

PRACTICAL GUIDE:

SURVIVOR-INFORMED SERVICES

OVERVIEW AND PURPOSE

This guide is intended for service providers who are committed to engaging survivors in the anti-trafficking field. This guide provides information and practical tools to help service providers create intentional partnerships with survivors. Creating these partnerships in the context of survivor-informed services means having a clear picture of what you're working towards and knowing what type of experiences and skills will fit the needs of your project. We reframe our approach by engaging survivors holistically, as multi-faceted partners and not only as individuals with lived experience.

CONTENT

1. Introduction.
2. What are you trying to improve?
3. What components are required?
4. What is the role of survivors in your project?
5. Tying everything together.
6. Appendix and additional resources.

WHY IS IT IMPORTANT TO BE SURVIVOR-INFORMED?

“Victim-centered” and “trauma-informed” are popular terms in the victim service field. As service providers, we strive to implement these concepts both in what we offer and how we offer them. Partnering with survivors can help you hold yourselves accountable to victim-centered and trauma-informed standards; and expand your understanding of how they can be applied.

1. INTRODUCTION

The information and materials in this guide are meant to lead users through critical thinking processes which may take time. They allow users to walk away from the project for extended periods of time, jot down notes or ideas that were overlooked in the creation of this guide, or even hand the project over to another staff member. Each chapter provides exercises to work through with each building on top of one another. Blank exercise templates are found in the appendix while those in the chapters are filled in using examples.

Before starting this guide, please review the following definition of survivor-informed and the framework for survivor-informed services (see Appendix A).

Survivor-Informed

A program, policy, intervention, or product that is designed, implemented, or evaluated with intentional partnership, collaboration, and input from survivors¹ to ensure that the program or product accurately represents the needs, interests and perceptions of the target victim population.

This definition, and the framework for survivor-informed services, breaks down your project into these steps: First, obtain perspective by figuring out your project. Identify what is to be improved as a result of this partnership. Then, clarify identify which components are required to make the desired improvements. Lastly, model professionalism when engaging survivors as partners. Be explicit regarding the role of survivors in your project. Ensure clear and consistent communication throughout the partnership. The push to be intentional includes engaging survivors as partners, but it also calls providers to ask deeper questions about their own roles and responsibilities.

¹ Survivor, victim, and lived experiences may be used interchangeably but actually have different implications. Victim has legal implications and refers to an individual who has suffered harm. Survivor is a term to emphasizes the strength and resiliency to overcome a trafficking situation. OVC's [Model Standards](#) offers information about specific standards applicable to those terms.

Survivor voice is critical for success; however, at this point in the process, it's important to be clear what you as the service provider are bringing to the partnership. Part of being intentional includes knowing what you bring to the partnership. Take this time to figure out your ideas, strengths, and resources.

2. WHAT ARE YOU TRYING TO IMPROVE?

The pursuit of being survivor-informed is generally driven by a desire to improve, enhance or expand some aspect of an organization. Use Exercise 1 – Define Your Outcome to identify your organization's intent. Please be mindful of identifying attainable and measurable outcomes for your project. For example, it is unlikely, and unreasonable to expect, that a single program, policy, intervention or product will "eliminate human trafficking in your community." Use the examples below as needed.

INSTRUCTIONS: Consider your project and mark the appropriate line. Then, after reviewing the corresponding questions, write out a clear description of the outcome you wish to see improved, enhanced, or expanded. Review examples in Chapter 2 if needed.

Conversely, if you already have the desired outcome in mind, write it out and take a few minutes to consider which category your project fits into below. This project will build upon or improve a(n):

___ **PROGRAM:** An agency or division within an agency that performs a distinct and specific function.

[Adapted from OVC's [Model Standards](#)]

Example: *You wish to review an existing program that provides long-term housing for survivors. The outcome you want to see improved is the number of successful transitions to independent housing.*

Questions to consider to pinpoint your desired outcome:

- What "isn't working" that you'd like to focus on?
- Think about the purpose of this program. How would you describe the impact of your program on the population you serve?

- When was the last time you had someone outside your organization take a deep look at your program? What were their observations?

___ **POLICY:** A written guideline that is a broad statement of program or organizational principles; a framework for developing procedures, rules, and regulations. Additionally; **PROTOCOL:** A written document that provides standard procedures and role delineation for a particular process. Protocols are reviewed and updated periodically to reflect changes in policies and practices. [Adapted from OVC's [Model Standards](#)]

Example: *Your organization is committed to creating a work environment that is welcoming to staff with lived experience. You wish to improve existing HR policies to be trauma-responsive protocols and resources.*

Questions to consider to pinpoint your desired outcome:

- What “isn’t working” that you’d like to focus on?
- What’s the point of this policy? How does it impact the organization, the staff, the people you serve?

___ **INTERVENTION:** Intentionally implemented change strategies which aim to impede or eradicate risk factors, activate and/or mobilize protective factors, reduce or eradicate harm, or introduce betterment beyond harm eradication. Interventions encompass a range of therapies, treatments and modalities. Interventions may be simple or complex; yet simple interventions may have multiple elements that contribute to their effectiveness. [Adapted from [Oxford Bibliographies](#)]

Example: *Your program uses motivational interviewing, a clinical intervention, to encourage changes in behavior for individuals with substance abuse issues. In the last 18 months, your staff have seen an increase in the number of program participants who also meet the criteria for human trafficking. When looking over outcomes for your program, you notice that participants that have been trafficked seem to have lower success rates in reducing harmful behaviors and accessing resources. You wish to improve successful outcomes when using motivational interviewing with participants that have been trafficked.*

Questions to consider to pinpoint your desired outcome:

- Why did you select this intervention over others?
- What are some outcomes that are wholly based on using this intervention?
- What are ways this increases protective factors? What are ways this decreases harm?

___**PRODUCT:** A good, idea, method, information, object or service created as a result of a process and serves a need or satisfies a want. It has a combination of tangible and intangible attributes (benefits, features, functions, uses) marketed by the provider and offered to a consumer. [Adapted from [Business Dictionary](#)]

Example: *Your organization’s outreach materials for LGBTQ+ youth, an increasing population in the clients you serve, is outdated. You wish to revise the materials and focus on increasing access to services for this underserved community. You believe that facilitating ease of access will lead to increased identification of potential victims.*

Questions to consider to pinpoint your desired outcome:

- Why is this product of interest over others?
- What do you want this product to do?
- What are ways to improve the tangible attributes of this product? What about the intangible ones?

Move to the next chapter.

WHAT COMPONENTS ARE REQUIRED FOR IMPROVEMENT?

As service providers, we recognize the importance of not only the end result, but also the way in which we get there. Get ready to take a close look at your program/policy/intervention/product and identify the action, or series of actions, that impacts your desired outcome.

For some projects, this focus will be easily identified. If so, fill out the list of components that impact your desired outcome in the appropriate section of the exercise below and jump to the next chapter. For others, you may have to parse out every step of action in order to pin down the key components of your project. Narrowing down the focus of the project, especially in light of your desired outcome, will clarify the scope and parameters of your project. Use the following exercise to guide this process.

Please note: as you work through this process, you may need to revisit this exercise to revise or adjust your work. This is not unusual; do not feel discouraged if this occurs.

Find your project category and follow the instructions.

LET'S TALK ABOUT LANGUAGE

Pay attention to which words you're using when describing your project. Both *survivor* and *victim* have valid yet weighted meanings behind them. When you've completed the exercise, does your project make sense if you replace all these terms, including *client*, *patient*, *resident*, or *participant*, you use to describe survivors with the term *partner* instead?

Let's be conscious of how we, as service providers, may often unintentionally use language that: (a) has additional meaning internal to your organization and (b) infers an imbalance of status, skill, or power. Take the time to be clear here and now, and not when you are at the table, discussing your project with a potential partner.

PROGRAM

The focus of improving programs is tied to understanding how and where you can affect outcomes. To do this, break your project down into key actions. Narrowing down the focus of your project, especially in light of your desired outcomes, will clarify the scope and parameters of your project. Deconstruct the program and hone in on critical points where interventions, or actions, occur.

INSTRUCTIONS: In the table below, write out the key actions that take place*. Remember to think critically about these actions— instead of identifying what happens, try to note why this action is important and what it’s used for in the overall scheme of the program. Fill in the appropriate sections based on actual, current practices (as opposed to theoretical practice standards) within your organization.

* If walking through this chart doesn’t seem to be a helpful way to pinpoint components that impact your desired outcome, feel free to use another method or format that will help you explore your program.

Example: Long-term housing program for survivors. Desired outcome: increase in the number of successful transitions to independent housing.

Program info: Casa de Esperanza (long-term transitional housing, 8 bed, 2-year max. stay)

BEGINNING	MIDDLE	END
<ul style="list-style-type: none"> • Intake/screening – safety • Informed consent – shelter rules • Engagement – building goals, ID strengths and barriers 	<ul style="list-style-type: none"> • Build skills – self-sufficiency, independent living, communication • Achieve goals – fiscal, employment, mental and physical health, etc. • Empower internal motivators re: independent housing • Resolve barriers to housing 	<ul style="list-style-type: none"> • Barriers addressed • Exercise skills independently • Access community-based resources as needed

Now, highlight and list out the specific components that are either problematic or essential to successful

outcomes – however you define success within the program. Be as specific as possible. Limit your list to those that will be prioritized in this project. Dive into data collected around your program and its participants if available.

List of Prioritized Components:

1. **Shelter Rules** – A large percentage of residents are exited from placement because they break a rule within the first 6 months. Based on data collected, we should revisit the shelter rules to see if they are outdated, too strict, or arbitrary.
2. **Achieved Goals** – According to a recent survey of former shelter residents, a primary catalyst for successful transition into independent housing is maintaining stable employment/income prior to moving out of the shelter.
3. **Barriers to Housing** – Based on case notes, many shelter residents struggle to get their housing applications approved due to legal, criminal and civil problems directly related to their trafficking experience.

Now that you've narrowed down key components, you should have a clearer understanding of what affects your outcome. Go to the next chapter and use this list to map out the collaborative portion of your project in the following chapter.

POLICY

The desire to revise a policy is often predicated by observations of protocols, processes, or procedures that don't work as intended or are more of a barrier to (than a guide for) services. Use this exercise to dig into: (a) what this policy does, (b) who it helps, and (c) how it's implemented. This will help identify where revision, editing or brainstorming is needed.

People are an organization's primary asset, ones that you must hire, onboard, pay, satisfy, motivate, engage, manage, develop, and retain as employees.² Within the crime victim services field, we recognize the need to consider creating or adopting trauma-informed, and thus trauma-responsive, policies that recognize the prevalence of trauma. Such policies should explicitly support and value staff who not only deal with but also bring expertise in trauma and trauma symptoms. This becomes even more relevant as some organizations hire survivors into positions that require them to tap into personal trauma (which is not encouraged) on a regular basis.

Additionally, revise your policy to be more trauma-responsive in a way that can support any staff, at all levels, with trauma in their background. (see Appendix C) Policies should also include practices that account for programs, organizations, and systems that are affected by trauma.³

INSTRUCTIONS: Answer the following questions about your policy. Remember to base answers on actual, current uses (as opposed to theoretical standards) within your organization. This exercise may be useful to bring to an all-staff meeting, or as an anonymous survey that provides a small gift/perk for staff who complete it. Feel free to create or edit questions to be more specific to the policy you are considering.

² <https://www.thebalancecareers.com/human-resources-416180>

³ [Guiding Principles](#) for Agencies Serving Survivors of Human Trafficking in the Regional Southeastern U.S.

Example: Your organization is committed to creating a work environment that is welcoming to staff with lived experience. You wish to improve HR policy A around hiring and onboarding to include trauma responsive processes and resources.

1. Summarize the purpose of the policy. Describe the last few times this policy was used.

We have Policy A to establish and maintain legal, ethical and inclusive hiring practices. It also lays out onboarding—orientation, training and resources—processes. This is the first introduction for new staff on how the organization supports staff and the work we do. We recently used this policy to onboard two new staff hires. Also, over the last six months, only one staff utilized supportive resources.

2. How well does this policy embody **organizational values and principles**? Which value is under-represented here? Is that problematic?

Our core values are: share leadership, integrity by example, empowerment (it's both a process and a product!), build sustainable communities, and embrace diversity. This policy strongly focuses on supporting our staff through providing great benefits and employee resources. However, it doesn't dive into making our team diverse. It doesn't showcase our belief that it takes people with different ideas, strengths, interests and backgrounds to be successful.

3. Is this policy **accessible, supportive** and **useful** to staff **equitably**? For example, would staff with lived experience and without lived experience equally find this policy fair and reasonable? What about staff with lived experience who have not “come out” about it in their workplace? A policy should mitigate harm and re-traumatization and build trust and transparency.

This policy is honestly not worded using trauma-informed language that considers the viewpoints of staff with lived experience or with trauma in their background. It's gone through

many revisions which has made it cumbersome to understand. After the hiring and onboarding processes are completed, this policy doesn't really provide any more support. Leadership doesn't encourage staff to access resources in a way that is open, transparent or easily accessed. We see this reflected in how little staff access resources. Staff are either finding support in other ways or are not finding these resources helpful.

4. In your opinion, how well does this policy balance protecting the organization from **liability** while supporting its staff?

The language around liability, especially around hiring practices can be revisited to ensure that essential information is up-to-date AND that it is stated in a way that is trauma-informed, inclusive, and empowering for potential employees. Again, if we include a wealth of resources that aren't being utilized, how can we say this policy is supportive of staff?

5. How does the policy show that the organization **values its staff** and their rights, well-being, and professional growth?

The policy includes relevant and up-to-date information on employee rights and fair labor standards (last reviewed on 12/2018). It struggles to provide useful support for staff well-being. It currently does not include any language or resources for staff development.

6. What resources are outlined in this policy? Are they comprehensive in supporting staff? Could there be additional or updated resources included? Does your organization have **access** to these resources, and can staff easily access them as well?

Comprehensive benefits package including competitive salary, health, dental, vision, insurance (short-term disability, long-term disability, life), family and medical leave, retirement plan, PTO. Employee assistance programs are available, plus non-traditional health services (chiropractic and acupuncture services). Reasonable accommodations are provided as needed.

At this point, you should have a clear picture of your policy, how it’s used, who it supports, and what resources are provided. These questions were asked with specific themes in mind. Mark down which themes you’d like to improve on during this project. Feel free to add in your own theme(s) as needed.

<input type="checkbox"/> Equity	<input checked="" type="checkbox"/> Accessibility	<input checked="" type="checkbox"/> Organizational Values
<input type="checkbox"/> Resources	<input type="checkbox"/> Staff Well-being	<input checked="" type="checkbox"/> Trauma-Responsiveness
<input type="checkbox"/> Effectiveness	<input checked="" type="checkbox"/> Other (specify): <u>Usefulness</u>	

Updating policies likely includes implementing some on-the-ground changes. In the section below, or on a separate sheet of paper, consider these issues as well as any resources your organization has at hand to sustain and implement this policy and any potential changes.

Issues to consider:

1. How well does this policy “roll-out” or translate into subsequent protocols, processes and procedures?
2. How do staff interpret this policy?
3. How often are these resources utilized? When staff utilize them, what is their feedback?

Notes, thoughts, and concerns on issues:

Based on data collected at a recent staff meeting, there are significant discrepancies between this policy and the way staff see it being rolled out. Specifically, while the policy itself clearly states a commitment to staff well-being, staff are not confident in either the resources available to them through this policy nor in its spirit re: valuing staff.

Discussion with HR staff show staff rarely utilize employee benefits and resources associated with policy at the start of employment, and almost never after the first 8 months, post-hire.

Lastly, reiterate your desired outcome, adjusting if needed, and flesh out a list of themes and issues that need to be worked on or addressed in light of said outcome. We will use this list to map out the collaborative portion of your project in the following chapter.

Desired outcome:

Improve HR Policy A around hiring and onboarding to include trauma-responsive processes and resources.

List of Prioritized Themes/Components:

1. **Organizational Value.** Embrace diversity. Our organization doesn't reflect our commitment and value of diversity in our staff. We need to expand our hiring practices to be more inclusive and welcoming to a broad spectrum of skills, strengths, and backgrounds.
2. **Accessibility/Usefulness.** As it stands, Policy A does not support the premise that any and all staff, regardless of role or title, may desire support around trauma. Improvements must be made to enhance Policy A's usefulness in supporting staff and in providing helpful resources.
3. **Trauma-Responsive.** We need to ensure that this policy is written in a way that models our commitment to be responsive to staff who deal with trauma in the workplace. This starts from the very language of our policy and should be reflected in all subsequent protocols and procedures that are derived from this policy.
4. **Staff Well-Being.** Any adjustments to this policy should be clear and useful to direct staff. A strategy should be considered, especially around policy and updated resource roll-out.

At this point, move to the next chapter.

INTERVENTION

For the purposes of this guide, interventions are defined as specific change strategies that are provided in-house as direct services. At times, focusing on improving interventions can come from observing something “not quite right” or from noticing a specific trend or pattern in your documented data. Programs are often a combination of complementary interventions specifically selected for a population.

In the example below, the use of motivational interviewing, a counseling technique, combined with the stages of change is an evidence-based practice for serving individuals struggling with substance use, abuse or dependency. Let’s suppose that your organization provides mental health services for individuals with substance abuse issues; motivational interviewing is the primary intervention your staff use to support program participants in making changes in their behavior, specifically the reduction of using substances and the increase in accessing additional resources. In the course of this last year, your staff have seen an increase in the number of program participants who also meet the criteria for human trafficking. When looking over outcomes for your program, you notice that participants that have been trafficked seem to have lower success rates in reducing harmful behaviors and accessing resources.

At the start of this guide, we explored what desired outcome you are looking for. In this case, you’re looking to improve successful outcomes when using motivational interviewing with participants that have been trafficked. There are two pieces here: the execution of the intervention itself; and the quality, skill level, or expertise in executing the intervention.

Example: *Your program uses motivational interviewing, a clinical intervention, to encourage changes in behavior for individuals with substance abuse issues. In the last 18 months, your staff have seen an increase in the number of program participants who also meet the criteria for human trafficking. When looking over outcomes for your program, you notice that participants that have been trafficked seem to have lower success rates in reducing harmful behaviors and accessing resources. You wish to improve successful outcomes when using motivational interviewing with participants that have been trafficked.*

INSTRUCTIONS: Fill out the following table. Remember to base answers on *actual, current* practices (as opposed to theoretical practice standards) within your organization. Use available materials that describe the process for this intervention within your program/organization.

1. In the first column, write out how staff are trained or asked to implement the intervention. Use materials about the intervention or program if available. Pay attention to where the execution of the intervention aligns with the timeline of the program as a whole.
2. In the second column, use any available information (e.g., staff meetings, documentation) and write out how the intervention is implemented in actuality.
3. Use the third column to jot down notes, observations, and analyses relevant to the planned and actual steps of the intervention.

Intervention: Motivational Interviewing, therapy technique.		
Population: Substance users referred to program (voluntary treatment), survivor of human trafficking.		
(PLANNED) STEPS OF INTERVENTION	(ACTUAL) STEPS OF INTERVENTION	NOTES AND OBSERVATIONS
Motivational interviewing is initiated by staff once participants (PT) finish their intake processes.	1. Done and documented in case notes as well as through intake tools.	1. Percentage of intake completion on par with program average.
Motivational interviewing techniques are used in tandem with assessments (by staff) on what stage of change a participant is observed to be at.	2. Done and documented in case notes as well as through intake tools.	2. Percentage of complete initial ax lower than program ~5-7 percent.

<p>Once rapport between participant and staff is built, staff adhere to the principles of motivational interviewing to support participants in taking steps to change behavior.</p>	<p>3. Staff document adherence to motivational interviewing. But also challenges: building rapport is difficult, conflicting priorities affecting staff ability to developing discrepancy between PT goals and current bx.</p>	<p>3. Percentage of PTs who make it to the action stage is significantly (~20 percent) lower than program.</p>
<p>Staff provide referrals as needed to community-based resources to supplement and support change behavior.</p>	<p>4. Referrals are made as needed. High rates of complex/chronic trauma histories reported. Referral partners unable to provide documentation.</p>	<p>4. Percentage of complete initial ax lower than program ~5-7 percent.</p>
<p>Once steps have been taken, staff continue to use motivational interviewing principles to support maintenance of new behaviors as well as recovery from relapse if needed.</p>	<p>5. Staff document adherence to motivational interviewing, but state high rates of attrition for PTs who make it to the maintenance stage of change.</p>	<p>5. Percent of PTs in maintenance stage is significantly (~27-30 percent) lower than program.</p>

Hopefully by now you can see where issues are arising in logistically executing the intervention. The next part of this exercise looks at staff competencies. Use the previous exercise to drill down on skillsets that are expected in problem areas. Keep in mind that creating an open and safe environment for staff to talk about personal difficulties in executing interventions is difficult. Discussions with supervisors and use of individual

performance evaluations should be approached with thought and care.

INSTRUCTIONS: In the space provided below:

1. Discuss the problematic steps of executing the intervention.
2. For problematic steps that are completely logistical, or don't require skillsets to execute, skip this exercise and move the information to the last exercise where you list out prioritized key components.
3. For any steps in which staff skills affect the quality of the outcome, writing out the various skills and abilities that staff are expected to use during these steps. Lastly, brainstorm on how the organization could help remove barriers to skills or provide opportunities for staff to self-evaluate, practice, or be coached on these skills.

Discuss problematic steps:

Step #3 and Step #4 seem to have the most amount of problems and reflect significant impact on outcomes. One marker for success tracks whether participants make it to the action stage and take concrete steps to change behavior; this marker coincides with step 3. Step 4 points to a compounding factor of a large number of referrals being made with an unsatisfactory number of referral completions or follow through in accessing resources. This confirms staff reports that participants have high needs which may impact the desired outcome.

DESCRIPTION OF PROBLEMATIC STEP	EXPECTED SKILLS AND ABILITIES	BRAINSTORMING IDEAS
Difficulties in building rapport, conflicting priorities that affect staff ability to develop discrepancy between PT goals and their current behavior.	Building rapport: <ul style="list-style-type: none"> • Skill A • Skill B 	Building rapport: <ul style="list-style-type: none"> • Dive deeper into why staff are having difficulty building rapport. • Is it possible there are trafficking dynamics that are impacting staff?

	<p>Develop discrepancies:</p> <ul style="list-style-type: none"> • Skill W • Skill X • Skill Y • Skill Z 	<p>Develop discrepancies:</p> <ul style="list-style-type: none"> • These are complex, high-level skills. See if staff would want or benefit from advanced trainings. • Look for resources that could help staff practice using these skills in various circumstances. • Conflicting priorities may be reduced with stronger partnerships with other anti-trafficking organizations.
--	--	--

Lastly, bring it all together and use the exercise below to flesh out a prioritized list of components to be explored during the next chapter.

INSTRUCTIONS: Write out your desired outcome one more time. Make adjustments as needed. Reflect on the steps and problem areas of the previous exercises. Take a minute to make sure you haven't missed something in light of re-stating the desired outcome. Next, synthesize your discussions, thoughts, and ideas into a prioritized list. You will use this list in the next chapter.

Desired outcome:

You wish to improve successful outcomes, specifically around reducing substance use and increased utilization of resources when using motivational interviewing with participants that have been trafficked.

Prioritized List of Key Components:

1. Participants receive a large number of referrals, but staff report limited utilization of referrals which are impacting outcomes.
2. Dive deeper into why staff are having trouble building rapport with participants. Explore trafficking dynamics that may not be clear for staff or programs that focus on substance use or patient-centered care.
3. High-level skills are difficult to execute all the time. Explore resources and staff-generated ideas to

develop their professional skill sets.

4. In order to respect the mission and program strategy of our organization, review the needs of participants and consider enhanced partnerships with other community-based resources.

At this point, move to the next chapter.

PRODUCT

The general purpose of a product is to serve, or meet, a need. How well you meet the need is determined by two components: the quality of the product and the effectiveness of delivery. The following exercise helps lay out what your product does, what it needs to be the “best” version of itself, how well the product is delivered, and how to improve the method of delivery.

INSTRUCTIONS: In the space below, describe the product(s), what the product contains and how it’s currently delivered/offered to your target population.

Example: *Your organization’s outreach materials for LGBTQ+ youth, an increasing population in the clients you serve, are outdated. You wish to revise the materials and focus on increasing access to services for this underserved community.*

DESCRIPTION OF PRODUCT	PRODUCT COMPONENTS	PRODUCT DELIVERY
Small flyer: A one-page info sheet that defines sex and labor trafficking, a description of org’s services, and contact information.	<ul style="list-style-type: none"> • Definition of sex and labor trafficking • Org services, QR code • Org number and social media • Assurance of confidentiality 	<ul style="list-style-type: none"> • Visible at partner orgs, are distributed during trainings and task force meetings. • Available at community center and homeless drop-in center.

<p>Large poster: A colorful, eye-catching design with org info, services, emphasis on low-barrier access. Includes a more in-depth explanation of trafficking.</p>	<ul style="list-style-type: none"> • Definition of trafficking, explanation of force, fraud, coercion • Org services, number, social media, QR code • Low-barrier access • Assurance of confidentiality 	<ul style="list-style-type: none"> • Visible in lobby/waiting area. • Visible when tabling at local community events.
<p>Small card: Have a number at hand to call for more information/access to services. Short list of key services.</p>	<ul style="list-style-type: none"> • Org number, social media • Assurance of confidentiality • Low-barrier access • QR code in back of card 	<ul style="list-style-type: none"> • Passed out during street outreach & local pride events. • Available at community center and homeless drop-in center.

Next, write out the desired outcomes in the first column below. Try to be specific and keep in mind that they should be attainable and measurable.

DESIRED OUTCOMES	KEY COMPONENTS OF PRODUCT	KEY COMPONENTS OF DELIVERY STRATEGY
<p>Increase number of youth who contact org for information or to access services.</p>		
<p>Increase potential victim ID by increasing number of youth who access services.</p>		

In order to fill out the second and third columns, we need to take a closer look at your product. Leave these columns blank for now and move on.

Let's incorporate any information and data you have collected around your product and the desired outcomes. In the space below, describe the current effectiveness of the product as it relates to your desired outcome. Consider these questions:

- Where do you currently track data regarding desired outcomes? Where would it ideally be housed?
- What are all the ways this product is used in your organization? Are there other products/tools that are used or provided along with this product? If so, how do the products interact or work together?
- What are the steps that connect this product to the intended outcome? Is there a step, or point, where the outcome is actually not connected to the product any longer? (If yes, consider whether the product can impact the desired outcome and revise as needed.)

Data/Information location(s): Intake form A, Hotline form B, Training excel spreadsheet C,

We track the number of materials we pass out at events or outreach activities. We track how callers found our information, but collection is very sporadic. During intake, if it's unknown to staff or unclear, we ask how the individual learned of our services, and one of the options is our outreach materials. Currently, less than 10 percent of answers indicate our materials (top answers are through partner agencies who provide referrals and through client word of mouth). We use screening tools to identify possible trafficking. We currently don't track how our materials affect a client's decision to disclose victimization.

Next, consider your target population. Jot down what you know (via institutional knowledge/data, research – use citations, local trends or stressors) of their strengths and vulnerabilities. If pulling heavily from research, make sure the information is accurate for your community.

Please note that this exercise is meant to identify push/pull factors in the relationship between your target population and your organization. It is not intended to be used as generalizations about your target population. Additionally, do not guess. If you aren't confident about your information, leave it out or leave this section blank. Make a notation, this may be a good starting place to begin or consider collaboration.

TARGET POPULATION: LGBTQ Youth (up to age 26) in our community

STRENGTHS	VULNERABILITIES
<ul style="list-style-type: none"> • Tight-knit community that supports one another, shares resources. • Uses resources that have low or no barrier to access. • Mistrust of service providers and law enforcement often due to strong sense of self-preservation. 	<ul style="list-style-type: none"> • Significant unaddressed intersections between exploitation, homelessness, trauma and/or substance use. • Youth are more likely to lose out on a job or get fired from their job due to systemic/community-based biases related to age, gender expression and sexuality.⁴ • No/limited support systems. • May lack formal identification that represents preferred name, gender, etc.

How do these strengths and vulnerabilities affect the way you engage or approach this population? How would these strengths and vulnerabilities affect individuals who access your services? Take some time to jot down some notes, observations or ideas here.

Push/Pull Factors:

Access to this community requires genuine connection, communication and trust. We currently lack the ability/confidence to create a relationship with this population. Also, we lack knowledge re: stressors that impact this population. Our expertise is around trafficking and trauma. We are at a disadvantage in serving this population due to a lack of expertise in substance use and homelessness. However, our partners at Org A and Org B work effectively on these issues. Services that require a lot of disclosure are likely to be unappealing for youth. Additionally, we should be prepared to support youth who need help obtaining or changing their IDs. If there is

⁴ Travis, D., Gomez, R., Mor Barak, M. (2011). Speaking up and stepping back: Examining the link between employee voice and job neglect. Children and Youth Services Review. 33. 1831-1841. 10.1016/j.childyouth.2011.05.008.

mistrust between this population and law enforcement (possibly a frequent point of contact) and our product is provided to youth by law enforcement as a resource...this may negatively impact our desired outcomes.

At this point, let's go back to the incomplete chart. Use the push/pull factors to think about how the product works with your population and fill in the second and third columns.

DESIRED OUTCOMES	KEY COMPONENTS OF PRODUCT	KEY COMPONENTS OF DELIVERY STRATEGY
<p>Increase number of youth who contact org for information or to access services.</p>	<ul style="list-style-type: none"> • Use language that resonates with this population. Content should be worded in ways that's inclusive and non-binary. • Acknowledge stressors and offer support or access to resources that are difficult to obtain or navigate. 	<ul style="list-style-type: none"> • Increase visibility of organization as a way to cultivate familiarity and/or trust, e.g. attend, sponsor, participate in more pride events. • Cultivate opportunities to talk with youth, e.g. re-allocate staff to spend time in community spaces with high youth presence. • Look for ways to connect with partners that have more expertise in areas where we lack.
<p>Increase potential victim ID by increasing number of youth who access services.</p>	<ul style="list-style-type: none"> • Use language that indicates a deep understanding of trafficking intersections for this population. • Ensure that contents of product are aligned with other products and tools used for victim identification, e.g. screening tools, intake forms. 	<ul style="list-style-type: none"> • Make a point to let partners know your materials have been revised. Create simple messaging to share with partners, especially those with expertise in key disciplines that intersect with this population.

Once you've identified these key components that affect your desired outcome, move onto the next chapter. If it is helpful, take the time to indicate which components should be prioritized during the course of this project. It's possible that, given the delicate nature of some products or delivery strategies, there may be unavoidable delays or issues beyond your control. It's okay to parse out your project into pieces or phases as needed.

Prioritized components:

1. Updating content, esp. language that is inclusive and non-binary. This will impact other products and tools which will need to be updated as well.
2. Identify population stressors and strategize on ways to address them without mission creep.
3. Create a strategy to improve visibility & to cultivate opportunities to engage youth.

Let's move to the next chapter.

4. WHAT IS THE ROLE OF SURVIVORS IN YOUR PROJECT?

At the start of this guide, you were asked to review the framework for survivor-informed services (see Appendix A). The framework encourages partnerships between service providers and survivors that push beyond the re-telling of survivors' lived experience. Being intentional when working collaboratively with survivors means you have a project in mind, a specific idea that you've decided would be best served by bringing in additional perspectives, thoughts and opinions. It also means you, or the organization, have generated this project and have: (a) set the scope, (b) reviewed the parameters, and (c) determined the amount of staff time, resources and funds that need to be set aside for this project. Intentional partnership means taking all of this into account when looking for a collaborator.

Chapters 2 and 3 focused on the "Program Knowledge" of the framework, setting providers up to be intentional by creating the scope of work for such collaboration. Now let's focus on "Lived Experience" and how to engage survivors in meaningful ways.

First, consider these principles of survivor engagement (see Appendix D):

1. Survivors are more than their lived experience.
 - a. Recognize the capacity of survivors to be engaged in a multitude of roles, i.e. direct service professionals, executive officers, board members, trainers and community educators, policy advocates, contractors and consultants, volunteers.
 - b. Be strategic in engaging survivors. Know what qualifications would best fit the roles needed.
2. Engaging survivors as partners requires intentionality.
 - a. Engage survivors beyond stories of trauma and recovery. Take a step back and see the broader array of holistic skills, knowledge and abilities that form the unique perspectives survivors bring.
 - b. Additionally, respect survivors' lived experience and approach partnerships with survivors with authenticity – take the time to learn about what your partners bring to the table. Be prepared to do the same by having key, up-front conversations before engaging survivors.

3. Supporting partnerships with survivors requires commitment and investment of resources.
 - a. If there are gaps within the collective skills, knowledge and abilities of the partnership, be willing to explore community-based resources.
 - b. Consider expanding current in-house resources, i.e. HR policies, benefits, accommodations, onboarding procedures and trainings, to acknowledge the inevitability of having staff with trauma in their background.

Now, let's apply some of these principles to the projects you have narrowed down. Regardless of whether the project is a program, policy, intervention or product, the previous chapters have been whittling your project down into desired outcomes and key components. Take a look at the summary of examples we've used in this guide:

PROGRAM

A long-term shelter model that wants more successful transitions to independent housing. Key components were prioritized: house rules, employment, and barriers to housing applications.

POLICY

Improving an HR policy around hiring and onboarding to include trauma-responsive processes and resources. Prioritized themes/components include modeling organizational values, accessibility, and trauma-responsiveness.

INTERVENTION

Improving outcomes around reducing substance use and increasing utilization of resources when using motivational interviewing with participants that have been trafficked. Prioritized components include resource utilization, trafficking dynamics in substance abuse settings, expanding community-based partnerships, and supporting skillsets for staff.

PRODUCT

Updating outreach materials for homeless, LGBTQ+ youth to increase potential victim identification and access to supportive services. Prioritized components include updated content, identifying population stressors, and strategizing to increase visibility and trust.

At this point, you should have most of the information you need to map out the project and figure out what expertise* is required to move forward. Begin by figuring out what areas of expertise you need to address the key components that you've identified. Then, map out the resources and expertise you have in-house, or within your organization.

**Please note that expertise in this context is the combination of skills, knowledge, and abilities, including lived experience.*

For example, consider the program improvement project. Key components being prioritized are house rules, employment and barriers to housing applications. Think through these questions as well:

1. What are some areas of expertise that you, as project lead, would want to see at the table?
2. What types of expertise are you looking for – knowledge, application of skills, specific achievements?
3. What solutions have you already considered or brainstormed? Collect these and bring them into the project at the appropriate time.

Map out the areas of expertise as well as the collective resources you have within your organization using the following exercise.

INSTRUCTIONS: Write out the areas of expertise this project requires. Review the existing expertise and information held in-house. Make sure to gauge expertise by skills or knowledge demonstrated by staff rather than in theory due to their title. Rate the depth of expertise or indicate the limitations of staff proficiency. Then, consider how an ideal partner would complement or round-out the team's expertise.

For this example, we considered: Experience running a shelter, able to think creatively and safely about shelter environments, knowledgeable about barriers to housing, familiarity with housing laws and successful advocacy in your community, experience with economic empowerment models, and so on.

PROJECT EXPERTISE	IN-HOUSE EXPERTISE	PARTNER EXPERTISE
Shelter management	Current shelter manager (strong); shelter staff (soft)	Soft requirement
Innovative shelter environments	Research done by interns (soft)	Strong requirement
Knowledge of housing barriers for survivors	Director (data); shelter manager (strong)	Strong requirement
Familiar with housing laws and advocacy in community	Direct services staff (soft)	Strong requirement
Experience with employment programs or economic empowerment models	Economic empowerment program director (strong)	Soft requirement

By mapping the expertise from an in-depth review of your project and your organization, you are integrating the principles of survivor engagement. You can see the type of expertise you bring to this project as well as what type of expertise will be required from a partner. From here, you can build a job description and move towards a recruitment/hiring strategy for survivors in your local community. Begin putting together interview questions for candidates.

Note that lived experience does not make this list of qualifications. When you interview candidates, be ready to make a clear, respectful statement if/when survivors disclose or ask questions about the role of lived experience for this project. Here is an example of such a statement:

“I appreciate you asking that question. We value the perspective of survivors and want to be clear that this position/contract is seeking someone with lived experience. However, this position does not require talking about or re-telling their trafficking history, their past trauma, or their recovery. Our organization has a policy on supporting staff in regard to workplace trauma. It should be in the folder you received. We know working with trauma can lead to vicarious trauma. We recognize some of our staff may have experienced a history of violence or abuse and may be dealing with trauma symptoms at any given time. Our policy gives clear guidance on recognizing that anyone may be dealing with trauma so it makes sure that everyone can access supportive resources equally and deserves to work in a safe, professional environment. Also, for this position, instead of looking at lived experience through the lens of victimization or trauma, we’re interested in how a candidate thinks, the anti-trafficking positions they take, and how well they utilize their skills and abilities. In fact, the reason why we asked you to come in to interview is because of your stated expertise in (specific skill/knowledge/ability). This is a major qualification for this position, could you tell us more about it? We’re also happy to answer any more questions about the role of lived experience in this position/contract.”

A great way to keep track of the delineation of roles and responsibilities is by creating a contract for your future partner. Look at the sample contract template (see Appendix B) and notice the sections where you can describe the project, scope of labor, roles and responsibilities, and rates for compensation. Remember, every survivor’s combination of skills, knowledge, abilities and lived experience means that they are uniquely different from those without lived experience and from one another. As an organization striving to be survivor-informed, be specific in who you’re looking to work with.

5. TYING EVERYTHING TOGETHER

The goal behind being survivor-informed is to improve on what your organization does by working with survivors. As a field, we struggle to understand how to rework our systems to not only receive survivor input but also use it in effective ways. After having gone through the previous chapters and exercises, here is what you should have:

- A clear statement of what your project is and what outcome you're hoping to improve.
- A list of priorities that the project will focus on. Prioritized components can be backtracked to exercises that lay out the critical thought process that brought you this far.
- A map of the collective expertise you need for this project, a way to focus the role of survivors in intentional ways.

Please note that this is not a comprehensive list of what you should need to move forward. Funding, pay scales, consultant fees, timelines and other logistical conversations should be had ahead of time. As you move forward with your project, it's possible that you won't find the ideal candidate. Perhaps the qualifications for your ideal partner are actually spread between two or three partners. Be ready to work around a gap in expertise that wasn't anticipated. Be flexible in how expertise can be defined.

While this guide does not address strategies for collaboration, there are a few recommendations.

Preparation should include written guidelines on:

- Communication between partners, including addressing conflict or grievances;

COMPENSATION: SALARIES, FEES AND TOKENS OF APPRECIATION

A smart practice for organizations seeking to be survivor-informed is to write out protocols for compensation around survivor input. This is because survivor input could be from a consultant with no ties to your organization or it could be from a survivor who is currently going through your services as a participant. There are distinct variables that you should consider when deciding between using a pay scale for contract work versus providing a token of appreciation such as a gift card.

- Setting expectations; and
- Delegating roles of the project.

LIMITATIONS

As described in the framework (see Appendix A), this guide focuses on what service providers should be responsible for bringing into partnership with survivors. This guide does not presume to address or incorporate recommendations or suggestions for what or how survivors should prepare to bring into partnerships with service providers. As such, the information and exercises in this guide should be considered bound by these perspectives.

The definition of being survivor-informed, from which the format of this guide was developed, encourages intentional survivor input in the *design, implementation and evaluation* of anti-trafficking efforts. This guide, for the sake of brevity, took on the most common scenarios that arose during the course of this grant which heavily featured existing programs and troubleshooting problems during the course of implementing such programs. It does not explicitly address partnership within the context of designing new programs and interventions, nor does it address evaluation with regards to generalizable research as this was outside the scope of this grant. However, the ideas in this guide—on identifying outcomes and determining effectiveness— were created with the cycle of design (implementation, evaluation, and back to design) in mind. Therefore, the concepts of this guide should theoretically work when applied to such contexts; the practical tools may need to be adjusted.

ACKNOWLEDGEMENTS

This guide incorporates themes and ideas from many resources from the Office for Victims of Crime (OVC) including the Center for Victim Research (CVR) and Achieving Excellence: Model Standards for Serving Victims and Survivors of Crime. Additional resources include webinars and publications from OVC’s Training and Technical Assistance Center (OVC TTAC), Guiding Principles for Agencies Serving Survivors of Human Trafficking from the Office for Trafficking in Persons, Dept. Health and Human Services (OTIP, HHS), the Toolkit on Survivor-Informed Practice from the National Human Trafficking Training and Technical Assistance Center (NHTTAC), and the 2019 United States Advisory Council on Human Trafficking Annual Report.

Additionally, this toolkit was created in part by four organizations who participated in a pilot project focused on modeling survivor-informed services using hands-on facilitated coaching from this grant. These organization’s efforts contributed heavily to the formation of these materials. Participants include the [Bahkita Empowerment Initiative](#) at Catholic Charities of Louisville, Kentucky; the [Women’s Center for Advancement](#) in Omaha, Nebraska; [Samaritan House](#) in Virginia Beach, Virginia; and the [International Rescue Committee](#) in Seattle, Washington.

U.S. Department of Justice Disclaimer. This document was developed by Kristy Cho during her fellowship with the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document do not necessarily represent the official position or policies of the U.S. Department of Justice. Kristy Cho is an independent consultant and human trafficking subject matter expert, specializing in trauma-informed and survivor-centered service programs. Contact Ms. Cho at Kristycho@gmail.com.

6. APPENDIX

- A. Framework for Survivor-Informed Services
- B. SAMPLE Statement of Work (SOW)
- C. SAMPLE Trauma-Responsive Policy on Supporting Staff in the Workplace
- D. Principles of Survivor Engagement for Service Providers

EXERCISES

- Exercise 1 – Define Your Outcome
- Exercise 2.1 – Program: Find Your Key Component
- Exercise 2.2 – Policy: Find Your Key Component
- Exercise 2.3 – Intervention: Find Your Key Component
- Exercise 2.4 – Product: Find Your Key Component
- Exercise 3 – Project Roles

ADDITIONAL RESOURCES FOR POLICIES

Review this non-comprehensive list of resources to help you think broadly and creatively about policies.

General Information

1. <https://www.thebalancecareers.com/human-resources-4161680>
2. <https://www.501commons.org/resources/tools-and-best-practices/human-resources>
3. OVC's [Model Standards – Program, Section V](#).

SAMPLE HR POLICIES

1. <https://www.thebalancecareers.com/sample-human-resources-policies-and-procedures-1918876>

ADDITIONAL RESOURCES FOR CREATING A TRAUMA-INFORMED WORKPLACE

- [Policy Guidance for Trauma-Informed Human Resources Practices](#)
- [SAMHSA Sustainability Guide](#)
- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)
- [SAMHSA's Trauma-Informed Care in Behavioral Health Services, Ch.2 – Building a Trauma –Informed Workplace](#)
- Article: [Speaking up and stepping back: Examining the link between employee voice and job neglect](#); Children and Youth Services Review (2011).
- Article: [Transformational leadership and organizational change: How do leaders approach trauma-informed organizational change...twice?](#); Families in Society: The Journal of Contemporary Social Services (2015).