



SAFE HOUSE
PROJECT

JANUARY 2023

Annual Report

AN EVALUATION OF SURVIVOR IDENTIFICATION & SAFE HOUSING BY STATE

STATE & FEDERAL POLICY RECOMMENDATIONS TO IMPROVE
THE IDENTIFICATION & IMPROVE SUPPORT OF TRAFFICKING
SURVIVORS THROUGH RESIDENTIAL SAFE HOUSE PROGRAMS.



SAFE HOUSE PROJECT'S MISSION & VISION



**Every number has a name.
Every name has a story.
And every story matters.**

Safe House Project's mission is to increase survivor identification beyond one percent through education, provide emergency services and placement to survivors, and ensure every survivor has access to safe housing and holistic care by accelerating safe house capacity across the U.S..

Our vision is to unite communities to end domestic sex trafficking and restore hope, freedom, and a future to every survivor.

"When I stepped through the doors, I felt a sense of love, warmth, and hope that wrapped around me—something I hadn't felt in any other place." - S.B.

HUMAN TRAFFICKING IN THE UNITED STATES:

- Hundreds of thousands of individuals are trafficked every year in the United States.
- Of the 1% who are identified, few receive care.
- 80% of survivors end up being re-victimized if they do not have a safe place to go.

SURVIVOR SUPPORT SERVICES:

It is not enough to help victims of human trafficking escape their trafficking situation. It is imperative to increase survivor access to restorative care. This can be accomplished by intentionally building programs that decrease barriers to care and increase equitable services, expanding upon pre-existing programs and services, and continuing to develop innovative solutions. A continuum of restorative care is critical to the recovery and protection of survivors. 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". A full continuum of care in every state is imperative to the recovery of survivors and the eradication of human trafficking. Restorative care encompasses:

- Providing immediate physical and emotional care, including, but not limited to, food, clothing, mental health services, and physical protection.
- Medical and dental assessment and treatment due to health problems resulting from abuse, lack of medical care, and poverty.
- Trauma-informed counseling by trained professionals recognizing gender, age, and cultural realities. Professionals with complex PTSD expertise are needed as survivors commonly experience depression, anxiety, and dissociative and substance use disorders.
- Legal guidance and advocacy across multiple human service and prosecutorial processes, including access to identifying documents that have been taken during the course of their trafficking experience, expungement of convictions obtained as a result of trafficking experiences, and testifying against their trafficker.
- Access to quality education to build skills and confidence.
- Career training used to generate a sustainable income and enable survivors of trafficking to support themselves through healthy practices.
- Access to affordable housing and transportation.

There has never been a better time to act and defend the rights of trafficking survivors. Together, we can eradicate trafficking in the United States by 2030. Will you join us?

SURVIVOR IDENTIFICATION TRAINING & EDUCATION

Training is imperative to the eradication of human trafficking because it increases survivor identification and can prevent trafficking. If an individual is not aware of trafficking signs and indicators and the vulnerabilities that lead to it, they are ill-equipped to identify and report suspected trafficking.

While authorizing training for relevant groups is a step toward increasing identification, legislation that mandates training ensures that all relevant professionals receive quality, comprehensive, and consistent training. Education for the following groups ensures that survivors of trafficking are properly identified, adequately resourced, and treated with the trauma-informed care they deserve.

- **Law Enforcement** - Comprehensive and ongoing law enforcement training increases their ability to identify and respond to human trafficking. Appropriate training equips law enforcement for victim centered interactions, participating in survivor exit strategies, and the investigation and arrest of traffickers and buyers.
- **Juvenile Justice System** - Due to the nature of many trafficking situations, many minor survivors interact with the juvenile justice system. If a survivor can be identified while still a juvenile, services can be provided to help the survivor exit their trafficking situation and break a cycle of abuse.
- **Child Protective Services** - The prevalence of familial trafficking among minor survivors, along with the fact that the majority of minor survivors interact with child welfare agencies during their trafficking, make training for CPS an important part of eradicating trafficking.
- **Prosecutors** - Prosecutors must be familiar with trafficking, the vulnerabilities that lead to it, and the most up-to-date, trauma-informed, victim-centered approaches to increase survivors' ability to cooperate with the prosecution of their traffickers.
- **Educators** - Educators have a unique opportunity to spend extended periods of time with students, building rapport and getting to know them which leads to having the ability to become a safe person for survivors to disclose to. Teachers also have the opportunity to gain the education on how to spot signs in their students and respond accordingly to best care for their students.
- **Students** - Many survivors of trafficking take a long time to self-identify as survivors. They may not have the language or an understanding of trafficking that allows them to identify what is happening to them. Age appropriate education allows them to self-identify and equips them with resources heal from trauma and report incidents.
- **Healthcare Workers** - The overwhelming majority of trafficking survivors, both minors and adults, interact with healthcare workers over the course of their trafficking experience. Educating these workers better equips them to respond to the survivors who come to them as patients.
- **Hospitality** - Those working in the hospitality industry are a critical contact point for those being trafficked. Appropriate training on how to spot and report trafficking in their hotels equips workers to safely identify trafficking situations and secure law enforcement assistance.

EMERGENCY RESPONSE & THE CONTINUUM OF CARE

Emergency Response

In order to provide effective support to survivors during their escape from trafficking, states need rapid and coordinated response systems. Coordinated and trauma-informed teams activate the continuum of care by providing effective case management and victim advocacy services at the point of escape. Without integration of these services, 80% of survivors will experience re-victimization.

Continuum of Care Phase I: Emergency Safe Housing & Stabilization

Emergency safe housing helps stabilize survivors in crisis and is critical to beginning the continuum of care for trafficking survivors. Survivors need immediate services to meet their basic needs of safety, food, and shelter. High-quality emergency programs can assist a survivor in escaping their trafficker, as well as provide mental health evaluations, substance detoxification, and future resource planning. Emergency providers facilitate emergency medical or psychiatric care for newly exited survivors, while giving them agency to determine next steps towards a coherent restoration plan and successful recovery. When adequately staffed, funded, and educated emergency residential programs utilize the expertise of trauma-informed professionals to provide acute trauma care, comprehensive psychiatric assessments, medically supervised detoxification, SANE examinations, and individualized placement into long-term programming.

Continuum of Care Phase II: Long-Term Therapeutic Safe House

Survivors of human trafficking often require therapeutic care to address trauma and build the skills necessary to find independence following exit from their trafficking situation. Long-term, residential care provides opportunities for extensive healing and effective societal reintegration to survivors of trafficking.

Long-term therapeutic programs are trauma-informed, survivor-consulted, and specific to survivors of trafficking. These residential programs provide psychiatric, therapeutic, and medical care that is necessary for a survivor's well-being following the crisis stabilization phase. These programs also offer the necessary tools for a survivor to reintegrate into society, find financial independence, and avoid re-victimization through healing the effects of complex trauma.

Continuum of Care Phase III: Transitional Residential Care

Transitional housing programs help survivors avoid re-victimization as they transition back into community. Transitional living opportunities provide survivors the ability to continue their healing through ongoing social, emotional, and therapeutic support with more freedom and autonomy than in previous stages of the continuum of care, all while pursuing their educational and/or vocational goals.

Transitional programs are able to facilitate ongoing therapeutic care, mentorship, and social support while providing survivors a safe and encouraging environment to live in as they reenter the traditional workforce and other aspects of independent living.

BARRIERS TO EQUITABLE CARE FOR TRAFFICKING SURVIVORS

There are a limited number of residential programs to support human trafficking survivors in the United States. The following are variables that influence equity of care for trafficking survivors:

Active Addiction - Survivors exiting their trafficking situation often find themselves unable to find emergency services to detox, which means they fail to meet the minimum of 30 days of sobriety required by many long-term programs. Free or medicaid accepting medical detox facilities are few and vary by state.

Minors - Programs serving minors require extensive licensing and are costly to operate. Many programs who serve minors from the child welfare system do not receive adequate compensation from the state's child protective services agency to provide effective therapeutic care. As a result, minor victims are often placed into group homes, foster care, juvenile detention centers, drug treatment programs, or mental health facilities. Rarely are these programs equipped with the training to effectively serve trafficking survivors.

Gender - The majority of beds available in restorative care are available to cisgender females, leaving cisgender males, transgender and non-binary individuals without access to care.

Mental Health - Survivors with severe mental health disorders, including schizophrenia, dissociative identity disorder, and psychiatric conditions with psychotic symptoms have limited access to programs due to the additional staff and resources required to serve those with severe mental health challenges. This barrier fails to acknowledge that severe mental health conditions are a direct product of complex trauma.

Mother/Child - Without homes available that can accommodate children, mothers remain in their trafficking situation and/or without restorative care for fear of losing their children to the system or their trafficker.

Physical Disabilities - There are few trafficking specific programs that are ADA compliant and have additional staff necessary to provide quality care to all participants. Due to the limited number of programs, survivors with physical disabilities are left receiving subpar services, if they receive services at all.

Physical Health - Survivors who are experiencing complex health challenges and require additional doctor appointments or ongoing medical support are often disqualified from a program due to needing additional staff to adequately serve all participants or lack of partnership with healthcare providers.

371

Non-profits provide direct services specifically for human trafficking in the U.S.

286

Of these provide residential housing, approximately 1,600 beds nationally.

35

Programs are in the process of launching a residential program.

18

States do not have a program for domestic minor trafficking survivors.

HOW TO USE THIS REPORT

States were evaluated using a weighted scoring system designed to identify the strengths and areas for improvement in each state. States were evaluated based on training mandates for key professionals, number of survivor identifications, the availability of human trafficking specific residential programs throughout the continuum of care, emergency response coordination, and the state legislation that helps create sustainable solutions for survivors in each of these areas. The lower the ranking number, the better the state scored. Currently, California is ranked #1 in the country for its comprehensive response to serving trafficking survivors.

EDUCATION OF PROFESSIONALS

While authorizing training for relevant groups is a step toward increasing identification, legislation that mandates training ensures that all relevant professionals receive quality, comprehensive, and consistent training. States were evaluated on their current trainings, but greater weight was given to those who mandated training, versus authorize it.

SURVIVOR IDENTIFICATION

Historically states have been penalized for showing higher numbers of victim identification and human trafficking reports. Our belief is that those increases are a direct impact of an increase in human trafficking training and should not be penalized, but elevated. States were ranked based upon the reports per 100,000 people.

EMERGENCY RESPONSE & SUPPORT TEAMS

States were awarded additional points for the operation of task forces, multidisciplinary and response teams, state-specific hotlines, and councils, commissions, coalitions, and working groups.

CONTINUUM OF CARE

Human trafficking specific residential program options were evaluated for each state to determine if a continuum of care was available to support survivors through every phase: emergency, long-term healing, and transitional residential care. Points were received for each type of housing model that is offered for adults and minors, as well as males and females. There was a weight applied to emergency housing options, since that is the entry point for survivors into the continuum of care and without it many survivors are ineligible for long-term or transitional housing options. Additional points were awarded for states who could meet the needs of transgender individuals, mother's with child, or individuals with severe mental health or physical disabilities.

OVERALL STATE RANKINGS

1 is the highest rank, which represents the state with the most comprehensive response to trafficking.

| Rank | State |
|------|----------------|
| 1 | California |
| 2 | Texas |
| 3 | Florida |
| 4 | Tennessee |
| 5 | Washington |
| 6 | Georgia |
| 7 | Minnesota |
| 8 | Illinois |
| 9 | Arizona |
| 10 | South Carolina |
| 11 | New York |
| 12 | Nevada |
| 13 | Pennsylvania |
| 14 | Virginia |
| 15 | Iowa |
| 16 | Oklahoma |
| 17 | Missouri |
| 18 | Ohio |
| 19 | Indiana |
| 20 | Nebraska |
| 21 | Kansas |
| 22 | Kentucky |
| 23 | Connecticut |
| 24 | North Carolina |
| 25 | Colorado |

| Rank Continued | State |
|----------------|---------------|
| 26 | New Hampshire |
| 27 | Alabama |
| 28 | Rhode Island |
| 28 | Hawaii |
| 30 | Michigan |
| 31 | Louisiana |
| 32 | Delaware |
| 33 | Oregon |
| 34 | Montana |
| 35 | New Jersey |
| 36 | South Dakota |
| 37 | Wisconsin |
| 38 | Massachusetts |
| 39 | Idaho |
| 40 | Arkansas |
| 40 | Mississippi |
| 42 | Maryland |
| 43 | Maine |
| 44 | New Mexico |
| 44 | Vermont |
| 46 | Alaska |
| 46 | North Dakota |
| 46 | Utah |
| 46 | Wyoming |
| 46 | West Virginia |

TENNESSEE

The state of Tennessee is one of few states in the nation that mandate training for 6 of the 8 key areas listed below, leaving only two to be mandated: healthcare and hospitality workers. Additionally, Tennessee offers emergency and long term restorative care programming to adult women and male and female minors. The state can expand on this to include transitional programs, completing the continuum of care. Based on the below information, the state of Tennessee is currently ranked fourth in the nation.



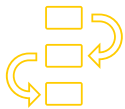
SURVIVOR IDENTIFICATION

Survivor identification is key to recognizing and eradicating trafficking. To improve a state's identification of trafficking, it is imperative to mandate consistent, survivor-consulted, and trauma-informed training; while standardizing policies & procedures for trafficking response within the eight key groups below.



EMERGENCY RESPONSE

In order to provide effective support to survivors during their escape from trafficking, states require rapid and coordinated response systems. Coordinated and trauma-informed teams activate the continuum of care by providing effective case management and victim advocacy services at the point of escape. Without integration, 80% of survivors will experience re-victimization.



CONTINUUM OF CARE

A continuum of care is an integrated system that guides and tracks trafficking survivors over time through comprehensive services spanning all levels of care. The continuum begins with emergency stabilization, continues with long-term residential care, and culminates with transitional housing. Effective systems employ all three levels in a coordinated manner.



POLICY & LEGISLATION

Anti-trafficking efforts must be underpinned by legislation that empowers a path to healing and freedom. Response and support services require codified authorities to identify, protect, and assist trafficking survivors. The strongest legislative frameworks consider protection, prosecution, and prevention equally.

SURVIVOR IDENTIFICATION

Education for the following groups ensures that survivors of trafficking are properly identified, adequately resourced, and treated with the trauma-informed care they deserve. (Areas in which the state mandates human trafficking training are indicated in yellow.)

Tennessee receives 8 trafficking reports per 100K people.

Currently, it is estimated that only 1% of trafficking survivors are identified. It is estimated that 15,200 people in Tennessee are victims of trafficking annually.



LAW
ENFORCEMENT



JUVENILE
JUSTICE SYSTEM



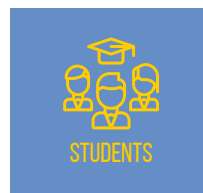
CHILD WELFARE
WORKERS



PROSECUTORS



EDUCATORS



STUDENTS



HEALTHCARE



HOTEL
HOSPITALITY

Survivor Identification to Emergency Support

Collaboration between local, state, and federal law enforcement; child protective services; victim services providers; healthcare workers; and other stakeholders is imperative to the eradication of trafficking across the state and the restoration and ongoing success of survivors.

- State Human Trafficking Task Force

Residential Support Services for Trafficking Survivors

| PROGRAM TYPE | MINORS | ADULTS |
|--|----------------------------|----------------------------|
| Emergency Residential (up to 90 days) | Female: Yes Male: Yes | Female: Yes Male: None |
| Long-Term Residential (12-18 months) | Female: Yes Male: Yes | Female: Yes Male: None |
| Transitional Residential (variable length) | Female: None Male: None | Female: None Male: None |
| Non-Trafficking Specific Residential Options* | Yes | Yes |

*This includes group homes, homeless shelters, domestic violence shelters, and other housing options that do not offer trafficking-specific programming but serve trafficking survivors.

Specialized Services

Available specialized services in residential programs are indicated in yellow.



Trafficking Survivor Equity Coalition Members



STATE POLICY RECOMMENDATIONS

- Enact state legislation that mandates human trafficking training for healthcare and hospitality workers.
- Create and fund transitional restorative care programs for both minor and adult survivors of human trafficking.
- Require existing non-trafficking focussed residential programs, such as domestic violence shelters, youth shelters, and group homes to take human trafficking training to increase survivor identification in order to refer identified victims to agencies equipped to serve trafficking survivors.

FEDERAL POLICY RECOMMENDATIONS

- Mandate third-party certification for restorative care programs to ensure that survivors receive comprehensive, evidence-based care.
- Increase authorization levels for services and treatment programs for victims of sexual abuse, trafficking, and gender-based violence as well as enhanced use of multidisciplinary teams for investigations into these cases.
- Eradicate CSAM images and videos online by strengthening reporting requirements and tiplines, mandating child abuse reporting and increasing criminal penalties for failing to provide information.

SURVIVOR IDENTIFICATION RANK

The following is an evaluation of the number of reports per 100K people. Given that according to the United Nations victim identification is only at 1% these reports represent a fraction of the overall prevalence of trafficking within each state. The estimated prevalence of trafficking is extrapolated out based on the reported number of confirmed survivors identified in 2021 through the National Human Trafficking Hotline. The National Human Trafficking Hotline represents a subset of the overall identifications that happen through state run hotlines, survivor hotlines, law enforcement, direct service providers, government agencies, etc.

| Rank | State | Population | Reports Per 100K | Est. Prevalence |
|------|----------------|------------|------------------|-----------------|
| 1 | Mississippi | 2,960,075 | 18.3 | 23,300 |
| 2 | Nevada | 3,185,426 | 17.9 | 20,100 |
| 3 | Missouri | 6,188,111 | 17.8 | 24,000 |
| 4 | New Mexico | 2,129,190 | 17.1 | 5,900 |
| 5 | California | 39,995,077 | 13.1 | 133,400 |
| 6 | Florida | 22,085,563 | 13.1 | 78,100 |
| 7 | Maine | 1,369,159 | 12.8 | 3,100 |
| 8 | North Dakota | 800,394 | 12.5 | 1,900 |
| 9 | Washington | 7,901,429 | 12.1 | 23,300 |
| 10 | Nebraska | 1,988,536 | 12.1 | 5,700 |
| 11 | Montana | 1,103,187 | 12.1 | 2,400 |
| 12 | Maryland | 6,257,958 | 12.0 | 11,800 |
| 13 | Texas | 29,945,493 | 11.8 | 91,700 |
| 14 | Wyoming | 579,495 | 11.7 | 1,300 |
| 15 | Michigan | 10,116,069 | 11.7 | 29,500 |
| 16 | Oregon | 4,318,492 | 11.2 | 16,000 |
| 17 | South Dakota | 901,165 | 11.1 | 2,900 |
| 18 | Alaska | 738,023 | 11.0 | 1,600 |
| 19 | Oklahoma | 4,000,953 | 10.9 | 9,900 |
| 20 | Colorado | 5,922,618 | 10.2 | 15,000 |
| 21 | Georgia | 10,916,760 | 9.8 | 28,100 |
| 22 | Ohio | 11,852,036 | 9.8 | 29,100 |
| 23 | Utah | 3,373,162 | 9.5 | 7,800 |
| 24 | South Carolina | 5,217,037 | 9.4 | 12,400 |
| 25 | Iowa | 3,219,171 | 9.3 | 8,600 |
| 26 | Kansas | 2,954,832 | 9.3 | 8,500 |
| 27 | Delaware | 1,008,350 | 9.2 | 3,100 |
| 28 | Arizona | 7,303,398 | 8.9 | 21,700 |
| 29 | Arkansas | 3,030,646 | 8.9 | 7,400 |
| 30 | North Carolina | 10,620,168 | 8.7 | 22,300 |
| 31 | Pennsylvania | 13,062,764 | 8.3 | 19,200 |
| 32 | New York | 20,365,879 | 8.2 | 40,400 |
| 33 | Louisiana | 4,682,633 | 8.0 | 12,600 |
| 34 | Kentucky | 4,539,130 | 7.8 | 11,500 |
| 35 | Tennessee | 7,023,788 | 7.5 | 15,200 |
| 36 | Illinois | 12,808,884 | 7.3 | 24,300 |
| 37 | Indiana | 6,845,874 | 6.8 | 12,300 |
| 38 | Virginia | 8,757,467 | 6.7 | 14,000 |
| 39 | Wisconsin | 5,935,064 | 6.6 | 9,500 |
| 40 | West Virginia | 1,781,860 | 6.3 | 3,900 |

| Rank | State | Population | Reports Per 100K | Est. Prevalence |
|------|---------------|------------|------------------|-----------------|
| 41 | Hawaii | 1,474,265 | 6.1 | 3,000 |
| 42 | New Jersey | 9,388,414 | 6.0 | 15,100 |
| 43 | Minnesota | 5,787,008 | 5.8 | 9,800 |
| 44 | Idaho | 1,893,410 | 5.8 | 3,300 |
| 45 | Alabama | 5,073,187 | 5.6 | 8,000 |
| 46 | Vermont | 646,545 | 4.9 | 1,400 |
| 47 | New Hampshire | 1,389,741 | 4.9 | 2,400 |
| 48 | Massachusetts | 7,126,375 | 4.8 | 9,300 |
| 49 | Connecticut | 3,612,314 | 4.7 | 5,400 |
| 50 | Rhode Island | 1,106,341 | 3.4 | 1,600 |

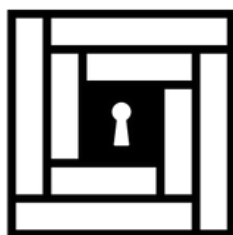
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