking *n* = 52 Count (%)
SH-ATP Program				
SH-ATP case management	672 (75.42)	302 (85.55)	211 (95.48)	49 (94.23)
SH-ATP legal	538 (60.38)	235 (66.57)	75 (33.94)	26 (50.00)
Service Delivery				
Phone	787 (88.33)	329 (93.20)	213 (96.38)	51 (98.08)
In-person	636 (71.38)	288 (81.59)	179 (81.00)	39 (75.00)
On behalf of	501 (56.23)	226 (64.02)	73 (33.03)	26 (50.00)
Service Type				
Case management	704 (79.01)	302 (85.55)	206 (93.21)	46 (88.46)
Mental health counseling/treatment	679 (76.21)	296 (83.85)	199 (90.05)	44 (84.62)
Follow-up	603 (67.68)	290 (82.15)	183 (82.81)	41 (78.85)
Immigration support	559 (62.74)	246 (69.69)	90 (40.72)	28 (53.85)
Advocacy	541 (60.72)	258 (73.09)	159 (71.95)	40 (76.92)
Intake	508 (57.01)	215 (60.91)	153 (69.23)	36 (69.23)
Safety support	504 (56.57)	236 (66.86)	164 (74.21)	38 (73.08)
Referral	480 (53.87)	229 (64.87)	136 (61.54)	32 (61.54)
Practical assistance	417 (46.80)	184 (52.12)	128 (57.92)	31 (59.62)
Housing	290 (32.55)	135 (38.24)	91 (41.18)	23 (44.23)
Transportation	268 (30.08)	113 (32.01)	96 (43.44)	23 (44.23)
Criminal justice support	190 (21.32)	81 (22.95)	58 (26.24)	23 (44.23)
Accompaniment/Off-site visit	181 (20.31)	83 (23.51)	55 (24.89)	15 (28.85)
Healthcare	181 (20.31)	94 (26.63)	45 (20.36)	15 (28.85)
Family services	181 (20.31)	99 (28.05)	41 (18.55)	12 (23.08)
Language services	153 (17.17)	87 (24.65)	23 (10.41)	14 (26.92)
Legal	115 (12.91)	64 (18.13)	20 (9.05)	8 (15.38)
Education	108 (12.12)	47 (13.31)	27 (12.22)	9 (17.31)
Employment assistance	88 (9.88)	42 (11.90)	27 (12.22)	9 (17.31)
Crisis intervention	24 (2.69)	8 (2.27)	10 (4.52)	2 (3.85)
Substance treatment	7 (0.79)	1 (0.28)	5 (2.26)	0 (0.00)
Other	24 (2.69)	14 (3.97)	7 (3.17)	0 (0.00)

Note. [1] Includes all SH-ATP clients, including those who have experienced sex trafficking, labor trafficking, both forms of trafficking, no trafficking but were impacted by the trafficking experiences of a family member, and those whose experiences of trafficking were unknown.

Further, across service type and type of human trafficking, there were differences in the frequency of service use. For example, among labor trafficking clients who used legal services, the average number of legal service engagements was 4.56 (*SD* = 9.34, Range = 1–51), compared to 3.80 (*SD* = 5.49, Range 1–25) for sex trafficking clients and 5.63 (*SD* = 7.96, Range = 1–24) for clients who had experienced both labor and sex trafficking.

The frequency of service engagement was notably higher for other types of services such as case management, mental health counseling and treatment, follow-up services, immigration support, advocacy, safety support, and family services. For example, among labor trafficking clients who used case management services, the average number of such service engagements was 30.96 (*SD* = 41.63, Range = 1–256), compared to 28.89 (*SD* = 36.23, Range = 1–188) for sex trafficking clients and 36.76 (*SD* = 49.02, Range = 1–-251) for both labor and sex trafficking clients.

Table 4.4 SH-ATP Service Characteristics, Frequency

Services	**Total** [1] *n* = 891 Range Mean (SD)	**Labor Trafficking** *n* = 353 Range Mean (SD)	**Sex Trafficking** *n* = 221 Range Mean (SD)	**Labor and Sex Trafficking** *n* = 52 Range Mean (SD)
Service Type				
Case management	1-256 26.02 (37.54)	1-256 30.96 (41.63)	1-188 28.89 (36.23)	1-251 36.76 (49.02)
Mental health counseling and treatment	1-239 19.09 (29.74)	1-173 20.73 (29.47)	1-239 24.07 (33.60)	1-234 27.50 (42.51)
Follow-up	1-201 17.33 (27.39)	1-201 20.42 (32.03)	1-137 15.60 (22.19)	1-152 23.00 (29.48)
Immigration support	1-197 17.77 (25.08)	1-197 23.72 (29.55)	1-100 20.88 (25.59)	1-145 28.29 (31.05)
Advocacy	1-121 10.66 (15.35)	1-121 12.02 (17.17)	1-96 11.21 (15.35)	1-49 13.38 (13.89)
Intake	1-12 1.90 (1.52)	1-12 2.07 (1.80)	1-5 1.56 (0.77)	1-8 1.86 (1.57)
Safety support	1-220 10.88 (20.89)	1-220 10.80 (20.71)	1-174 12.58 (20.74)	1-198 17.68 (33.58)
Referral	1-32 4.27 (4.00)	1-20 4.34 (3.77)	1-32 4.84 (4.89)	1-23 5.53 (4.19)
Practical assistance	1-50 6.84 (7.52)	1-35 7.32 (7.34)	1-50 7.91 (8.65)	1-41 6.42 (9.10)
Housing	1-67 4.42 (7.99)	1-22 2.90 (3.80)	1-67 7.66 (12.31)	1-35 4.17 (7.27)
Transportation	1-52 3.82 (4.74)	1-17 3.81 (3.54)	1-20 4.22 (4.16)	1-52 5.57 (10.98)
Criminal justice support	1-49 6.55 (9.11)	1-49 5.89 (9.07)	1-49 9.62 (11.10)	1-22 6.43 (6.29)
Accompaniment/Off-site visit	1-38 4.82 (6.64)	1-30 3.81 (5.65)	1-38 7.20 (9.02)	1-14 4.67 (3.81)
Healthcare	1-40 2.52 (3.54)	1-14 2.23 (2.16)	1-11 2.60 (2.44)	1-40 4.47 (9.94)
Family services	1-152 10.72 (17.80)	1-152 14.87 (21.62)	1-53 5.98 (10.78)	1-27 7.33 (9.35)
Language services	1-58 6.15 (8.63)	1-49 7.59 (9.03)	1-23 3.30 (5.16)	1-58 7.43 (14.81)
Legal	1-51 3.89 (7.69)	1-51 4.56 (9.34)	1-25 3.80 (5.49)	1-24 5.63 (7.96)
Education	1-42 2.45 (4.30)	1-42 2.79 (6.00)	1-6 2.11 (1.72)	1-12 3.67 (4.06)
Employment assistance	1-18 2.36 (2.68)	1-10 2.29 (2.11)	1-11 2.41 (2.58)	1-18 3.67 (5.50)
Crisis intervention	1-5 1.75 (1.19)	1-3 1.88 (0.83)	1-5 2.00 (1.63)	1-1 1.00 (0.00)
Substance treatment	1-2 1.29 (0.49)	2-2 2.00 (.)	1-2 1.20 (0.45)	—
Other	1-6 1.42 (1.10)	1-2 1.14 (0.36)	1-2 2.14 (1.86)	—

Note. [1] Includes all SH-ATP clients, including those who have experienced sex trafficking, labor trafficking, both forms of trafficking, no trafficking but were impacted by the trafficking experiences of a family member, and those whose experiences of trafficking were unknown.

4.2 Implementation Evaluation Findings

4.2.1 Focus Group and Interview Findings. Findings from the implementation evaluation focus groups and interviews with SH-ATP staff related to frontline work centered on four key themes: (1) strategies to develop and maintain positive relationships, (2) strategies to tailor

services and approaches, (3) strategies to promote client agency, and (4) strategies to link clients to resources.

Strategies to Develop and Maintain Positive Relationships. Participants discussed multiple strategies used to develop and maintain positive relationships with their clients, and they connected these strategies to SH-ATP's trauma-informed, client centered approach. For example, participants connected creating and maintaining a positive relationship with safety (e.g., limiting stigma); transparency and consistency (e.g., setting clear expectations); collaboration, mutuality, empowerment, voice, choice (focusing on strengths); peer support and community building (e.g., sharing information on monthly group meetings and community activities); and cultural, historical, and gender issues (e.g., speaking in clients' preferred language). Participants also discussed rapport-building strategies, including greeting clients; being non-judgmental; showing understanding, compassion, and grace; using positive reinforcement; offering flexibility; engaging in conversation versus reading a script; finding and sharing points of connection; asking questions; and normalizing clients' experiences while acknowledging individuality. Participants also mentioned being attentive to the first impression they make on clients (e.g., being mindful of their role and how they introduce themselves; informing themselves on client based on referral information) and supporting clients and their families by often going above and beyond (e.g., helping clients activate their gift cards). Challenges to developing rapport with clients included balancing building a positive relationship without getting "over familiar" with clients. On the other hand, facilitators to developing rapport included staff knowledge and expertise on engaging with clients as well as cultural and identity-related points of connection (e.g., speaking the same language, being a parent).

Strategies to Tailor Services and Approaches. Participants shared that tailoring their services and approaches with clients are consistent with SH-ATP's model which views every client as unique with different experiences, needs, goals, and priorities. For example, participants mentioned that they worked with clients to identify and prioritize their needs; invited clients to decide which SH-ATP services, supports, and opportunities in which to engage; did not set a timeframe for services; provided additional support as needed; and met clients "where they are". Other tailoring strategies included tailoring the format of service delivery (e.g., remote or in-person) based on client preference, offering flexibility (e.g., meeting a client without an appointment if available), and tailoring the type of service to address a need based on availability (e.g., addressing housing needs differently based on the availability of different housing options).

Strategies to Promote Client Agency. Participants described an emphasis on prioritizing agency and autonomy as core to anti-trafficking work, trauma-informed principles, and a client centered approach. For example, participants highlighted strategies such as emphasizing that clients are the experts of their own lives, getting consent at every step of the conversations with clients, explaining that programs and services are voluntary; providing clear information multiple times so that clients can make informed decisions; and involving clients in safety planning. Participants also noted that there are no consequences for discontinuing services—clients can decline support, discontinue services at any time, and re-connect or resume services without judgment, scrutiny, or needing to start over. Challenges to ensuring client agency included language barriers and difficulty taking charge of decisions about their life (initiating autonomy) since it had been denied during their trafficking experiences.

Strategies to Link Clients to Resources. Participants discussed general strategies to link clients to resources, including internal and external linking strategies. General linking strategies included keeping and continuously refining a resource booklet with information on possible community resources, sharing information on community resources with clients as new resources and opportunities become available, and working collaboratively with internal and external partners. Participants noted that SH has many resources and that the process of linking clients to services both within SH-ATP and across SH is seamless. However, participants also noted that clients are at times in need of resources external to SH. Common external services and supports that participants connected clients to included SNAP, food pantries, shelter, African Services, medical, SSN Office, school services (e.g., enrolling kids), reunification, law enforcement, emergency shelter and housing, financial assistance, work placement, career building, and severe mental health diagnosis and services. Participants noted that the linking process depends on both client preferences (e.g., some clients prefer that their provider call the external resource whereas others prefer to do this themselves) and external organizations' procedures for making referrals. Overall, participants discussed the importance of fostering formal partnerships with external organizations and ensuring the appropriateness of these resources (e.g., trauma-informed, not retraumatizing, treat clients with dignity and respect). Challenges to linking clients to external resources included availability of the resource, staff turnover, and the trustworthiness of external resources.

4.2.2 Frontline Work Tool Pilot Findings. SH-ATP staff completed the Frontline Work Tool documenting 21 interactions with clients (note that 2 other Frontline Work Tools were started by SH-ATP staff but were not completed). Table 4.5 presents respondent and client interaction characteristics for the 21 client interactions. The tool was completed by SH-ATP attorneys (n = 9, 45.0%), social workers (n = 8, 40.0%), and the administrative coordinator (n = 3, 15.0%). The majority of client interactions were with continuing clients and averaged approximately 57 minutes (SD = 25.10). These generally took place either via telephone (n = 11, 52.4%) or in-person (n = 7, 33.3%). The client interactions involved legal assistance and support (n = 8, 40.0%), counseling (n = 4, 20.0%), case management (n = 3, 15.0%), compensation (n = 2, 10.0%), intake/assessment (n = 2, 10.0%), accompaniment (n = 1, 5.0%), and other activities (e.g., follow-up call, n = 1, 5.0%).

Table 4.5 Respondent and Client Interaction Characteristics (N = 21)

Information about Respondent	n	n (%)
Role in the agency	20	
Administrative coordinator/survivor liaison		3 (15.0)
Attorney		9 (45.0)
Social worker		8 (40.0)
Information about Client Interaction	**n**	**n (%) or M (SD)**
Type of client	21	
New client		2 (9.5)
Continuing client		19 (90.5)
Duration of contact in minutes	20	57.00 (25.10)
Type of contact[1]	20	
Accompaniment		1 (5.0)
Case management (e.g., connect to resources)		3 (15.0)
Compensation		2 (10.0)
Counseling		4 (20.0)

Intake/assessment		2 (10.0)
Legal assistance and support		8 (40.0)
Other (e.g., follow-up call)		1 (5.0)
Format of contact	21	
In-person		7 (33.3)
Telephone		11 (52.4)
Video conferencing		1 (4.8)
Other		2 (9.5)

Notes. [1] Respondents could describe multiple types of contact for each interaction.

Table 4.6 highlights staff, self-reported frontline work strategies used across the 21 client interactions to: (a) create and maintain positive relationships with clients (Positive Relationships); (b) tailor services to clients' goals, needs, and circumstances (Tailor Services); (c) ensure agency, autonomy, and self-determination (Agency, Autonomy, and Self-Determination); and (d) connect clients to resources in SH-ATP or other agencies (Connect Clients).

Table 4.6 Frontline Work (*N* = 21)

Creating and Maintaining Positive Relationships with Clients	**n (%)**
Showed understanding, compassion, and grace	20 (95.24)
Greeted the client	19 (90.48)
Used non-stigmatizing language and behaviors	19 (90.48)
Was non-judgmental	19 (90.48)
Engaged in conversation rather than reading a script	19 (90.48)
Demonstrated flexibility	18 (85.71)
Was mindful of my role and how I present myself	18 (85.71)
Spoke in client's preferred language	16 (76.19)
Set clear expectations (e.g., discussed how you can and cannot help)	15 (71.43)
Positively reinforced the client	15 (71.43)
Found points of connection with the client	15 (71.43)
Focused on client's strengths and positives	14 (66.67)
Normalized client's experiences, while acknowledging individuality	14 (66.67)
Was transparent about possible client and case outcomes	12 (57.14)
Asked client about their needs/goals for services and prioritized these in our work	12 (57.14)
Provided information on resources, options, and available services	10 (47.62)
Asked the client for feedback	10 (47.62)
Helped support the client's family	9 (42.86)
Asked questions to get to know the client (e.g., well-being, skills, and interests)	7 (33.33)
Read over referral background information before meeting with the client	4 (19.05)
Shared information about outside activities (e.g., community or non-work activities)	4 (19.05)
Went above and beyond my role	4 (19.05)
Accompanied the client to a service engagement, appointment, or personal errand	1 (4.76)
Tailoring Services to Clients' Goals, Needs, and Circumstances	**n (%)**
Met the client where they are	18 (85.71)
Met with the client using their preferred format (e.g., in-person, phone, virtual)	17 (80.95)
Prioritized the client's stated needs	16 (76.19)
Focused on meeting the client's needs and providing necessary support	16 (76.19)
Tailored type of service to address client's need based on availability	12 (57.14)
Met with the client without an appointment	7 (33.33)
Other	2 (9.52)
Ensuring Agency, Autonomy, and Self-Determination	**n (%)**
Demonstrated that I prioritized the client's agency and self-determination	17 (80.95)
Allowed client to set the pace	11 (52.38)

Asked client for their consent at every step in the conversation	10 (47.62)
Emphasized that the client is the expert on their life	10 (47.62)
Presented my solutions suggestions	10 (47.62)
Gently put a decision back on the client when asked what decision they should make	8 (38.10)
Conveyed that programs/services are voluntary, and client can decide what to pursue	7 (33.33)
Told client they do not have to answer any question the do not want to answer	6 (28.57)
Carefully reviewed services, resources, and forms so client can make informed decisions	6 (28.57)
Made sure the client had control over developing their own safety plan	6 (28.57)
Told the client they can choose the level of cooperation they would like to take with law enforcement, and others, related to their case	2 (9.52)
Told client they can stop services/support and resume engagement at any time	2 (9.52)
Told client about the process or making grievances	0 (0.00)
Connecting Clients to Resources in Your and Other Agencies	**n (%)**
Shared information on community resources or events	4 (19.05)
Made sure not to refer the client to an inappropriate community agency or service	4 (19.05)
Referred client to the ATP legal team	2 (9.52)
Referred client to the ATP social work Team	2 (9.52)
Referred client to community agency or service by sharing information with the client	2 (9.52)
Checked to be sure the community agency or service has availability	1 (4.76)
Prioritized making referrals to community agencies or services that have an MOU with my agency	1 (4.76)
Referred client to community agency or service by making the initial contact (i.e., warm hand off)	1 (4.76)
Explained what will happen when linked with the community agency or service	1 (4.76)
I followed up with the community agency or service after making the referral	1 (4.76)
Worked with colleagues in my agency to schedule this client contact at a time the client could meet with other agency providers as well	0 (0.00)

Strategies used in two thirds or more of these client interactions include the following:

- ***Positive Relationships (13 of 23 items):*** Showed understanding compassion, and grace; Greeted the client; Used non-stigmatizing language and behaviors; Was non-judgmental; Engaged in conversation rather than reading a script; Demonstrated flexibility; Was mindful of my role and how I present myself; Spoke in client's preferred language; Set clear expectations; Positively reinforced the client; Found points of connection with the client; Focused on client's strengths and positives; Normalized client's experiences, while acknowledging individuality
- ***Tailor Services (4 of 7 items):*** Met the client where they are; Met with the client using their preferred format; Prioritized the client's stated needs; Focused on meeting the client's needs and providing necessary support
- ***Agency, Autonomy, and Self-Determination (1 of 13 items):*** Demonstrated that I prioritized the client's agency and self-determination

Overall, strategies to create and maintain a positive relationship with clients were the most often used type of frontline work. On the other hand, strategies related to connecting clients to resources were used in 20% or less of the client interactions. It is possible that the need for such connections did not arise as often in these 21 client interactions, whereas a focus on the provider-client relationship is critical across client interactions.

4.3 Client Outcome Evaluation Findings

A total of 13 SH-ATP clients participated in the client outcome evaluation. Of these, nine (69.23%) completed the survey in Spanish and four (30.77%) completed it in English. Seven participants (53.85%) completed the survey with the assistance of a project team member and six (46.15%) completed the survey independently. Twelve participants were active SH-ATP clients, and one was a former client. On average, participants received SH-ATP services for 40.31 months (*SD* = 29.94; Range = 3–79). Most participants (*n* = 9, 69.23%) received SH-ATP services both in-person and via the use of technology, whereas two (15.38%) only received services in-person and two (15.38%) only received services via technology.

4.3.1 Service Needs. Table 4.7 presents findings on the 13 participants' service needs and whether participants received SH-ATP services related to those needs. Overall, when participants started with SH-ATP they had an average of 10.82 service needs (*SD* = 3.99, Range = 3–15), which decreased to 6.90 service needs (*SD* = 2.96, Range 2–12) at the time of survey completion. The most common service needs included immigration support, employment support, safety planning, language support, criminal/civil legal support, educational support, and help for children/family members. The majority of participants received SH-ATP services related to their stated needs, as noted by the low frequencies and percentages for services needed but not received. Nonetheless, about one-fifth of participants reported not receiving services for the following needs: clothing/shoes and employment support. Anecdotally, when completing the survey with a member of the project team, some participants noted that they either did not know these services were available or their documentation status precluded them from engaging in a particular service.

Table 4.7 Service Needs (*N* = 13)

Service Needs (Access to…)	Needed and Received *n* (%)	Needed but Not Received *n* (%)	Not Initially Needed but Received *n* (%)
Shelter/housing	5 (38.46)	0 (0.00)	1 (7.69)
Food	6 (46.15)	1 (7.69)	1 (7.69)
Clothing and shoes	2 (15.38)	3 (23.08)	1 (7.69)
Language supports	9 (69.23)	0 (0.00)	0 (0.00)
Immigration support	11 (84.62)	0 (0.00)	1 (7.69)
Criminal/civil legal support	8 (61.54)	0 (0.00)	0 (0.00)
Court accompaniment and advocacy	7 (53.85)	0 (0.00)	0 (0.00)
Transportation support	6 (46.15)	1 (7.69)	0 (0.00)
Medical care	4 (30.77)	2 (15.38)	1 (7.69)
Substance use treatment	2 (15.38)	0 (0.00)	0 (0.00)
Mental health services	7 (53.85)	0 (0.00)	0 (0.00)
Public benefits	7 (53.85)	0 (0.00)	0 (0.00)
Crime victim compensation	4 (30.77)	1 (7.69)	0 (0.00)
Culturally-specific communities	5 (38.46)	2 (15.38)	0 (0.00)
Faith communities	2 (15.38)	1 (7.69)	0 (0.00)
ESL, GED, or other educational programs	6 (46.15)	2 (15.38)	0 (0.00)
Employment training or assistance	8 (61.54)	3 (23.08)	0 (0.00)
Help for children/family members	7 (53.85)	1 (7.69)	0 (0.00)
Safety plan	8 (61.54)	1 (7.69)	1 (7.69)

Note. When participants started SH-ATP, they had an average of 10.82 service needs (SD = 3.99; Range = 3-15). At the time of the survey, participants had an average of 6.90 service needs (SD = 2.96; Range = 2-12).

4.3.2 Knowledge and Perceptions. As noted in Table 4.8, participants generally were knowledgeable about available services, resources, and supports both when they started with SH-ATP and at the time of survey completion. When participants started working with SH-ATP, the percentage of participants who agreed they were knowledgeable about SH-ATP resources, community resources, legal options, and immigration supports ranged from 53.85% (n = 7) to 76.92% (n = 10). The areas in which only about half of participants felt knowledgeable were community resources and immigration supports, though the average responses for these were between "neither agree or disagree" and "agree." At the time of survey completion, the majority of participants indicated feeling knowledgeable about SH-ATP services, community resources, legal options, and immigration supports. For each type of service and support, the percentage of participants indicating such knowledge increased from when they started working with SH-ATP to the survey completion.

Table 4.8 Knowledge of Services and Supports (N = 13)

Services and Supports	When Started with SH-ATP			Currently		
	N	Agreement[1] *n* (%)	*M (SD)*	*N*	Agreement[1] *n* (%)	*M (SD)*
I understand what services are available to me through SH	13	10 (76.92)	4.15 (0.99)	13	13 (100.00)	4.85 (0.38)
I know about the resources in the community that could support me	11	6 (54.55)	3.45 (1.37)	11	10 (90.91)	4.55 (0.93)
I know about my legal options	13	9 (69.23)	3.54 (1.20)	13	12 (92.31)	4.38 (0.65)
I know about immigration supports to help me	13	7 (53.85)	3.15 (1.34)	13	13 (100.00)	4.62 (0.51)

Note. Response options include 1 = Strongly disagree, 2 = Disagree, 3 = Neither agree or disagree, 4 = Agree, and 5 = Strongly agree. [1] Agreement collapses responses of Agree and Strongly Agree.

Table 4.9 presents findings related to participants' perceptions of SH-ATP. Overwhelmingly, participants felt positive about SH-ATP both when they started the program and at the time of survey completion. When reflecting on both timepoints, all participants agreed that (a) they felt safe accessing SH-ATP services at their physical location; (b) staff treated them with respect, kept them informed about their care, helped improve their situation, are professional and competent, helped them with important goals, and connected them to needed resources; and (c) they were satisfied with the results of their case and the legal support they received from SH-ATP. For the remaining items, perceptions improved from when participants first contacted SH-ATP to survey completion. The percentage of participants who felt safe accessing SH-ATP services via technology increased from 81.82% (n = 9) to 90.91% (n = 10), the percentage who felt services were easy to access increased from 84.62% (n = 11) to 100% (n = 13), the percentage who felt staff helped them understand their rights increased from 91.67% (n=11) to 100% (n = 12), and the percentage who would recommend SH-ATP to a friend increased from 92.31% (n = 12) to 100% (n = 13).

Table 4.9 Perceptions of SH-ATP (N = 13)

Services and Supports	When Started with SH-ATP			Currently		
	N	Agreement[1] *n* (%)	*M (SD)*	*N*	Agreement[1] *n* (%)	*M (SD)*
I feel safe accessing SH's services at their physical location	11	11 (100.00)	4.64 (0.50)	11	11 (100.00)	5.00 (0.00)

I feel safe accessing SH's services via technology	11	9 (81.82)	4.27 (1.27)	11	10 (90.91)	4.55 (1.21)
SH's services are easy to access	13	11 (84.62)	4.38 (0.77)	13	13 (100.00)	4.92 (0.28)
SH staff help me understand my rights	12	11 (91.67)	4.50 (0.67)	12	12 (100.00)	4.92 (0.29)
SH staff treat me with respect	12	12 (100.00)	4.75 (0.45)	13	13 (100.00)	4.92 (0.28)
SH staff keep me informed about my case	11	11 (100.00)	4.73 (0.47)	13	13 (100.00)	4.77 (0.44)
SH staff help me improve my situation	12	12 (100.00)	4.67 (0.49)	13	13 (100.00)	4.92 (0.28)
SH staff are professional and competent	13	13 (100.00)	4.92 (0.28)	13	13 (100.00)	4.92 (0.28)
I am satisfied with the results of my case	12	12 (100.00)	4.83(0.39)	12	12 (100.00)	4.92 (0.29)
I am satisfied with the legal support I have received	11	11 (100.00)	4.73 (0.47)	11	11 (100.00)	5.00 (0.00)
SH staff help me with goals that are most important to me	13	13 (100.00)	4.85 (0.38)	13	13 (100.00)	4.92 (0.28)
SH staff connect me to resources to achieve my goals	12	12 (100.00)	4.92 (0.29)	12	12 (100.00)	5.00 (0.00)
I would recommend SH to a friend	13	12 (92.31)	4.85 (0.55)	13	13 (100.00)	5.00 (0.00)

Note. Response options include 1 = Strongly disagree, 2 = Disagree, 3 = Neither agree or disagree, 4 = Agree, and 5 = Strongly agree. [1] Agreement collapses responses of Agree and Strongly Agree.

4.3.3 Well-being. Table 4.10 shows an improvement in participants' physical health from when they started with SH-ATP to the time of survey completion. When participants started with SH-ATP, about half (n = 7, 53.84%) reported their physical health as being fair or poor, whereas at the time of survey completion only one participant (7.69%) reported their physical health in this manner. Further, the overall average went from 3.77 (SD = 1.36; between "good" and "fair") when participants started with SH-ATP to 2.23 (SD = 1.09, between "very good" and "good") at survey completion.

Table 4.10 Physical Health (N = 13)

Physical Health	When Started with SH-ATP			Currently		
	N	***n* (%)**	***M (SD)***	***N***	***n* (%)**	***M (SD)***
How would you rate your physical health?	13		3.77 (1.36)	13		2.23 (1.09)
Excellent		1 (7.69)			3 (23.08)	
Very good		1 (7.69)			6 (46.15)	
Good		4 (30.77)			3 (23.08)	
Fair		1 (7.69)			0 (0.00)	
Poor		6 (46.15)			1 (7.69)	
Has health insurance	13	6 (45.15)		13	9 (69.23)	

Note. Response options include 1 = Excellent, 2 = Very good, 3 = Good, 4 = Fair, 5 = Poor.

Table 4.11 presents findings related to mental health, coping, and social support. Participants demonstrated an improvement in depression scores from when they started with SH-ATP to when they completed the survey. Notably, total depression scores decreased from an average of 41.27 (SD = 13.20) to 13.30 (SD = 10.19), with 90% of participants (n = 10) meeting threshold for clinical depression when they started with SH-ATP and 40% (n = 4) meeting this threshold at survey completion. In terms of coping, participants reported an increase in both emotion-focused coping (M = 25.83, SD = 6.46; M = 29.10, SD = 5.92) and problem-focused coping (M = 16.75, SD = 6.61; M = 25.50, SD = 6.47). Participants also demonstrated an improvement in the area of social support, with increasing total (M = 53.08, SD = 20.06; M = 69.33, SD = 13.86), significant other (M = 18.67, SD = 7.07; M = 23.92, SD = 3.99), family (M = 19.27, SD = 7.55; M = 22.64, SD = 6.79), and friends (M = 15.42, SD = 7.51; M = 22.56, SD = 4.50) social support scores from when they started working with SH-ATP to survey completion. Further, when participants

started with SH-ATP, 41.67% (*n* = 5) perceived their social support as high compared to 77.78% (*n* = 7) at survey completion.

Table 4.11 Mental Health, Coping, and Social Support (*N* = 13)

Physical Health	When Started with SH-ATP			Currently		
	N	***n* (%)**	***M (SD, Range)***	***N***	***n* (%)**	***M (SD, Range)***
Depression[1]						
Total depression score	11		41.27 (13.20, 11-59)	10		13.30 (10.19, 0-26)
Meets threshold for clinical depression	11	10 (90.91)		10	4 (40.00)	
Coping[2]						
Emotion-focused coping	12		25.83 (6.46, 12-35)	10		29.10 (5.92, 12-35)
Problem-focused coping	12		16.75 (6.61, 8-31)	12		25.50 (6.47, 9-32)
Social support[3]						
Total social support score	12		53.08 (20.06, 12-81)	9		69.33 (13.86, 47-84)
Significant other	12		18.67 (7.09, 4-28)	12		23.92 (3.99, 16-28)
Family	11		19.27 (7.55, 6-28)	11		22.64 (6.79, 6-28)
Friends	12		15.42 (7.51, 4-28)	9		22.56 (4.50, 16-28)
Perceived social support	12			9		
Low		2 (16.67)			0 (0.00)	
Moderate		5 (41.67)			2 (22.22)	
High		5 (41.67)			7 (77.78)	

Note. [1] Response options include 1 = Rarely or none of the time, 2 = Some or a little of the time, 3 = Occasionally or a moderate among of time, 4 = Most or all of the time; Higher scores reflect more depression symptoms. [2] Response options include 1 = I haven't been doing this at all, 2 = A little bit, 3 = A medium amount, 4 = I've been doing this a lot; higher scores reflect greater use of related coping strategies. [3] Response options include 1 = Very strongly disagree, 2 = Strongly disagree, 3 = Mildly disagree, 4 = Neutral, 5 = Mildly agree, 6 = Strongly agree, 7 = Very strongly agree; Higher scores reflect more social support.

4.4 Debrief Meeting Findings and Lessons Learned

This section is informed by findings from the debrief meeting with SH-ATP staff as well as overall lessons learned by the UNC-CH project team.

4.4.1 Implementation Evaluation. SH-ATP staff shared their experiences of (a) participating in the frontline work focus groups/interview, and (b) piloting the frontline work tool. Staff spoke positively about the frontline work focus groups/interviews. Those who attended a focus group noted that it was a good opportunity to connect with other SH-ATP staff and highlight their work. Staff also shared that these discussions provided space to consider their work from another perspective (i.e., frontline work framework) and to think "out loud" about the intersections of their services, service provision, and frontline work. Staff noted that finding the time to participate can be challenging, particularly for focus groups that require coordinating multiple schedules. Although holding these discussions via Zoom helped to facilitate participation, staff also noted limitations to using Zoom (e.g., "something is always missing in Zoom").

Regarding piloting the frontline work tool, SH-ATP staff noted that completing the tool using Qualtrics was relatively easy, with those using both Qualtrics and the paper version preferring Qualtrics. Staff also found the tool to be helpful and shared that the tool was able to capture variation in frontline work strategies used with the same client during different interactions. One facilitator to piloting the tool was SH and SH-ATP's use of client centered practice and trauma-informed principles—key elements reflected in the frontline work framework (e.g., "SH talks more about how we do things, how we treat people and interact with clients in an ongoing way more than other organizations"). Staff also appreciated the section in the tool for including open-ended responses and notes. Although staff felt the frontline work tool was easy to complete and that it "did not feel like a burden," they also shared some challenges and recommendations for refining the tool. For example, because the tool captured strategies used during intake and follow-up interactions, not all interactions necessitated all the strategies included in the tool. Staff shared that despite knowing this, one can feel discouraged completing the tool if they indicated using only a few of the strategies in a given interaction. Staff also suggested that some of the strategies seemed redundant. It was recommended that instead of organizing the tool based on frontline work categories (e.g., creating and maintaining positive relationships, tailoring services, ensuring agency, connecting to resources), the tool could be organized in some other manner (e.g., by type of interaction, by the goals of the interaction), and that the strategies could be collapsed into broader strategies with examples to further streamline the tool.

4.4.2 Client Outcome Evaluation. SH-ATP staff provided feedback on both client outcome evaluation design components—the longitudinal, prospective survey design and the cross-sectional, retrospective survey design. Notably, this research activity began with the longitudinal, prospective design; however, given the lack of participants, the project team pivoted to include the cross-sectional, retrospective survey option. Reflecting on why the longitudinal, prospective survey design did not work, SH-ATP staff voiced not feeling comfortable inviting new clients to participate in a research study. Staff noted that new clients may not feel fully comfortable seeking and receiving anti-trafficking services, and thus, much of the initial client interactions are focused on building rapport and attending to clients' most pressing needs. Staff also noted the issue of timing, mentioning the lag in time between Phase 1 and Phase 2 of the project, as well as limited staffing capacity at the time this activity was launched. It was recommended that if researchers want to gather prospective baseline data, it might be helpful to incorporate the initial point of data collection into the intake process.

SH-ATP staff appreciated the cross-sectional, retrospective survey design option, as it was easier to share the research opportunity with active and former clients compared to new clients. This shift allowed staff to focus on who might be "good candidates" to participate in research. Across both options, staff struggled with inviting clients to participate in research given concerns regarding exploitation, power dynamics, and the transactional nature of the interaction. Several staff noted that given cultural norms, clients might feel pressured to participate in the research despite being told that it is completely voluntary. On the other hand, others highlighted that inviting clients to participate in research could be connected to empowerment and self-advocacy by creating a safe environment to practice boundaries and saying "no." Overall, SH-ATP stressed the importance of (1) ensuring providers understand the importance of research and potential benefits for clients and (2) fostering trust and a positive relationship between

researchers and providers. Notably, the project team communicated with SH-ATP throughout Phase 2, allowing the team the opportunity to learn from SH-ATP staff (e.g., potential harm of using the term "recruitment" in research outreach materials) and to identify and remedy challenges to implementing the client outcome evaluation.

Regarding the data collection process, SH-ATP staff mentioned that it was helpful that the project team offered clients the option of either completing the survey on their own or with the assistance of a project team member. Project team members who assisted with data collection echoed this sentiment, noting that they were able to explain potentially confusing survey language, particularly with clients for whom English was not their primary language. However, project team members also mentioned that assisting with survey completion might have enhanced the impact of social desirability and the potential pressure clients felt to be overwhelmingly positive about their experiences with SH-ATP. Survey completion assistance occurred over the phone. UNC-CH team members suggested that in the future, offering such assistance via Zoom would allow both the client and project team member to view the survey together; thus, facilitating the process and allowing clients to see all the response options.

After having assisted with data collection, members of the project team had feedback about the survey. In particular, project team members noted that (a) the matrices were complex and likely confusing for clients who completed the survey on their own; (b) some question formats made it difficult to interpret missingness; and (c) several of the standardized instruments were long, with seemingly redundant questions and too many response options. Members of the project team also noted that clients may not have interpreted and responded to some of the standardized survey items as intended by the developers. For example, when answering social support items about friends, some clients were interpreting friends to include "SH-ATP" which reflects Phase 1 findings related to clients viewing SH-ATP and SH-ATP staff as family or friends. Another observation centered on the intersection between recall and social desirability. It seemed challenging to get a true baseline due to a combination of factors, including difficulty recalling back to when clients started SH-ATP, social desirability, and feeling indebted to SH-ATP. Project team members also noted that clients had different experiences with the survey, whereas some felt sad thinking about their mental health and coping when they started with SH-ATP, others appreciated that the survey did not center on their human trafficking experiences.

4.5 Formative Evaluation Summary

Descriptive analysis of SH-ATP de-identified administrative data from 894 clients found that 353 had experienced only labor trafficking, 221 had experienced only sex trafficking, and 52 had experienced both labor and sex trafficking. Based on these findings, it is clear that SH-ATP serves survivors of different genders and wide varying racial/ethnic backgrounds, primary languages, and countries of origin. SH-ATP clients also have diverse trafficking experiences, including location of victimization, primary trafficking state, trafficker relationship and country of origin, and exit from the trafficking situation. As identified in the evaluability assessment, SH-ATP has two primary programs or components—a case management program and a legal program—along with a multitude of services. Both the case management and legal programs were accessed by a majority of clients, with notable differences based on type of trafficking. The most common types of services used included case management, mental health counseling and treatment, follow up services, immigration support, advocacy, intake, safety support, and

referral. However, the prevalence and frequency of these and other services varied by type of trafficking.

Given the adaptive nature of SH-ATP, the implementation evaluation focused on fidelity related to the implementation of frontline work strategies and behaviors. This component of the formative evaluation demonstrated adequate fit between SH-ATP's approach and the frontline work framework. Both the focus group and pilot findings identified multiple strategies that SH-ATP staff use to (a) develop and maintain positive relationships with clients, (b) tailor services and approaches, (c) promote client agency, and (d) link clients to resources. Notably, more strategies were identified and endorsed for creating and maintaining positive relationships and endorsed for tailoring services than the other frontline work components. It is possible that this reflects the need to attend to provider-client relationships and tailoring along a client's healing journey and over the course of multiple client interactions, whereas strategies to address agency and connection to resources might not necessarily arise in all client interactions. Overall, these findings demonstrate the feasibility of using the developed frontline work tool to measure fidelity. Future evaluations of SH-ATP could also explore relationships between the various frontline work dimensions and client outcomes.

The client outcome evaluation found that participants had numerous service needs when they started with SH-ATP, and that the majority received SH-ATP services related to their stated needs. Nonetheless, at survey completion, participants still reported between 2 and 12 service needs. These findings reflect the long-term nature of human trafficking services and service delivery. Further, many of the stated needs—for example, housing, immigration, legal, and employment support—are reliant on external factors and systems that can influence the time it takes to have these needs fully addressed. Despite continued needs, participants were highly positive regarding their perceptions of SH-ATP both when they started the program and at survey completion. Participants felt safe accessing SH-ATP services; perceived services as accessible; perceived staff as competent, respectful, and helpful; and reported satisfaction with the supports received and related results. Notably, at survey completion, all participants indicated that they would recommend SH-ATP to a friend. Participants felt knowledgeable about SH-ATP services, community resources, legal options and immigration supports, with such knowledge increasing from when they started the program to survey completion. Participants also reported improvements in their physical health, access to health insurance, depression, and social support, as well as increases in their use of emotion-focused and problem-focused coping strategies.

Overall, the implementation and client outcome evaluation components of the formative evaluation were feasible, particularly with modifications. Nonetheless, feedback from staff and UNC-CH research team members offered valuable guidance on challenges as well as recommendations for enhancing future feasibility. For the implementation evaluation, although staff found it relatively easy to complete the frontline work tool, recommendations centered on reorganizing and streamlining the tool. For the client outcome evaluation, challenges focused on the timing of inviting clients to participate in research, memory, social desirability, and the survey itself. One recommendation was to incorporate initial survey questions into the intake process. The noted challenges also speak to the importance of piloting and conducting cognitive interviewing to determine how clients are interpreting and responding to items to improve survey

validity. Notably, we were unable to do such piloting and cognitive testing prior to launching the client outcome evaluation given time constrains. The importance of trust and ongoing communication between providers and the research team, as well as the research team's openness to learn from their community partner and be flexible to making changes in response to provider concerns was also highlighted throughout the formative evaluation, staff feedback, and UNC-CH team member reflection. Lastly, lessons learned highlight the importance of training team members assisting with data collection on trauma-informed interviewing.

Findings from the formative evaluation should be considered in light of limitations, including the small implementation evaluation and client outcome evaluation sample sizes that did not allow for complex statistical analysis. Self-selection is another important consideration, as there might be meaningful differences between clients who participated in the study and those who did not, as well as client interactions captured and not captured in the implementation evaluation pilot. Other limitations for the client outcome evaluation include the lack of a comparison group given time and resource constraints, differences in participants' duration working with SH-ATP, social desirability (i.e., feeling as though they had to speak positively about SH-ATP), and the retrospective nature of the design as participants might not have been able to accurately recall information related to their knowledge, perceptions, experiences, and behaviors when they started working with SH-ATP. Nonetheless, the formative evaluation demonstrated the research team's ability to use administrative data and engage people providing and receiving human trafficking services in research, along with promising findings highlighting the need for further, more rigorous research.

Chapter 5. Key Takeaways

- **A multi-method evaluability assessment can provide valuable information to guide research and evaluation of existing anti-human trafficking programs.** In this project, findings from the various evaluability assessment research activities provided a foundational understanding of SH-ATP and best strategies for evaluating the program. The evaluability assessment informed the development of practice and research materials that ultimately enhanced the feasibility of the project's formative evaluation.

- **Anti-human trafficking programs can develop and enhance administrative data infrastructure and processes for program evaluation.** The project team was able to use existing, de-identified administrative data to examine trends in client characteristics and human trafficking experiences. To address challenges to engaging clients in research, anti-human trafficking programs may consider ways to expand administrative data to capture changes in clients' needs, goals, and well-being.

- **A Frontline Work Framework and related tool can capture the manner in which anti-trafficking program staff work with clients.** The Frontline Work Framework demonstrated alignment with SH-ATP's approach to service delivery and client interactions. The project-developed Frontline Work Tool was feasible and was able to capture variability in frontline work strategies across staff, clients, and time. Recommendations were provided for enhancing the tool for practice and future research.

- **It is possible to engage clients in research and evaluation of anti-trafficking programs.** The project team was able to engage SH-ATP clients in research evaluating the program. In engaging clients in research and evaluation of anti-trafficking programs, it is important to consider challenges to engaging clients early on in their service use and healing journey as well as potential concerns related to power, coercion, and confidentiality. To enhance feasibility, it is critical that researchers work collaboratively with their anti-trafficking community program to develop researcher-partner relationships founded in trust, mutual respect, and ongoing communication.

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Appendix A: Frontline Work Tool

Information about Respondent and Client Contact			
Your role in the agency: ☐ Social Worker ☐ Lawyer ☐ Training and Outreach Specialist ☐ Administrative Coordinator/Survivor Liaison ☐ Other (please specify):			
Date of client contact (MM/DD/YYYY):	**Approximate duration of contact in minutes:**	**Type of client:** ☐ New client ☐ Continuing client	
Type of contact (please specify):			
Format of contact: ☐ In-Person ☐ Video conferencing (e.g., Zoom) ☐ Telephone ☐ Other (please specify):			
Information About Frontline Work			
Frontline Work	**Check if done in this client contact**	**Please specify behaviors you used to do this here (as necessary or relevant)**	
Creating and Maintaining Positive Relationships with Clients			
Read over referral background information before meeting with the client	☐		
Greeted the client	☐		
Used non-stigmatizing language and behaviors	☐		
Was non-judgmental	☐		
Showed understanding, compassion, and grace	☐		
Demonstrated flexibility	☐		
Focused on client's strengths and positives	☐		
Normalized client's experiences, while acknowledging individuality	☐		
Asked client about their needs/goals for services and prioritized these in our work	☐		
Set clear expectations (e.g., discussed how you can and cannot help)	☐		
Provided information on resources, options, and available services	☐		
Engaged in conversation rather than reading a script	☐		

Was transparent about possible client and case outcomes	☐	
Asked the client for feedback	☐	
Positively reinforced the client	☐	
Shared information about outside activities (e.g., community or non-work activities)	☐	
Spoke in client's preferred language	☐	
Found points of connection with the client	☐	
Asked questions to get to know the client (e.g., well-being, skills, and interests)	☐	
Was mindful of my role and how I present myself	☐	
Went above and beyond my role	☐	
Accompanied the client to a service engagement, appointment, or personal errand	☐	
Helped support the client's family	☐	
Other, please specify:	☐	
Other, please specify:	☐	
Other, please specify:	☐	
Tailoring Services to Clients' Goals, Needs, and Circumstances		
Prioritized the client's stated needs	☐	
Met the client where they are	☐	
Focused on meeting the client's needs and providing necessary support	☐	
Met with the client using their preferred format (e.g., in-person, phone, virtual)	☐	
Met with the client without an appointment	☐	
Tailored type of service to address client's need based on availability	☐	
Other, please specify:	☐	
Other, please specify:	☐	
Other, please specify:	☐	
Ensuring Clients have Agency, Autonomy, and Self-Determination		
Demonstrated that I prioritized the client's agency and self-determination	☐	
Asked client for their consent at every step in the conversation		
Emphasized that the client is the expert on their life	☐	
Told client they do not have to answer any question the do not want to answer	☐	
Told client they can stop services/support and resume engagement at any time	☐	

Carefully reviewed services, resources, and forms so client can make informed decisions	☐	
Conveyed that programs/services are voluntary, and client can decide what to pursue	☐	
Made sure the client had control over developing their own safety plan	☐	
Told the client they can choose the level of cooperation they would like to take with law enforcement, and others, related to their case	☐	
Allowed client to set the pace	☐	
Gently put a decision back on the client when asked what decision they should make	☐	
Presented my solutions as suggestions	☐	
Told client about the process for making grievances	☐	
Other, please specify:	☐	
Other, please specify:	☐	
Other, please specify:	☐	
Connecting Clients to Resources in Your and Other Agencies		
Shared information on community resources or events	☐	
Referred client to the ATP legal team	☐	
Referred client to the ATP social work Team	☐	
Worked with colleagues in my agency to schedule this client contact at a time the client could meet with other agency providers as well	☐	
Made sure not to refer the client to an inappropriate community agency or service	☐	
Checked to be sure the community agency or service has availability	☐	
Prioritized making referrals to community agencies or services that have an MOU with my agency	☐	
Referred client to community agency or service by sharing information with the client	☐	
Referred client to community agency or service by making the initial contact (i.e., warm hand off)	☐	
Explained what will happen when linked with the community agency or service	☐	
I followed up with the community agency or service after making the referral	☐	
Other, please specify:	☐	
Other, please specify:	☐	
Other, please specify:	☐	

Appendix B: Client Outcome Evaluation Survey

Are you currently a client of Safe Horizon's Anti-Trafficking Program and receiving services?

- ○ No
- ○ Yes

Display this question:
If Are you currently a client of Safe Horizon's Anti-Trafficking Program and receiving services? = No

Please respond to the questions below by selecting the month and year as best as you can recall.

	Month	Year
When did you first start working with Safe Horizon?	▼ January (1 ... December	▼ 2018 (1 ... 2024
When did you stop working with Safe Horizon?	▼ January (1 ... December	▼ 2018 (1 ... 2024

Display this question:
If Are you currently a client of Safe Horizon's Anti-Trafficking Program and receiving services? = Yes

Please respond to the question below by selecting the month and year as best as you can recall.

	Month	Year
When did you first start working with Safe Horizon?	▼ January (1 ... December	▼ 2018 (1 ... 2024

Start of Block: Basic Needs

Instructions: Below is a list of needs that people sometimes require help with. Please read each item and choose the best answer for each potential need.

	When I first started working with Safe Horizon, I had this need		I received help with this need from Safe Horizon		I currently would still like help with this need	
	Yes	No	Yes	No	Yes	No
Access to shelter/housing	○	○	○	○	○	○
Access to food	○	○	○	○	○	○
Access to clothing and shoes	○	○	○	○	○	○
Access to language supports, such as interpretation or translation	○	○	○	○	○	○
Access to immigration support	○	○	○	○	○	○
Access to criminal and/or civil legal support	○	○	○	○	○	○
Access to court accompaniment and advocacy	○	○	○	○	○	○
Access to transportation support	○	○	○	○	○	○
Access to medical care, including prescriptions, dental care, and vision care	○	○	○	○	○	○
Access to substance abuse treatment	○	○	○	○	○	○
Access to mental health services	○	○	○	○	○	○
Access to public benefits, such as Emergency Medicaid, Fare Fares, Rental Assistance, Office of Temporary and Disability Assistance (OTDA)	○	○	○	○	○	○
Access to crime victim compensation	○	○	○	○	○	○
Access to culturally specific communities, such as organizations or places where people share your background, language, and traditions	○	○	○	○	○	○

Access to faith communities, such as churches, mosques, synagogues, or temples	○	○	○	○	○	○
Access to English as a Second Language, GED, or other educational programs	○	○	○	○	○	○
Access to employment training or assistance	○	○	○	○	○	○
Access to help for children and/or other family members	○	○	○	○	○	○
Do you have a safety plan? In other words, action steps you can take if you are threatened by your trafficking perpetrator or someone else	○	○	○	○	○	○

End of Block: Basic Needs

Start of Block: Knowledge and Perceptions of SH-ATP Services and Supports

Instructions: Please select your level of agreement with each statement below for the following two time periods: (1) When you first entered Safe Horizon's program, and (2) Today. Please be sure to scroll all the way to the right to ensure you are seeing all of the questions and response options.

	How do you agree with the following statements, **based on when you first started working with Safe Horizon?**					How much do you agree with the following statements, **today?**				
	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
I understand what services are available to me through Safe Horizon.	○	○	○	○	○	○	○	○	○	○
I know about	○	○	○	○	○	○	○	○	○	○

the resources in the community that could support me.											
I know about my legal options.	○	○	○	○	○	○	○	○	○	○	
I know about immigration supports to help me.	○	○	○	○	○	○	○	○	○	○	

I access/accessed Safe Horizon's services (select all that apply):

- ☐ In-person
- ☐ Via technology (e.g., Zoom, phone calls, or other avenues that were not in-person)

Instructions: Please select your level of agreement with each statement below for the following two time periods: (1) When you first entered Safe Horizon's program, and (2) Today. When we say "Safe Horizon staff" you should consider your social worker, attorney, or any general staff at Safe Horizon. Please be sure to scroll all the way to the right to ensure you are seeing all of the questions and response options.

	How much do you agree with the following statements, **based on when you first started working with Safe Horizon?**						How much do you agree with the following statements, **today?**					
	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A

I feel safe accessing Safe Horizon's services at their physical location.	○	○	○	○	○	○	○	○	○	○	○	○
I feel safe accessing Safe Horizon's services via technology.	○	○	○	○	○	○	○	○	○	○	○	○
Safe Horizon's services are easy to access.	○	○	○	○	○	○	○	○	○	○	○	○
The Safe Horizon staff help me understand my rights.	○	○	○	○	○	○	○	○	○	○	○	○
The Safe Horizon staff treat me with respect.	○	○	○	○	○	○	○	○	○	○	○	○
The Safe Horizon staff keep me informed about my case.	○	○	○	○	○	○	○	○	○	○	○	○
The Safe Horizon staff help improve my situation.	○	○	○	○	○	○	○	○	○	○	○	○
The Safe Horizon staff are professional and competent.	○	○	○	○	○	○	○	○	○	○	○	○
I am satisfied with the results of my case.	○	○	○	○	○	○	○	○	○	○	○	○
I am satisfied with the legal support I have received.	○	○	○	○	○	○	○	○	○	○	○	○
The Safe Horizon staff	○	○	○	○	○	○	○	○	○	○	○	○

help me with goals that are most important to me.												
The Safe Horizon staff connect me to resources to achieve my goals.	○	○	○	○	○	○	○	○	○	○	○	○
I would recommend Safe Horizon to a friend.	○	○	○	○	○	○	○	○	○	○	○	○

If you have anything else you would like to tell us about your experience with Safe Horizon, feel free to write any comments below. Please remember that your response will be confidential; Safe Horizon will **not** have access to who wrote the comment.

_____

End of Block: Knowledge and Perceptions of SH-ATP Services and Supports

Start of Block: Physical Health

Instructions: Persons who come to the Safe Horizon program may have problems related to their trafficking experience or others that affect their health. Please read the following statements and select the best answer choice.

Compared to other people your age, how would you describe the state of your physical health when you first started working with Safe Horizon?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

Compared to other people your age, how would you describe the state of your physical health, today?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

Did you have health insurance when you first started working with Safe Horizon?

- ○ No
- ○ Yes

Do you have health insurance, today?

- ○ No
- ○ Yes

End of Block: Physical Health

Start of Block: Mental Health

Instructions: Below is a list of the ways you might have felt or behaved. For each statement below, please answer how often that was true for you for the following two time periods: (1) When you first entered Safe Horizon's program, and (2) Now.

	How often was this true for you **when you first started working with Safe Horizon?**				How often is this true for you **now?**			
	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of time	Most or all of the time	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of time	Most or all of the time

I am bothered by things that usually don't bother me.	○	○	○	○	○	○	○	○
I do not feel like eating; my appetite is poor.	○	○	○	○	○	○	○	○
I feel that I cannot shake off my blues even with help from my family or friends.	○	○	○	○	○	○	○	○
I feel I am just as good as other people.	○	○	○	○	○	○	○	○
I have trouble keeping my mind on what I am doing.	○	○	○	○	○	○	○	○
I feel depressed.	○	○	○	○	○	○	○	○
I feel that everything I do is an effort.	○	○	○	○	○	○	○	○
I feel hopeful about the future.	○	○	○	○	○	○	○	○
I think my life has been a failure.	○	○	○	○	○	○	○	○
I feel fearful.	○	○	○	○	○	○	○	○
My sleep is restless.	○	○	○	○	○	○	○	○
I am happy.	○	○	○	○	○	○	○	○
I talk less than usual.	○	○	○	○	○	○	○	○
I feel lonely.	○	○	○	○	○	○	○	○
People are unfriendly.	○	○	○	○	○	○	○	○
I enjoy life.	○	○	○	○	○	○	○	○
I have crying spells.	○	○	○	○	○	○	○	○
I feel sad.	○	○	○	○	○	○	○	○

I feel that people dislike me.	○	○	○	○	○	○	○	○
I cannot "get going".	○	○	○	○	○	○	○	○

End of Block: Mental Health

Start of Block: Coping

Instructions: The following questions ask about the support in your life. Please select your level of agreement with each statement below for the following two time periods: (1) When you first entered Safe Horizon's program, and (2) Today. Please be sure to scroll all the way to the right to ensure you are seeing all of the questions and response options.

	How much do you agree with the following statements **based on when you first started working with Safe Horizon?**							How much do you agree with the following statements **today?**						
	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
There is a person who is around when I am in need.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
There is a person with whom I can share my joys and sorrows.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
My family really tries to help me.	○	○	○	○	○	○	○	○	○	○	○	○	○	○

I get the emotional help and support I need from my family.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
I have a person who is a real source of comfort to me.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
My friends really try to help me.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
I can count on my friends when things go wrong.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
I can talk about my problems with my family.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
I have friends with whom I can share my joys and sorrows.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
There is a person in my life who cares	○	○	○	○	○	○	○	○	○	○	○	○	○	○

about my feelings.														
My family is willing to help me make decisions.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
I can talk about my problems with my friends.	○	○	○	○	○	○	○	○	○	○	○	○	○	○

Instructions: The following questions ask how you have sought to cope with hardship in your life. For each statement below, please answer how often that was true for you for the following two time periods: (1) When you first entered Safe Horizon's program, and (2) Now.

	How often was this true **when you first started working with Safe Horizon?**				How often is this true **now?**			
	I haven't been doing this at all	A little bit	A medium amount	I've been doing this a lot	I haven't been doing this at all	A little bit	A medium amount	I've been doing this a lot
I've been concentrating my efforts on doing something about the situation I'm in.	○	○	○	○	○	○	○	○
I've been getting emotional support from others	○	○	○	○	○	○	○	○
I've been taking action to try to make the situation better.	○	○	○	○	○	○	○	○

I've been saying things to let my unpleasant feelings escape.	○	○	○	○	○	○	○	○
I've been getting help and advice from other people.	○	○	○	○	○	○	○	○
I've been trying to see it in a different light, to make it seem more positive.	○	○	○	○	○	○	○	○
I've been criticizing myself.	○	○	○	○	○	○	○	○
I've been trying to come up with a strategy about what to do.	○	○	○	○	○	○	○	○
I've been getting comfort and understanding from someone.	○	○	○	○	○	○	○	○
I've been looking for something good in what is happening	○	○	○	○	○	○	○	○
I've been making jokes about it.	○	○	○	○	○	○	○	○
I've been accepting the reality of the fact that it happened.	○	○	○	○	○	○	○	○
I've been expressing my negative feelings.	○	○	○	○	○	○	○	○
I've been trying to find comfort in my religion or spiritual beliefs.	○	○	○	○	○	○	○	○
I've been trying to get advice or help from other people about what to do.	○	○	○	○	○	○	○	○
I've been learning to live with it.	○	○	○	○	○	○	○	○
I've been thinking hard about what steps to take.	○	○	○	○	○	○	○	○
I've been blaming myself for things that happened.	○	○	○	○	○	○	○	○

I've been praying or meditating.	○	○	○	○	○	○	○	○
I've been making fun of the situation.	○	○	○	○	○	○	○	○

End of Block: Coping

Start of Block: Demographic Information

How old are you? (Age in years) _____

What was your sex assigned at birth?

- ○ Female
- ○ Male
- ○ Intersex

What is your gender identity? (Select all that apply)

- ☐ Woman/Cisgender woman
- ☐ Man/Cisgender man
- ☐ Transgender
- ☐ Transgender woman or transfeminine
- ☐ Transgender man or transmasculine
- ☐ Non-binary
- ☐ Genderqueer
- ☐ Questioning
- ☐ Another identity (please specify) _____

What is your sexual orientation? (Select all that apply)

- ☐ Heterosexual or straight
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Pansexual

- ☐ Queer
- ☐ Asexual
- ☐ Questioning
- ☐ Another identity (please specify) _____

What is your race/ethnicity? (Please check all the answers that apply to you)

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/Latina/Latinx
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White Non-Latino
- ☐ Other, please specify here _____

What is your primary language? _____

What is your country of origin? _____

How many children do you have? _____

What type of trafficking did you experience? (Please select all the answers that apply to you)

- ☐ Sex trafficking
- ☐ Labor trafficking

End of Block: Demographic Information

Start of Block: Feedback

If there is anything else you would like to add about any of the questions we asked regarding your (1) basic needs being met, (2) perceptions of the ATP services and supports, (3) physical health, (4) mental health, (5) social support and coping efforts, or (6) demographic information, please feel free to write them here:

_____