



---

## Domestic Victims of Human Trafficking Demonstration Evaluations Information Memorandum

---

- TO:** ACF anti-trafficking grantees, organizations assisting populations at high risk for human trafficking, researchers, and other interested parties
- SUBJECT:** This Information Memorandum (IM) summarizes evaluation results from the first and second cohorts of the Domestic Victims of Human Trafficking (DVHT) demonstration projects.
- REFERENCES:**
- [DVHT Demonstration Projects: Service Models of the First Cohort of Projects](#)
  - [DVHT Demonstration Projects: Service Models of the Second Cohort of Projects](#)
  - [Evaluation of DVHT Demonstration Projects: Final Report from the First Cohort of Projects](#)
  - [Evaluation of DVHT Demonstration Projects: Final Report from the Second Cohort of Projects](#)
- PURPOSE:** The purpose of this IM is to describe the efforts of the first and second cohorts of DVHT demonstration projects to improve services for domestic victims of human trafficking. The evaluation findings highlight how projects expanded community capacity to identify and respond to domestic trafficking victims, the characteristics and experiences of survivors served by the projects, how projects provided comprehensive victim services, and the cost of case management.
- BACKGROUND:** ACF awarded three demonstration projects in 2014 to enhance the capacity of organizations and communities to identify domestic victims of human trafficking and deliver comprehensive case management and trauma-informed, culturally relevant services. Three additional organizations were awarded cooperative agreements to implement demonstration projects in 2015. The two-year demonstration projects ran from October 2014 through September 2016 for the first cohort and October 2015 through September 2017 for the second cohort. ACF conducted a cross-site evaluation led by the Office of Planning, Research, and Evaluation (OPRE) for both cohorts and published findings of the results.

## Overview

The Administration for Children and Families (ACF) funded six organizations to conduct two-year demonstration projects to improve services for domestic victims of human trafficking. As part of the program, OPRE led a cross-site, formative evaluation of the DVHT demonstration projects using a mix of qualitative and quantitative methods to answer the following questions:

1. How did projects foster partnerships, enhance community capacity to identify and respond to domestic trafficking survivors, and provide coordinated case management and comprehensive victim services?
2. What were the characteristics and experiences of trafficking survivors served by the projects and to what extent did survivors served make progress toward outcomes?
3. What were the costs of key program components?

ACF awarded demonstration projects led by a mix of runaway and homeless youth programs, a sexual assault resource center, a refugee and immigrant organization, and a court-based services program (see Figure 1). The funded organizations include:

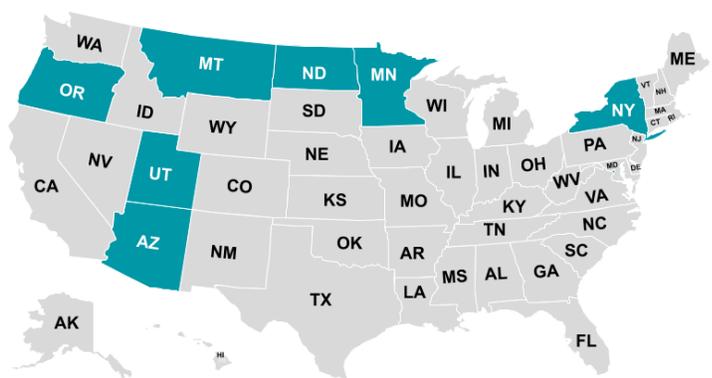
### Cohort 1:

- Tumbleweed Center for Youth Development: Maricopa and Pima County, Arizona
- Refugee and Immigrant Center at the Asian Association of Utah: Salt Lake City, Utah and surrounding areas
- Edwin Gould Services for Children and Families' STEPS to End Family Violence: New York, New York

### Cohort 2:

- Tumbleweed Runaway Program: Billings, Montana
- Youthworks: North Dakota and Clay County, Minnesota
- Multnomah County Department of Community Justice: Multnomah County, Oregon

**Figure 1. Locations of DVHT Demonstration Projects**



With the common objective of expanding services and building local capacity to respond to domestic human trafficking,<sup>1</sup> the lead organizations created demonstration projects that built partnerships to broaden efforts to identify and serve victims, trained host homes to increase temporary housing options, and expanded capacity to provide 24-hour emergency response for victims. Through a network of partnerships, awardees

<sup>1</sup> Domestic human trafficking refers to the exploitation experienced by U.S. citizens and lawful permanent residents. It includes both sex and labor trafficking of minors and adults.

provided training, outreach, case management, direct services, and referrals to meet the needs of domestic trafficking victims identified within the local service area. Additional information on the service models for each DVHT demonstration project can be found in ACF’s DVHT Evaluation Briefs.<sup>2</sup>

## Evaluation Findings

### Training

To expand capacity of the community to identify and respond to domestic human trafficking, demonstration projects conducted trainings to raise awareness and dispel misconceptions about human trafficking, identify and engage partners to develop or strengthen relationships, and build the capacity of local organizations to identify, serve, and refer individuals who have experienced human trafficking. Trainings offered opportunities for the lead organizations to collaborate with community partners and identify a point of contact within local agencies who could assist with referrals and resources for survivors.

**Figure 2. Trainings Conducted by Demonstration Projects**

Cohort	Demonstration Project	Professionals Trained
1	Tumbleweed Center for Youth Development (AZ)	1,573
1	Refugee and Immigrant Center at the Asian Association of Utah (UT)	684
1	Edwin Gould Services for Children and Families’ STEPS to End Family Violence (NY)	3,448
2	Tumbleweed Runaway Program (MT)	3,325
2	Youthworks (ND/MN)	371
2	Multnomah County Department of Community Justice (OR)	2,363

### Outreach

DVHT demonstration projects complemented awareness-raising trainings by joining task forces, setting up informational tables at local events, conducting outreach and prevention education for youth, holding statewide sex trafficking summits for service providers, developing toolkits and resource guides, and creating public awareness campaigns. These outreach activities publicized the domestic trafficking programs, coordinated services for survivors, influenced the development of reports and statewide protocols to respond to domestic trafficking, and informed the public about human trafficking.

<sup>2</sup> Krieger, K., Hardison Walters, J., Feinberg, R., Gremminger, M., Asefnia, N., & Gibbs, D. (2017). Domestic Victims of Human Trafficking Demonstration Projects: Service Models of the First Cohort of Projects. Retrieved from [https://www.acf.hhs.gov/sites/default/files/opre/acf\\_dvht\\_evaluationbrief\\_final\\_8\\_25\\_17\\_508\\_compliant.pdf](https://www.acf.hhs.gov/sites/default/files/opre/acf_dvht_evaluationbrief_final_8_25_17_508_compliant.pdf)

And Krieger, K., Hardison Walters, J., Feinberg, R., Gremminger, M., Asefnia, N., & Gibbs, D. (2018). Evaluation of Domestic Victims of Human Trafficking Demonstration Projects: Service Models of the Second Cohort of Projects. Retrieved from [https://www.acf.hhs.gov/sites/default/files/opre/dvhtcohort2evaluationbrief\\_dec2018\\_508.pdf](https://www.acf.hhs.gov/sites/default/files/opre/dvhtcohort2evaluationbrief_dec2018_508.pdf)

## Partnerships

Lead agencies built partnerships with a range of organizations to provide services to DVHT clients (e.g., case management, housing assistance, substance abuse treatment, etc.), refer individuals in need of DVHT services, participate in working meetings to develop strategies that address trafficking as a community, identify additional partners in hard-to-reach communities (e.g., rural and tribal agencies), and combine resources to fund trafficking services.

The projects identified the following strategies to foster collaboration:

- Develop trust and strong personal relationships
- Use existing partnerships
- Build relationships with hard-to-reach partners and organizations from diverse sectors
- Engage in ongoing communication that is open and intentional
- Develop memorandums of understanding with formal partners
- Identify and maintain shared goals
- Develop understanding of partners' work
- Prioritize collaboration above competition
- Engage a champion at each partner organization
- Develop processes to facilitate information sharing
- Support partnerships through funding

## Service Delivery

Across the six demonstration projects, 500 clients enrolled in case management services. The projects served a mixture of adults and minors with an age range of 13 to 71 years old (median age of 26) in the first cohort and 13 to 27 years old (median age of 19) in the second cohort. Clients had varying degrees of involvement with criminal justice and social service systems such as homeless shelters and programs or child welfare.

**Figure 3. Clients Served Across DVHT Demonstration Projects**

Demonstration Project	Clients Served	Unique Individuals <sup>3</sup>
Tumbleweed Center for Youth Development (AZ)	121	117
Refugee and Immigrant Center at the Asian Association of Utah (UT)	34	31
Edwin Gould Services for Children and Families' STEPS to End Family Violence (NY)	186	180
Tumbleweed Runaway Program (MT)	76	73
Youthworks (ND/MN)	27	25
Multnomah County Department of Community Justice (OR)	56	50
<b>Total</b>	<b>500</b>	<b>476</b>

<sup>3</sup> Individuals could be counted as multiple clients if their case was closed and subsequently reopened.

Across all programs, clients experienced a range of trafficking experiences:

- 47% of clients served experienced sex trafficking in cohort 1
- 12% of clients served experienced labor trafficking in cohort 1
- 78% of clients served experienced sex trafficking in cohort 2
- 23% of clients served experienced labor trafficking in cohort 2

### *Service Model*

Each project provided comprehensive case management that included intake and assessment (e.g., trafficking screening, needs assessment, etc.), service planning or goal setting, case management, assistance identifying and accessing needed services (i.e., direct services and referrals), and ongoing assessment of client needs.

Upon receiving a referral from the project's emergency shelter or drop-in center or from project partners and other local agencies, survivors began intake procedures to identify needs, set goals, and screen for trafficking. Survivors also accessed services through street outreach, jail in-reach, word of mouth from other clients, and referrals from family and friends.

Project staff dedicated ample time to building rapport and trust with clients throughout the intake and assessment process, which carried through case management. Case management consisted of emotional support, safety planning, service coordination and referrals, application assistance for public benefits and other programs, appointment accompaniment, life skills building, and education or activity planning. Founded on the principle that services should be victim-centered, trauma-informed, culturally appropriate, and developmentally appropriate, clients engaged in case management for 7 to 39 weeks in the first cohort and for 13 to 42 weeks in the second cohort.

### *Service Needs*

Clients had diverse needs including emotional support, safety planning, crisis intervention, personal items, housing advocacy and financial assistance, life skills training, transportation, legal advocacy and services, and mental and behavioral health treatment. These services were provided through a mix of in-house resources and external referrals.

However, clients experienced barriers to certain types of services such as housing assistance, substance abuse services, employment services, mental and behavioral health treatment, life skills training, education, housing advocacy, safety planning, financial assistance, family reunification, dental health, and interpreter or translator services. Barriers to clients accessing these services included lack of availability of the appropriate service, inaccessibility of an available service, or client's disinterest or unwillingness to access the service.

Clients were not always ready or willing to access substance abuse services, mental or behavioral health treatment, education, employment, safety planning, and life skills training. Both staff members and partners across the demonstration projects highlighted a lack of

availability of safe, affordable, and desirable housing options for clients. The demonstration projects also uncovered long waitlists as a barrier to detox and substance abuse treatment for clients as well as a lack of affordable options for dental services and child care in their communities.

### Service Costs

The average client cost for the first cohort was \$7,051 with an average length of participation of 29 weeks and \$2,130 for the second cohort with an average of 3 weeks of service engagement. The length of program participation varied depending upon the program structure and client engagement and was estimated by counting the number of days each client received case management. The cost estimates were based upon the average length of participation and service receipt of clients. These estimates fail to account for the variability in the amount of services clients received – which is based upon need – and other factors like differences in the cost of living – which is dependent upon geographic location.

**Figure 4. Average Client Costs (2015 and 2016)**

Service	Average Cost 2015, Cohort 1	Average Cost 2016, Cohort 2
Intake and assessment sessions	\$255 (3 sessions)	\$329 (3 sessions)
Direct case management	\$4,784 (29 weeks)	\$823 (3 weeks)
Indirect case management	\$2,013 (29 weeks)	\$978 (3 weeks)
All services	\$7,051 (29 weeks)	\$2,130 (3 weeks)

Direct case management includes activities like building trust and rapport, developing relationships, providing advocacy and counseling, and accompanying clients to appointments. Indirect case management consists of researching referral options, completing case notes, and filling out paperwork. Time spent conducting needs assessments, screenings, and other intake activities were included in the intake and assessment sessions. In general, the average cost of case management ranged from \$29 to \$33 per hour in the first cohort and \$31 to \$41 per hour in the second cohort.

**Figure 5. Average Hourly Activity Costs (2015 and 2016)**

Activities		2015 Average Hourly Cost, Cohort 1	2016 Average Hourly Cost, Cohort 2
Case management activities	Intake/assessment	\$29	\$41
	Outreach	\$31	\$32
	Direct case management activities	\$31	\$37
	Indirect case management activities	\$33	\$31
Administrative activities	Project administration	\$40	\$43
	Staff training and professional development	\$33	\$43
	Community and partner training	\$44	\$40
	Data collection and reporting	\$37	\$43
	Proportional non-labor costs	\$11	\$12

## Client Outcomes

Clients who participated in DVHT demonstration projects experienced successes such as leaving their trafficking situation, achieving stability and safety by learning about and accessing services, and taking steps toward achieving the short- and long-term goals they set for themselves. Some clients were able to achieve long-term goals such as completing their education, obtaining long-term housing, and entering into stable employment while in the program as well as establishing independence and becoming self-sufficient.

Project staff noted the importance of assessing client outcomes against their individual goals and situation as well as acknowledging the development of clients' self-confidence, self-efficacy, and self-esteem. Progress toward outcomes was not a linear process, as many clients experienced setbacks on their journey towards self-sufficiency, such as a loss of stable housing or involvement in unhealthy relationships. Project staff described client success as taking small steps toward bigger achievements.

## Impact of Demonstration Projects

As a result of the DVHT demonstration, projects formalized their practices to identify and serve survivors. The project also influenced a change in attitude toward and perceptions about human trafficking among local law enforcement and other community stakeholders. Through DVHT demonstration funding, projects developed a community-wide host home model to house survivors and provided a platform to discuss proposed state legislation and protocols to serve survivors.

## Lessons Learned

The evaluation final reports contain lessons learned according to project staff, partners, and clients after implementing the six demonstration projects. Lessons learned include:

### Cohort 1<sup>4</sup>

- Provide service staff with training and professional development opportunities dedicated to services for domestic trafficking victims.
- Incorporate survivor perspectives and opinions into project planning and implementation.
- Be aware that clients may be in and out of their trafficking situation.
- Be flexible and prepared to adapt “business as usual” to serve domestic trafficking victims.
- Identify existing services in the community and adapt them to fit the needs of domestic trafficking victims.

---

<sup>4</sup> Hardison Walters, J. L., Krieger, K., Kluckman, M., Feinberg, R., Orme, S., Asefnia, N., and Gibbs, D. A. (2017). *Evaluation of Domestic Victims of Human Trafficking Demonstration Projects: Final Report from the First Cohort of Projects*. Report # 2017-57, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

- Look to existing service populations to identify individuals who are domestic victims of human trafficking.

#### Cohort 2<sup>5</sup>

- Understand that working with trafficking victims requires extensive time, effort, and resources.
- Look to your existing service populations to identify individuals who are victims of trafficking.
- Hire exceptional staff who care deeply about the work.
- Consider trafficking-specific approaches to housing and other services.
- Provide funds to support partners' work.
- Expand the DVHT demonstration program to an ongoing funding opportunity to provide services to domestic victims of human trafficking.

---

<sup>5</sup> Krieger, K., Hardison Walters, J. L., Kluckman, M., Feinberg, R., Gremminger, M., Orme, S., Misra, S., and Gibbs, D. A. (2018). *Evaluation of domestic victims of human trafficking demonstration projects: Final report from the second cohort of projects*. Report # 2018-102, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.