

# Closing the Door on Survivors: How anti-trafficking programmes in the US limit access to housing

Karen Romero, Tatiana Torres, Alana Jones, and Ciara Dacosta-Reyes

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## Abstract

Housing is often an immediate need for survivors as they exit a trafficking situation. Due to financial hardship, housing availability, and other barriers, many survivors rely on time-limited housing options, some which are offered by anti-trafficking service providers. As such, the anti-trafficking field has begun to adopt trauma-informed approaches to housing to meet the needs of survivors. In this paper, we present an analysis of policies and procedures from 73 US anti-trafficking housing programmes on the implementation of a trauma-informed model. We argue that mandatory requirements limit the implementation of trauma-informed service delivery. Additionally, practices such as the voluntary services model can be leveraged to increase trauma-informed approaches in housing services. Lessons learnt from this process can inform the revision of punitive policies and procedures in favour of those that are voluntary and trauma-informed.

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## Introduction

Housing instability puts people at risk of trafficking when they are desperate to avoid homelessness and also acts as a barrier for survivors seeking safety.<sup>1</sup> The United States (US) State Department's 2021 *Trafficking in Persons* report highlighted insufficient access to emergency shelter, transitional housing, and long-term

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<sup>1</sup> Freedom Network USA, *2020 Member Report*, Washington, DC, 2020, <https://freedomnetworkusa.org/app/uploads/2020/04/Freedom-Network-Member-Report-April-2020.pdf>, pp. 9–10.

housing options as a priority issue for trafficking survivors.<sup>2</sup> Survivors often rely on time-limited shelters, transitional housing, and rental assistance programmes administered by anti-trafficking service providers or mainstream housing and homeless services. Historically, anti-trafficking housing programmes have employed practices that restrict survivors' autonomy by establishing prerequisites such as sobriety or limiting cell phone use. In addition, some programmes require participation in case management or therapy, and opening of savings accounts, as conditions of using their services. While the programmes may see these policies as necessary for the safety of staff and other residents, such practices can recreate the power and control dynamics that survivors experienced during their trafficking situations. As the anti-trafficking field in the US critically examines its responsibility to resist re-traumatisation, it is clear that there is a discrepancy between the professed commitment to adopting a trauma-informed approach and the actual practice and implementation within anti-trafficking housing programmes.

Freedom Network USA (FNUSA), a human rights-based coalition of anti-trafficking advocates in the United States providing training and technical assistance, conducted policy and procedure reviews for housing programmes funded by the US Department of Justice's Office for Victims of Crime (OVC). FNUSA found that while most programmes self-identified as trauma-informed, the majority included policies that contradicted key principles of the trauma-informed model.

In this short paper, we explore the housing landscape in the US, including barriers survivors face when accessing housing. This is followed by a discussion of the trauma-informed model in housing programmes and the results of FNUSA's review. Finally, we conclude with recommendations for how programmes can shift to better support survivors in accessing and retaining their housing while implementing a trauma-informed approach.

## The Housing Landscape in the US

Housing options for human trafficking survivors in the US exist broadly within three categories: emergency, transitional, and permanent or long-term housing. The availability and usage of these options may be limited by survivors' location, local resources, and programme funding.

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<sup>2</sup> US Department of State, *2021 Trafficking in Persons Report*, US DOS, Washington, DC, 2021.

*Emergency shelters* address the immediate housing needs for those experiencing homelessness or crisis situations.<sup>3</sup> Shelters are generally available for up to three months and may have shared bedrooms or common spaces, providing little privacy. Residents of emergency shelters are often subject to certain requirements, such as immediately searching for longer-term housing options and obtaining identity documentation, which may serve as barriers for foreign nationals.<sup>4</sup> Additionally, emergency shelters are typically structured in accordance with gender identity, with shelter options for heterosexual, cis, female sex trafficking survivors being most common. This creates an access gap for others, including labour trafficking survivors as well as male, trans, and gender-diverse people.

*Transitional housing* can be available for a longer period, with most programmes offering housing support for six to twenty-four months. These programmes allow survivors more time and space to secure permanent housing. Unlike emergency shelters, transitional housing can be structured in a congregate model, where survivors reside in a common home, or in a scattered site model, where the programme provides a rental subsidy and survivors reside independently in the community. Programmes may also take on the primary lease in order to reduce barriers that survivors may face, such as a criminal record, limited or no credit history, or no current income. In this process, anti-trafficking programmes may rely on relationships with landlords within their communities.

Finally, *permanent housing* options do not have a time limit for residence set by a programme, but the time frame may be set by a standard lease. Permanent housing options in the US can vary from self-resolution to federal rental assistance. The Housing Choice Voucher Program (colloquially referred to as ‘Section 8’) is the largest rental assistance programme and assists around two million households annually.<sup>5</sup> Studies have shown that the vouchers significantly reduce homelessness among low-income households, foster care placements, and psychological distress.

However, despite these benefits, many barriers exist to receiving permanent housing support. One well-documented barrier is long wait times for rental vouchers; for example, the Housing Choice Voucher Program has a waitlist that

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<sup>3</sup> See Freedom Network USA, *Housing Options for Survivors of Human Trafficking*, FNUSA, 2020, <https://freedomnetworkusa.org/app/uploads/2020/07/Housing-Options-for-Survivors-of-Trafficking-Final.pdf>, pp. 1–2.

<sup>4</sup> No author, ‘Housing Needs of Survivors of Trafficking’, National Survivor Network, n.d., retrieved 17 February 2023, [https://freedomnetworkusa.org/app/uploads/2019/07/NSN\\_HousingFAQ-1.pdf](https://freedomnetworkusa.org/app/uploads/2019/07/NSN_HousingFAQ-1.pdf).

<sup>5</sup> B Sard, ‘Housing Choice Voucher Program: Oversight and review of legislative proposals’, Center on Budget and Policy Priorities, 2018, <https://www.cbpp.org/research/housing/housing-choice-voucher-program-oversight-and-review-of-legislative-proposals>.

averages 2.5 years, but can be longer depending on jurisdiction.<sup>6</sup> Additionally, due to funding limitations, 76 per cent of eligible households do not receive vouchers.<sup>7</sup> Finally, these programmes are not survivor-specific but open to all low-income, housing-insecure, or homeless populations, thus further reducing survivor-specific housing resources.

Overall, housing options for trafficking survivors are limited and the process for securing longer-term housing is strenuous for both survivors and service providers. Service providers, however, can create and offer housing services that are both trauma-informed and person-centred and incorporate a voluntary services approach to service provision.

## Trauma-Informed Housing

Trauma-informed care, which many anti-trafficking service providers, including housing programmes, are starting to integrate, recognises the pervasiveness of trauma and actively fosters an environment of healing and recovery while avoiding practices that may re-traumatise survivors. Trauma-informed practices embrace six key principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues, as outlined in Table 1.<sup>8</sup>

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<sup>6</sup> S Acosta and E Gartland, 'Families Wait Years for Housing Vouchers Due to Inadequate Funding', Center on Budget and Policy Priorities, 2021, <https://www.cbpp.org/research/housing/families-wait-years-for-housing-vouchers-due-to-inadequate-funding>.

<sup>7</sup> No author, 'Three Out of Four Low-Income At-Risk Renters Do Not Receive Federal Rental Assistance', Center on Budget and Policy Priorities, n.d. <https://www.cbpp.org/three-out-of-four-low-income-at-risk-renters-do-not-receive-federal-rental-assistance>.

<sup>8</sup> L Huang *et al.*, *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, Substance Abuse and Mental Health Services Administration, Rockville, 2014, [https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf).

**Table 1: Six Key Principles of a Trauma-Informed Approach. (Adapted from SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.)**

Key Principle	Housing Application
Safety	Staff and survivors feel physically and psychologically safe. Safety is defined by the survivors.
Trustworthiness and transparency	Programme decisions are made with transparency. Maintaining survivors' trust is a central goal.
Peer support	Programmes collaborate with survivors. Peer support and mutual self-help are key to establishing safety and enhancing collaboration.
Collaboration and mutuality	Programmes share power with those they serve. All roles in the organisation contribute to a trauma-informed approach.
Empowerment, voice, and choice	Survivors are supported in shared decision-making, choice, and goal setting.
Cultural, historical, and gender issues	Programmes incorporate policies and procedures that are responsive to the racial, ethnic, and cultural needs of those served. They recognise and address historical trauma.

These principles can be integrated into a housing programme, by embracing the Housing First model and the voluntary services model.

Housing First prioritises providing housing. The model acknowledges that individuals who are housed can better engage in social services and pursue self-identified goals. Survivors identify their priorities and take steps to be safer in their lives. For example, a person may decide not to abstain from alcohol, but instead reduce their intake from daily to weekly. Typically, the Housing First model is implemented utilising non-congregate housing by providing rental assistance or subsidies for survivors either through rapid re-housing or standard transitional

housing support. While a relatively new model, existing literature has supported the efficacy of Housing First principles among a wide array of populations.<sup>9</sup>

Trauma-informed housing prioritises autonomy and self-determination by meeting the individual housing and service needs of survivors without preconditions or requirements. It is rooted in the principle that survivors are the experts of their own life and can make decisions that will meet their needs. The voluntary services model at the core of trauma-informed housing returns control and empowerment to survivors and promotes relationship-building. Providers can advocate alongside survivors and encourage their long-term success.<sup>10</sup>

## Methodology

In 2020-2021, FNUSA's Housing Training and Technical Assistance Project reviewed the written policies and procedures of seventy-three programmes funded by OVC to provide housing to survivors of human trafficking. The goal was to ensure programmes were providing services that implemented a trauma-informed and voluntary-service model. The review process consisted of FNUSA staff meeting with grantees to learn about programme operations and guiding frameworks, before providing written feedback on programme policies and procedures. This feedback included suggestions, follow-up questions about programme services, and additional resources to support the implementation of trauma-informed and voluntary services. Reviewers identified policies that resisted re-traumatisation, allowed individuals to choose the services they wished to utilise, as well as the frequency, and were transparent in the scope of the programme. For example, programmes that allowed survivors to determine how the screening and intake process was conducted, allowed individuals to self-identify their needs and goals, and had created power-sharing throughout the engagement with the programme were identified as implementing trauma-informed and voluntary services.

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<sup>9</sup> J Waegemakers Schiff and J Rook, *Housing First: Where Is the Evidence?*, Homeless Hub, Toronto, 2012, [https://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/29373/HousingFirstReport\\_final.pdf](https://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/29373/HousingFirstReport_final.pdf).

<sup>10</sup> National Network to End Domestic Violence, 'Understanding the Basics of the Voluntary Services Approach', NNEDV, 2017, [https://nnedv.org/wp-content/uploads/2019/07/Library\\_TH\\_2018\\_Understanding\\_Basics\\_Voluntary\\_Services\\_Approach-1.pdf](https://nnedv.org/wp-content/uploads/2019/07/Library_TH_2018_Understanding_Basics_Voluntary_Services_Approach-1.pdf).

## Results

The reviewed anti-trafficking housing programmes had with a variety of housing models, ranging from emergency shelters to rental assistance programmes.

While most programmes described themselves as trauma-informed, 60 had written policies or procedures that were identified as not aligned with a trauma-informed approach. Most (n=21) had 3 or more policies that conflicted with the trauma-informed approach. These are shown in Table 2. While clear differences arose between programmes that had a residential/shared home component, programmes that offered scattered-site rental assistance also had practices that conflicted with the voluntary services model, namely requiring mandatory engagement in supportive services, such as case management, therapy, or group skills training. Policies that were contradictory to trauma-informed approaches included requirements for sobriety, drug testing, and intrusive mental health and physical health screenings. Such screenings include mandatory biopsychosocial assessment and HIV/tuberculosis testing in order to access housing within the programme.

Three policies—requiring that participants save a percentage of their earnings (mandatory savings), enforcing curfew, and mandating employment—were equally common. For example, participants were required to save a percentage of their earnings (usually 10–30%), which could be held by the programme until survivors exited. Curfew times varied, but they could all create a challenge for participants whose work schedules or activities fell outside of the curfew hours. Most restrictive policies were held by residential anti-trafficking programmes, rather than those who provided rental assistance.

**Table 2: Housing Policies and Feedback Implementation.**

Policy	Programmes with policy before FNUSA feedback	Programmes with policy after FNUSA feedback
Drug testing or sobriety requirement	24	7
Mandatory physical or mental health screenings	12	5
Mandatory savings (residents are required to establish a savings account)	6	2
Curfews	6	5
Income or job requirement	8	3
Survivors' medications required to be stored by the programme	4	3
Mandatory chores	5	3
Monitoring or limiting communication outside of the programme	10	4
Room search	11	7

*Responses to Feedback*

FNUSA's feedback to the anti-trafficking programmes included suggestions of alternative practices and policies that were centred on a trauma-informed and voluntary services approach. Fifty-six programmes revised their policies in response to this feedback. However, 17 did not revise some or most of their policies to become more trauma-informed, person-centred, and voluntary. Programmes indicated that they were unable to change their policies due to requirements from funding streams, staff capacity, lack of training, and organisational resistance.

**Conclusion**

Most OVC-funded anti-trafficking housing programmes identified as trauma-informed. Yet, more than three-quarters included written policies and procedures



that were at odds with the standards of trauma-informed approaches. Policies such as mandated sobriety, case management, required STD/STI testing, and curfews, while common, are contradictory to a trauma-informed approach as they curtail both survivor empowerment and choice. Such policies also undermine staff collaboration with survivors and instead contribute to a relationship that holds power over survivors, especially as it relates to housing.

Access to safe, trauma-informed housing remains a significant issue as survivors exit their trafficking situation. Despite the wide variety of housing options available in the US, barriers such as housing availability, eligibility, and programme requirements often preclude survivors from accessing housing. As anti-trafficking housing programmes continue to evolve and better support survivors with accessing and retaining housing, implementing a trauma-informed approach that supports long-term safety and prioritises survivor choice and voice is paramount.

Housing programmes should look for ways to partner with the survivors they serve and work in a collaborative way that highlights the right to self-determination and avoids replicating the power and control dynamics experienced during trafficking situations. Programmes should strongly consider eliminating policies that do not allow for flexibility, such as zero-tolerance for substance use or strict curfews. They should also work to increase participant engagement through feedback and create more choices for survivors. It is critical that housing programmes thoughtfully review their policies, procedures, and practices by regularly seeking participants' feedback to identify meaningful ways to centre them within their programme. This may include offering continuing education and training for staff in trauma-informed housing and care. No programme will be able to control all of the dangers that may be encountered in everyday life. However, programmes may successfully address potential concerns through harm-reduction strategies. These strategies can include fostering transparent conversations regarding programme boundaries, and, in a non-judgmental way, explore how programmes can support individuals in navigating risky behaviours by identifying safer practices without fear of punitive measures such as losing housing or other supportive services.

**Karen Romero**, M.Ed., is the Senior Director of Training at Freedom Network USA. Email: [karen@freedomnetworkusa.org](mailto:karen@freedomnetworkusa.org)

**Tatiana Torres**, MA is the Senior Training Specialist at Freedom Network USA. Email: [tatiana@freedomnetworkusa.org](mailto:tatiana@freedomnetworkusa.org)

**Alana Jones**, MPP is an Associate Consultant at Wayfinding Partners. Email: [alana@wayfindingpartners.com](mailto:alana@wayfindingpartners.com)

**Ciara Dacosta-Reyes**, MPA is the Intake and Diversion Manager at the Union Mission Women's Shelter. Email: [creyes@ummnorva.org](mailto:creyes@ummnorva.org)