



UNITING TO END DOMESTIC TRAFFICKING

**APRIL 2022 | LANDSCAPE ANALYSIS FOR
RESTORATIVE CARE & 2022 GRANT DETAILS**

PRESENTERS



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AGENDA

- Safe House Project Overview
- Restorative Care Breakdown
- Barriers to Equitable Access to Care for Survivors
- 2022 SHP Grant Details
- Trafficking Survivor Equity Coalition (TSEC)
- Appendix



MISSION

Increasing survivor identification through education, providing emergency services to survivors, and accelerating safe house capacity across the U.S.

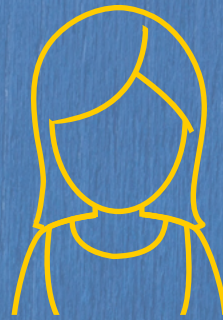
VISION

Uniting communities to end domestic sex trafficking and restore hope, freedom, and a future to every survivor.

EDUCATE

AMPLIFY

ELEVATE



Identifying Victims

Increasing victim identification through education and training opportunities for healthcare workers, law enforcement, educators, employees, and community members. To date, we have trained over 200k individuals.



Supporting Survivors

Providing emergency transportation, basic necessities, and safe house placement to survivors exiting a trafficking situation. Hiring survivors to live into their career goals through a trauma-informed work environment. In 2021, we supported 207 survivors in different areas of their journey.



Restoring Lives

Elevating the national standard of aftercare through Safe House Project Certification. Investing in new or expanding safe house programs through mentorship and funding. Innovating to address the deepest needs and biggest gaps in survivor care. In addition to launching Safe House Certifications, our funding allowed for an additional 272 new beds to be added to the national landscape last year.

Since 2017

SAFE HOUSE PROJECT IMPACT

EDUCATION

ONWATCH TRAINING

34K community members empowered to spot, report, and prevent trafficking.

H.O.P.E. TRAINING

Healthcare Observations for the Prevention & Eradication of Human Trafficking Training launched.

PEST MANAGEMENT TRAINING

Training deployed to 160K pest technicians to help identify child trafficking in the home.

SURVIVOR EMPOWERMENT

250 SURVIVORS PLACED

203 survivors who escaped their trafficker, received emergency services, and are now finding freedom in a safe house.

3 SURVIVORS EMPLOYED

Our programs are led by Survivor Leaders who write our trainings, mentor programs, and help survivors escape their traffickers.

8 SCHOLARSHIPS AWARDED

8 Survivors received educational scholarships to pursue their academic and career dreams.

SAFE HOUSING

272 NEW BEDS

In 2018, there were 100 beds in safe house programs for kids across the U.S. and without a safe place to go 80% end up re-victimized.

18 STATES

Safe House Project has helped launch 23 programs in 18 states, and mentored programs in 23 states.

6100 MENTORSHIP HRS


As safe house programs launch or look to improve their standards of care, we mentor them to ensure quality and sustainable programming.



COMBATING TRAFFICKING
THROUGH EDUCATION

Free One-Hour, Virtual Training
IAmOnWatch.org





I saw many of the workers sense something was wrong, I saw them wrestle with what to do... Healthcare workers who are equipped to identify trafficking and familiar with how to respond have the opportunity to save lives."
- Sarah, Survivor

H.O.P.E. TRAINING

HEALTHCARE WORKERS ARE VITAL PARTNERS IN COMBATING TRAFFICKING

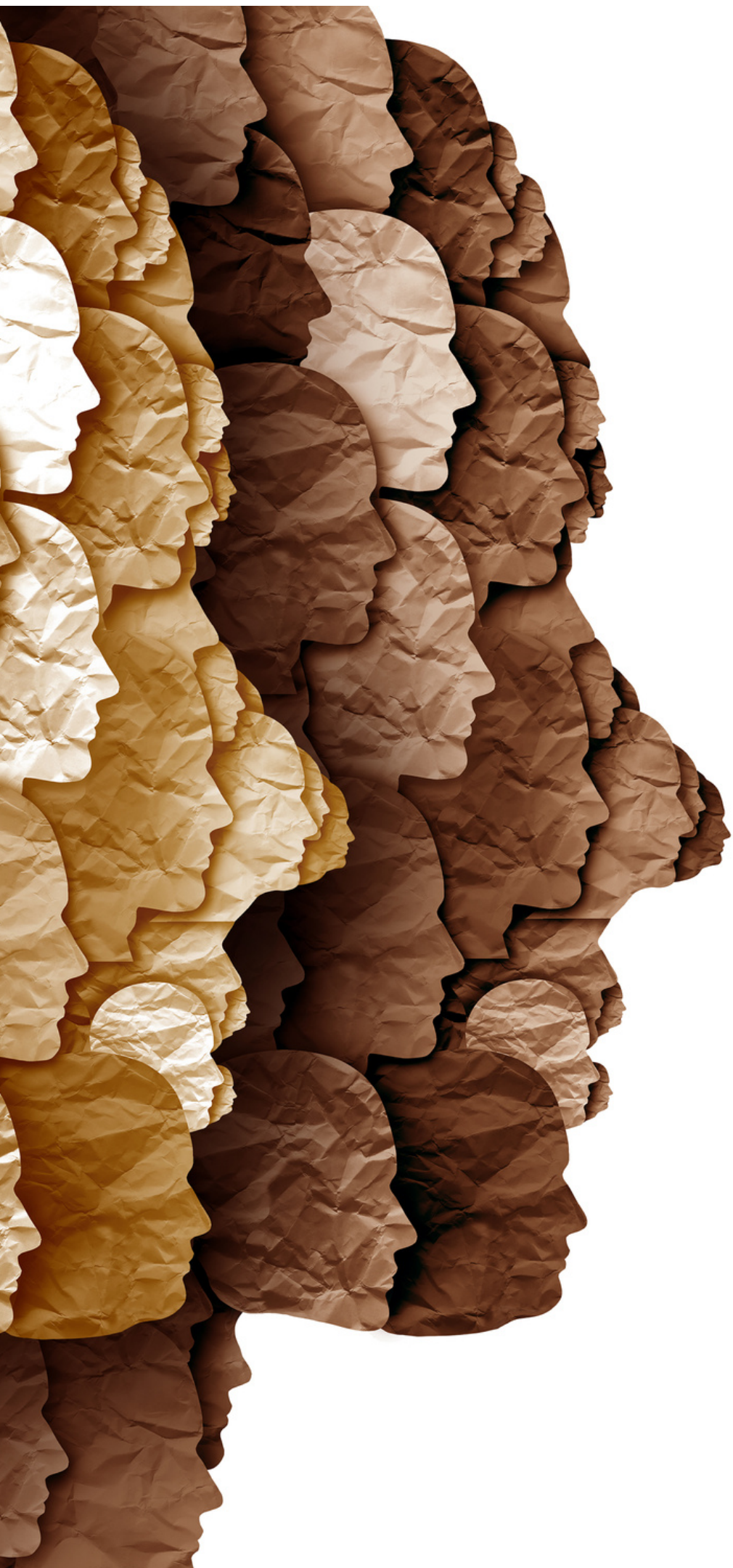
OVERVIEW

The H.O.P.E. (Healthcare Observations for the Prevention & Eradication of Human Trafficking) Training is a survivor-informed, trauma-informed, and patient-centered video-based training that equips all healthcare workers to identify potential human trafficking victims, give support, and offer resources.

www.safehouseproject.org/healthcare



**RECEIVE 2.5
HOURS OF CE'S
TODAY**



LANDSCAPE ASSESSMENT

IDENTIFY. PLAN. EXECUTE. REVIEW.

- What are your core competencies?
- How do you need to partner to provide more successful outcomes for survivors?
- How do you need to refine your program to improve?
- What data do you need to collect to inform decisions?
- What are strategic, intentional growth opportunities your org could explore?



DATA: LIMITATION OR CASE FOR SUPPORT?

This analysis uses data collected through Safe House Project's grant and certification applications, SHP surveys, partner data, industry studies, and open source information.

Human trafficking, being an illegal industry, is notoriously difficult to gather statistics on. Statistics can be limited due to low rates of victim identification, lack of education regarding trafficking, decentralized data collection, legal barriers, etc.

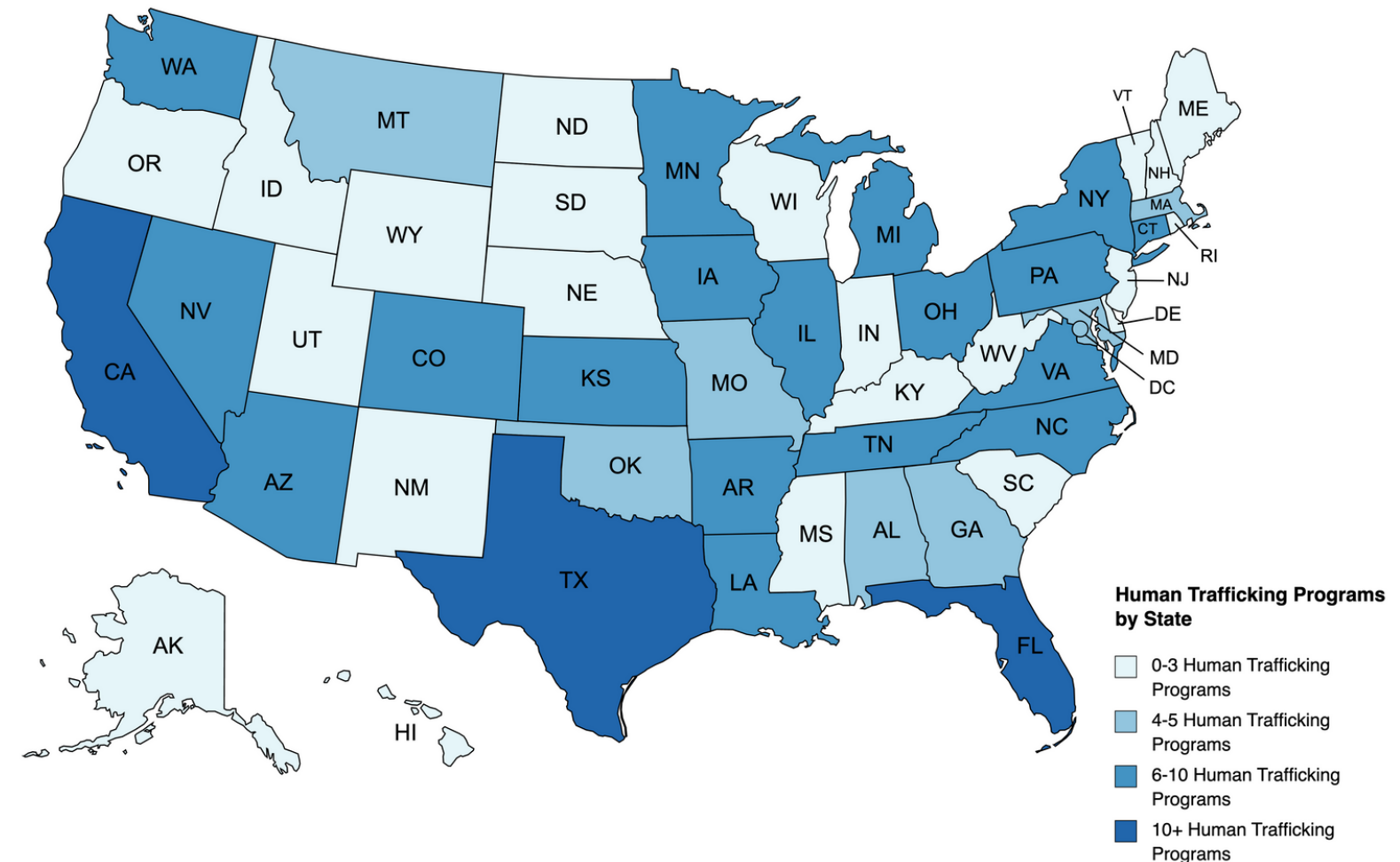
Data always has limitations, but...

357 NON-PROFIT ORGANIZATIONS SERVING TRAFFICKING SURVIVORS IN THE U.S.

The organizations represented in the analysis are aggregated from:

- Safe House Project Network
- Polaris Project
- State Task Force & Coalition Partners
- Wellspring Living Institute Programs
- Institute for Sheltered Care
- Thistle Farm Network
- NTSA

*They do not represent the government agencies, task forces, or coalitions



272

Organizations out of the 357 provide residential housing.

35

Programs are in the process of launching residential program.

76

Organizations provide non-residential community based services, like case management, drop-in centers, etc.

RESTORATIVE HOUSING | CONTINUUM OF CARE

A study published in the National Library of Medicine defines continuum of care as "an integrated system that guides and tracks trafficking survivors over time through comprehensive services spanning all levels of intensity of care."

Emergency Programs (Up to 90 days):

- Acute trauma care
- Psychiatric assessments
- Medical detox
- SANE examinations
- Law enforcement engagement for prosecution of traffickers
- Emergency housing
- Individualized placement recommendations and referrals into long-term programming

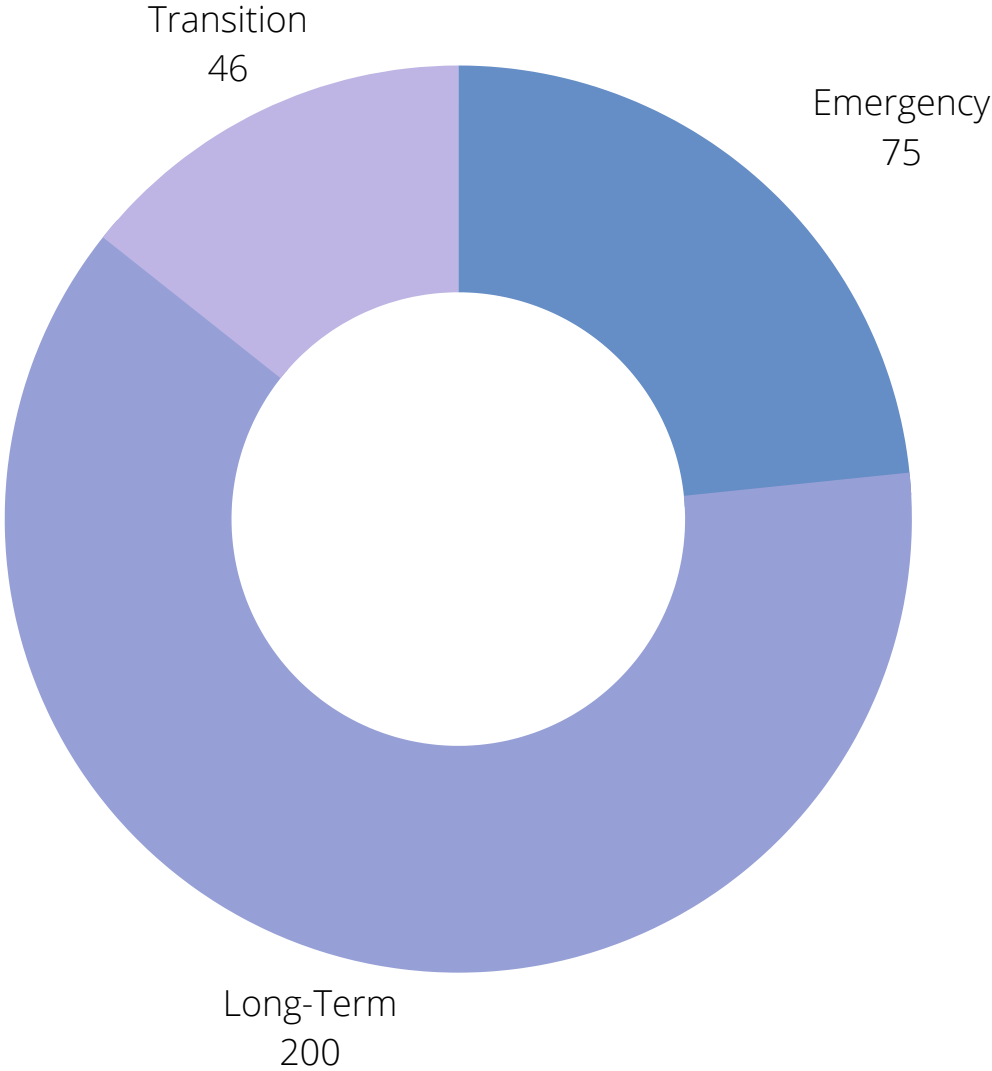
Long-Term Programs (12-18 Months):

- Evidence-based therapeutic treatment modalities for complex PTSD administered by licensed clinicians
- Trauma-informed care practices
- Curriculum around exploitation, safe interpersonal relationships, and addiction recovery
- Access to medical, dental, and psychiatric care
- Access to education and career planning
- Safe housing
- Social and emotional support provided via strengths-based care plans
- Case management regarding independent living and the survivor's future

Transitional Programs (6-12 Months):

- Continued therapeutic, trauma-informed care
- Educational and career opportunities
- Addiction support to decrease risk of relapse
- Assistance with transportation
- Supportive communal living
- Individualized case management and personalized resources as needed

PROGRAM BREAKDOWN IN THE U.S.



140

Organizations serve young adults or adult survivors through residential care.

28

Programs are for mothers and their children.

74

Organizations serve DMST survivors through residential care.

THE HOTLINE

In 2020, the National Human Trafficking Hotline
received calls from survivors

13,594

THE DEFICIT

1,632

Estimated beds in restorative care homes
across the United States (272 homes with an
average of 6 beds)

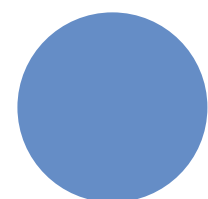
87.9%

of survivors will not have access to
residential care.

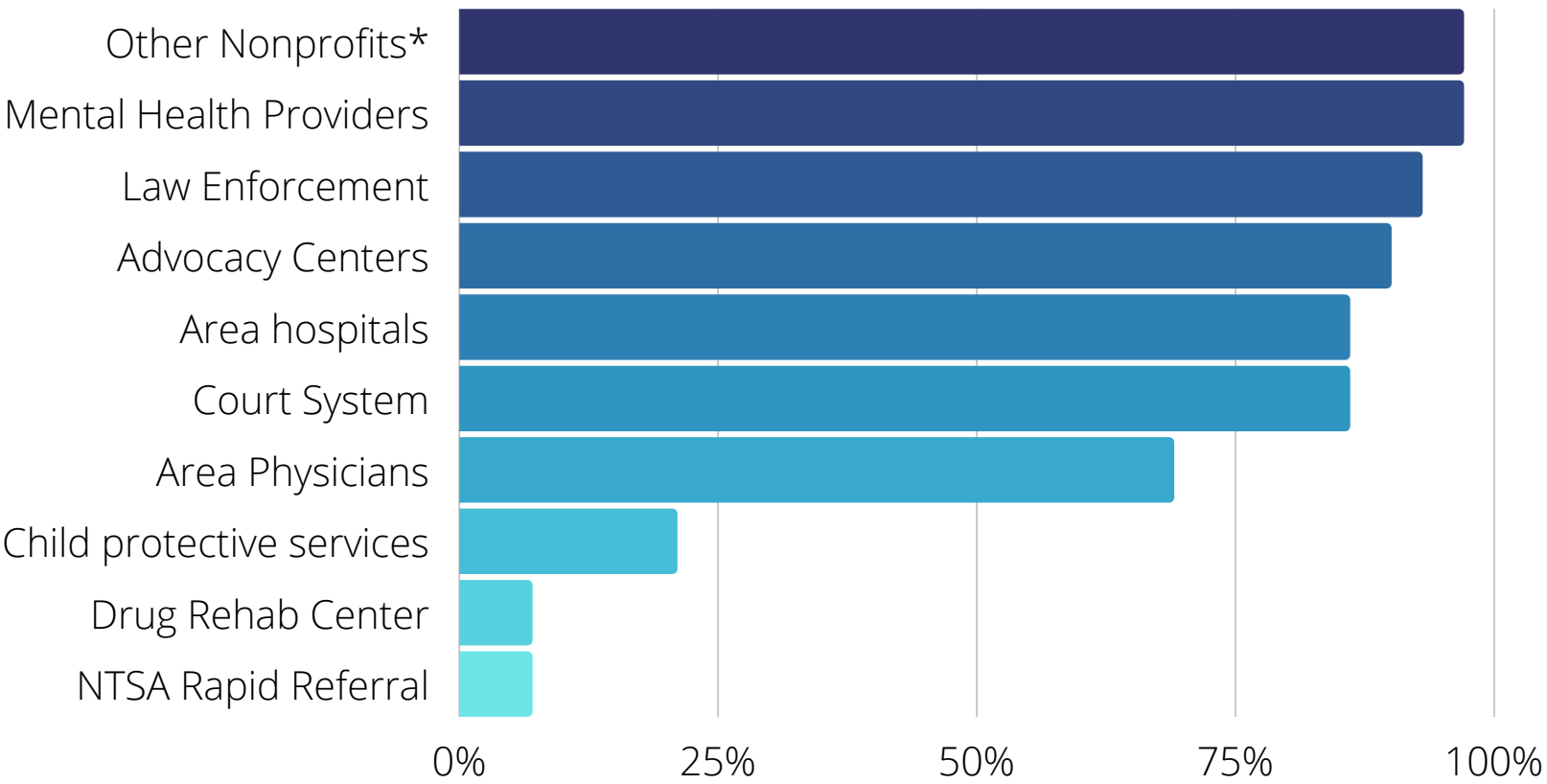
If a survivor enters an emergency program and moves through the continuum of care,
they will spend approximately 2-3 years in a residential program.

BARRIERS TO EQUITABLE CARE FOR TRAFFICKING SURVIORS

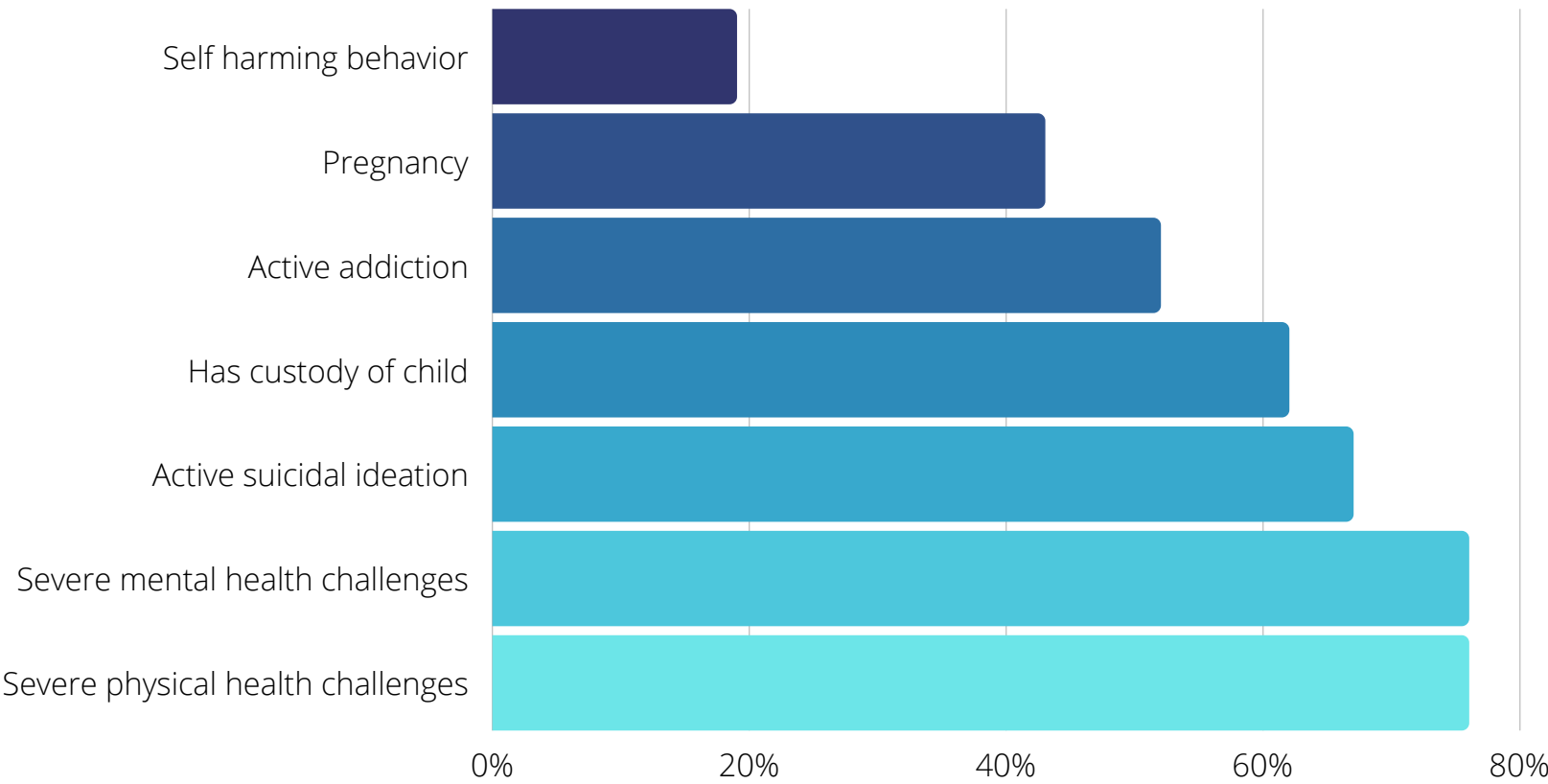
The following are opportunities for programs to expand services or new programs to respond to some of the deepest needs in survivor care. The following are variables that Safe House Project, its anti-trafficking partners, law enforcement, and survivors themselves have faced when seeking placement into a safe house program.

- | | | | |
|---|---------------------------|---|---|
|  | Addiction Level |  | Physical Disabilities & Overall Health |
|  | Minors |  | Language & Immigration Status |
|  | Gender |  | Mental Health |
|  | Mother & Child |  | Labor Trafficking |

REFERRALS & DIS-QUALIFIERS FOR IN-TAKE (ADULT PROGRAMS)

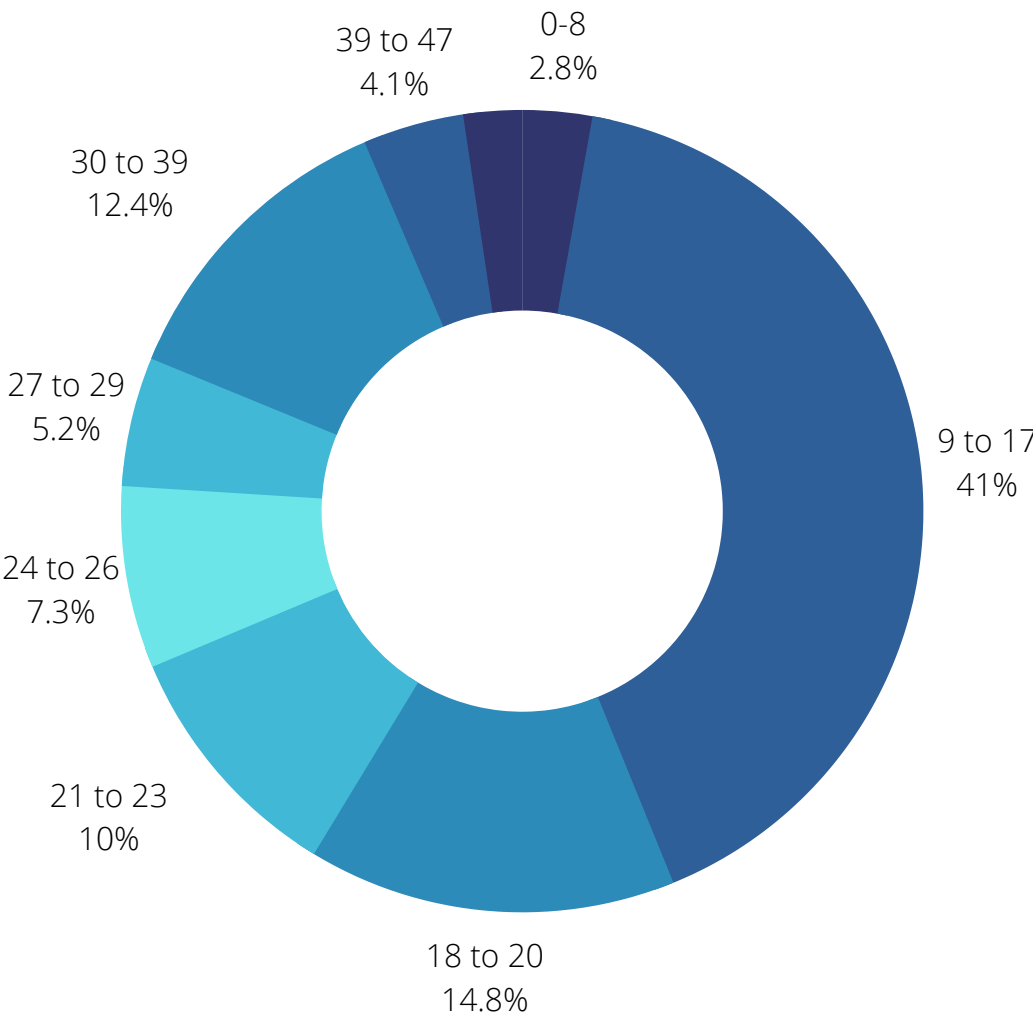


Decreasing the time it takes to place a survivor is critical to helping them receive emergency services and safe house placement.



Dis-qualifiers for in-take depend on where the program exists in the continuum of care, but the above sample does reflect a strong propensity to DQ a survivor based on severe mental health or physical health challenges.

AGE & GENDER



18

States Do Not Have a Program to Serve Minors

If minors represent 5,845 of the approx. 13,594 survivors identified in 2020 according to the hotline, and there are approx. 444 beds for minors in the U.S. then 7.5% of DMST survivors are receiving restorative care.

22

programs serve males, but not all provide residential care.

2,644 Males identified being trafficked in the U.S.

- 25% - Sex Trafficked
- 67.9% - Labor Trafficked
- 7.1% - Unknown

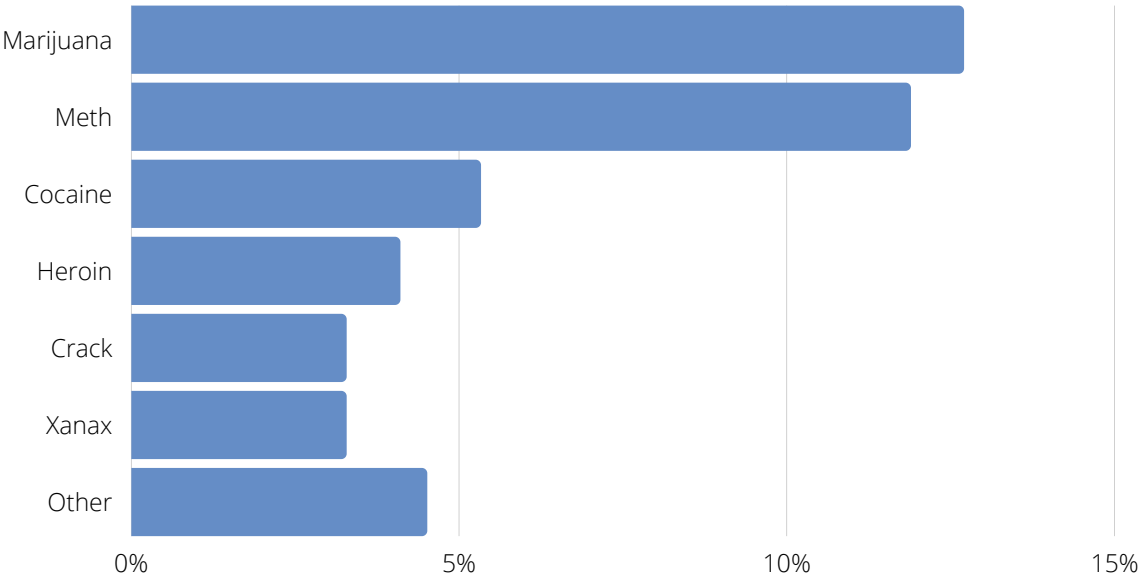
60% of sex trafficked males were minors.

- 62f the males identified as U.S. Citizens
- 33.8% - sex trafficked
 - 30.6% - labor trafficked
 - 35% - both or unknown

- Non-English Speaking
- Undocumented Individuals

DRUGS, CHILDREN, & HEALTH

45.08% of Survivors who call the hotline
Acknowledge Active Drug Use



52%
of programs DQ based on addiction.

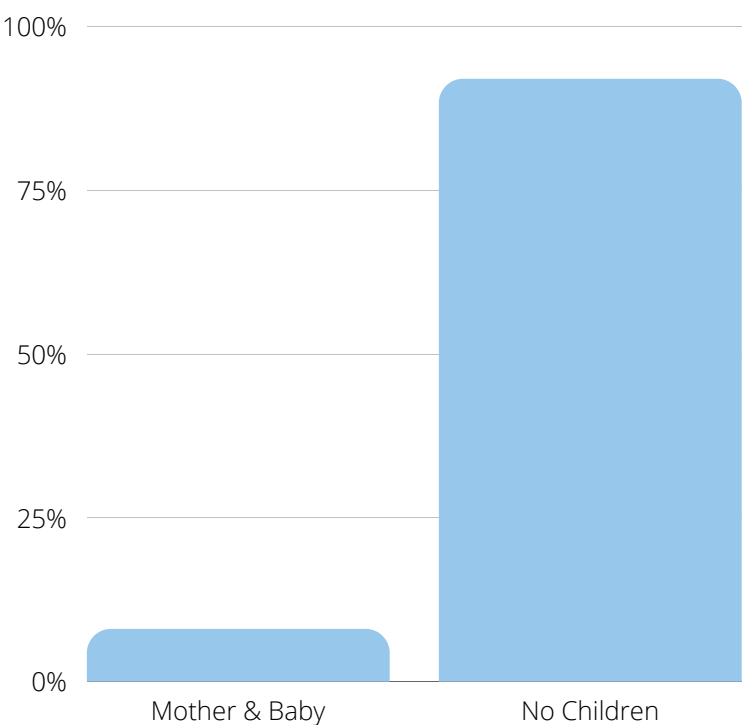
9%
of new emergency programs
plan to offer detox services.

Physical Disabilities & Other Health Concerns

- Deaf
- Blind
- Wheelchair access
- An illness requiring ongoing treatment (ex. cancer)
- Survivors in need of specialty appointments (ex. TBI)

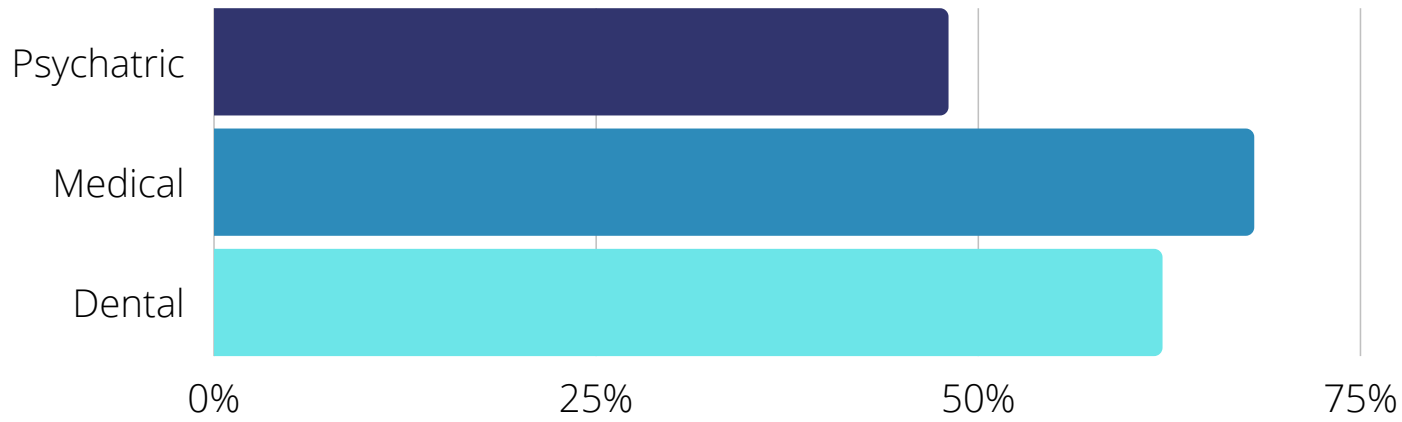
Program Considerations:

- ADA Compliance
- Additional Staffing
- Equity of Services



Average Residential
Program for mother
baby serves 3-4
survivors at a time with
1-2 children

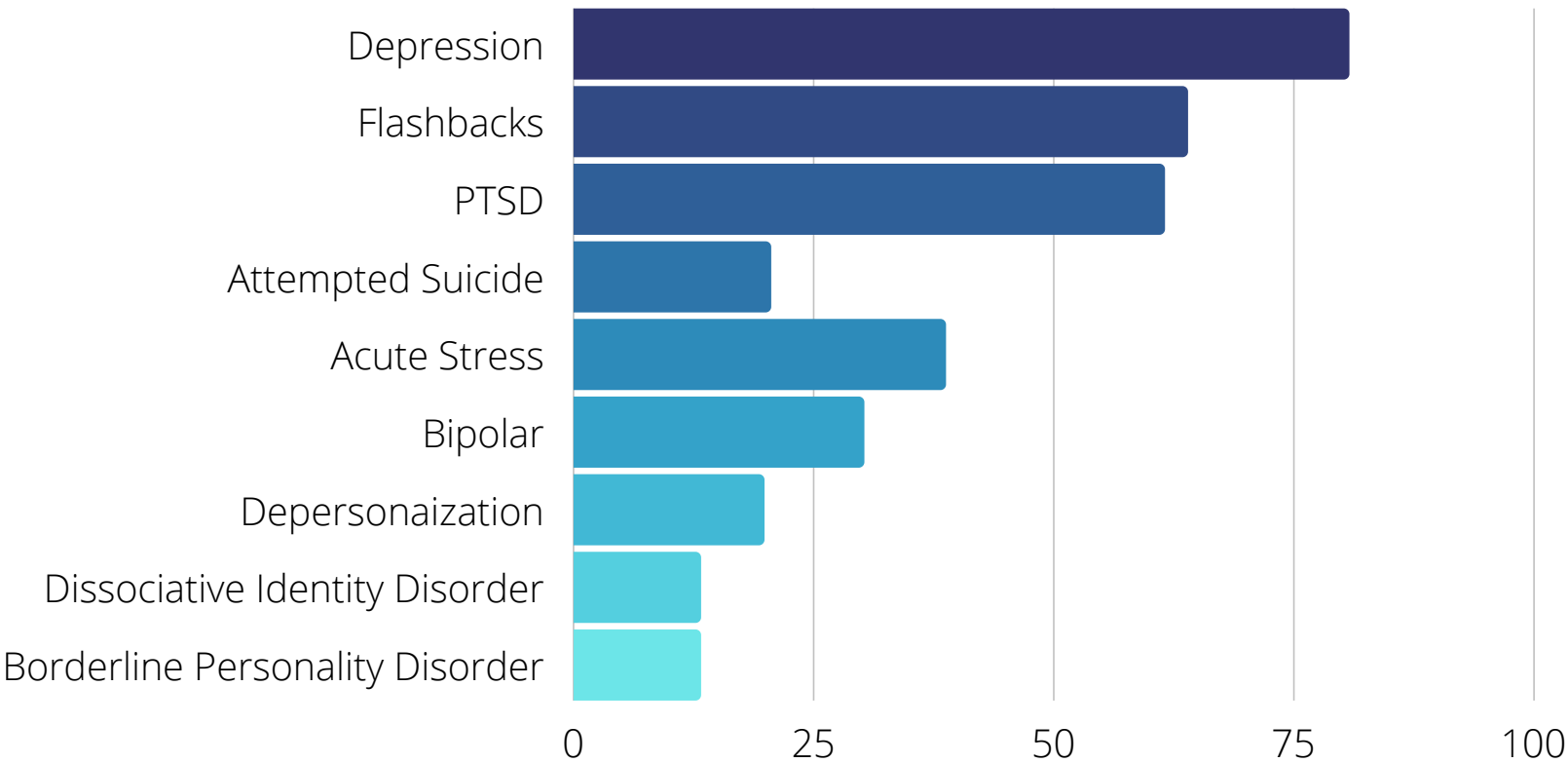
Health Services Provided



MENTAL HEALTH

Survivors with severe mental health disorders, including Schizophrenia, Dissociative Identity Disorder, and Borderline Personality Disorder have limited access to programs due to the additional staff and resources required to serve those with severe mental health challenges.

A survivor has on average 10.5 Psychological Challenges or Disorders

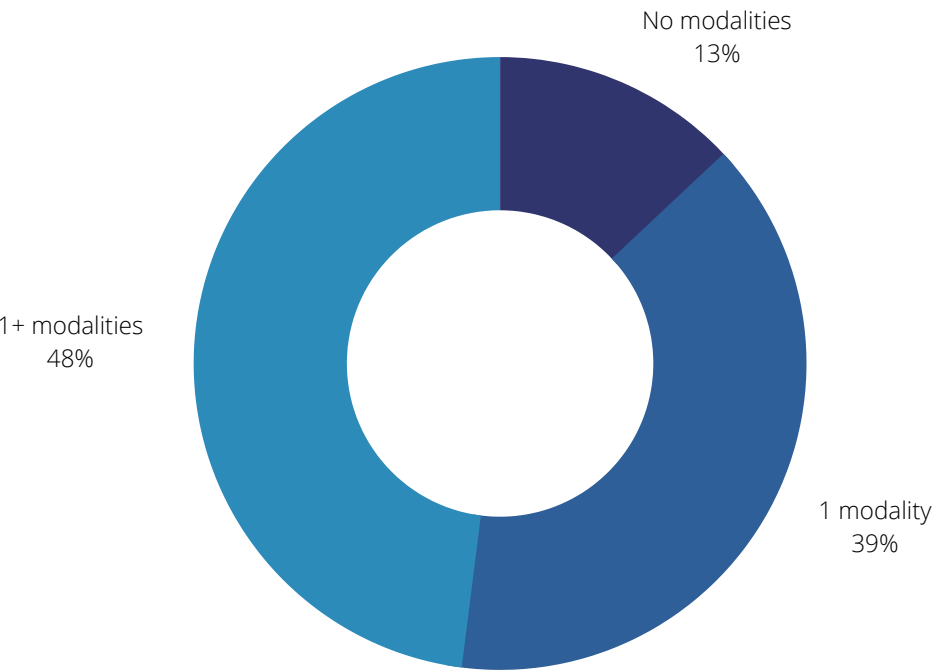


45%

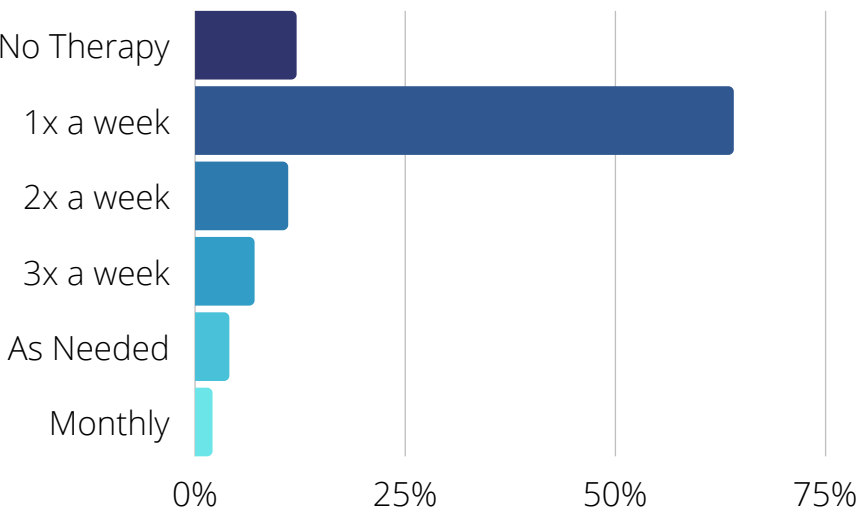
of minors trafficked by a family member.

DID is caused by severe, repeated, and prolonged physical, sexual, and emotional abuse in childhood.

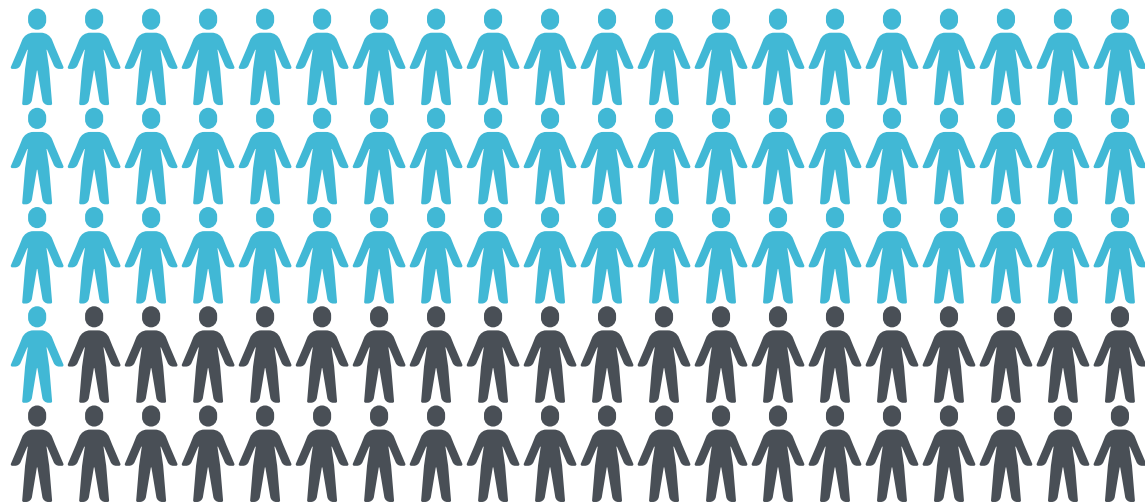
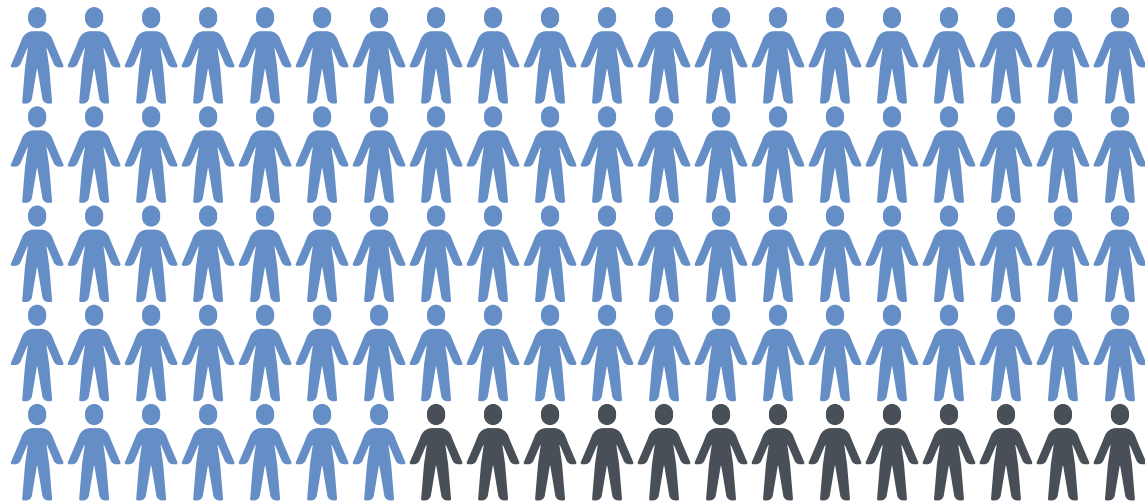
Trauma-Informed Therapeutic Modalities



Therapy Schedule



BARRIERS TO CARE LEAD TO OPEN BEDS IN SAFE HOUSE PROGRAMS



63%

of survivors experience
dissociative disorders

Assuming there are 100 beds available in programs at every stage in the continuum of care for 100 identified survivors.

63% of identified survivors report severe mental health challenges.

EMERGENCY PROGRAM:

- 50% accept survivors with severe mental health challenges, meaning:
 - 50 survivors with severe mental health challenges enter the emergency program
 - 37 survivors without severe mental health challenges enter the program
 - **13 survivors are denied care and 80% (10 survivors) will end up being re-victimized, and 13 beds remain open.**

MOVING TO A LONG-TERM PROGRAM:

- 24% of long-term residential programs accept survivors with severe mental health challenges, meaning:
 - 24 of the 50 survivors with severe mental health challenges who entered an emergency program will be able to transition to a long-term program
 - 37 survivors without mental health challenges will enter a long-term program
 - 26 additional survivors will leave an emergency program without a safe place to go.
 - Without safe housing 80% (21 survivors) will end up being re-victimized.
 - **39 of the 100 beds are available in the long-term restorative care homes.**

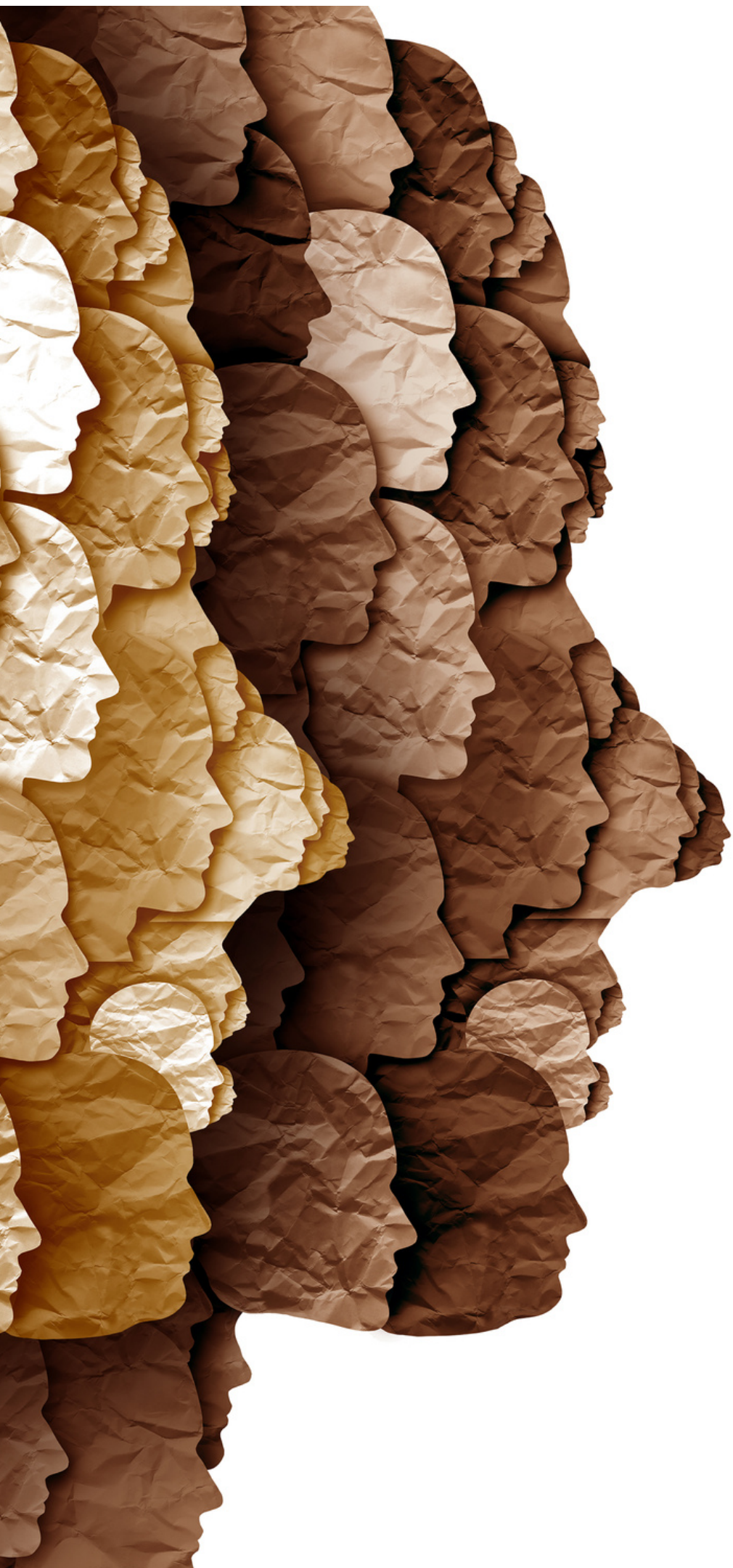
OUTCOMES:

- 61 survivors receive emergency & long-term residential care
- 30-31 will end up back in trafficker hands
- 39 beds in long-term restorative care homes remain vacant, despite capacity issues.

Furthermore, the above perfect model does not take into account comorbidity, system breakdowns, regional barriers, legal requirements, and other individualized care needs. It assumes perfect distribution of available beds to the "correct" survivor.

OPPORTUNITIES TO INCREASE SURVIVOR ACCESS TO SERVICES

1. Intentional building of programs that decrease barriers to care and increase equitable access to services.
 - a. Low-barrier, safe, therapeutic emergency program with ability to provide detox, perform psychiatric evaluations, and identify individualized needs of survivor.
2. Expansion of services within existing programs:
 - a. Strong, qualified programs trained and equipped to receive survivors who require specialized services.
3. Innovative solutions:
 - a. Training up safe families to care for survivors children while they go through a program.



GRANT DETAILS

2021 SAFE HOUSE PROJECT GRANT ANALYSIS

56

Applications Received

28

States Represented

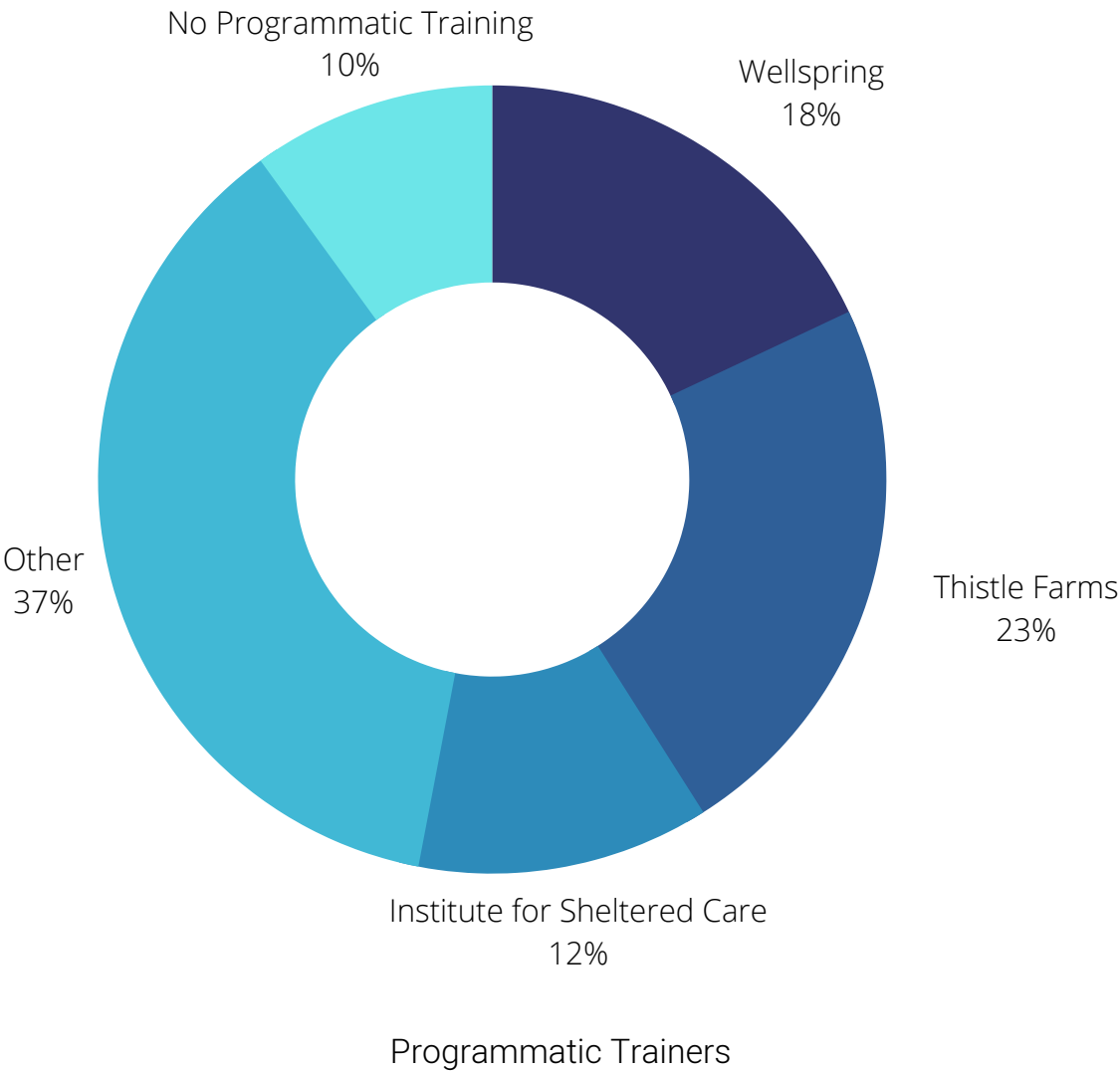
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Brand New Programs

Continuum of Care Breakdown for Applicants

Program Types (Emergency, Long-term, Transitional)	All Genders	Female	Male	TOTALS
2 Types	8%	16%	0%	24%
All Types	0%	2%	0%	2%
Emergency	2%	15%	1.5%	18.5%
Long-Term	2%	27%	1.5%	30.5%
Transitional	0%	25%	0%	25%
TOTALS	12%	85%	3%	100%

Training & Technical Assistance



[Institute for Sheltered Care](#) | [My Life My Choice](#) | [National Trafficking Sheltered Alliance](#) | [Out of Darkness](#)
[Selah Freedom](#) | [Thistle Farms](#) | [Wellspring Living Institute](#)

2021 SAFE HOUSE PROJECT GRANT RECIPIENTS



PRISM PROJECT

Sylvia Blythe
Executive Director



THE LAMPSTAND

Rebekah Marquez
Communications Coordinator

The only thing necessary for evil to persist was for good people to do nothing.



Call to Freedom	Mother & Child (Long-Term)
Her Campaign	Adult Female (Emergency & Transitional)
Her Lighthouse	Mother & Child (Long-Term)
Home of Hope Texas	Minors (Long Term)
Hope Refuge	Minors (Long Term)
House of Cherith	Minors (Long Term)
Out of Darkness	Adult Female (Emergency)
Prism Project	Minors (Long Term)
Rahab's Hope	Adult Female (Transitional)
Ranch Hands Rescue	Male & Transgender (Full Continuum)
Refuge for Women - Kentucky	Adult Female (Full Continuum)
Survivor Ventures	All Genders (Transitional)
The Lampstand	Minors (Emergency)
The Wellhouse	Minors (Long Term)
Worth While Wear	Adult Female (Long Term)



2022 Safe House Project Grant Information

Overview

Safe House Project partners with local organizations throughout the United States serving trafficking survivors through therapeutic residential care by providing funding and mentorship. To date, Safe House Project has helped fund 272 new beds in the national landscape, and believes that through collaboration and partnership the anti-trafficking industry can eradicate trafficking. Thank you for uniting with us, we look forward to hearing about your incredible work.

Eligibility

501c(3) organizations located in the United States providing or seeking to provide therapeutic residential care for sex trafficking survivors.

Funding Priorities

Capacity Building: New or expanding programs providing residential services to sex trafficking survivors may apply. Programs must show how they are increasing the national capacity of care for trafficking victims.

Decreasing Barriers to Care: Existing programs may show how they are increasing the opportunities for victim services by decreasing barriers to care. For example, a program which has historically been unable to serve those with extreme mental health challenges is seeking funds to provide psychiatric care to victims to provide more victims with opportunities for placement.

Grant Deadlines

LOI: April 1-30, 2022

Grant Cycle Opens: May 1, 2022

Grant Cycle Closes: July 15, 2022

Second round organization interviews will be conducted in August and September

Grant Decisions Announced: October 2022

Grant Funds Dispersed: November 2022

TRAFFICKING SURVIVOR EQUITY COALITION

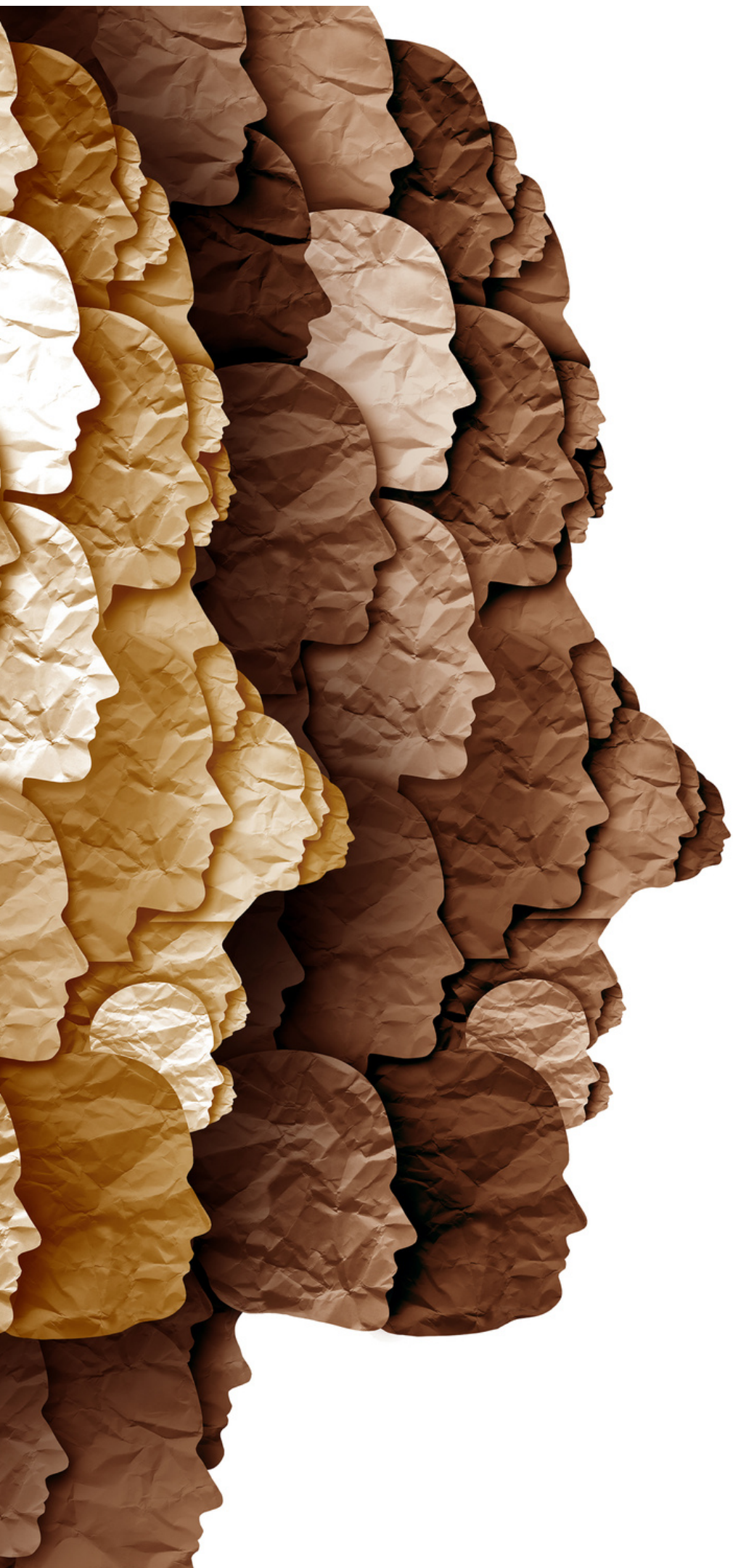
The Trafficking Survivor Equity Coalition (TSEC) brings survivor and anti-trafficking industry-informed policy to educate policymakers on how to effectively prevent trafficking, protect trafficking survivors through equitable and inclusive services, and prosecute traffickers. TSEC supports a holistic approach to serving human trafficking survivors in the United States.

- Unify the voice of restorative care programs to create policies that allow for them to effectively serve survivors.
- Elevate survivor voices in the policy space, so they can advocate for the benefits of restorative care and holistic solutions that provide support for survivors.
- Advise on federal legislation which supports organizations who provide restorative services to trafficking survivors.
- Providing equitable and inclusive care to all survivors.
- Address systemic barriers to care, and seek policy solutions to address gaps.

FREDERICK DOUGLASS TRAFFICKING VICTIMS PREVENTION & PROTECTION REAUTHORIZATION ACT (H.R. 6552)

Please educate your community today to support the passage of H.R. 6552, a bill that would reauthorize the Trafficking Victim Protection Act of 2000 and further the protection of trafficking victims, prevention of trafficking, and prosecution of those responsible for this crime.

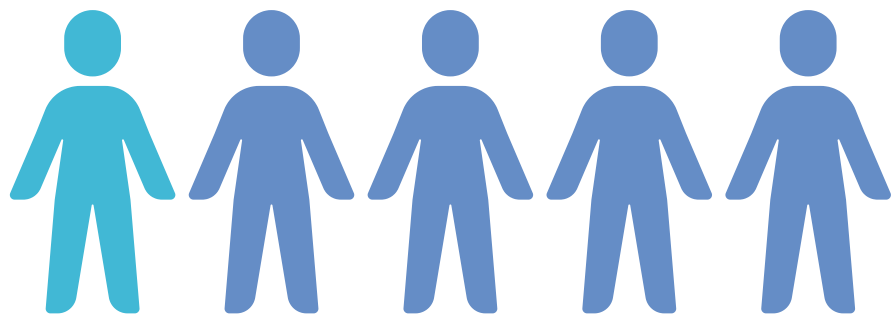
Learn more www.safehouseproject.org/freedom



APPENDIX

RESIDENT LIFE OVERVIEW

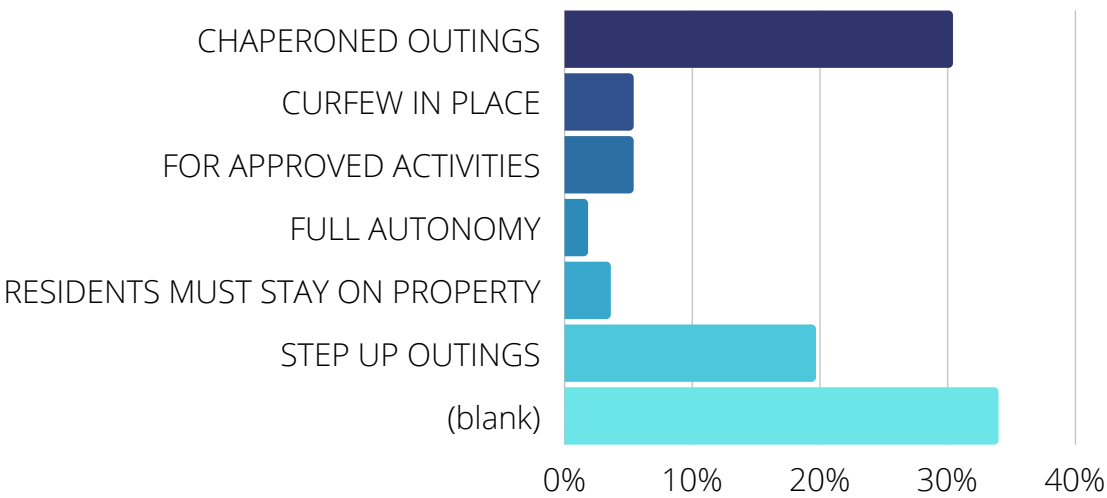
Average Staffing Model



1 Staff Member: 4 Participants

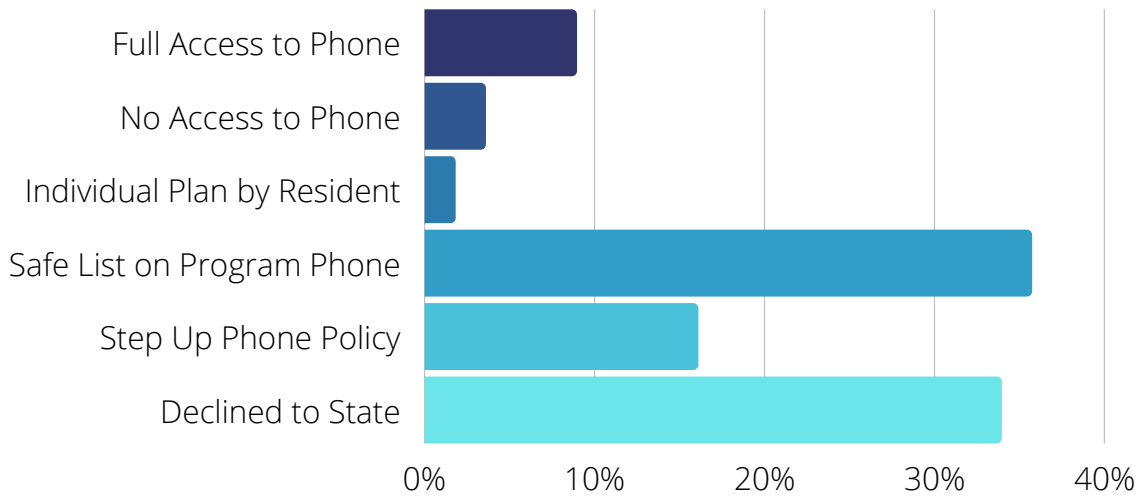
The residential staff is the heartbeat of the home where participants are going to start their healing journey. The staffing of a restorative care home should reflect the program’s desire to provide holistic therapeutic care to the survivor in a safe, effective, and trauma-informed environment. The staff should be vetted, trained, and supported to facilitate the desired outcome. The average staffing model is 1 staff member to every 4 participants.

Off Site Activity Policy



Majority of programs have certain activities in which the participants leave the home, either chaperoned or unchaperoned. Outings usually include medical appointments, court proceedings, group activities, verified employment, etc. Only 1 programs provided full autonomy for the participant to come and go from the property at will and 2 programs required residents to stay on property the entire time.

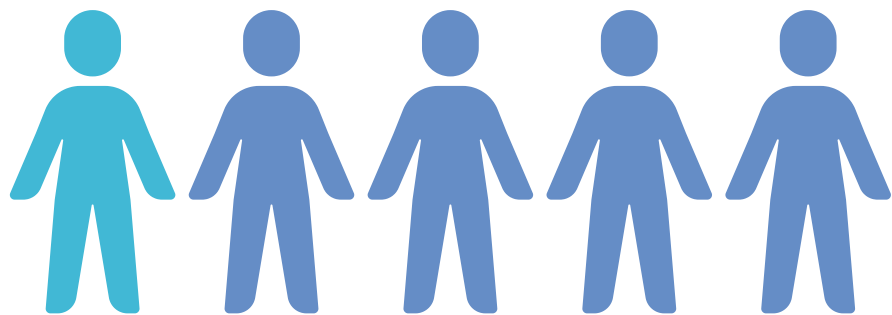
Phone Policy



One of threat to the safety of participants in an emergency program is technological safety. Therefore, many emergency programs implement strict phone policies or restrict phone access altogether. As participants progress through the continuum of care, they are given greater access to a phone and contact with safe contacts. Most transitional programs allow for the participant to have full access to the phone.

RESIDENT LIFE OVERVIEW (BASED ON 2021 GRANT DATA)

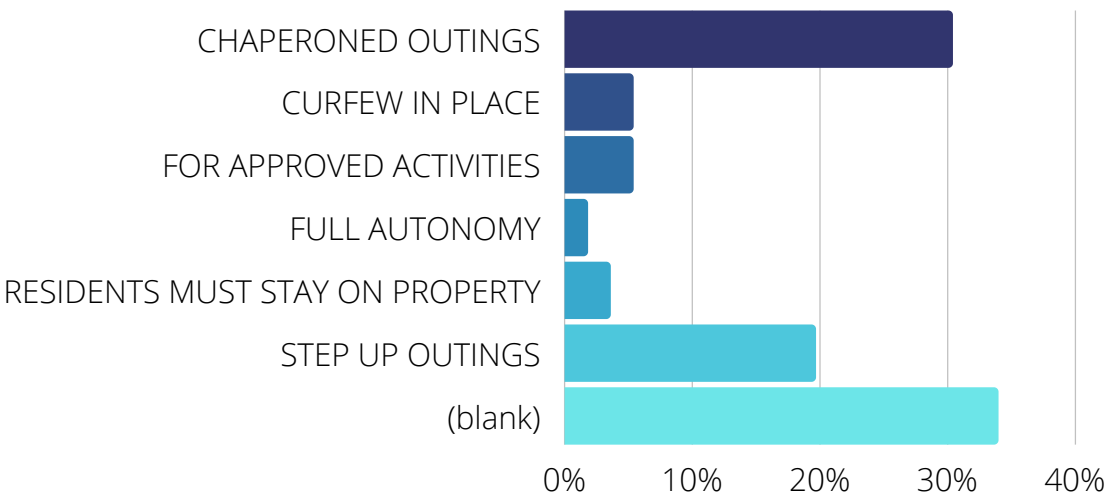
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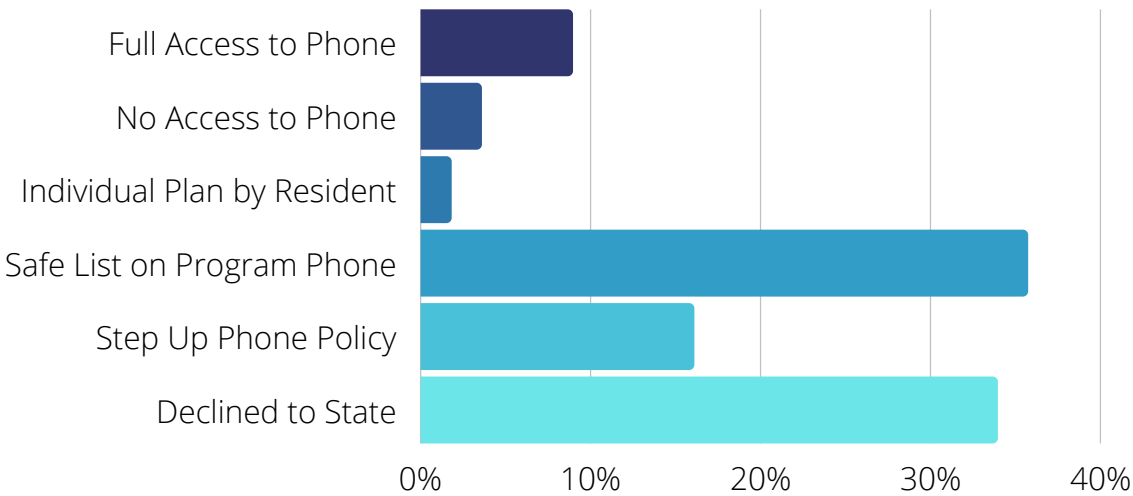
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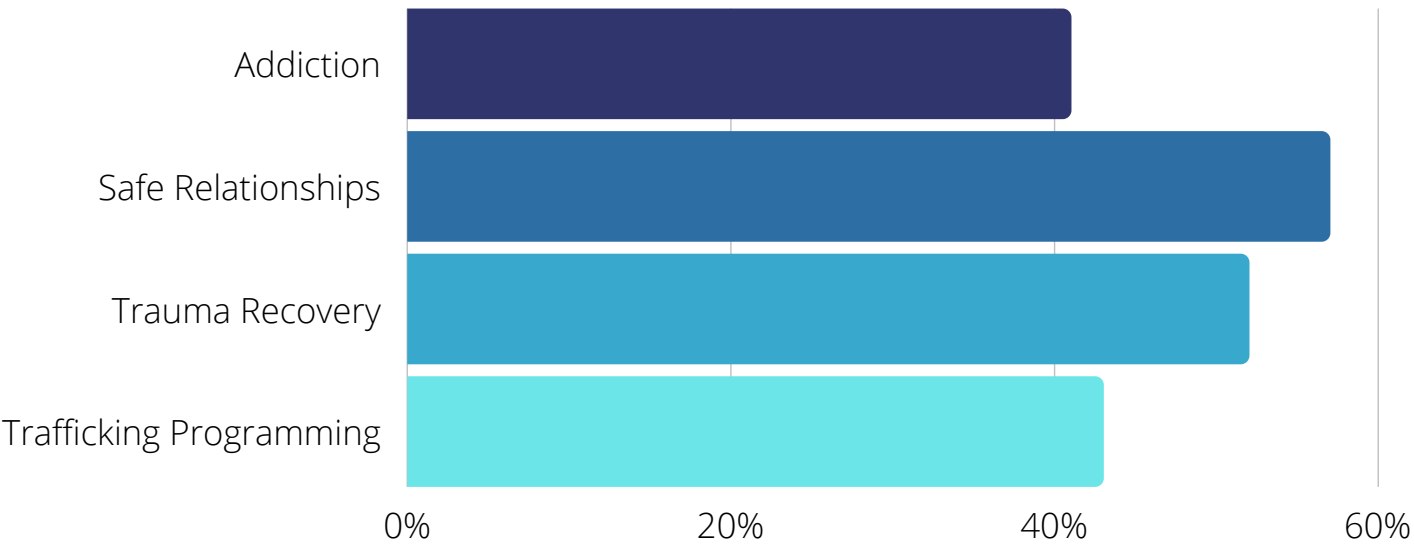
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RESIDENT LIFE OVERVIEW (BASED ON 2021 GRANT DATA)

Program Curriculum Types

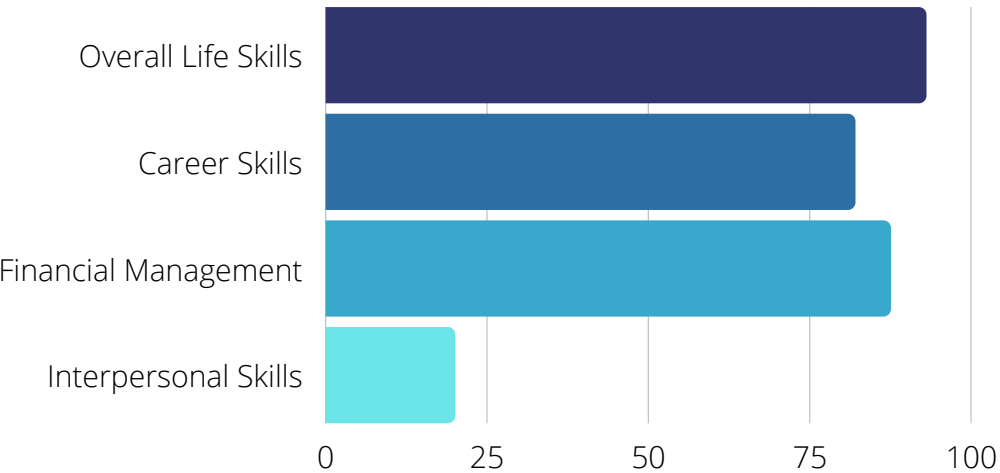


% of programs who are offering each type of curriculum in their program.

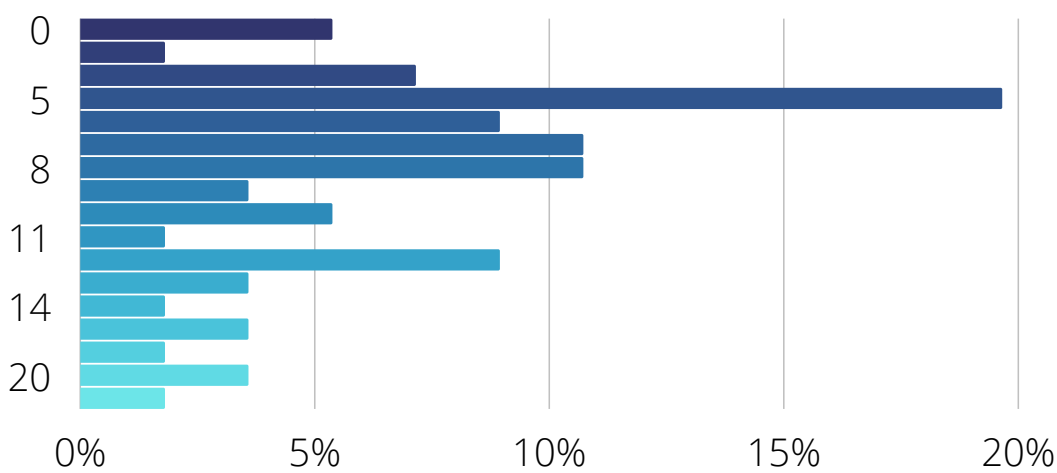
At every phase, programs utilize a variety of curriculums that help survivors overcome addiction and trauma, as well as help them understand how to establish safe relationships with healthy boundaries. 43% of programs provide trafficking-specific programs that highlight tactics traffickers use to recruit and re-recruit victims. This type of educational program helps break the trauma bond between the participant and their trafficker.

Life Skill Training

Life Skills Training



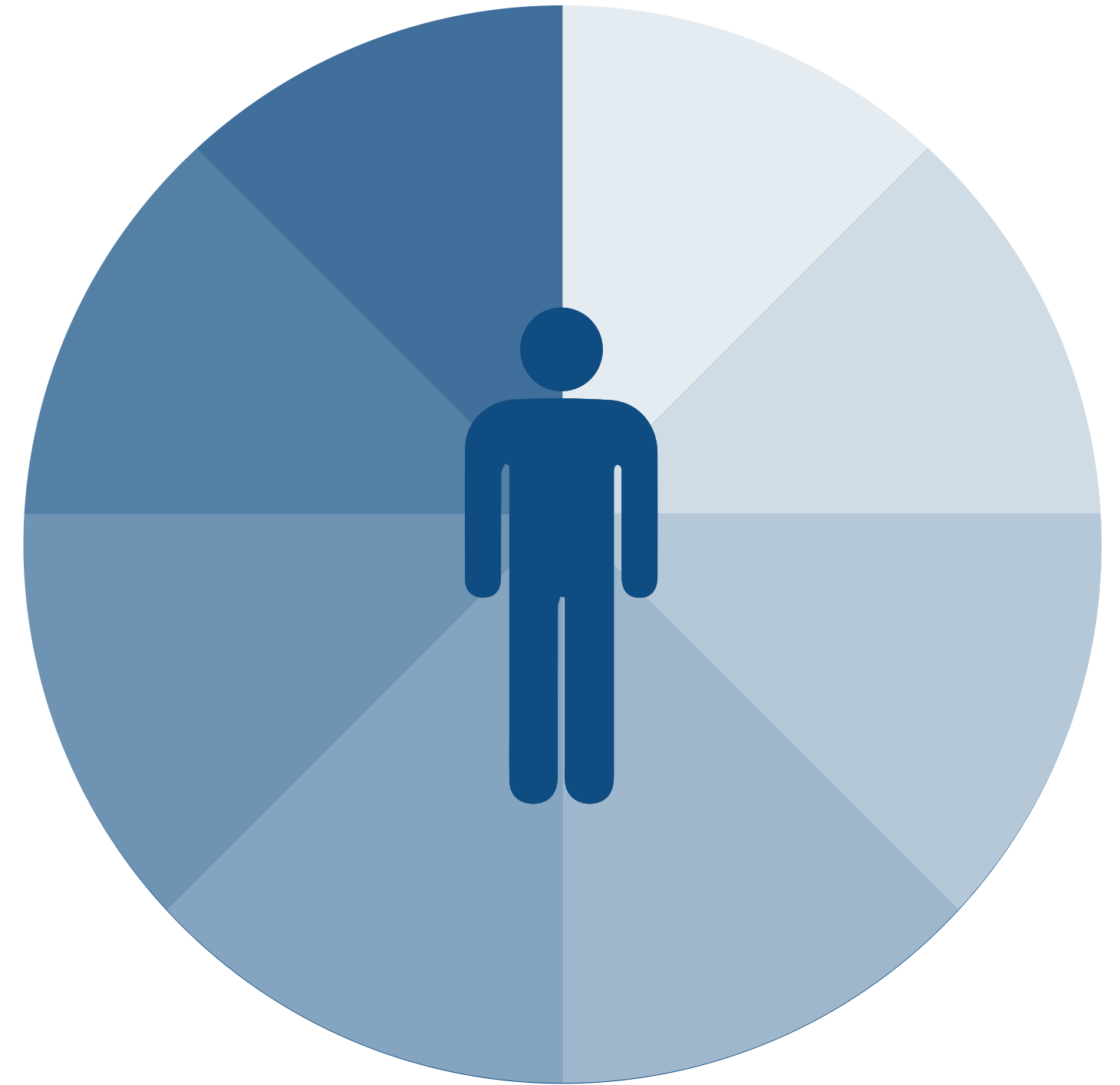
Life Skill Training Options



The mean number of life skill training options available to participants is 5 variations.

DISSOCIATIVE IDENTITY DISORDER

- DID is caused by severe, repeated, and prolonged physical, sexual, and emotional abuse in childhood.
- Survivors with DID experience severe symptoms, including unstable personality traits, loss of time, "zoning out," and severe PTSD symptoms.
- When working with survivors with DID, it is important to be trauma-informed and flexible. Survivors may require additional time to complete tasks and assistance re-orienting or grounding themselves.
- It is important to understand DID through education from research and lived experience experts.
- Training opportunities - email us at info@safehouseproject.org





SAFE HOUSE
PROJECT

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