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**Final Report
Evaluation of the Survivor of Trafficking Empowerment Program (STEP)
for Refugee Services of Texas (RST), Inc.**

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Executive Summary

Human trafficking remains an issue just beneath the surface in the United States. Despite advocacy initiatives and heightened media exposure in recent years, victims continue to go unidentified. The greatest opportunity to prevent, respond to, and eliminate trafficking exists through a multipronged, coordinated approach utilizing law enforcement, education, awareness, and social services. Since the creation of the Central Texas Coalition Against Human Trafficking (CTCAHT) in 2003, Refugee Services of Texas, local law enforcement, and community partners have worked to increase exposure and provide services for trafficking survivors.

Currently, RST's Survivors of Trafficking Empowerment Program (STEP) works to provide comprehensive, trauma-informed services to men and women, adults and minors, foreign-born and domestic-born individuals. STEP services include crisis management, emergency planning and assistance, basic needs assistance, safety planning, housing placement, assistance with employment, educational referrals, family reunification, applications for public benefits, and referrals to other community resources. STEP aims to greatly enhance service capacity, geographic area served, and expand the services available to all victims of trafficking. This report describes the multi-pronged evaluation initiative conducted by The University of Texas at Austin's Institute on Domestic Violence & Sexual Assault and consultants Maya Pilgrim and Morgan Curtis during 2015 and 2016.

The overall aim of this project was to explore the needs, challenges, and strengths of RST's STEP program and to build capacity among the STEP team to continue developing mechanisms with which to collect and interpret data related to program goals. As STEP is based on an ecological approach, the evaluation design also followed such an approach, addressing the program's initiatives at the levels of clients and their families, collaborative institutional partners, and the broader community.

The experience and expertise of trafficking survivors and those working with survivors were crucial to gaining a better understanding of the success of the STEP program. Sources of information included current and former STEP clients, STEP staff, and collaborative institutional partners. This approach represented a collaborative model that included both empirically-based research, in addition to consultation and technical assistance.

The research team utilized a multi-method approach, and data collection methods included in-depth interviews, focus groups, case file review, and surveys. Quantitative data were analyzed using descriptive statistics, and content and thematic analysis was utilized to analyze the qualitative data. The University of Texas at Austin's Institute on Domestic Violence & Sexual Assault provided leadership and oversight throughout the project, and consultants Maya Pilgrim and Morgan Curtis were hired to join IDVSA researchers in conducting the developmental evaluation.

This multi-pronged and collaborative approach to evaluation resulted in a variety of products, attached here as separate documents:

Part 1 – STEP Case Reviews
Part 2 – STEP Developmental Evaluation & Network Analysis
Part 3 – STEP Evaluation Plan & Tools
Part 4 - Learning from the Experts - Survivor Experiences with STEP
Part 5 - STEP Mentorship Program - An Emerging Innovation

Overall, RST's STEP program represents a dynamic and innovative approach to addressing the comprehensive needs of survivors of human trafficking. While challenges persist in this work, the team's close attention and strong commitment to developing survivor-centered and trauma-informed approaches were evident throughout the project. This report, along with the included tools, does not represent the end of a process. Rather, they provide guidance in the ongoing endeavor to continuously evaluate and improve programs and services for survivors of human trafficking.

REFUGEE SERVICES OF TEXAS CASE REVIEW

PREPARED BY MORGAN J CURTIS, LMSW

MJC
CONSULTING

EVALUATION | PLANNING | FACILITATION

OVERVIEW

PURPOSE

The purpose of the case review process was to guide further evaluative inquiry by examining the following:

- ➔ the trafficking service delivery systems within and outside of Refugee Services of Texas (RST);
- ➔ how those systems might influence client progress and outcomes; and
- ➔ how certain sensitizing concepts that emerged in meetings with RST staff (self-sufficiency, justice, safety, and healing) manifest in service delivery.

PROCEDURE

Two STEP case managers from RST were interviewed about the case management process for one hour each. Three follow up meetings about one current case were held with one case manager, and two follow up meetings about another current case were held with the other. For the latter case, the case file was also reviewed after the first meeting. Additionally, a review of all general case management documents was conducted in order to provide an orientation to the process at a general level.

After the reviews were completed, a summary of the highlights of each case was written, and each case was reviewed specifically for the four sensitizing concepts named above. The review and analysis were driven by the case review discussions, discussions with RST staff about sensitizing concepts, and the previously completed review of human trafficking literature.

CASE 1: REBECCA[1]

OVERVIEW

Initial Incident

Rebecca is a domestic minor who was picked up by the Austin Police Department (APD)[2] for shoplifting at a local Wal-Mart. When taken into custody at that time, she repeatedly referred to someone as her "pimp." Additionally, during that interaction with law enforcement, she was left in the back of a patrol vehicle for two hours without air conditioning. It seems that she had been abducted on a "date" and then "broken in" and "turned out" by the man she was on a date with. Rebecca spent one night in the juvenile justice facility of the arresting jurisdiction before being transferred to the police department in her home jurisdiction (in a different county left unnamed) where she was assigned a probation officer. The client had a previous history with juvenile justice because of a grand theft auto charge, but there was a change in probation officers for this new charge. It is unclear whether or not that grand theft auto incident might have also been coerced.

Family

Rebecca's mother (Mom) is very involved in the case and in service coordination, and the RST case manager noted that mom showed protective aspirations early on and, as processes have moved forward, acts consistently on those aspirations. Mom lives outside of Austin, which hinders service utilization. Additionally, she had financial concerns that were exacerbated by missing work to deal with issues related to Rebecca's arrest and health issues. It was noted that there seems to be a history of family violence, that mom seems to be coming out of crisis situations, and that Rebecca was sexually abused by one of Mom's former partners. Mom states that Rebecca does not get along well with her maternal grandmother, and Rebecca's father is deceased.

Service Delivery, Coordination, and Utilization

Rebecca was transferred to a respite setting (a psychiatric short-term placement) due to concerns about the safety of Rebecca's mother (Mom) after suspicious activity had been witnessed around their house. The respite house assigned Rebecca a wraparound services

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[1] In this report, clients are given pseudonyms. During review meetings, clients were identified by initials
[2] Entities and individuals within the system are distinguished by certain colors when they appear in the overview for the first time. The colors correspond to the diagram on page 6.

coordinator, a parent specialist, and a mental health specialist. **Refugee Services of Texas** became involved in the case after that time.

Shortly after the shoplifting incident, Mom took Rebecca to the emergency room for medical concerns, and Rebecca was diagnosed with meningitis from a sexually transmitted infection. She was not given medical attention or a forensic exam in a timely manner when picked up by the police. This infection left her unable to fully participate in service delivery in the beginning, leaving mom to handle communication with all relevant parties and also decreasing the opportunities for the RST case manager to get a sense of her true needs and desires in the process.

During the initial months of service delivery, Mom did not have health insurance and said she did not have the money to purchase insurance through the marketplace. This meant that they needed to consider and seek other avenues for paying for Rebecca's further medical needs. They decided to pursue Crime Victims Compensation (CVC), even knowing that it is often a slow process.[3]

Rebecca was given an ankle monitor and eventually had her internet and phone access taken away because of concerns about her safety and continued contact with people of concern. It was decided that it would be a good idea to get her into alternative housing arrangements, which brought up a host of additional issues. Rebecca was initially on board with the idea but then became resistant to it. Mom and various case workers continued to pursue options in order to keep it as a possibility.

Part of meeting requirements for the Freedom Place, one of the residential placements that seemed like a good fit to Mom, included getting an IQ test that was conducted by an IQ tester pro bono, thanks to a call to the University of Texas School of Education. Additionally, as noted above, Mom had to secure medical insurance for Rebecca and therefore stated her intention to seek coverage through the marketplace. RST was willing to help with that or connect her to additional outside resources and was waiting to take her lead on that.

Paying for the residential placement presents significant challenges, solutions to which were still being explored at the time of the final interview about this case. Mom was also in conversations with Child Protective Services (CPS) about activating contemporary

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[3] By the time this case review was completed, they had received a CVC case number and Mom was pursuing marketplace insurance to meet the requirements of getting Rebecca into housing.

conservatorship which would help with some of the financial concerns. Rebecca's ankle monitored was removed at this same time, which brought up concerns about safety planning for her in the time before she would go into a residential setting. At that time, the RST case manager did not know why the PO decided to remove the monitor.

Around this time, months into service delivery/coordination, RST was finally able to increase direct contact with the client and begin working on rapport building. At this time, the client reported that she thought going to the residential, therapeutic setting would be the way to achieve safety, but the case manager felt that Rebecca was trying to say the right thing at that time. The client also reported prioritizing family therapy for her and her mom, and she had also just started individual trauma-informed therapy through the county.

Rebecca's health concerns contributed to her missing school and also caused trouble for her at school. She needs to use the bathroom frequently, and teachers were suspicious of this behavior and thought it meant Rebecca was not responsible. Mom advocated for Rebecca with support from the mental health social worker and Rebecca was given permission to use the bathroom as needed. Rebecca also missed school because she was back in a juvenile justice facility for a week or so because of an incident with her neighbors. Related to this incident, it was noted that Rebecca has a difficult time controlling her emotions but that both she and Mom are aware of this.

REVIEW/ANALYSIS OF THIS CASE

Case Management Protocol

Any presumption of protocol becomes complicated by the kinds of factors that are present in this case. Namely, direct contact with the client herself did not take place in any substantive way by the time of the second case review meeting and had only started to pick up by the third meeting. This limited the amount of information that could be gathered *directly* from the client about her needs or desires in the process. Being client-driven therefore became murky: driven by the client herself or by her mother, a proxy? These are decidedly different both in process and in the impact on potential outcomes (the latter of which is discussed below).

Moreover, the existence of multiple service providers, systems, and case managers in some ways limited the scope of the RST case manager's role but also meant she was seeking to either fill obvious and appropriate gaps or risking duplicating services. This brought up concerns about the efficient use of agency time and was also present in considerations of

acting on Mom's wishes. For example, the client's wishes about entering alternative placement seemed to change throughout the process, but Mom's desire to continue pursuing that option remained strong. There were continued efforts to secure a placement for her, efforts that involved a lot of coordination, securing pro bono IQ testing services, brainstorming funding options, etc. While the RST case manager was working on parts of this process, Mom also started exploring some new options for potential placements. While this effort is laudable in terms of Mom taking the issue into her own hands and also not relying solely on a placement that might not come through, it brought more players and issues into the system thus again calling into question the efficiency of the processes being implemented by RST and other case managers who were working on resolving issues related to the primary placement options.

Case Manager as Agent

The additional dimension that is strongly present here is the personality and practice orientation of the case manager, one who comes across as highly reflective and committed to moving forward in the most just ways possible. This is evident in the way she talks about supervision, requested feedback during case review meetings, and reflected on the issues present that make it difficult to balance efficiency and good service delivery in light of the multiple service providers and complicating factors in the case. She always had multiple options for Mom and Rebecca in her back pocket and was considering the multiple forces at play for all issues, most notably the funding issues surrounding the residential placement.

Systems Involvement

This case involves many systems and associated service providers. Perhaps most important to consider about this as it relates to evaluation of the STEP services are the following points:

- The involvement of multiple parties, especially multiple service coordinators (as case managers), means that client outcomes are impacted by a large number of systems. Deciphering the impact or outcomes that are most directly related to the work of RST and the case manager will be difficult and might only be possible with large amounts of process documentation. This is likely to be onerous and not entirely meaningful, as we might also question the inherent meaning in ascribing causality in cases as complex as these.
- As mentioned above in the case management protocol section, there was a lot of need for coordination among the various systems and for that coordination to help decrease duplication of efforts and also to streamline the process for the client and

her family. A trauma-informed approach would suggest trying to minimize the burden to the family and minimize the number of times the story needs to be told. In fact, the mother noted that she did not want to keep having to tell her story. In line with this, the STEP case manager took proactive steps to send status updates to the other case managers so that they would know what was happening in case they had communication with the mom or client.

The figure below shows one way to imagine the relationship between the systems and the client as they relate to three of the primary domains (healing, justice, and safety). Rebecca, Mom, and RST are at the intersections of these domains, and various other entities are shown as operating in one ore more domains. The presumed primary domain for each entity is designated by the color of the box they are in. When entities have specific individuals associated with them, those individuals are indicated by boxes with dotted lines and are connected to the entities. This diagram points out both some of the intersections and also the multitude of entities involved, just per this case review. Most, but not all, of the entities mentioned in the case review are included in the diagram.
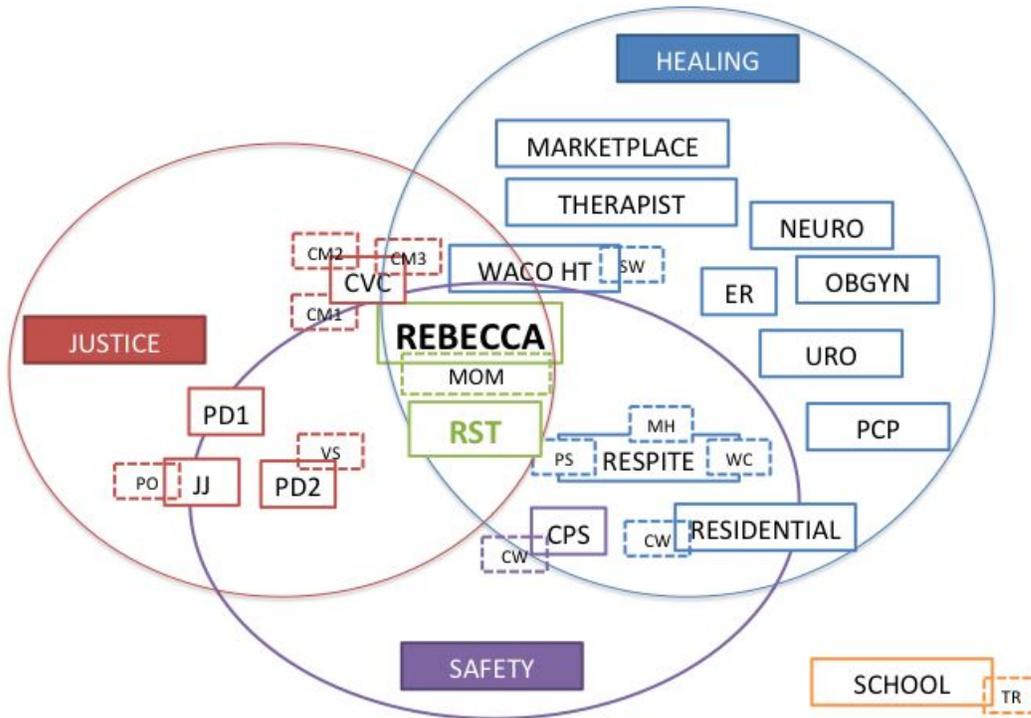
Sensitizing Concepts

Self-sufficiency

There are several elements in the initial phases of this case that highlight challenges to achieving or even defining self-sufficiency. The key questions that arise are:

- What does self-sufficiency mean for a minor? Is this a short- or long-term goal?
- What is the relationship between self-determination, client-centered service provision, and self-sufficiency?
- How does a case manager, within a system of case managers and other entities, work to help a client achieve self-sufficiency when the primary points of contact are a caregiver and other service providers? When a client or part of the client system is this proactive, and there are many other players, what is the role of RST in helping the client to be strategically self-sufficient in ways that support the efforts of the overall system?
- To what extent is it useful to view self-sufficiency as relating to the family unit in some cases?

In this case, Mom actively participated in advocating for her needs and the needs of her daughter within the system. She struggled with some financial barriers that RST helped her meet through gift cards and monetary assistance and eventually started to pursue marketplace insurance for her daughter to help meet the requirements for one of the placement options. While it might even be possible to say that Mom's self-sufficiency is increasing, Mom is not the client in this case. In thinking about moving the client toward self-sufficiency in the long run, justice, healing, and safety seem critical, inasmuch as they relate to making sure her educational needs are met and reducing the likelihood of recidivism.

Justice

Prior to contact with RST, there are some clear issues of in/justice highlighted in what was told to RST about the case. It seems as though the client might not have been adequately screened and served as a victim of human trafficking, including not receiving timely access to a forensic exam and possible medical treatment. As might be expected in these complex cases, these actions impact the other outcomes of interest, namely self-sufficiency and healing. It seems likely (and implied) that if she had received prompt medical attention, she might not have contracted meningitis from the untreated STI. In terms of self-sufficiency, the client's medical complications hindered her ability to actively participate in service delivery or rapport building with a least the RST case manager, and the potential long-term consequences of these medical issues is not yet known. Additionally, what does it mean for

her ability to heal from trauma when she has had additionally traumatic experiences within the service delivery, as we might assume being handcuffed in police car for two hours might be?

Healing

The key components of healing were addressed in the previous paragraph, though it is also worth noting that the client's healing, self-sufficiency, and self-direction in the process are likely to be interrelated as well. (That is., If she is not an active participant in the service delivery process, how does this impact her ability to heal?) It was noted by the STEP case manager that knowing how much groundwork to do around some of the issues around medical care and payments has been difficult because of the lack of direct contact with Rebecca, who is technically the actual client. Her continued health problems impacted her ability to attend school and also caused complications for her at school, which impacts her learning and her healing trajectory.

Safety

Rebecca's access to phones and other communication technologies was greatly restricted after her arrest because of concerns for her safety. It was reported that she managed to get access to communication devices a few times and ostensibly sent inappropriate photos and was communicating with people who might be a threat to her safety. Her access to technology was further restricted after that, and, as noted in the summary above, this restriction had social and potential educational consequences for her. Moving to put her in a temporary residential placement continues to seem like the best option for her safety and healing, but all of the placement options presented significant barriers in terms of availability, cost, admission requirements, etc. Getting the client into one of these programs *requires* the collaboration of multiple systems, the mobilization of many resources, and a certain amount of good timing.

CASE 2: LINDA

OVERVIEW

Initial Incident

Linda is from Honduras and was offered a job, ostensibly in Houston, by a coyote. It was reported that, while she requested to be taken Houston, she was planning all along to go to Austin. After taking a bus to Mexico, the coyotes were switched. She told them she was going to Houston and was promised a job, but she remained in Mexico for two months. This is where the servitude began. After Mexico, she was transferred to McAllen where she was held in a house for about two weeks with no food or water for herself but was forced to cook and clean for everyone. She was threatened with deportation if she left the house. At the end of those two weeks, she was moved to a house with a woman in her 40s or early 50s who had a daughter of about 14 or 15 years of age. She was there from November 2014 until April 2015. She was isolated and verbally abused and did not have her basic needs met. Linda says the daughter saw the abuse and asked why she (Linda) was being treated that way. After this mom reportedly turned the verbal and also physical abuse on the daughter. The daughter then did something to the alarm that was set to keep Linda in the house and made it possible for her to escape. After escaping, Linda found a neighbor who was friendly and offered her a temporary place to stay. Linda decided to leave, however, and was picked up by border patrol. She was taken to Hutto in late April 2015 and identified as a victim of human trafficking in May. American Gateways referred Linda to RST in late May.

Family

Linda has family members in Houston and also a cousin and aunt in Lakeway all of whom have been serving as support since Linda was picked up by immigration.

Service Delivery, Coordination, and Utilization

RST began providing services while the client was still being held at Hutto. (She was there until mid-June.) The case manager helped to secure a bond since Linda's family in Lakeway could pay it. They began the T-Visa process at that time while also focusing on basic needs and psycho-education around trauma. While the client was in Hutto, she was meeting with one case manager but was then transferred to a different case manager after her release. This change was ultimately a result of a change in capacity of the two case managers due to a fluctuation in caseloads.

Linda had an encounter with an officer at Hutto that whose approach was read as interrogating instead of questioning, and it was reported that he didn't bother to build any rapport with her during the process of interviewing her. She couldn't remember things during that meeting and wondered if she was going crazy. The ICE and deportation officers who were there to screen her for human trafficking saw her as resistant because she could not remember her own story.

Prior to release, the first RST case manager began working with Linda around helping her understand trauma and around helping her be grounded. The case manager also administered a PTSD tool to capture symptoms, partially in response to concerns on the part of the attorney about behaviors such as panicking, not remembering information or not divulging information, and generally not capturing information very quickly. This information was included in a letter the RST case manager sent with the T-Visa process. This tool was re-administered by the next RST case manager after Linda was released from detention. At that time, Linda displayed much more clarity about her story and about next steps.

When a subsequent report was made for the T-Visa application, after the client's release from Hutton, the process and her participation went more smoothly. She was able to recall details and state them clearly and concisely. The interviewer also assisted this process by asking specific questions along the sequence rather than asking broad questions. The client felt more trust with this person and felt like she was able to tell her story. The RST case manager and immigration attorney were able to be present for this process. Since the client does not have names or specific places, moving the case forward is likely to be problematic, and there was trouble finding people in McAllen who would take the case. Fortunately, making the report was enough to get the T-Visa process underway.

Linda wants to learn English, and learning English would help her in acclimating to the United States and meeting her other goals (e.g., getting a GED and taking cooking classes). However, since she is living outside of the city, her access to resources like English classes is limited. She cannot get transportation to Buen Samaritano for the classes there because of her cousin's work schedule, but she did begin walking to the library near her to learn how to use a computer and learn some words in English.

As of the most recent meeting about this client, she had started going to a gym in her apartment building to work out about three times per week. During this time, she met someone else who works out in the gym and they were able to arrange a time to work out

together. The case manager reported that Linda lit up when she talked about having a new friend and going to the gym.

Linda receives funding from RST and is using that to pay her cousin for part of the rent. She is also receiving money for food and to spend at Walmart. Linda's cousin also helped her get a cell phone and was paying that bill for Linda.

During the final case review meeting, the case manager reported that the client has excellent goals, and she was improving with problem solving when she hits roadblocks and figuring out what to do next. In certain instances, she seemed unready to follow through with services. Specifically, she had called SafePlace to try to arrange for counseling but failed to continue following up with them to finalize this process. However, she was moving forward with medical care for herself and had appointments scheduled with both a doctor and a dentist.

REVIEW/ANALYSIS OF THIS CASE

Case Management

A change in case managers is likely to impact rapport and relationship building with clients, and this case involved a change in case managers early on. While the client did not voice any thoughts or feelings about the change, the new case manager reported that it seemed like the change, and the process of case management more generally, were both difficult for her to process. The case manager continued to check in with the client to give her space to process her feelings about the change, but the case manager also noted that agreeableness was part of this client's culture and might have influenced how much she would voice about it.

The case management process, as reported, seemed streamlined and relatively uncomplicated, and most of the time sounded like it was spent helping the client to identify potential resources and coaching her in the direction of working toward acquiring those resources on her own.

Case Manager as Agent

The case manager reported a systematic approach to working with this client in the direction of the sensitizing concepts mentioned below. As with the first case, this case manager also showed strong tendencies in the direction of seeking support and supervision

around challenging issues and consistent reflection about the best ways to support her client around the various issues that presented themselves.

Sensitizing Concepts

Self Sufficiency

After release from Hutto, the client's motivation seemed to shift. Bolstered by the support from her cousin and aunt, she was ready to begin planning for how to make changes in her life. This seemed connected to being removed from a traumatizing setting and points again to relationships between self-sufficiency and healing.

Linda was also still struggling to understand the new cultural context in which these changes would happen. That concern remained present throughout the time period of the case review, and is a critical point around self-sufficiency. Linda's motivation to learn English, get her GED, and establish a social life all bode well for her ability to become self-sufficient, but she has barriers in terms of transportation and access that will further hinder her ability to gain these skills and experiences. Other aspects of self-sufficiency (e.g., employment) can be impacted by whether or not she is able to gain English language skills or a GED. If her family is able to move to Austin, a possibility they have discussed, that would probably make a significant difference in *this* client's ability to access services that would help her be self-sufficient. The interdependence of these multiple areas of self-sufficiency is very clear in this case.

The ability to be self-sufficient and what that looks like might be culturally specific, as was discussed in meetings with RST staff during the process of defining the term, and it is arguably almost impossible for someone to be self-sufficient in the US without some degree of cultural fluency. The case manager reports spending quite a bit of her time with the client helping her to figure out what the culture is and find out how well she was settling in to it. These were identified as difficult conversations to have, and that was amplified by not getting substantive responses from the client much of the time. Additionally, cultural orientation can be difficult to operationalize and is context specific.

Until she can get a job and have more income coming in, working with her on skills like budgeting and financial skills is difficult. The case manager reported that it is difficult to teach budgeting in an abstract or hypothetical way. With the client's termination of services coming up in a few months, it seems unlikely that RST will be able to help her with this particular skill that is a part of self-sufficiency.

A question that presents itself in relationship to cultural orientation and self-sufficiency is what the relationship is to those issues and offering client-driven services? Is there a tension there, and how are case managers navigating it?

Justice

The negative interaction Linda had with the officer at Hutto highlights several interconnected issues, especially around justice and healing. If we are seeking to build service-delivery systems that assist with healing, responses from the criminal justice system need to show a sophisticated understanding of trauma and an ability and willingness to work productively with that knowledge. The expectations and tactics need to be trauma-informed so that survivors so that survivors do not leave encounters with the system feeling crazy, as Linda did. After these interactions, clients need additional support; fortunately, Linda had such support from the RST case managers, and that appeared to have a positive impact on her. The incident at Hutto speaks strongly to an intersection between justice and healing and the way engaging with service providers who don't operate from a trauma-informed approach can inhibit or hinder both healing and justice.

Additionally, as stated in the overview, during the time of her servitude with the woman in McAllen, Linda never learned the last name of the woman. This was cited as a factor hindering the investigation and the likelihood of recourse within the criminal justice system. What does justice look like for a client when the criminal justice system is not likely to give them recourse?

Healing

It was noted in the review that the trauma of being in detention can remain very present for people for months after their release and often eclipses other issues they might need to be dealing with. This seems to present itself in the way that Linda responded during her initial law enforcement meeting while in Hutto. Her memory and communication seemed to improve both after leaving Hutto and after receiving support from RST case manager. It is difficult to parse out which one of these might have had the biggest impact or if the combination was critical for helping decrease her symptoms of trauma.

In addition to the trafficking trauma, the client lost a brother to homicide; that trauma remained very present for her. The case manager reported that it seemed to eclipse even the trafficking and Hutto and impacted the client's ability to trust.

The case manager noted continued attempts to get her to be introspective and responsive seem to be repeatedly hitting dead ends. She responds to most questions, even yes or no questions, with responses like "I'm good" or "that's good" and even motivational interviewing and solution-focused methods were producing the same responses. This has made it difficult to understand where the client really is on a social or emotional level or to tell what is really happening for her. The case manager noted that this also seemed related to cultural issues around communication.

Linda's family proved important in all aspects of her process, providing her with strong emotional and practical support. In addition to the aunt and cousin in Lakeway, Houston family members also came up to provide emotional support and resources (e.g., clothes).

Safety

Rather notably, nothing came up in this review that was directly related to the client's safety in the physical sense. There is a chance that the client does not yet feel emotionally safe in the process of case management, though, as mentioned above, there is reason to believe that cultural issues are impacting the client's ability to share fully what is going on for her.

CONCLUSIONS

The cases presented differed from each other greatly, both in terms of the situations surrounding the clients and also in terms of the needs presented by each. As such, the case management processes and systems interaction also differed greatly between the two. The majority of the work with Linda appeared to be interpersonal work and support around basic needs while also addressing issues related to her T-Visa. In contract, the work with Rebecca was largely focused on advocating within and coordinating among systems, locating resources and information, and providing support to Mom in doing the same. Particularly of note, though, is that both cases involved potential problems related to transportation and proximity to services, two factors that are likely to have a significant impact on overall client outcomes since there were many service needs for each client. Both cases also involved a significant level of family support for the client, and that support seemed to increase access to services in some cases.

Although these were two distinct cases with different constellations of complexity, both of these cases support the supposition that the network of systems that impact a client, as well as the client's own motivations (and other personal factors) are interdependent factors that impact outcomes for the client. That the service delivery system is vast, intricate, different for every client, and interdependent lends support to using developmental evaluation for such work. There is very little certainty about how a given intervention on the part of RST will impact the lives of victims, and the case managers were often having to innovate or think on their feet with regards to how to best meet the client's needs and navigate the various systems. This was especially true in the case of Rebecca where there were multiple individuals acting on behalf of the client in the various systems but certainly also true of Linda whose motivations and access to services were both significant factors influencing outcomes for her in every sphere. Continuing to map out systems that impact RST's trafficking work at-large and also individual clients could provide rich and useful information about what is impacting a client's potential success, including information about the interactions of the various systems in each discrete case.

Tracking adherence to protocols in such a complex system does not seem meaningful, nor does adding significant amounts of extra paperwork in the service of evaluation. However, multiple points of decision-making show up in the course of service delivery that could be meaningfully and easily tracked to determine actions that might be in the service of desirable outcomes or in keeping with (or departing from) key principles identified through this evaluation planning process. There are clearly numerous decision-making points during the course of service delivery, and the distinct points are likely to vary from case to case.

Decision-making moments included decisions about when to follow a client's lead versus when to invite them to consider other options, when to advocate within systems directly versus when to coach the client in doing so for themselves, what type of services to provide each client, and more. In specific and in total, these decisions undoubtedly impact the overall outcomes of the client. Through these case studies, we were often able to look to thought processes behind decision-making and explore the factors that influence that decision making.

SURVIVOR OF TRAFFICKING
EMPOWERMENT PROGRAM

EVALUATION REPORT

JUNE 2016

MAYA
PILGRIM

Executive Summary

DEVELOPMENTAL EVALUATION

RST's Survivors of Trafficking Empowerment Program (STEP) aims to improve the quality and coordination of services for all victims of trafficking in Central Texas by providing intensive case management services, enhancing interagency collaboration and coordinated response in Travis County, and facilitating public awareness and training. To this end, the STEP team took part in a developmental evaluation process that utilized case studies and qualitative inquiry into the complex and dynamic nature of the program and the context for survivors to expand these goals to include:

- Advocating for and empowering clients to restore safety, health, dignity and trust in order to achieve judicial, social, and economic equality
- Creating a culturally sensitive environment that fosters mental, physical, emotional autonomy and healthy interdependence within society
- Establishing a survivor-centered, trauma-informed culture that promotes self-regulation, reflectiveness, and goal attainment.
- Recognizing and honoring the inner strengths and resourcefulness in one's healing and transformation.
- Supporting the transformation process towards biological, psychological, social and spiritual health.
- Intersecting networks of individuals, families, groups, organizations, systems that share and develop cultural norms for the prevention, protections and prosecution around human trafficking

To accomplish these goals, the STEP team will strive to follow these 5 principles for the program:

1. Provide **trauma-informed and client-centered case management** that includes clinical interventions, managing expectations, advocating and informing of rights, and sustainable goal setting
2. Stay **informed and up-to-date** on technicalities of processes, rights and cultures within relevant systems as well as engaged in continuous training
3. Build and maintain **collaborative partnerships** to ensure client access to a support network and appropriate resources
4. Seek **transparency** among staff, clients, stakeholders, and community members to promote safety and clarity around roles and maximizing resources
5. Bridge the work between STEP and other advocacy and rights-based organizations to bolster opportunities for clients to be **agents of change** for social justice in the community

SOCIAL NETWORK ANALYSIS

The team undertook a social network analysis (SNA) to evaluate the extent to which STEP is building and maintaining collaborative partnerships and bridging the work between STEP and other advocacy and rights-based organizations thus intersecting networks of individuals, families, groups, organizations, systems that share and develop cultural norms for the prevention, protections and prosecution around human trafficking, the team undertook a social network analysis (SNA). The SNA included a survey of CTCAHT members, an anti-human trafficking network analysis within the STEP team and an anti-human trafficking network analysis including identified partners.

During the course of this developmental evaluation and SNA, the Central Texas Coalition Against Human Trafficking (CTCAHT) underwent major changes to their structure, altering the dynamics and context of how the coalition works together, including the STEP team. As a result, this evaluation provides important data points for very specific moments in time of the Central Texas network which have already transformed dramatically. The dynamic nature of the work and the network itself will be a constant consideration in analyzing the network. Consistent and systematic yearly SNAs would provide the most insight into how collaboratively the network in Central Texas functions and the evolving role of the members of the network.

Key Findings

- A July 2015 survey of attending CTCAHT members revealed that while the network was successful in bringing together members for networking and information sharing, there was a significant lack of clarity among members around coalition goals and objectives, processes, and conditions for membership.

- A fall 2015 survey of STEP team members revealed that while certain individuals and organizations within the network have a strong connection with multiple STEP staff, one staff member stood out as having a large influence on the STEP network, in part to the connections to organizations that only she had and to the connections she shares with other members of the team. A couple staff members have exclusive connections to individuals or organizations within the network. Given staff turnover, targeted outreach and relationship building may be required to ensure those organizations exclusively tied to former staff members stay connected to the STEP program.

- A spring 2016 survey of STEP's collaborative network reveals that, in fact STEP as both central and influential within its network or collaborative partners, bridging work between law enforcement and partners within the criminal justice system, rights-based and advocacy organizations, social service organizations, and vested community members.

Developmental Evaluation

Introduction

When the United States Department of Health and Human Services released an issue brief on addressing the needs of survivors of human trafficking, they reported that the most common response from service providers on the issue was, "what don't they need?" They go on to conclude that "The needs of victims of human trafficking, whether international or domestic, can be characterized as complex, requiring comprehensive services and treatment that span a continuum of care from emergency to short-term to longer-term assistance." [1] It is in these conditions and challenges where traditional summative evaluations can fall short of incorporating the dynamic and complex contexts in which services for human trafficking survivors operate. As such, the STEP team embarked on a developmental evaluation which is better suited "to guide adaptation to emergent and dynamic realities in complex environments."[2]

Purpose and Methodology

Developmental evaluation supports the development of innovation and adaptation in dynamic environments and incorporates key actors into the process of gathering and interpreting the data, framing the issues, and surfacing and testing model developments.[3] It incorporates many familiar methods of evaluation including surveys, interviews and observations but also incorporates staff in framing the issue and its dynamics to identify points of tensions, implicit decisions, assumptions made or emerging themes and patterns. One particular facet of developmental evaluation is the elaboration of sensitizing concepts and principles to guide work undertaken in complex and dynamic environments.

The original evaluation plan sought to explore questions such as:
- How does STEP respond to human trafficking survivor clients and their families?
- How do STEP clients and their families perceive STEP services, such as intensive case management, referrals, and counseling?
- How are STEP staff prepared to provide services to clients and their families?
- How does STEP build new partnerships and maintain communication?

These guiding questions and the logic model speak to the activities of the program but provided minimal guidance on how to define and measure *how well* they are working towards these goals and if they are going about these processes in the best way for each unique client.

This developmental evaluation focused on building the STEP staff's evaluation capacity, the collective exploration of emergent strategies and outcomes for serving human trafficking victims, and the development of tools for STEP to conduct ongoing process and outcome evaluation.   Given the unique circumstances and backgrounds of each STEP client, articulating key concepts and developing principles provide structure and a "true north" to determine the quality of services and to guide the program and evaluations in a way which allows clients to find the path that's right for them without becoming overly-prescriptive and rigid. Evaluation tools and procedures developed equips the STEP program with the tools

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[1] Clawson, H., Dutch,N. (2008, July). *Addressing the Needs of Victims of Human Trafficking: Challenges, Barriers, and Promising Practices* (Issue Brief). Retrieved from https://aspe.hhs.gov/sites/default/files/pdf/75471/ib.pdf
[2] Patton, M. Q. (2011). Developmental evaluation: Applying complexity concepts to enhance innovation and use. New York: Guilford Press.
[3] Ibid

to probe the quality and effectiveness of their client services, community partnerships, and collaborative endeavors.

The evaluative capacity building included surveys to establish capacity and readiness to implement evaluation and training for agency staff on evaluation. The team then built on these activities and the programs logic model through qualitative inquiry and case studies to identify sensitizing concepts such as "self-sufficiency" and "self-efficacy." These provide a "general sense of reference and guidance in approaching empirical instances" and what they mean in the context of the STEP program.[4] Using these concepts as a foundation the team developed 5 program principles. From the principles, the team assessed current and potential data sources for both quality of data and feasibility in terms of time and anticipated workloads.   A complete plan was expounded with the team to identify data sources, dvelop guiding questions, and determine a consistent timeline with which to identify emergent outcomes and evaluate programmatic practices.

Sensitizing Concepts

The STEP team expounded on 6 sensitizing concepts over the course of multiple sessions with the consultant in the fall of 2015. Initially, the team had explored 4 concepts: justice, self-sufficiency, self-efficacy, and resilience. Given their complexity and unique meaning to each survivor, it was ultimately determined that both "healing" and "community" were significant enough to sensitize to the context of the program.

JUSTICE: Advocating for and empowering clients to restore safety, health, dignity and trust in order to achieve judicial, social, and economic equality

SELF SUFFICIENCY: Creating a culturally sensitive environment that fosters mental, physical, emotional autonomy and healthy interdependence within society

SELF-EFFICACY: Establishing a survivor-centered, trauma-informed culture that promotes self-regulation, reflectiveness, and goal attainment.

RESILIENCE: Recognizing and honoring the inner strengths and resourcefulness in one's healing and transformation.

HEALING: Supporting the transformation process towards biological, psychological, social and spiritual health.

COMMUNITY: Intersecting networks of individuals, families, groups, organizations, systems that share and develop cultural norms for the prevention, protections and prosecution around human trafficking

The team determined that working towards these concepts aligned with the goals of the program but also that these concepts are interwoven and interdependent on a multitude of factor. Additionally, healing and self-efficacy for one client could look very different for another.

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[4] Blumer, H. (1969). *Symbolic interactionism: Perspective and method.* Englewood Cliffs, N.J: Prentice-Hall.

STEP Principles

To address the complex, variable and fluid nature of the sensitizing concepts for each client, the team developed 5 principles as a means of working towards the 6 goals with the flexibility that each case requires with evaluable consistency. They are:

1. Provide **trauma-informed and client-centered case management** that includes clinical interventions, managing expectations, advocating and informing of rights, and sustainable goal setting
2. Stay **informed and up-to-date** on technicalities of processes, rights and cultures within relevant systems as well as engaged in continuous training
3. Build and maintain **collaborative partnerships** to ensure client access to a support network and appropriate resources
4. Seek **transparency** among staff, clients, stakeholders, and community members to promote safety and clarity around roles and maximizing resources
5. Bridge the work between STEP and other advocacy and rights-based organizations to bolster opportunities for clients to be **agents of change** for social justice in the community

It is around these principles and their alignment with the goals that the evaluation plan was developed and data sources were developed or charted to systematically and consistently identifies emergent outcomes of the program. By evaluating the extent to which activities and client feedback confirm the effectiveness of these principles towards these goals, the team is better able to answer those original evaluative questions.

Illustrating the STEP Program

During the course of the developing the sensitizing concepts and program principles, a reoccurring theme during the process was the challenge in articulating what the program provides for clients given the multi-faceted services provided. The team participated in an illustrative exercise to better explain STEP services to potential collaborative partners and the community-at-large while doing outreach. The team described the tenuous path spanning peaks and valleys that lies before survivors as they move towards the 6 goals. When questioned on what role the STEP program has for this survivors, the team agreed that they were a backpack ready with tools to aid and accompany survivors on the journey. The following illustration was developed to represent this articulation (Fig. 1).

Figure 1: Articulation and visioning of the STEP Program.

Social Network Analysis

RST's Survivors of Trafficking Empowerment Program (STEP) aims to improve quality and coordination of services for all victims of trafficking in Central Texas partially through enhancing interagency collaboration and coordinated response in Travis County. A key component to interagency collaboration is the Central Texas Coalition Against Human Trafficking (CTCAHT). In the summer of 2015, RST surveyed present members of the coalition. The results of those survey revealed that while members overwhelmingly felt the network was successful in bringing together members for information sharing(85%) , the was a significant lack of clarity among members around coalition goals and objectives (92%), processes and rules of order (67%), and conditions for membership(58%). In identifying coalition goals, 83% of respondents identified developing and defining strategies and goals. The survey reveals a perception of lack of purpose but does not reveal the extent in which interagency collaboration occurs within the coalition and the broader regional network. To this end, we conducted a social network analysis (SNA) and included a yearly SNA in the evaluation plan.

Social network analysis (SNA) is a means of graphing a social network through nodes (individuals or agencies) and edges (relationships) to investigate social structures. In the case of this evaluation, an SNA was conducted to increase understanding of the collaborative relationships within the central Texas anti-human trafficking network and STEPs position within that network. This analysis was conducted in two phases.   This analysis was adapted significantly from the original plan due to significant changes to the structure of the as well as the CTCAHT STEP team.

Methodology

Phase 2

Phase 2 was conducted in the spring of 2016 and surveyed those whom any member of the STEP team identified as a strong collaborative relationship from Phase 1. Because of turnover within those agencies, 3 or 4 changes were made to the original list to better reflect the current state of relationships with STEP. Individuals were contacted via emails asking them to list 10 individuals with whom they have collaborated around human trafficking at least twice over the course of the past 12 months (since March 2015) either to provide services for survivors or to develop resources for survivors. Of the 18 surveyed, 10 responded which, including RST, resulted in a total of 14 respondents from 8 organizations.

This data was then entered into Gephi as a directed network (meaning agencies are differentiated as referrers or referees of collaborative relationship and the direction of the referral is reflected with one-way (only 1 agency reported a connection) or two-way (agencies reported a reciprocal collaborative connection) arrows on the graph). Only contacts local to central Texas were surveyed and entered according to their agency. Weight was calculated based the number of individuals within an agency that a partner listed for collaboration. This means that if they named 3 people from the same agency, then that connection is given a weight of 3.

While partners were instructed to list organizations within Austin, responses included Federal and State agencies and organizations. Future SNAs will require the team to decide if certain federal and state

offices should be included and what the criteria would be for that. Partners listed that represented a collection of organizations, such as the CTCAHT were not included.

Limitations

Shortly after the team created the HT network map, the Central Texas Coalition Against Human Trafficking (CTCAHT) underwent substantial changes in structure. As with any structural reorganization, this created a great deal of stress and uncertainty within the social network and it was determined by the consultants that continuing to explore the strengths of relationships between members of the Coalition may potentially add tension to the coalition.

To give the CTCAHT time to adjust, the SNA was not revisited until the spring of 2016, during which time, the individuals in the original network as well as the STEP team itself had undergone substantial changes. Within the STEP team, the Program Director and one of the two case managers had stepped down and at the time of this report, a case manager had been brought on but the Program Director was still open, with the Wellness Manager currently providing supervision.

Given the restraints and changes of the social network analysis in the spring of 2016 towards the closure of the project, the consultants and the STEP team decided to make a few changes to better reflect the current work of STEP. A decision was also made to limit nodes to represent organizations or unaffiliated individuals with weight representing multiple collaborative relationships between agencies. With these adjustments, emails soliciting collaborative partnerships were then sent to those with whom team members indicated a strong, collaborative relationship.

It is important to stress that this is not a complete map of network collaboration patterns but is dependent on those who responded. Because those contacted were identified by the STEP team as strong collaborative partners, the network is skewed towards finding STEP in a strong position within the network.

Results and Analysis

The reported collaborative relationships from the 14 respondents from 8 different organizations resulted in this directed graph of 44 nodes (organizations) and 66 edges (reported collaborative relationships). Statistics for this network can be seen below (Table 2).

Spring 2016 Organization Network Map

Average Degree	3
Average Weighted Degree:	2.182
Average Path Length	2.152
Diameter	4
Density	.03
Modularity (Resolution:1)	.406

Table 2: Collaborative Network Map

The average degree means that on average, each node has 3 collaborative relationships. The large number of organizations (44) represented in comparison to the number of organizations who responded (8) skews this average since there is a small number with multiple degrees and a number of organizations with only 1. The average weighted degree takes into account the weight of the relationship, for example, if multiple people from one organization reported a collaborative relationship with STEP, which would

increase the weight of that relationship. The diameter of 4 reveals a fairly small distance between the farthest points of the network. The low density indicates that of the possible connections that could exist between partners included in the network, a very low number were reported. This indicates that there are not many overlapping connections from the partners. Given the ratio of respondents to included organizations, this is not surprising.

The following graph (Fig. 4) illustrates the network with the size of the node indicating the in-degree of an organization. This is indicative of how often respondents cited a collaborative relationship with that organization. Within this network, STEP has the highest in-degree (6) and therefore the largest node, followed by APD's Human Trafficking Divison, SafePlace and ALLIES who all have an in-degree of 4. While this is not surprising considering responses were solicited from organizations with which STEP reported the strongest collaborative efforts, it is affirming that these relationships are not one-sided on the part of STEP but reciprocal and that STEP is building and maintaining collaborative partnerships within the anti-human trafficking network.
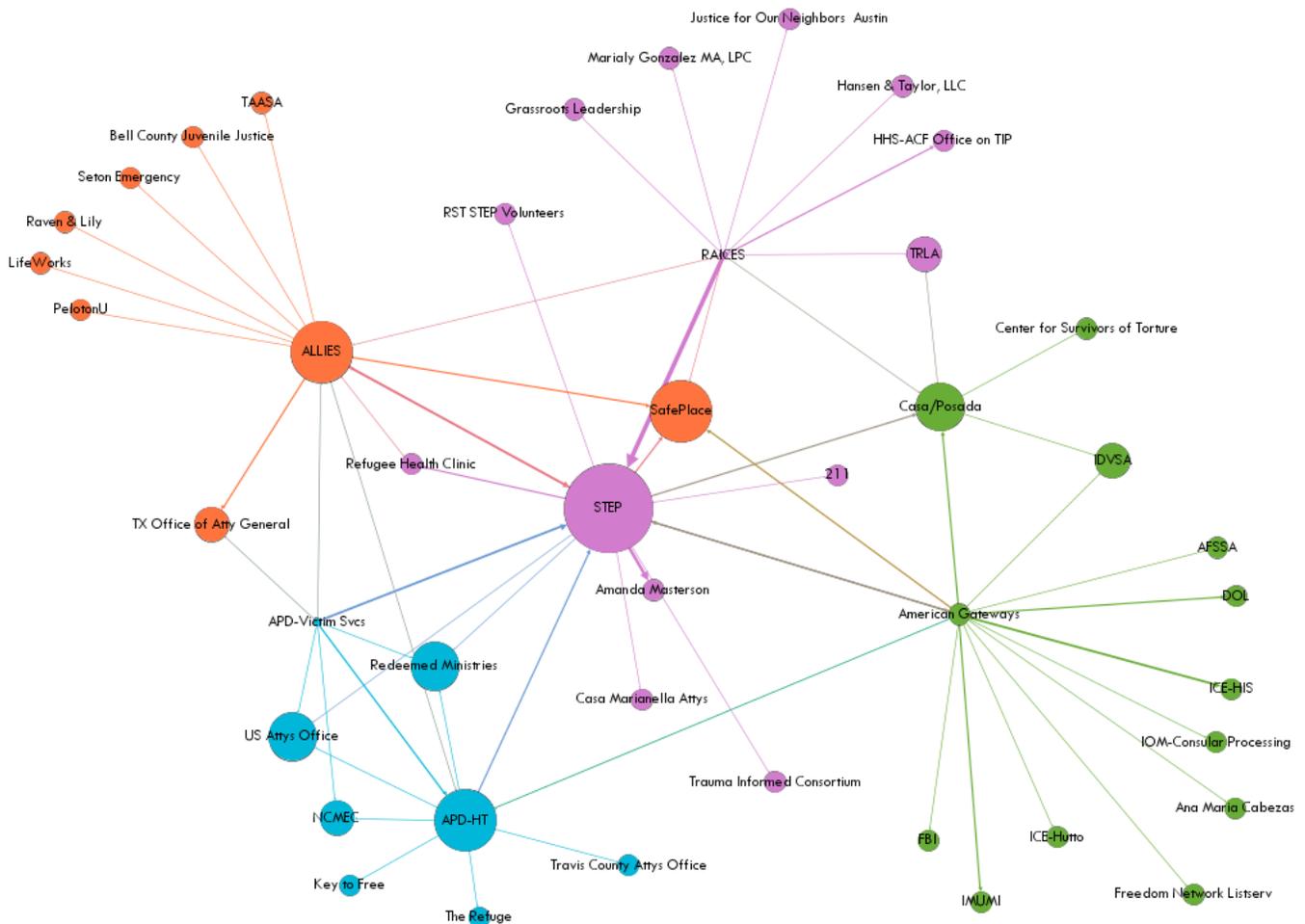
 Figure 4: Organization Network where size of node indicates in-degree and color indicates module.

Similar to in-degree, out-degree indicates how often an organization cited a collaborative relationship with another organization. The out-degree in this network indicates the responsiveness of organizations in providing information regarding the network (Fig. 5).
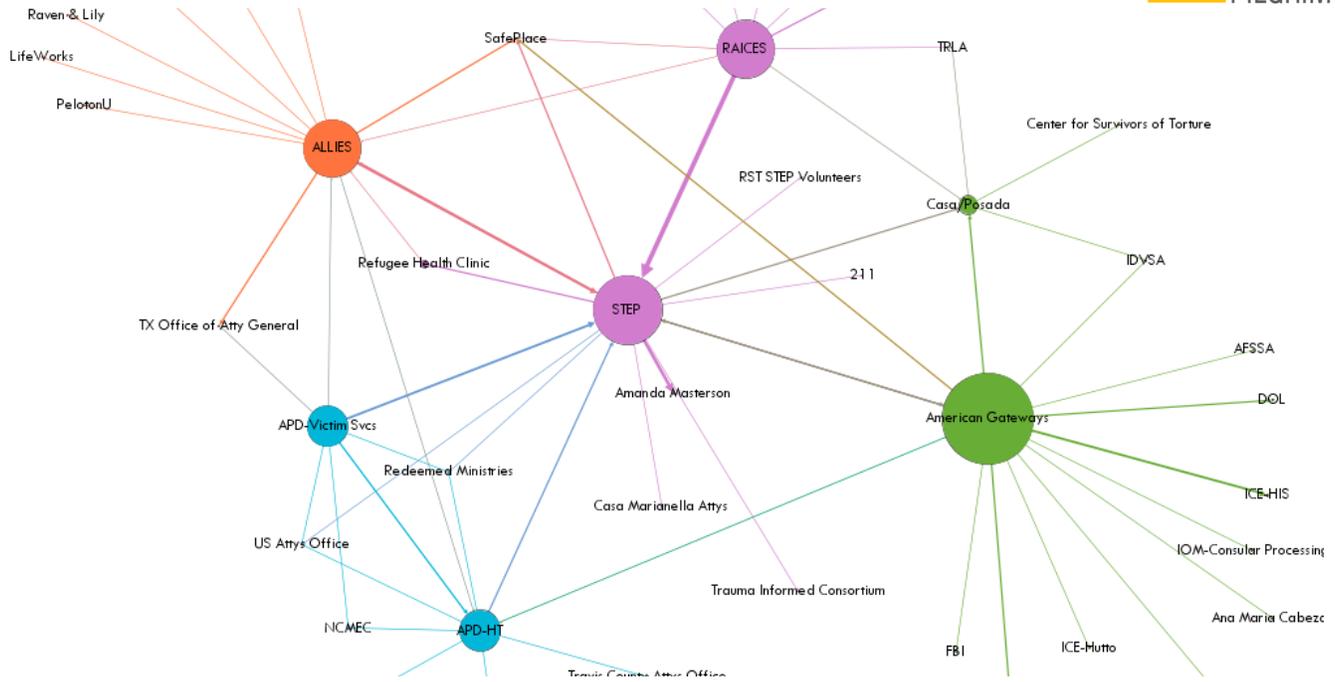
Figure 5: Organization Network where size of node indicates out-degree and color indicates module.

Organizations who responded to the emails are represented with a clear and present node, with those citing the most collaborative relationships represented with the largest nodes. Refugee Health Clinic only referred to STEP, which is why their node is so small despite having responded to the email.

Eigenvector Centrality measures the influence an organization has on the network due to their position and connections. STEP (1) and SafePlace (.94) have the highest Eigenvector centrality in the network (Fig. 6).
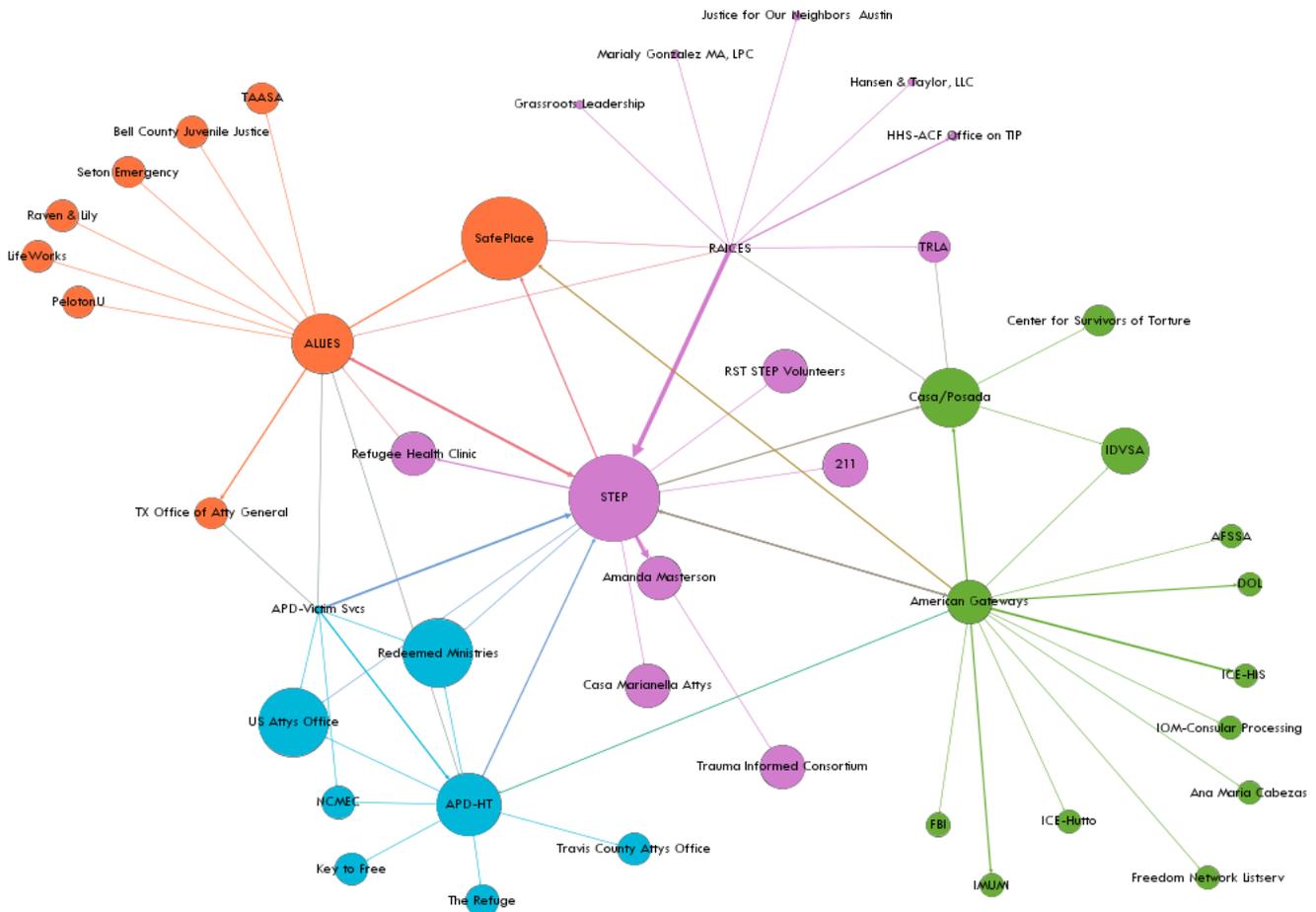
Figure 6: Organization Network where size of node indicates Eigenvector Centrality and color indicates module.

Modularity is a way to identify modules or clusters within the network. There were 4 modules identified within the network. Some of these clusters reflect the function of the organization. For example, Austin Police Department's Human Trafficking Division (APD-HT) is one of the central organizations among a cluster that includes the US Attorneys' Office, the Austin Police Department's Victim Services and the Travis County Attorney's Office (blue) (Fig. 7). Similarly, American Gateways is central among a cluster of immigration-related organizations and individuals (green) (Fig. 8). ALLIES connects a variety of different types of community organizations, from a hospital to other social service organizations to retail and education-focused organizations (orange) (Fig. 9). STEP, through their connection to RAICES is connected to a number of rights-based and advocacy organizations, including Grassroots Leadership, Justice for Our Neighbors and attorneys (purple) (Fig. 10).
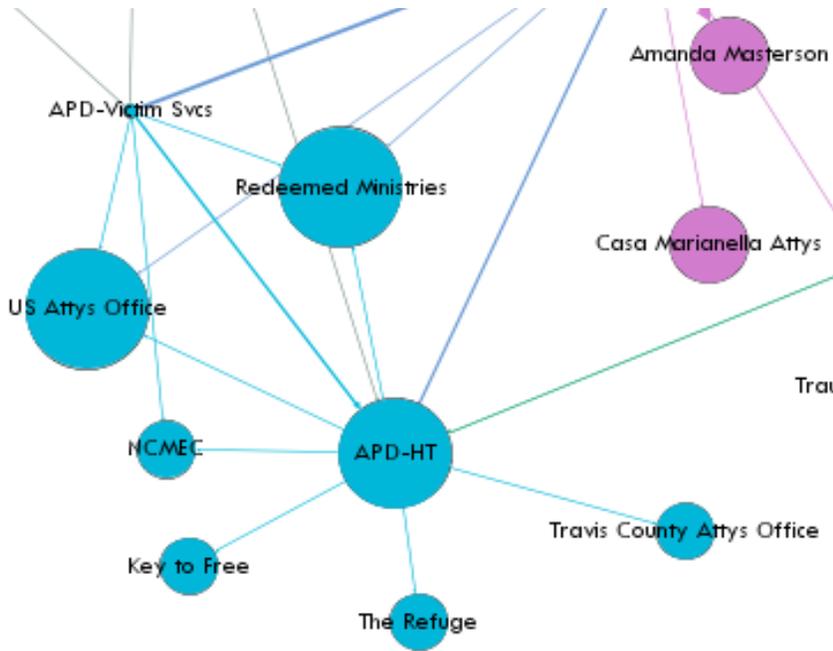
Figure 7: Blue module within the network where size of node indicates Eigenvector Centrality
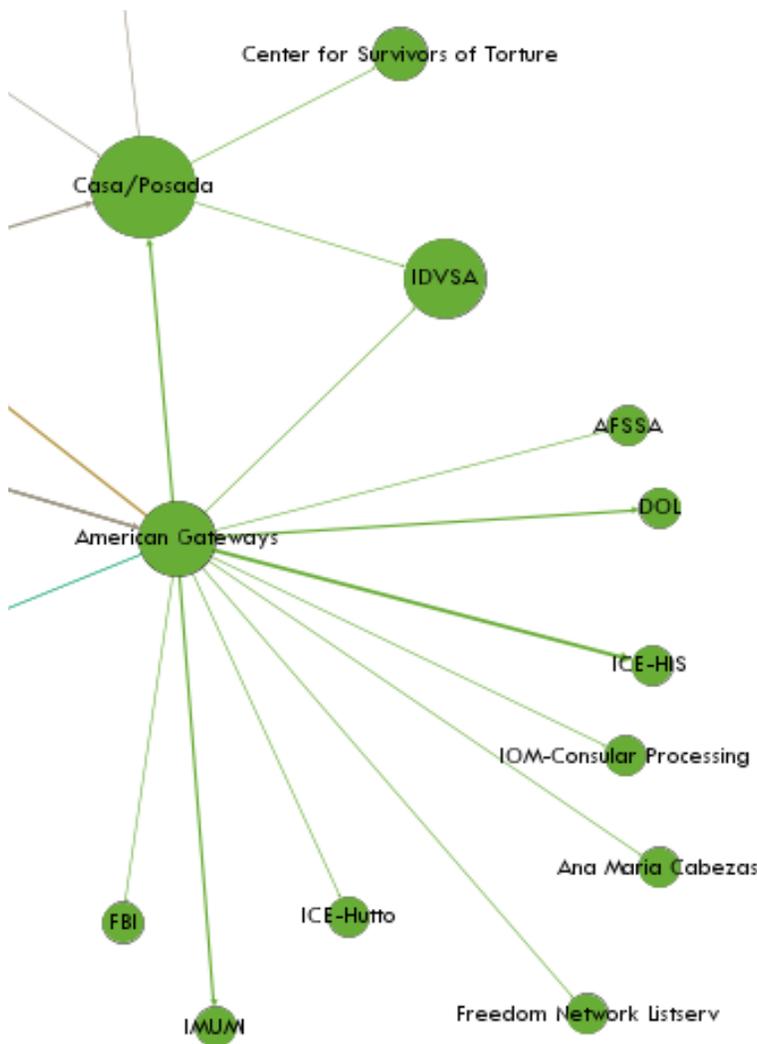
Figure 8: Green module within the network where size of node indicates Eigenvector Centrality
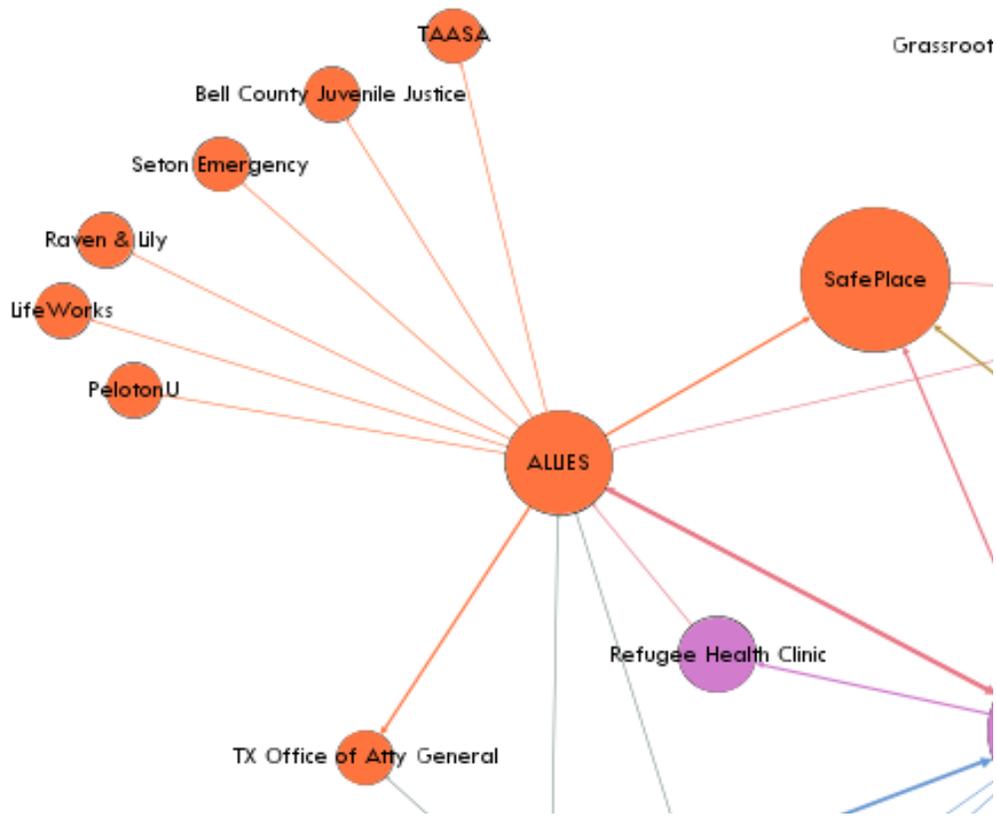
Figure 9: Orange module within the network where size of node indicates Eigenvector Centrality
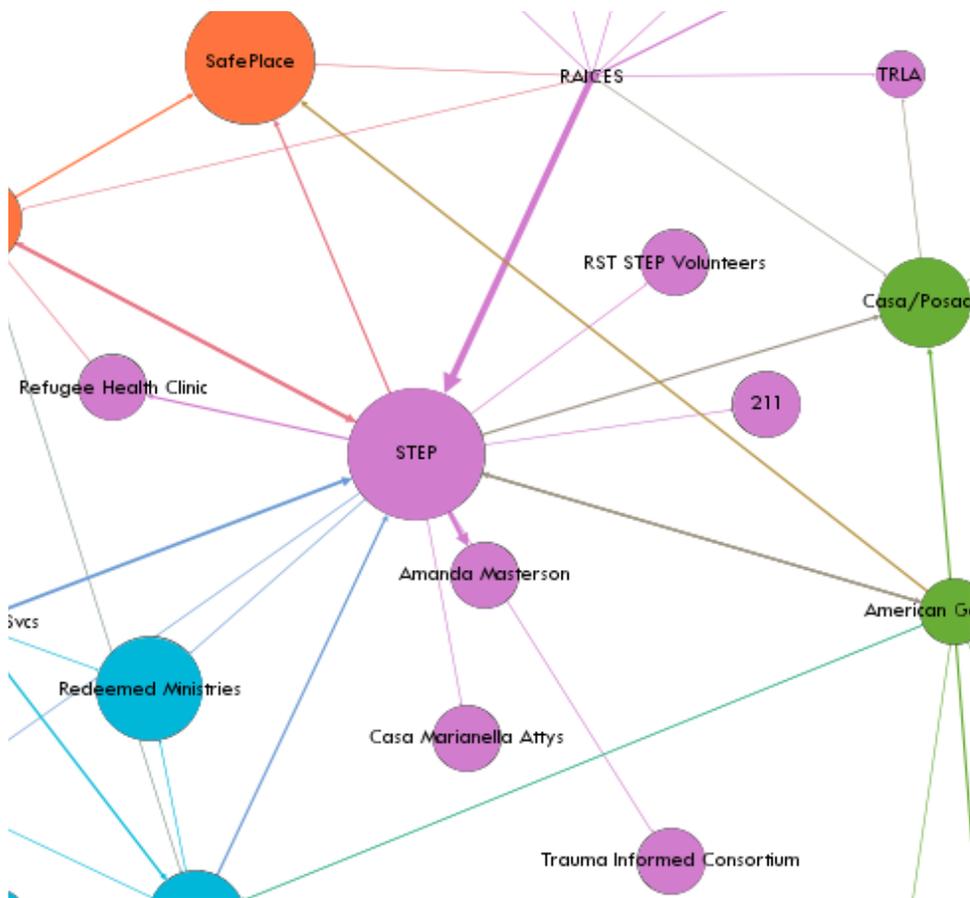
Figure 10: Purple module within the network where size of node indicates Eigenvector Centrality

Betweenness centrality describes the extent that an organization lies between other other organizations within the network, so that an organization with high betweenness centrality has a large influence on the transfer of items such as information or collaboration through the network, under the assumption that item transfer follows the shortest paths. Organizations with high betweenness centrality can act as bridges between subsections of the network, without which, would splinter a network. As is evident in Figure 11, STEP has the highest betweenness centrality in the network. As with the in-degree, this is not surprising considering responses were solicited from organizations with which STEP reported the strongest collaborative efforts. Also as with the in-degree, it is affirming that these relationships are not one-sided and at this preliminary stage of network analysis, **STEP is in fact, literally bridging the work between bridging work between law enforcement and partners within the criminal justice system, rights-based and advocacy organizations, social service organizations, and vested community members.**
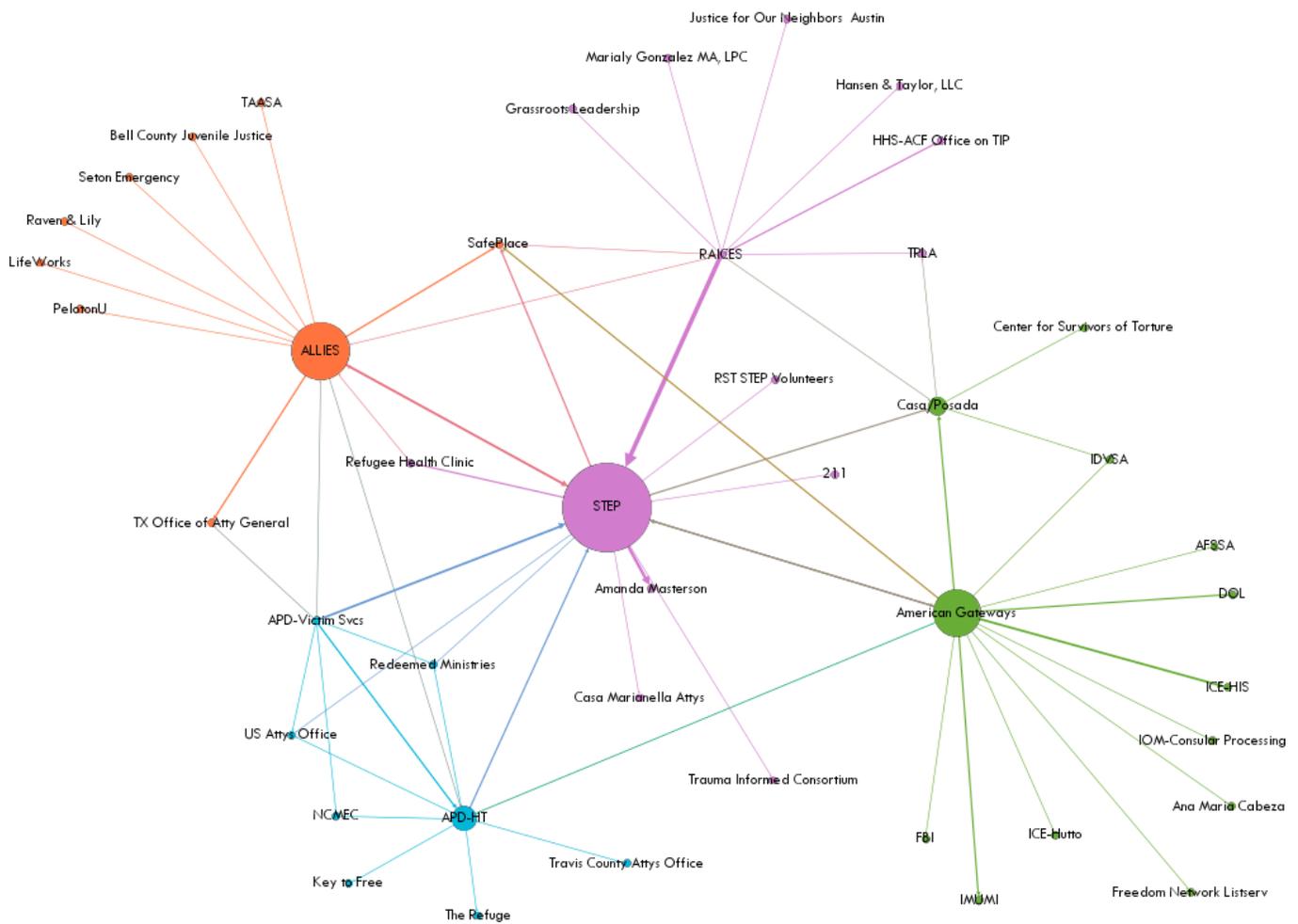
Figure 11: Organization Network where size of node indicates Betweenness Centrality

Conclusions

Developmental Evaluation

The developmental evaluation revealed various tensions and challenges in accomplishing STEP goals. While going through the process of identifying and articulating sensitizing concepts, it became clear that there was a desire to bring about personal, criminal, and social justice for survivors but limited influence in how local, state and federal law enforcement, criminal justice, and immigration agencies, interact with clients and pursue cases. Furthermore, the program has restrictions that come with federal funding restricting advocacy activities. In light of this, concepts such as self-efficacy and self-sufficiency in the face of structural challenges such as not having a valid work visa as clients awaited their paperwork also creates challenges for the STEP team as they support their clients towards that goal and away from exploitation. The team had to determine what their role would be with clients in bringing these concepts about.

The current program goals and principles reflect long, deep and complex discussions about these large concepts that can feel like a moving target, as when someone is exerting their own self-efficacy by rejecting STEP services. The concepts and principles are designed so that STEP can still evaluate the quality of their services while accounting for the diversity of responses during case management. The initial years implementing this evaluation will be key in affirming these are the correct principles for the program and following these principles are effective in bringing about those program goals. This is intended to be an adaptive and iterative process so that these concepts and principles evolve as necessary. Frequent and clear communication between RST administration and the STEP team will aid in this process to ensure the team has flexibility, support, and guidance as they seek to best provide services to trafficking survivors as the confront innumerable challenges and barriers.

The difference in foreign-born and domestic survivors carried significance within case management services, not only in the difference in support and resources needed but also in terms of funding, documentation and reporting. This presented a challenge in finding data sources that were consistently used for all funding sources. In addition, domestic survivors still make up a comparatively small percentage of their clients. Further investigation is required into why fewer survivors decide to participate in the program and the implications for the STEP team.

A clear discrepancy for the team while developing the evaluation plan was desire for substantive qualitative data on their case management and clinical interventions and the reality of insufficient time and documenting case notes and services multiple times including TIMS, RMS and in the case file itself. Case notes were frequently referred to as a potential data source without a system to aggregate that data. The team developed ideas for developing additional systems to specifically record key points of data, such as successful collaborations with partnering organizations. Ultimately, concerns about time restrictions and sustainability of those suggested systems were too great and the team looked for other ways to be able to capture that information. The addition of client exit surveys and mentoring surveys should help to capture that information directly from the clients regardless of citizenship and funding source. The team will explore different options for the person to administer the survey to see what is most effective for particular population.

Because mentoring is such a fledgling program little has been developed in terms of documentation and the evaluation plan around the mentoring program should be revisited annually as documentation grows. While the program itself is new, the program goals should be relevant to the mentoring program. Consistent charting of survey responses to the program goals and relevant principles will help the team determine if the existing principles are sufficient to encompass this fledgling aspect of the program or if principles need to be revisited or expanded.

Social Network Analysis

In this initial and limited social network analysis, network measures such as in-degree, Eigenvector centrality, and betweenness centrality indicate that among the programs that STEP identified as collaborative partners, STEP is a central and influential organization within the network and bridged a variety of types of organizations thus likely participating in interagency collaboration and coordinated response in Travis County to enhance services to providers. Because those contacted were identified by the STEP team as strong collaborative partners, the network is skewed towards finding STEP in a strong position within the network. Still, it was entirely possible for STEP to have been reported as a peripheral agency reflecting a non-reciprocal relationship or skewed toward a certain type of organization. This was not the case. In addition, the structure of the Central Texas Coalition against Human Trafficking has changed substantially during the course of this evaluation, likely altering the dynamics in which organizations work together and collaborate. The potential influences this will have on the network require further investigation.

In examining individual ego networks, a couple staff members had a number of exclusive connections to individuals or organizations within the network. Additionally, two programs, CIS and Waterloo Counseling were only connected to two staff members. Due to staff turnover, targeted outreach and relationship building may be required to ensure those organizations exclusively tied to former staff members stay connected to the STEP program.

Recommendations

Developmental Evaluation

- While evaluative thinking is often a part of case management and job function, this is the first time the STEP team will be integrating systematic and consistent evaluative practice into their program. As such, the evaluation plan is designed to be a first step towards consistently integrating evaluative practices into the team's workload. The plan should be considered a starting point, not the finish line.

- As data is reviewed and analyzed and tools and systems change and the program continues to evolve, so should there be a consistent reassessment of the appropriateness of the principles and concepts and their alignment to the program and with each other given the data. Data sources should be reviewed not just in accordance with the evaluation plan but also in terms of the quality and quantity of insight they provide into the program as part of the evaluation plan.

- A team examination and analysis of the year's cumulative quarterly evaluations in addition with the social network analysis would greatly enhance the team's ability to spot positive and challenging trends for the program, adherence to and appropriateness of the 5 principles and evidence of program goals being met so that the team can make adaptations to the program accordingly.

- Given the reality of turnover within the field, the evaluative processes of the program should be part of any onboarding for new staff to the team.

Data Sources

- Data sources should be reviewed not just in accordance with the evaluation plan but also in terms of the quality and quantity of insight they provide into the program as part of the evaluation plan.
- Spreadsheets such as the Client Spreadsheet and the Training Log should be structured to allow for as much auto-calculation as possible. This includes standardizing dates and times – creating multiple columns for start and end dates if necessary - and creating drop down menus so that spreadsheet formulas can do the heavy lifting of calculating and categorizing. This will boost data integrity, save the team time in cleaning the data and making calculations and allow for regular monitoring of programmatic trends.
- Clearly delineating and mapping specific STEP activities and clinical interventions to the categorical options provided by TIMS will ensure that a requirement for reporting is also a viable and valuable data source for differentiating and evaluating case management for different populations.
- Because TIMS allows for reporting client activities across multiple grants, it would be beneficial to evaluating client services regardless of funding streams if STEP found a consistent way of recording non-OVC clients into TIMS.

Social Network Analysis

- The survey network analysis has the potential for being a powerful tool in understanding how collaboration happens with the STEP program and the Central Texas Coalition Against Human Trafficking (CTCAHT) and the new structure of the coalition.
- Future analysis should include an expanded outreach to the entire coalition as well as those not identified as strong collaborative partners for STEP to give a fuller picture of the network and STEP's position within it.
- The social network analysis is the only component of the evaluation plan where a third party is strongly advised due to the time intensive nature and expertise required in graphing and analysis.
- Presenting raw data to participating partners so that they may provide input into the analysis would serve to work towards the STEP goal of transparency with collaborative partners.
- Different options on how to report back to with the analysis and report to collaborative partners would further this goal of transparency.   This could mean generating 1 report specifically for the STEP team and another report that centers the CTCAHT in the analysis.
- Other means of capturing collaborative efforts could include attendance at CTCAHT meetings.

SURVIVORS OF TRAFFICKING EMPOWERMENT PROGRAM

EVALUATION PLAN

AUGUST 2016

MAYA
PILGRIM

TABLE OF CONTENTS

EVALUATION PLAN

RST's Survivors of Trafficking Empowerment Program (STEP) aims to improve the quality and coordination of services for all victims of trafficking in Central Texas by providing intensive case management services, enhancing interagency collaboration and coordinated response in Travis County, and facilitating public awareness and training. To this end, the STEP team took part in a developmental evaluation process that utilized case studies and qualitative inquiry into the years of experience of the STEP program, the complex and dynamic nature of the program and the context for survivors to expand these goals to include:

- Advocating for and empowering clients to restore safety, health, dignity and trust in order to achieve judicial, social, and economic equality
- Creating a culturally sensitive environment that fosters mental, physical, emotional autonomy and healthy interdependence within society
- Establishing a survivor-centered, trauma-informed culture that promotes self-regulation, reflectiveness, and goal attainment.
- Recognizing and honoring the inner strengths and resourcefulness in one's healing and transformation.
- Supporting the transformation process towards biological, psychological, social and spiritual health.
- Intersecting networks of individuals, families, groups, organizations, systems that share and develop cultural norms for the prevention, protections and prosecution around human trafficking

To accomplish these goals, the STEP team will strive to follow these 5 principles for the program:

1. Provide **trauma-informed and client-centered case management** that includes clinical interventions, managing expectations, advocating and informing of rights, and sustainable goal setting
2. Stay **informed and up-to-date** on technicalities of processes, rights and cultures within relevant systems as well as engaged in continuous training
3. Build and maintain **collaborative partnerships** to ensure client access to a support network and appropriate resources
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5. Bridge the work between STEP and other advocacy and rights-based organizations to bolster opportunities for clients to be **agents of change** for social justice in the community

It is around these principles and their alignment with the goals that the evaluation plan was developed and data sources were developed or charted to systematically and consistently identify emergent outcomes of the program. By evaluating the extent to which activities and client feedback confirm the effectiveness of these principles towards these goals, the team is better able to measure the program's success.

DEVELOPMENTAL EVALUATION

The current program goals and principles reflect long, deep and complex discussions about large concepts that can feel like a moving target, as when someone is exerting their own self-efficacy by rejecting STEP services. The concepts and principles are designed so that STEP can still evaluate the quality of their services while accounting for the diversity of responses during case management. The initial years implementing this evaluation will be crucial in fine-tuning the correct principles for the program and that following these principles is effective in bringing about the program goals. This is intended to be an adaptive and iterative process so that these concepts and principles evolve as necessary. Frequent and clear communication between RST administration and the STEP team will aid in this process to ensure the team has flexibility, support, and guidance as they seek to best provide services to trafficking survivors as the confront innumerable challenges and barriers.

The difference in foreign-born and domestic survivors carried significance within case management services, not only in the difference in support and resources needed but also in terms of funding, documentation and reporting. This presented a challenge in finding data sources that were consistently used for all funding sources. In addition, domestic survivors still make up a comparatively small percentage of their clients. Further investigation is required into why fewer domestic survivors decide to participate in the program and the implications for the STEP team.

Because mentoring is such a fledgling program little has been developed in terms of documentation and the evaluation plan around the mentoring program should be revisited annually as documentation grows. While the program itself is new, the program goals should be relevant to the mentoring program. Consistent charting of survey responses to the program goals and relevant principles will help the team determine if the existing principles are sufficient to encompass this fledgling aspect of the program or if principles need to be revisited or expanded.

While evaluative thinking is often a part of case management and job function, this is the first time the STEP team will be integrating systematic and consistent evaluative practice into their program. As such, the evaluation plan is designed to be a first step towards consistently integrating evaluative practices into the team's workload. The plan should be considered a starting point, not the finish line. As data is reviewed and analyzed and tools and systems evolve, so should the plan as well.

EVALUATION SOURCES

The evaluation used mixed methods to take full advantage of the quantitative data that can be queried from reporting databases and spreadsheets as well as qualitative data from interviews and other program documents. Below is a chart of all data sources included in this evaluation plan.

SOURCE	DATA TYPE	PRINCIPLE(S)	PERIOD OF REVIEW
Client Spreadsheet	Quantitative: • Average time in program • Referral Rates • Frequencies of Reasons to leave Austin	TI/CC Case Management Collaborative Partnerships Transparency (referrals)	Quarterly
Weekly Agenda	Qualitative: • Training issues • Issues requiring resolution	Informed Transparency	Quarterly
Trafficking Information Management System (TIMS)	Quantitative: • Frequency of different case management services (aggregated and disaggregated)	TI/CC Case Management	Quarterly
Training Log (Google)	Qualitative: • Number of trainings Quantitative: • Types of training	Informed	Quarterly
Mentorship Program Interviews* (Pre-, Mid-, and Post- for both mentees and mentors)	Qualitative: • Alignment of experiences with principles and goals • Logistical and programmatic considerations	Collaborative Partnerships Bridge to Advocacy Orgs	Biannually or Annually
Client Exit Survey*	Qualitative: • Alignment of experiences of services received with programmatic goals and principles	TI/CC Case Management Informed	Annually
Collaboration Social Network Analysis	Quantitative: • Records of reported collaborations within networks • Cohesion and centralization within network and Centrality of members within network Qualitative: • Historical comparison with yearly changes and events and previous trends • Map	Collaborative Partnerships Transparency Bridge to Advocacy Orgs	Annually

* Copies included in plan, developed with Consultant

EVALUATION TIMELINE

Evaluation of dynamic and complex situations such as human trafficking case management requires more iterative and collaborative processes than traditional formative and summative evaluations. As such, it is important to review data regularly, throughout the year for monitoring and evaluative purposes. This will allow STEP staff to identify and adapt with emergent issues and outcomes. Regular review and meaning-making of the data will allow staff to be intentional about emergent outcomes, for example, identifying if outcomes are desired and in line with program goals or unintentional and contrary to the goals of the program. Having multiple data points for each principle will allow staff to chart these outcomes and adapt services accordingly.

Quantitative data sources should be fairly straightforward to query from existing databases and spreadsheets such as TIMS and the Client Spreadsheet and the numbers from the Training Log. As such these numbers should be pulled regularly for review. Qualitative data requires more time and effort both to gather and analyze. Qualitative data sources such as the weekly agenda and the training log can be reviewed quarterly but other more time-intensive analysis such as exit interviews and mentoring program interviews should be reviewed and analyzed once or twice a year, depending on the quantity.

The collaborative network map provides valuable data around the broader human trafficking network and STEP's place within that network in a way that is not available through any other existing documentation. It also requires specialized software and familiarity with social network analysis. While it is encouraged that the STEP team be a part of interpreting the findings, the process of gathering responses, creating the graphics, generating the network dimensions is a time-consuming and highly technical one. In light of the team's heavy workload and current expertise, this should continue to be executed by an independent contractor who understands STEP's approach and goals.

The following page provides a yearly timeline for each data source. The timeline reflects the ongoing data entry and gathering as well as reviews that should occur in conjunction with each other. The biggest of these occurs at the end of the year, where all data sources should be reviewed together to make meaning and come to collective conclusions about how the data is interpreted and should be acted upon. Evaluations must, first and foremost, be realistic. While the timing of quarterly/biannually/annually data reviews within the timeline should be preserved, their starting points are flexible so that if it is unrealistic to complete an annual data review at the end of the fiscal year, the timeline should be adjusted to a more realistic cycle so that data reviews are slightly offset from end-of-year reporting, for example the month following.

RST STEP

EVALUATION TIMELINE

	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter		
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12

Client Spreadsheet

Weekly Agenda

TIMS

Training Log

Mentorship Interviews

Collaboration Network Map

Client Exit Surveys
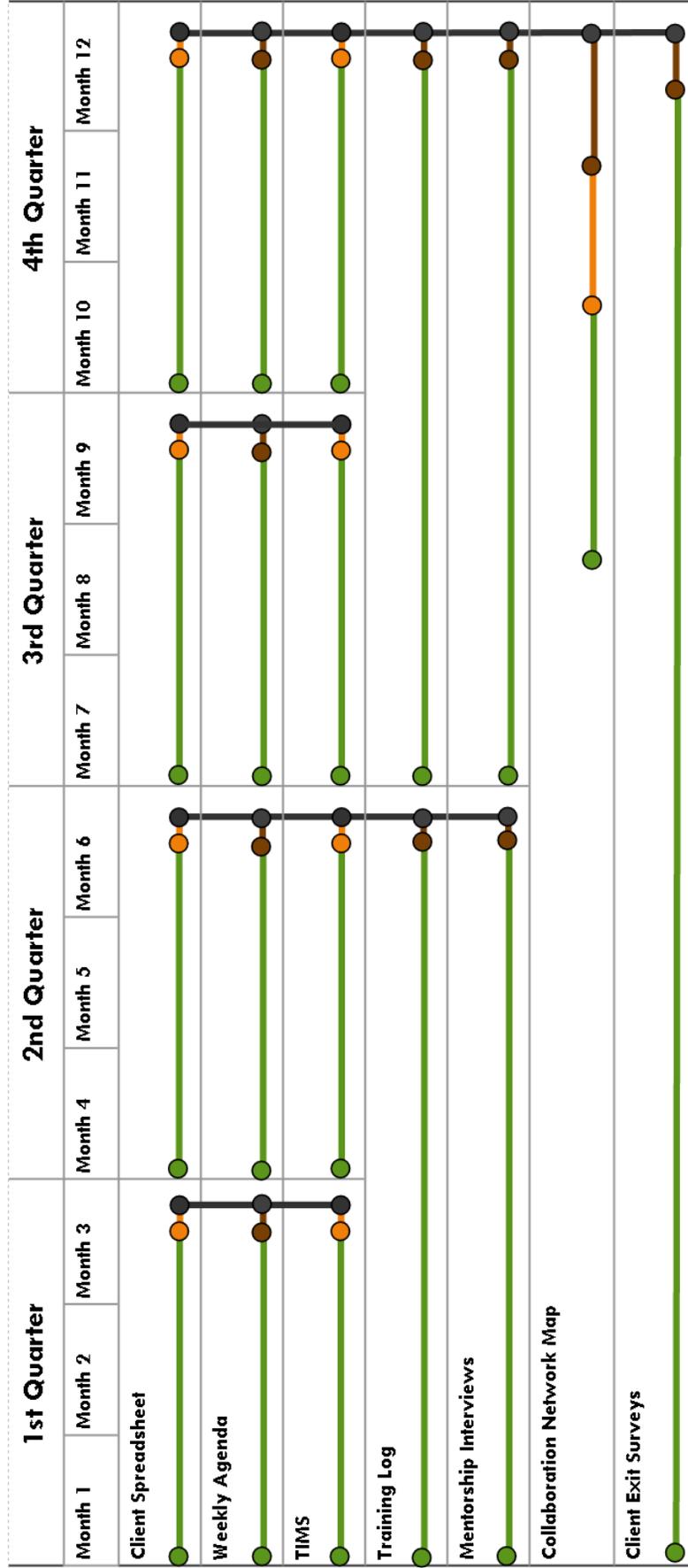
- Gather data
- Query data
- Prepare data for review
- Review data and compare with other available data

7

DATA SOURCES BY PRINCIPLES

STEP staff provides <u>trauma-informed and client-centered case management</u> that includes clinical interventions, managing expectations, advocating and informing of rights, and sustainable goal setting.

SOURCE #1	Client Google Spreadsheet
STAFF	STEP Staff
INPUTTED	Weekly
REVIEWED	Quarterly
DATA EXAMINED	1. Average Time in Program: Across grants, calculate the average time spent in the program. 2. Query totals for reasons referred survivors did not stay in Austin such as relationship ties to other locations or inadequate or inappropriate resources available.
GUIDING QUESTIONS	- Excluding clients who are only in the program for a day, what is the average and median days clients spend in the STEP program? NOTE: If clients leave and rejoin the program, add total days in the program, not counting time not participating in between. - What are the most common reasons for not enrolling/not staying in Austin/or leaving the program? - How does this data change from quarter to quarter? - What might be contributing factors to these changes?

SOURCE #2	TIMS Reporting Data
STAFF	STEP Staff
INPUTTED	Weekly
REVIEWED	Quarterly
DATA EXAMINED	1. Totals/Average hours for Intake, Orientation, Safety, Crisis Intervention, Ongoing Case Management, and Emotional Support. 2. The above activities disaggregated by demographic information available (gender, language, ethnicity, etc.)
GUIDING QUESTIONS	- What are the amounts of clinical interventions given, for example: Intake, Orientation, Safety, Crisis Intervention, Ongoing Case Management, Emotional Support - Look at desegregated data and distribution of clinical interventions in terms by gender, language, – what trends and differences do you notice? - How does the distribution of reported activities align with client needs and trauma-informed and client-centered case management? - How do those activities further the concepts of justice, self-efficacy, resilience, healing and community and their contact with the recorded organizations? - How does the distribution of activities compare to the past quarters? - What might this be indications of? - Given the activities reported, what kind of knowledge base do you expect clients to have during their time with STEP?

SOURCE #3	Client Exit Surveys
STAFF	Client and STEP Staff as determined. STEP Staff
INPUTTED	As clients exit the program. Interviewers to be decided and tested.
REVIEWED	Bi-annually or annually – depending on quantity.
DATA EXAMINED	1. Responses inputted by Principle 2. Responses inputted by Goal

	3. Responses to specific questions that speak to case management and programming, particularly Questions 3, 5, 6, 8, 11, and 12
GUIDING QUESTIONS	- What do client responses say about clinical interventions? - What gaps, if any did clients identify between their needs and operations? - Do client responses corroborate staff interpretations of expected knowledge base? - How do these responses speak to the effectiveness of the program to support goals of justice, self-efficacy, self- resilience, healing and community? (Utilize Concept Notes to refer to listed - How do client responses align with other data points, particularly around staff being informed and up-to-date and collaborative partnerships?

STEP staff is <u>informed and up-to-date</u> on technicalities of processes, rights and cultures within relevant systems as well as engaged in continuous training.

SOURCE #1	Training Log
STAFF	STEP Staff
INPUTTED	Upon completion of training
REVIEWED	Quarterly
DATA EXAMINED	1. Training topics logged 2. Amount of training logged
GUIDING QUESTIONS	- How do these trainings align issues and deficit areas identified and documented in the agenda and exit interviews? - How do trainings and training needs speak to the concepts of self-sufficiency, self-efficacy, and healing in program delivery? - Do the numbers of training seem to fit with the team's training needs?

SOURCE #2	Weekly Agenda
STAFF	STEP Staff
INPUTTED	Weekly
REVIEWED	Quarterly
DATA EXAMINED	1. List of case management issues and accompanying notes that were part of the weekly agenda 2. List of community engagement issues and accompanying notes that were part of the weekly agenda
GUIDING QUESTIONS	- What issues are identified in the agenda? - Are there any processes that have changed or are unfamiliar that could use clarification to make client services more effective that could benefit all staff? - Are there any rights that are unfamiliar that could use clarification to make client services more effective? - Are there any clients or expanding communities within the local service area with cultural backgrounds unfamiliar or new to the team for whom service provision and community engagement could benefit from additional staff learning or training? - What reoccurring issues within case management or community engagement might be better addressed with additional staff learning or training? - What new and unfamiliar issues within case management might be better addressed with additional staff learning or training?

SOURCE #3	Client Exit Interviews
STAFF	Client and STEP staff as determined.
INPUTTED	As clients exit the program
REVIEWED	Annually or bi-annually

DATA EXAMINED	1. Responses inputted by Principle 2. Responses inputted by Goal 3. Responses to specific questions that speak to case management and programming, particularly Questions 5, 6, 8, and 11
GUIDING QUESTIONS	- What issues are clients mentioning during interviews that could potentially be addressed through additional training or learning? - How do these issues align with issues that are brought up in the agenda? - How do these issues align with the training staff is recording on the training log? - Do the interviews reveal any processes that have changed or are unfamiliar to the staff? - Do the interviews reveal any rights that are unfamiliar to the case managers that could use clarification to make client services more effective? - If clients identified processes or rights of which STEP staff are well-informed, where could the disconnect be between staff knowledge and client. - Are there any clients or expanding communities within the local service area with cultural backgrounds unfamiliar or new to the team for whom service provision and community engagement could benefit from additional staff learning or training?

STEP team builds and maintains <u>collaborative partnerships</u> to ensure client access to a support network and appropriate resources.

SOURCE #1	Query from Referring Agency Client Spreadsheet (Google Sheet)
STAFF	STEP Staff
INPUTTED	At least weekly
REVIEWED	Quarterly
DATA EXAMINED	1. Frequencies of Referral Sources – create a simple pie or bar graph
GUIDING QUESTIONS	- Where are most of the referrals coming from? Is that consistent with last quarters? - What differences do you notice from last quarter's referrals? Differences could be new referral sources or a waning or lack of referrals from previous sources. - Could these differences be connected to staff activities? - By graphing monthly or quarterly referrals by source, are there any trends that can inform anticipate workload or staff outreach strategies? - How do these referral sources align with Agenda and Map data?

SOURCE #2	Weekly Agenda
STAFF	STEP Staff
INPUTTED	As outreach and response occurs
REVIEWED	Quarterly
DATA EXAMINED	1. List and Frequencies of Referral Sources – create a simple pie or bar graph
GUIDING QUESTIONS	- Which partners are most often discussed? - Are the discussed in terms of challenges or advantages for clients?

SOURCE #3	Collaboration Network
STAFF	Program partners, STEP team, contracted partner
INPUTTED	Annually
REVIEWED	Annually
GUIDING QUESTIONS	- With whom does STEP have the strongest collaborative relationships within the HT network? - Where might relationships need to be built or rekindled? Which relationships are strong? - How does this relationship map align with client spreadsheet?

	- What changes in staff or structure might have led to changes from the previous year or might change this map in the upcoming year? - What types of agencies are most imbedded within the Austin HT network? - How does this data align with the concepts of healing, justice and community?

STEP team seeks transparency among staff, clients, stakeholders, and community members to promote safety

SOURCE #1	Query from Referring Agency Client Spreadsheet (Google Sheet)
STAFF	A designated member of the STEP team.
INPUTTED	At least weekly
REVIEWED	Quarterly for reporting to coalition and collaborative partners
DATA EXAMINED	Frequencies of Referral Sources – create a simple pie or bar graph
GUIDING QUESTIONS	- What insights do coalition and partners have to the presented data? - Are these data points surprising or in line with partner expectations? - How can these data points inform coalition strategies and collaboration going forward? - What possible impacts are the reporting process having on the program's key concepts of justice and community within the HT network?

SOURCE #2	Weekly Agenda
STAFF	STEP Staff
INPUTTED	Weekly during meeting
REVIEWED	Quarterly
DATA EXAMINED	List of internal RST issues and accompanying notes that were part of the weekly agenda
GUIDING QUESTIONS	- How quickly are issues within the team requiring input, clarification, or approval being resolved? - How transparently are issues within the team requiring input, clarification, or approval being resolved? - Is this in line with staff expectations? Why or why not? - How quickly are issues requiring input, clarification, or approval from elsewhere in the agency being resolved? - How transparently are issues requiring input, clarification, or approval from elsewhere in the agency being resolved? - Is this in line with staff expectations? Why or why not?

SOURCE #3	Collaboration Social Network Analysis
STAFF	A designated member of the STEP team, coalition members, contracted partner
INPUTTED	Annually
REVIEWED	Annually
DATA EXAMINED	1. Collaboration Network Map 2. Results and Analysis
GUIDING QUESTIONS	- What insights do coalition and partners have to the presented data? - Are these data points surprising or in line with partner expectations? - How can these data points inform coalition strategies and collaboration going forward? - How will partners use this information? What possible impacts are the reporting process having on the program's key concepts of justice and community within the HT network?

The STEP team will <u>bridge the work between STEP and other advocacy and rights-based organizations to bolster opportunities for clients to be agents of change</u> for social justice in the community.

SOURCE #1	Mentorship Program Interviews (Pre-, Mid-, and Post- for both mentees and mentors)
STAFF	STEP Staff
INPUTTED	As they are conducted
REVIEWED	Biannually or Annually
DATA EXAMINED	1. Responses by Principle 2. Responses by Goal 3. Responses to specific questions that speak to mentoring programming and possible adaptations entered into form.
GUIDING QUESTIONS	- What impacts have participation in the mentoring program (either as a mentor or a mentee) had on clients in regards to those key concepts of justice, self-efficacy, self-sufficiency, resilience, healing and community? - Are the program goals aligned with participant goals? - What goals is the mentorship program impacting participants' ability to accomplish? - What does the mentorship program accomplish that case management does not?

SOURCE #2	Collaboration Social Network Analysis
STAFF	Program partners, STEP team, contracted partner
INPUTTED	Annually
REVIEWED	Annually
DATA EXAMINED	1. Collaboration Network Map 2. Results and Analysis
GUIDING QUESTIONS	- What is the breakdown of the types of organizations within the map? - What types of communities are identified through the network map? How does the size of social justice organizations compare to social service, criminal justice and other types of organizations? - How does this compare to the TIMS report? Do they support each other or lead to more questions? - What partnerships potentially point to further collaboration?

1ST AND 3RD QUARTERLY REVIEW

The first and 3rd quarterly reviews should be a brief process to systematically collect and analyze data that is relatively easy to collect and review. Data should be collected prior to the meeting by designated members so that these data points are ready to be presented to the team.

The 3 data sources and data involved in the 1st and 3rd quarterly review are:

1. Client Spreadsheet: TI/CC Case Management, Collaborative Partnerships, Transparency (referrals)
    a. Average Time in Program
    b. Reasons clients did not stay in Austin
    c. Frequencies of Referral Sources
2. Weekly Agenda: Well-Informed, Transparency
    a. List of case management issues and accompanying notes that were part of the weekly agenda.
    b. List of community engagement issues and accompanying notes that were part of the weekly agenda.
    c. List of internal RST/STEP issues and accompanying notes that were part of the weekly agenda.
3. TIMS: TI/CC Case Management
    a. Totals/Average hours for Intake, Orientation, Safety, Crisis Intervention, Ongoing Case Management, and Emotional Support.
    b. The above activities disaggregated by demographic information available (gender, language, ethnicity, etc.)

Staff should dedicate at least a few hours to come together with all of the data and review them by principle and goal utilizing the guiding questions in the [Data Sources by Principles](#) section. The primary principles will be trauma-informed case management and transparency, but it is important to touch on training and partnerships as well.

Extensive and detailed notes should be taken on the discussion and the analysis that the team generates according to principles, goals, and points of programmatic adaptation. These notes should be saved and included in the 2nd Quarter and 4th Quarter Reviews.

2ᴺᴰ QUARTERLY REVIEW

The 2ⁿᵈ quarterly review includes sources that are reviewed biannually. Because more sources are involved, more time will be required in the data collection and team analysis. Data should be collected prior to the meeting by designated members so that these data points are ready to be presented to the team. The data sources involved in the 2ⁿᵈ quarterly review are:

1. Notes from previous quarterly review.
2. Client Spreadsheet: TI/CC Case Management, Collaborative Partnerships, Transparency (referrals)
   a. Average Time in Program
   b. Reasons clients did not stay in Austin
   c. Frequencies of Referral Sources
3. Weekly Agenda: Well-Informed, Transparency
   d. List of case management issues and accompanying notes that were part of the weekly agenda.
   e. List of community engagement issues and accompanying notes that were part of the weekly agenda.
   f. List of internal RST/STEP issues and accompanying notes that were part of the weekly agenda.
4. TIMS: TI/CC Case Management
   a. Totals/Average hours for Intake, Orientation, Safety, Crisis Intervention, Ongoing Case Management, and Emotional Support.
   b. The above activities disaggregated by demographic information available (gender, language, ethnicity, etc.)
5. Training Log: Well-Informed
   a. Training topics logged
   b. Amount of training logged
6. Mentorship Interviews: Bridge to Advocacy Orgs
   a. Responses by Principle
   b. Responses by Goal
   c. Responses to specific questions that speak to mentoring programming and possible adaptation, particularly those entered separately in the data entry form.
7. Client Exit Interviews (If there are more than 5): TI/CC Case Management, Well-Informed
   a. Responses by Principle
   b. Responses by Goal
   c. Responses to specific questions that speak to case management and programming and possible adaptations, particularly 3,5,6,8,11, and 12

Staff should dedicate at least half a day to come together with all of the data and review them by principle and goal utilizing the guiding questions in the Data Sources by Principles section. The primary principles will be trauma-informed case management, training and transparency, but collaborative partnerships and, if there are enough interviews available to review, bridging work to advocacy organizations should also be part of the discussion.

Detailed notes should be taken on the discussion and the analysis that the team generates according to principles, goals, and points of programmatic adaptation. These notes should be saved and included in the 3ʳᵈ and 4ᵗʰ Quarter Reviews.

ANNUAL DATA REVIEW (4ᵀᴴ QUARTER REVIEW)

The Annual Data Review is the culmination of all the work that was done throughout the year, including the previous quarter reviews. It includes all of the data sources and is meant to be a time for the team reflective and intentional about their work and goals. This is a time to collect all the data that has been gathered throughout the year and the additional data points that are only collected annually. The guiding questions for each source will help with the analysis, as with previous quarterly reviews, but this is also a time to look at the big picture. Take stock of what is going well, what challenges are still needing to be addressed, and what adaptations would help the program in guiding clients to justice, self-sufficiency, self-efficacy, resilience, justice and community.

This is also a time to evaluate the evaluative process itself. Important questions to ask include:

- Are the principles created seeming to connect in the way we expected to the goals of justice, self-sufficiency, self-efficacy, resilience, justice and community? Does anything need adjustment?
- Are the data sources giving us adequate information to be able to tell us what we want to know about our programming?
- What adaptations could we make to this to make this evaluative process more insightful to our work or more realistic to accomplish?

The data sources involved in the annual review are:

1. Notes from 1ˢᵗ, 2ⁿᵈ, and 3ʳᵈ quarterly reviews.
2. Client Spreadsheet: TI/CC Case Management, Collaborative Partnerships, Transparency (referrals)
   a. Average Time in Program for the last quarter
   b. Average Time in program for the year
   c. Reasons clients did not stay in Austin for the last quarter
   d. Reasons clients did not stay in Austin for the year
   e. Frequencies of Referral Sources for the last quarter
   f. Frequencies of Referral Sources for the year
3. Weekly Agenda: Well-Informed, Transparency
   g. List of case management issues and accompanying notes that were part of the weekly agenda for the last quarter.
   h. List of community engagement issues and accompanying notes that were part of the weekly agenda for the last quarter.
   i. List of internal RST/STEP issues and accompanying notes that were part of the weekly agenda for the last quarter.
8. TIMS: TI/CC Case Management
   a. Totals/Average hours for Intake, Orientation, Safety, Crisis Intervention, Ongoing Case Management, and Emotional Support.
   b. The above activities disaggregated by demographic information available (gender, language, ethnicity, etc.)
9. Training Log: Well-Informed
   a. Training topics logged
   b. Amount of training logged
10. Mentorship Interviews: Bridge to Advocacy Orgs
   a. Responses by Principle

     b.   Responses by Goal

     c.   Responses to specific questions that speak to mentoring programming and possible adaptation, particularly those entered separately in the data entry form.

11. Client Exit Interviews (Entire Year): TI/CC Case Management, Well-Informed

     a.   Responses by Principle

     b.   Responses by Goal

     c.   Responses to specific questions that speak to case management and programming and possible adaptations, particularly 3,5,6,8,11, and 12

12. Collaboration Social Network Analysis

     a.   Collaboration Network Map

     b.   Results and Analysis

Staff should come together with all of the data and review them by principle and goal utilizing the guiding questions in the Data Sources by Principles section. Because more sources are involved, more time will be required in the data collection and team analysis; this review will likely be at least an all-day event.

The team should document their data collection, analysis, conclusions and decisions regarding adaptations and changes to the program as their annual evaluation report.

APPENDIX 1: CLIENT EXIT INTERVIEWS

CLIENT EXIT INTERVIEW ☐Adult ☐Minor (with family) **Date:**

Questions	Key Concepts	Principles
1. **Tell me more about how you're feeling about finishing your time with STEP.** ☐ Client-initiated ☐ STEP-initiated (Expressions of readiness & benefit or lack thereof)	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community	☐ TI/CC Case Mgmt ☐ Transparency ☐ Bridges to SJ work ☐ Partnerships ☐ Trained/informed
2. **If you think of your life now and think back to (month of enrollment or referral) do you notice any differences in your experience between now and then? If so, tell me about them.** (Looking for: Alignment of interventions to Needs; Quality of CC/TI/Cult. Relevance and availability of relevant resources) a. **If so, how were you able to make those changes?** b. **If not, what do you see as the biggest challenges to moving forward?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community	☐ TI/CC Case Mgmt ☐ Transparency ☐ Bridges to SJ work ☐ Partnerships ☐ Trained/informed
3. **How comfortable do you feel with your case manager?** (At what point did you start to trust your case manager?)	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community	☐ TI/CC Case Mgmt ☐ Transparency ☐ Bridges to SJ work ☐ Partnerships ☐ Trained/informed

4. **During your time with STEP, what are some of the emotions you've felt while we've been working together and meeting?** **Can you tell me why those emotions came up?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community	☐ TI/CC Case Mgmt ☐ Transparency ☐ Bridges to SJ work ☐ Partnerships ☐ Trained/informed
5. **Before now, was there a time when you wanted to stop participating in the STEP program? What were the reasons? What made you decide to continue?** (Alignment of interventions to Needs; Quality of CC/TI/CR)	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community	☐ TI/CC Case Mgmt ☐ Transparency ☐ Bridges to SJ work ☐ Partnerships ☐ Trained/informed
6. **If the STEP program were awarded $1,000,000, what do you think we should use the money for to improve the lives of survivors of trafficking?** (Looking for areas of improvement for STEP or gaps in available partnerships)	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community	☐ TI/CC Case Mgmt ☐ Transparency ☐ Bridges to SJ work ☐ Partnerships ☐ Trained/informed
7. **What advice would you give to other survivors who are just starting STEP program?** (Alignment with key concepts and principles)	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community	☐ TI/CC Case Mgmt ☐ Transparency ☐ Bridges to SJ work ☐ Partnerships ☐ Trained/informed

8. **STEP often takes on interns who are learning to be social workers with trafficking survivors. What advice would you give to them?** (CC/TI/Alignment with principles/key concepts)	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community	☐ TI/CC Case Mgmt ☐ Transparency ☐ Bridges to SJ work ☐ Partnerships ☐ Trained/informed
9. **What will you take away with you from your time with the STEP program?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community	☐ TI/CC Case Mgmt ☐ Transparency ☐ Bridges to SJ work ☐ Partnerships ☐ Trained/informed
10. **Would you be interested in getting training to become a mentor to new STEP clients?** ☐ Yes ☐ No ☐ Unsure	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community	☐ TI/CC Case Mgmt ☐ Transparency ☐ Bridges to SJ work ☐ Partnerships ☐ Trained/informed
11. **Is there anything else you think is important that I know about your experience with the STEP program?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community	☐ TI/CC Case Mgmt ☐ Transparency ☐ Bridges to SJ work ☐ Partnerships ☐ Trained/informed

12. **Which face would you pick to describe how you feel about the services you received with STEP where this (last face) is really happy with the services and this (crying face) is really unhappy with the services?**

POTENTIAL OTHER QUESTIONS:

What were you hoping you would get out of the STEP program?

In our time together, can you think of a time when you felt most proud of how far you've come in your journey? Tell me about it.

What have you found that was most helpful from your time with your STEP case worker?

What have you found that was least helpful from your time with your STEP case worker?

How have you managed to move forward with your life?
(Resiliency)

If you think about where you'd like to be 5 years from now – the best case scenario, tell me about what you see for yourself (Key Concepts).   IF that's your 10; on a scale of 1-10, how close to that scenario do you see yourself now?*

*How effective is scaling with clients?)

APPENDIX II: MENTEE PRE-PROGRAM INTERVIEW

Date: ☐Female ☐ Male ☐Gender-expansive/Trans

Questions	Key Concepts
1. **What are you hoping to help your partner accomplish in this program?** Check if identify: ☐ Learning English ☐ Understanding transportation ☐ Achievement of personal space ☐ Setting up a bank account ☐ Understanding how to apply for benefits ☐ Time management (paying bills on time) ☐ Budgeting	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
2. **What do you think is important for your partner to know about you before you both get started?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
3. **What way do to prefer to communicate?** ☐ Text ☐ Phone Call ☐ Email ☐ Other	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
4. **How often are you hoping to meet up with your partner?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
5. **What do you hope your time together will look like?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

Question	Category
6. **What challenges do you expect to come up while you are in the mentorship program?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
7. **What time commitment seems reasonable to you?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
8. **What do you understand about the time commitment? (1hr/wk?)**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
9. **How do you expect this will fit with the work you are doing with your STEP case manager?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
10. **Do you have any questions or concerns before you start the program?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
11. **Is there anything else you would like us or your partner to know?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

APPENDIX III: MENTEE MID-PROGRAM INTERVIEW

Date: ☐Female ☐ Male ☐Gender-expansive/Trans

Questions	Key Concepts
1. **How are things going thus far?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
2. **What do you call your partner?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

3. **Around how…**
    A. **…many times have you met with your partner so far?**
 	
    B. **…often are you speaking with your partner?**
 	
    C. **…often are you meeting in person with your partner?**
	☐ Resilience
	☐ Self-sufficiency
	☐ Self-efficacy
	☐ Healing
	☐ Justice
	☐ Community

4. **Thus far, how much time do you think is the ideal time to spend with your partner each week?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

5. **Do you feel like one hour a week is enough time with your partner?**
 	
    ☐ Yes
    ☐ No
    ☐ Unsure
	☐ Resilience
	☐ Self-sufficiency
	☐ Self-efficacy
	☐ Healing
	☐ Justice
	☐ Community

6. **How would you describe your relationship with your partner at this point?** **Do you feel like you and your partner are a good match?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
7. **What are some of the goals you've worked on thus far with your partner?** Check if: ☐ Learning English ☐ Understanding transportation ☐ Achievement of personal space ☐ Setting up a bank account ☐ Understanding how to apply for benefits ☐ Time management (paying bills on time) ☐ Budgeting	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
8. **With which of your goals or activities are you feeling more confident?** Check if: ☐ Learning English ☐ Understanding transportation ☐ Achievement of personal space ☐ Setting up a bank account ☐ Understanding how to apply for benefits ☐ Time management (paying bills on time) ☐ Budgeting	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
9. **What types of things does your partner do with you to help you accomplish those goals?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

10. With which of your goals or activities are you NOT feeling more confident? Check if: ☐ Learning English ☐ Understanding transportation ☐ Achievement of personal space ☐ Setting up a bank account ☐ Understanding how to apply for benefits ☐ Time management (paying bills on time) ☐ Budgeting	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
11. What do you feel are the challenges with these goals or activities?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
12. What do you think would help you in these areas?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
13. Do you feel that your partner is knowledgeable about the services and resources you need? ☐ Yes ☐ No ☐ Unsure **Tell me more?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
14. **How has RST/STEP supported you in this process?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

15. Do you need any additional support from RST/STEP? ☐ Yes ☐ No ☐ Unsure **Tell me more.**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
16. How have the other participants supported you?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
17. What additional support would you want from other partners in the program?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
18. **Have your goals changed since beginning this program?** ☐ Yes ☐ No ☐ Unsure **If so, how?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
19. What are the ways that your partner guides or helps you that your case manager hasn't or can't?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

20. Do you have any questions or concerns about the program thus far?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
21. Is there anything else you would like us or your partner to know?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

APPENDIX IV: MENTEE POST-PROGRAM INTERVIEW

Date: ☐Female   ☐ Male   ☐Gender-expansive/Trans

Questions	Key Concepts
1. **How do you feel about your experience with the mentorship program overall?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
2. **What do you call your partner?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

3. **Around how…**
    D. **…many times did you met with your partner?**
 	
    E. **…often did you speak with your partner?**
 	
    F. **…often did you meet in person with your partner?**
	☐ Resilience
	☐ Self-sufficiency
	☐ Self-efficacy
	☐ Healing
	☐ Justice
	☐ Community

4. **Did you have any issues getting in contact with your mentor?**
 	
    ☐ **Always**
    ☐ **Often**
    ☐ **Sometimes**
    ☐ **Rarely**
    ☐ **Never**
 	
    Tell me more.
	☐ Resilience
	☐ Self-sufficiency
	☐ Self-efficacy
	☐ Healing
	☐ Justice
	☐ Community

5. **How much time do you think is the ideal time to spend with your partner each week?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

6. **Do you feel like the amount of time you spent with your partner was enough?** ☐ Yes ☐ No ☐ Unsure	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
7. **What do you think is the ideal length of the mentoring program?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
8. **Do you feel the length of the program was enough time for you and your partner?** ☐ Yes ☐ No ☐ Unsure	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
9. **How would you describe your relationship with your partner now?** **Do you feel like you and your partner were ultimately a good match? Tell me more.**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
10. **Which of your goals do you feel you were able to accomplish with your partner?** Check if: ☐ Learning English ☐ Understanding transportation ☐ Achievement of personal space ☐ Setting up a bank account ☐ Understanding how to apply for benefits ☐ Time management (paying bills on time) ☐ Budgeting	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
11. **What types of things did your partner do to help you accomplish those goals?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

12. Which of your goals continue to be a challenge for you? Check if: ☐ Learning English ☐ Understanding transportation ☐ Achievement of personal space ☐ Setting up a bank account ☐ Understanding how to apply for benefits ☐ Time management (paying bills on time) ☐ Budgeting **Why do you think that is?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
13. What do you think would help you in these areas?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
14. Was your partner knowledgeable about the services and resources you needed? ☐ Yes ☐ No ☐ Unsure **Tell me more?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
15. How have the other participants supported you?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
16. What additional support would you want from other partners in the program?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

17. **Was it helpful to have access to both a social worker and a partner?**
 	
   ☐ Yes
   ☐ No
   ☐ Unsure
 	
Tell me more:
	☐ Resilience
	☐ Self-sufficiency
	☐ Self-efficacy
	☐ Healing
	☐ Justice
	☐ Community

18. **What was your partner able to do that you didn't have with your social worker??**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
19. **What aspects of the mentoring program did you enjoy?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
20. **What aspects of the mentoring program were challenging or not enjoyable?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

21. Would you recommend the STEP mentoring program to another survivor?
 	
   ☐ Yes
   ☐ No
   ☐ Unsure
 	
Tell me more:
	☐ Resilience
	☐ Self-sufficiency
	☐ Self-efficacy
	☐ Healing
	☐ Justice
	Community

22. Would you be interested in becoming a mentor?

☐ Yes
☐ No
☐ Unsure

☐ Resilience
☐ Self-sufficiency
☐ Self-efficacy
☐ Healing
☐ Justice
☐ Community

23. Do you have any questions or concerns about the program?

☐ Resilience
☐ Self-sufficiency
☐ Self-efficacy
☐ Healing
☐ Justice
☐ Community

24. Is there anything else you would like us or your mentee to know?

☐ Resilience
☐ Self-sufficiency
☐ Self-efficacy
☐ Healing
☐ Justice
☐ Community

APPENDIX V: MENTOR PRE-PROGRAM INTERVIEW

Date: ☐Female   ☐ Male   ☐Gender-expansive/Trans

Questions	Key Concepts
1. **What motivated you to work with a partner?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
2. **What are you hoping to help your partner accomplish in this program?** Check if identify: ☐ Learning English ☐ Understanding transportation ☐ Achievement of personal space ☐ Setting up a bank account ☐ Understanding how to apply for benefits ☐ Time management (paying bills on time) ☐ Budgeting	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
3. **What do you think is important for your partner to know about you before you both get started?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

4. **What way do to prefer to communicate?**
   i.   Text
   ii. Phone Call
   iii. Email
   iv. Other
	☐ Resilience
	☐ Self-sufficiency
	☐ Self-efficacy
	☐ Healing
	☐ Justice
	☐ Community

5. **How often are you hoping to meet up with your partner? (how many times a week or month?)**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

6. What do you hope your time together will look like?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
7. What challenges do you expect to come up while you are in the mentorship program?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
8. What time commitment seems reasonable to you?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
9. What do you understand about the time commitment? (1hr/wk?)	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
10. What kind of personal goals or development do you hope to gain by being a partner?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
11. Is there anything that you felt you didn't have with the STEP case management program that you hope you can provide as a partner?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

12. Do you have any questions or concerns before you start the program?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
13. Is there anything else you would like us or your partner to know?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

APPENDIX VI: MENTOR MID-PROGRAM INTERVIEW

Date: ☐**Female**   ☐ **Male**   ☐**Gender-expansive/Trans**

Questions	Key Concepts
1. **How are things going thus far?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
2. **What do you call your partner?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

3. **Around how…**
    G. **…many times have you met with your partner so far?**
 	
    H. **…often are you speaking with your partner? (i.e. phone, text)**
 	
    I. **…often are you meeting in person with your partner?**
	☐ Resilience
	☐ Self-sufficiency
	☐ Self-efficacy
	☐ Healing
	☐ Justice
	☐ Community

4. **Thus far, how much time do you think is the ideal time to spend with your partner each week?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

5. **Do you feel like one hour a week is enough time with your partner?**
 	
    ☐ Yes
    ☐ No
    ☐ Unsure
	☐ Resilience
	☐ Self-sufficiency
	☐ Self-efficacy
	☐ Healing
	☐ Justice
	☐ Community

6. How would you describe your relationship with your partner at this point? **Do you feel like you and your partner are a good match?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
7. **What are some of the goals you've helped your partner worked on thus far?** Check if: ☐ Learning English ☐ Understanding transportation ☐ Achievement of personal space ☐ Setting up a bank account ☐ Understanding how to apply for benefits ☐ Time management (paying bills on time) ☐ Budgeting	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
8. With which goals or activities are you seeing improvement for your partner? Check if: ☐ Learning English ☐ Understanding transportation ☐ Achievement of personal space ☐ Setting up a bank account ☐ Understanding how to apply for benefits ☐ Time management (paying bills on time) ☐ Budgeting	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
9. **What types of things do you do with your partner to help them accomplish those goals?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

10. With which goals or activities are you NOT seeing improvement in your partner? Check if: ☐ Learning English ☐ Understanding transportation ☐ Achievement of personal space ☐ Setting up a bank account ☐ Understanding how to apply for benefits ☐ Time management (paying bills on time) ☐ Budgeting	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
11. What do you think would help your partner in these areas?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
12. Do you feel knowledgeable about the services and resources your partner needs? ☐ **Yes** ☐ **No** ☐ **Unsure** **Tell me more.**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
13. **How has RST/STEP supported you as a mentor?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
14. Do you need any additional support from RST/STEP? ☐ Yes ☐ No ☐ Unsure **Tell me more.**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

15. How have the other participants supported you?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
16. What additional support would you want from other partners in the program?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
17. **Have your goals as a partner changed since beginning this program?** ☐ Yes ☐ No ☐ Unsure **If so, how?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
18. What are the ways that you have felt you've been able to guide or help your partner?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
19. Do you have any questions or concerns about the program thus far?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
20. Is there anything else you would like us or your partner to know?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

APPENDIX VII: MENTOR POST-PROGRAM INTERVIEW

Date: ☐Female ☐ Male ☐Gender-expansive/Trans

Questions	Key Concepts
1. **How do you feel about your mentorship experience?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
2. **What do you call your partner?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
3. **Around how…** J. **…many times did you met with your partner?** K. **…often did you speak with your partner?** L. **…often did you meet in person with your partner?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
4. **How much time do you think is the ideal time to spend with your partner each week?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
5. **Do you feel like the amount of time you spent with your partner was enough?** ☐ Yes ☐ No ☐ Unsure	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

6. **What do you think is the ideal length of the mentoring program?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
7. **Do you feel the length of the program was enough time for you and your partner?** ☐ Yes ☐ No ☐ Unsure	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
8. **Did you have any issues getting in contact with your partner?** ☐ **Always** ☐ **Often** ☐ **Sometimes** ☐ **Rarely** ☐ **Never** ☐ **Other** **Tell me more.**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
9. **How would you describe your relationship with your partner now?** **Do you feel like you and your partner were ultimately a good match? Tell me more.**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

10. **With which goals did you see progress with your partner?** Check if: ☐ Learning English ☐ Understanding transportation ☐ Achievement of personal space ☐ Setting up a bank account ☐ Understanding how to apply for benefits ☐ Time management (paying bills on time) ☐ Budgeting	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
11. What types of things did you do to help your partner accomplish those goals?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
12. Which goals continue to be a challenge for your partner? Check if: ☐ Learning English ☐ Understanding transportation ☐ Achievement of personal space ☐ Setting up a bank account ☐ Understanding how to apply for benefits ☐ Time management (paying bills on time) ☐ Budgeting **Why do you think that is?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
13. What do you think would help your partner in these areas?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

14. Did you feel knowledgeable about the services and resources your partner needed?
 	
    ☐ Yes
    ☐ No
    ☐ Unsure
 	
Tell me more.
	☐ Resilience
	☐ Self-sufficiency
	☐ Self-efficacy
	☐ Healing
	☐ Justice
	☐ Community

15. **How did RST/STEP support you as a mentor?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

16. Have you needed any additional support from RST/STEP?
 	
    ☐ Yes
    ☐ No
    ☐ Unsure
 	
Tell me more.
	☐ Resilience
	☐ Self-sufficiency
	☐ Self-efficacy
	☐ Healing
	☐ Justice
	☐ Community

17. How did the other participants (other mentors or mentees) support you?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
18. What additional support would you want from other participants in the program?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

19. **What aspects of the mentoring program did you enjoy?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
20. **What aspects of the mentoring program were challenging or not enjoyable?**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
21. Would you recommend being a mentor for STEP to another survivor? ☐ Yes ☐ No ☐ Unsure **Tell me more:**	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
22. Are you interested in mentoring again? ☐ Yes ☐ No ☐ Unsure	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
23. Do you have any questions or concerns about the program?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community
24. Is there anything else you would like us or your mentee to know?	☐ Resilience ☐ Self-sufficiency ☐ Self-efficacy ☐ Healing ☐ Justice ☐ Community

Learning from the Experts: Survivor Experiences with STEP

August 2016

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Learning from the Experts: Survivor Experiences with STEP

Human trafficking remains an issue just beneath the surface in the United States. Despite advocacy initiatives and heightened media exposure in recent years, victims continue to go unidentified. The greatest opportunity to prevent, respond to, and eliminate trafficking exists through a multipronged, coordinated approach utilizing law enforcement, education, awareness, and social services. Since the creation of the Central Texas Coalition Against Human Trafficking (CTCAHT) in 2003, Refugee Services of Texas (RST), local law enforcement, and community partners have worked to increase exposure and provide services for trafficking survivors.

Since 2003, RST has provided services to foreign national victims of trafficking and coordinated services through the CTCAHT, which is composed of law enforcement, social service agencies, and other stakeholders. With funding from the Department of Justice/OVC from 2006 to 2012, RST provided services to an estimated 127 foreign national victims of trafficking. During the recent years, RST's Survivor of Trafficking Empowerment Program (STEP) program has aimed to address the lack of comprehensive services for all victims of human trafficking across Central Texas counties. The purpose of STEP is to improve the availability, quality and coordination of services for victims of human trafficking in Central Texas.

Methods

This study aimed to explore the needs, challenges, and strengths of clients and of STEP program services. The project explored the following questions: How does STEP respond to human trafficking survivor clients and their families? How do STEP clients perceive STEP services? How do STEP clients envision improved services? How do STEP clients' perceptions of services impact and reflect their sense of safety and the sensitizing concepts developed by STEP staff?

Recruitment

Clients served by RST were approached by staff of RST for possible participation in the evaluation. Using purposive sampling, participants were selected based on their having received victims' services by RST. For purposes of privacy and confidentiality, research staff did not make any initial contact with clients. Any immediate issues that clients may have had were addressed prior to being recruited for this project and any on-going case management issues were addressed by RST staff. RST staff made a professional judgment about the readiness of these clients to participate in this project and only approached individuals whose basic, emotional and health needs were being addressed. RST staff assured all possible client participants that their participation was completely voluntary and would not impact their relationships with or access to any community services. Clients were also informed that they could change their minds about participating or were given the option to stop the interview at any time without penalty. In addition, RST staff served as a support and resource agency for participants in the event that during the research interview additional issues or distress arose. Victim/survivor participants were paid $25 in cash to compensate them for their time and expertise.

Protection of Human Subjects

This study was reviewed and approved by the Institutional Review Board (IRB) at The University of Texas at Austin (#2016-01-0078). Written consent was waived for victim and survivor participants due to safety concerns. While no signatures were collected, verbal consent was obtained from all victim/survivor participants, in English or in Spanish, by the interviewer or interpreter. Clients were not asked any personally-identifying information, and the interview protocol did not include questions about their trafficking history. Participation in this study was completely voluntary, and participants were assured that they were free to end the interview at any point. Participants were given the name and contact information of the research team and the IRB in case they had any concerns about this study.

Data Collection & Analysis

Data were collected in interviews conducted in victim participants' homes, RST offices, or researchers' office, based on their preference, safety, and comfort. Interviews were conducted in Spanish by bilingual research staff or with trained language interpreters. Interviews were not recorded; rather the interviewer took detailed notes.

Researchers used a semi-structured questionnaire with open-ended questions to guide participant interviews. Participants were not asked about their personal histories of trafficking, rather interviews elicited their opinions about the services they received in the RST's STEP program. Likert scale questions related to participants' sense of safety and self-sufficiency before and after receiving services were also included. These scaled questions, however, had mixed success, as participants often preferred to give detailed narrative responses instead of answering with a numerical variable that related to a scale.

Qualitative methodology using content and thematic analysis techniques was utilized. The textual data was systematically gathered and analyzed. Open coding of data was utilized and the data were subsequently organized or grouped into properties and later developed into contextual themes around the research questions. The findings are grounded with the use of direct quotes from participants. In order to be representative in selecting comments for inclusion, all responses that represent diverse thought, actions, or decisions associated with the research questions are reported.

This study utilized a non-probability convenience sample, and therefore the findings are not generalizable to other programs or groups of trafficking victims and survivors. It is important to note that only foreign-born clients are represented among those recruited for participation. An understanding of low referrals of domestic minors to the STEP program and domestic clients' experiences with services merits further examination.

Description of Participants

Victims and survivors of human trafficking receiving services from the STEP program (n=11) participated in the study in order to provide insight into the adequacy of services available to

victims/survivors in Central Texas. All participants were 18 years or older, with a range of 27 to 41 years and average age of 33. A majority of participants (n=9) were women. All participants were residents of the Central Texas area at the time of the interview. Participants represented the following countries of origin: Burma/Myanmar (n=2), Colombia (n=1), El Salvador (n=2), Guatemala (n=1), Honduras (n=3), Mexico (n=1), and Nicaragua (n=1).

All participants were current clients of RST or had recently completed a period of having received services. Duration of services at the time of the interview ranged from 5 months to 19 months, with an average of almost 10 months of services received per client. The duration of services was fluid, as several participants had not yet reached the end of their service timeline at the time of the interview. Likewise, several participants had received additional months of services when their children arrived in the US, or anticipated additional future services related to their children or families.

Findings

Participant interviews elicited important insight about STEP services, relationships with caseworkers, in addition to clients' perceptions and definitions of their own safety and STEP-identified sensitizing concepts.

STEP Services

STEP services identified by participants included financial assistance for rent, food, and utilities. This assistance came in the form of monthly checks and gift cards (for grocery stores). Services also included transportation assistance (bus passes) and in-kind donations, such as clothing and school supplies. Participants also described a host of case management services delivered by the STEP team. These included case coordination with law enforcement and legal immigration services; navigation of social services (such as medical care and food stamps) and criminal justice processes. Participants also received information and referral to a variety of other local social services not provided directly by the STEP team, including therapeutic counseling and English language classes. Beyond financial assistance and service navigation, participants highlighted the positive benefit of working alongside their caseworker. This work included client education about their rights and criminal justice processes, goal-setting, and emotional support and encouragement. In fact, participants cited the trusting relationship built with their caseworker, and the information and support shared through that relationship, as equally or more important than the other services mentioned above. In other words, from clients' perspectives, a dual focus of economic and emotional support is important in providing services to survivors of human trafficking.

Participants' reflections on the STEP services they received and relationships with STEP team members were generally very positive. Nonetheless, several challenges and unmet needs were identified. Several participants were interested in finding literacy classes, ESL classes, children's summer camps, and therapeutic counseling for themselves and/or their children. However, available classes, camps and counseling were offered at inaccessible or inconvenient schedules and locations. Several participants also mentioned experiencing stressful delays in receiving their monthly financial assistance from the STEP office. Finally, participants also expressed concerns

around staff transitions and termination of services. Transitioning from one caseworker to another (due to staffing changes) was described as difficult for clients and disruptive to services and therapeutic relationships. Similarly, one participant described difficult transitions out of services (termination), and a lack of preparation for the next phase without services. Having recently experienced an end to services, one participant described not being able to make it on his own, and he said he felt as if he were "in a desert," with no stability.

Family Lens

In addition to the need for individual services, participants indicated that a family lens was important for recovery and stability. For those whose family had migrated with them or subsequently joined them in the United States, the extension of services (financial assistance and navigation for school, medical care) to children and other family members was critical for the safety, well-being and stability of the entire family. Participants living apart from their families expressed the difficulty in being separated. Some had little or no hope of being reunited with their families, and others were in a holding pattern, waiting for their families to arrive in the United States. Participants anticipating reunification with family bore the financial and logistical burdens of preparing for their family members' arrival (particularly related to housing, childcare, and education). In addition, they described an emotional balancing act of getting excited about life with their families while also feeling anxious that it may not work out. One participant described beginning to "visualize how life will be when they arrive, but at same time dreaming makes me scared. I'm scared to dream. I'm afraid it won't happen." Another participant described the anxiety with which she lived, in separation from her daughters, who faced gang violence in their communities and begged her for help. She feared for their safety in her country of origin as well as during their eventual migration to the United States, "I live with terror. I'm afraid for my daughters."

Clients' Perspectives on Strengths of Program & Caseworkers

Participants noted that STEP caseworkers played a critical role in building an atmosphere of emotional support, encouragement, confidence, trust, comfort, and safety. Clients made deep connections and built strong relationships with caseworkers and staff. One participant said of the staff, after having terminated services, "I miss them all the time." Participants reported feeling empowered through their relationship with STEP staff. One participant stated, "All the guidance my caseworker gives me is like therapy. She gives me the strength to continue moving forward and to report my traffickers." Another said, "More than anything, they gave me confidence."

Survivors reported that staff created a sense of safety and security through listening, patience, availability, being friendly and smiling, having strong organizational skills, giving choices, and being transparent, clear and concrete. Most importantly, participants noted that being easily accessible and taking the time to truly listen to clients were the most important staff characteristics. Other necessary staff qualities identified by participants included: sincerity; being humble; persistence with accessing and making referrals to other services; clearly articulating expectations about roles, process, possible services, and expectations; and being willing to think creatively and to "depart from the regular routine a little."

Nonetheless, participants recommended that the program add additional staff, in order to accommodate more staff time per client. Several clients talked about not wanting to bother or burden the caseworkers, because they knew they were busy. Related to the sense of overburdened staff, participants noted that STEP caseworkers often respond reactively, as opposed to proactively, on behalf of client needs. One participant recommended STEP staff give more attention and weight to therapeutic counseling referrals, even if clients don't directly express an interest. She said her caseworker had not referred her for counseling, because she presented as being fine and had not requested counseling. She said, "sometimes you believe you are fine, even though your body demonstrates the opposite." Participants also recommended more frequent contact (meetings and checking in) during the beginning stages of services and more unstructured time together, in order to facilitate listening, safety and stability. Subsequently, visits may become less frequent and can evolve into phone check-ins. Finally, participants recognized that STEP staff may need additional supervision and/or support from RST, particularly given the possibility for secondary trauma.

Dynamic and Multi-Faceted Sense of Safety

In the sense of immediate danger of exploitation, all participants were safe from human trafficking at the time of the interview. That is, they were not currently being exploited. However, participants described safety as being a fluid status, as well as a concept broader than simple physical security or protection from being trafficked.

In terms of feeling physically safe and protected, almost all participants reported a great improvement in their sense of safety from the time they began receiving STEP services until the current time. Of six participants who described their sense of safety on a scale of zero to seven (with seven being safest), five participants described an improvement (ranging from 4 to 7 points improvement), and one participant described no change. This scale is not validated, however it offered a way to open up discussion about safety and how participants' senses of safety may have changed over time, and to what participants attributed that change.

One participant described the change - "Before, I had no hope of a life with safety, and now I have hope." Some described the United States as generally feeling safer than their countries of origin and feeling protected in this country and confident that police would protect them if needed. "I feel protected here. No one will hurt you. Someone will protect you. Here I feel better." One participant noted that simply living a couple doors down from a police officer helped her feel safer, even though she did not personally know the officer. Not all participants, however, attributed safety to the police or criminal justice system. One person reported a lack of confidence in the police, as he had called the police on one occasion, and they never arrived. On another occasion, he made a report and "they didn't do anything." Instead, he noted that gaining information and understanding his rights in the United States, "learning about my rights as a human being," through STEP services was what had helped him feel safe.

Participants defined safety as being multi-faceted and going beyond physical safety, to include emotional and economic safety and stability. Participants also noted that economic security contributes to establishing a sense of safety. Interestingly, one participant reported that receiving food stamps has helped her feel stronger and better able to work, improving her overall sense of

safety and security. On the other hand, being without resources or stable employment limits survivors' ability to gain economic, emotional, and physical safety.

Participants described the importance of feeling emotional safe both on their own and with their STEP caseworker. One participant reported that she feels supported and protected with her STEP caseworker, and that her caseworker's tranquility and understanding has made her feel safe and at peace. This is particularly important for those who have not been able to find or build a social support network outside the STEP program. Another client attributed her greater sense of emotional safety to the therapeutic counseling received through another community agency (referred to by the STEP caseworker).

Despite being removed from the trafficking situation, participants often continued to feel afraid of their trafficker. Participants remarked, "I live in fear;" "I feel more protected, but I am still scared;" and "I am terrified of seeing the trafficker in court." It is of course critical to recognize the role that trauma may play in survivors' sense of safety, in general. Participants recognized the contribution of trauma symptoms to their current experience, reporting a sense of being watched or followed and being nervous and hypervigilant. Fears go beyond being afraid of the trafficker, as one participant noted: "I'm scared of the police. Even though I know I have rights. I get paralyzed."

Importantly, participants understand that safety is a fluid notion. Since it is dependent on physical, emotional, and economic stability, it can shift in any direction. Participants discussed their immigration status as the cause of potential shifts in their security. One participant, for example, discussed her precarious immigration status, despite temporary efforts to secure immigration relief. She said, "If something happens, I'm all alone. Immigration will deport me. The stress is rising." Only one participant described a limited sense of safety that had not changed since beginning services. For this client, safety was tied closely to gaining legal immigration status in the United States. This participant reported, "With the papers, you are a human being. Without papers, you're nothing. The paper is the person."

Safety, as defined by participants, is multi-faceted and goes beyond rescue from exploitation or protection from physical danger. It is important to inquire about and recognize clients' definitions and expressions of safety, and what types of services and conditions will help promote a sense of safety. Likewise, it is crucial for providers to remember that collaborative supports are necessary to promote safety. That is, safety is not a simple status achieved solely by law enforcement or by locating shelter away from the site of the trafficking crime. Rather, it is dependent on physical, emotional, and economic stability, is important at both the individual and family levels, and is fluid over time.

STEP Sensitizing Concepts

In addition to discussing experiences and opinions of the STEP program services, researchers asked participants about the key sensitizing concepts identified separately by STEP staff (and described in Part 2: STEP Developmental Evaluation & Network Analysis). These include justice, self-sufficiency, self-efficacy, resilience, healing, and community.

Justice

Participants described and operationalized justice in varied ways. For several, the idea of justice was tied to the criminal justice system. That is, justice was identified specifically as legal justice and feeling protected by the law and by law enforcement. Another participant described justice as breaking the silence – "justice is reporting everything, not staying silent." One participant discussed the idea of protecting others, feeling committed to others "who were silenced," and making sure the exploitation does not continue. One participant defined justice as being related to accountability: "Justice means that the person who was controlling me understands the consequences and pays for the damages."

As one way of encouraging description of the concept of justice, interviewers asked participants how they would know when they found justice. One participant expressed that justice happens "when the people hurting you no longer can hurt you." Others said, "justice will come when one can be completely at peace;" "when I can return to my country without fear;" and "when I am reunified with my family."

One participant described justice as relational, as encompassing different angles connected to interactions with those who respond to human trafficking. For example. legal justice is possible when "the police do their job well and don't ask about immigration status." Justice is also apparent in the attitude and actions of others and involves telling the truth, avoiding deception and lies, and being sincere.

Discussions of justice were not without challenges. Three participants described justice as out of their reach. One associated justice with reporting her trafficker to the police, and said she did not want to look for help or justice, as she was afraid. Another proposed that while "justice in criminal justice system will not happen, divine justice perhaps will?"

Self-Sufficiency

Participants expressed their ideas of self-sufficiency in a variety of ways. One person expressed that self-sufficiency is "the ability to count on myself, to be capable of doing things myself." Regaining self-sufficiency was clearly described as a process, as opposed to a singular destination. One participant described that she learns from and gains self-sufficiency with every situation she encounters, step by step. For example, learning to navigate the city on her own involved first understanding the bus routes. Participants also identified understanding one's rights and having choices as key components to the process of regaining self-sufficiency. One participant, for example, noted that having "the freedom to say that I either want or I don't want a specific service" played a role in helping her become more self-sufficient.

Immigration status and employment were key components of gaining or regaining a sense of self-sufficiency. Those with stable immigration status (a T visa, for example) had found work and felt more self-sufficient. Those without remained in a precarious financial situation, were concerned about economic stability, and depended on social safety nets in order to survive. Participants with pending decisions about legal immigration status expressed fears of negative verdicts and being plunged again into crisis.

Self-sufficiency often includes a notion of independence. For example, one participant stated, "I am a strong woman who fights for her children. I don't need anyone." However, other participants also noted the inherent interdependence in their lives and relationships. One participant stated, "One is never completely self-sufficient. I will always need the help and guidance of others." This remark did not reflect a failure to attain self-sufficiency. Rather, participants noted that interdependence, living in community with others, depending on support and counsel of family and friends, is a necessary and normal part of life.

Self-efficacy

Self-efficacy, while closely linked to self-sufficiency, was more difficult for participants to discuss. In fact, only two participants discussed this idea when asked about it. One stated, "I often don't know how to do things, but with help I can do it. I need someone to help me get started. Without anyone, I have trouble getting going." Another said that for her, self-efficacy would be evident when she could express herself in front of a crowd of people. This sensitizing concept merits further discussion and analysis of how self-efficacy is defined by clients and how it is interwoven into other sensitizing concepts.

Resilience

One participant described resilience in this way: "Imagine something malleable, like gelatin. You put a knife in it and it returns to its original form." Others said that being resilient is "to be hurt but able to recuperate;" being able "to adapt and learn;" or "feeling capable of encountering new situations." Like self-sufficiency, participants described it as a continual process or experience, as opposed to a static state. One participant described herself as someone who is strong and optimistic, with dreams and solutions. "I am alive. I can do more. Life continues, and resilience means continuing day to day to what the world presents us."

Interestingly, one participant described having been put in a situation where she had to be resilient. In other words, being resilient was not a choice or a luxury. Rather she described having to adapt and bounce back from adversity as a necessity.

Healing

Resilience and healing are closely linked. One woman stated, "I know I am healing because I can talk about what happened to me without crying, without being as affected. It will always affect me, but I can control it." Others said that healing is noted by being able to "get up every day, not dwelling on the challenges of the past." Another described it similarly, "keeping moving day to day, and not living in past." As mentioned earlier, participants understand healing as a process. In fact, one participant descried it as a process that happens "across time, space, and desires."

Community

Participants struggled to define community when asked directly. However, discussions of the need for community and social and emotional support came up frequently during interviews. Some have family in the United States or have built social support networks here, while others cited social support as missing and report feeling isolated and alone. One participant described

social support and the opportunity to "desahogarse" or get things off one's chest as more important than the economic support.

Participants identified the STEP team as a main component of their community of support. One participant noted that she needed someone who could really understand her, someone with a perspective outside of her own experiences, and she found this in her caseworker. However, participants also reported often feeling hesitant to reach out to their caseworker, knowing how busy they were with the rest of their caseload. One participant remarked, "I wanted people to talk to and at times didn't want to call or bother." Participants also recognized that their relationship with and dependence on the STEP caseworker represented only one piece of recovery and well-being. The support and accessibility of a caseworker, when in combination with strong social support network (family/friends), was described as ideal.

One participant noted that reducing isolation by building a sense of community must include contact with individuals who understand the experience of human trafficking through personal experience. He referenced the positive potential of the emerging mentorship program (see Part 5: STEP Mentorship Program – An Emerging Innovtion), "social workers learn from the book, from the theory. We learn from practice. We lived it. The best teachers are in the street."

Two participants described having built community and social support by helping others facing similar challenges. One participant said she was "like a magnet for friends with problems." She brought other women with similar background in as roommates, and together, they help and support one another. She feels she can support them, because "everything they've lived, I've already lived, even though they're older."

The family lens is important to participants' ideas of community and social support. One participant said that "my way of continuing, of living, is for my children." Another recognized that she didn't become fully engaged until her children joined her in the United States. She found herself isolated and unwilling to engage with the broader community until her children arrived and she had the motivation to expand her world beyond her apartment, for their sake.

Some participants recognized differences in the idea of community in the United States, in comparison to their home countries, and adapting to contemporary realities of community in the United States was identified as a challenge. One person identified discrimination as a challenge to community-building in the United States. Another woman said, "it's different here. Here the neighbors don't know each other. There, we have plenty of warmth, friendship, human warmth. Here, everyone lives in their own world." Nonetheless, she also stated that she had "evolved. I've adapted to life here. The change has been difficult, but I can no longer live in Honduras again."

Connections between STEP-Identified Concepts and Survivor Reflections

It is important to note that the discussion of and development of sensitizing concepts occurred among the STEP team at the same time that clients were engaged in interviews about their experiences with STEP services.

The STEP team expressed these concepts in this way:

- Self-sufficiency: Creating a culturally sensitive environment that fosters mental, physical, emotional autonomy and healthy interdependence within society
- Self-efficacy: Establishing a survivor-centered, trauma-informed culture that promotes self-regulation, reflectiveness, and goal attainment
- Resilience: Recognizing and honoring the inner strengths and resourcefulness in one's healing and transformation
- Healing: Supporting the transformation process towards biological, psychological, social and spiritual health
- Community: Intersecting networks of individuals, families, groups, organizations, systems that share and develop cultural norms for the prevention, protections and prosecution around human trafficking

Participants were asked about these concepts in an open-ended fashion during interviews. However, they did not have the opportunity to reflect on the STEP team's definitions, as those had not been finalized at the time of the client interviews. In the future, it will be useful for the STEP team to pursue continued and careful dialogue and analysis of the values and program foundations as identified and described by STEP team, with those identified and expressed by clients. A process of reflection and reconciliation of these concepts may explore fidelity and the degree to which intended program elements are experienced by clients. In addition, such a process would support mutuality and shared respect for the expertise brought by both survivors and by staff.

Conclusion

This project represents an exploration of STEP clients' first-hand experiences with services provided by the STEP program. It provided an opportunity for STEP clients, those most knowledgeable of and directly impacted by STEP services, to offer important insights, reflections, and analysis of the program's strengths and challenges in meeting survivors' needs. Client perspectives reflected very positively on the STEP program as a whole and on individual STEP staff. In general, the trauma-informed and client-centered principles of the STEP program were evident in participants' discussion of services. Furthermore, the emerging mentorship program (see Part 5) reveals and supports STEP goals to build transparency and opportunities for clients to be agents of change for social justice in the community. Importantly, the willingness - among STEP leadership, staff, and clients – to participate in such a project also reveals respect for and an openness to consider and incorporate survivors' voices and ideas.

Recommended future steps include:
- Careful discussion among STEP staff about client insights and recommendations
- Consideration of a sensitively-facilitated client-staff dialogue about client experiences with services
- Careful examination of the concepts developed through the developmental evaluation process (see Part 2), along with the evaluation tools (see Part 3), in light of client insights.
- Consideration of the inclusion of one or more survivor stakeholders in the implementation and revision of the evaluation tools as they begin to be used. Client

stakeholders will also be important partners in the interpretation of aggregate-level data collected using new evaluation tools.

- Continued exploration of the degree to which services support the needs of domestic clients. While RST has a long history of providing services to foreign-born survivors of trafficking, an understanding of the STEP program's response to and impact on domestic clients remains largely unknown. In particular, close examination of RST's capacity to provide services to domestic clients, in addition to related partnerships and relationship-building and expansion of possible referral sources, is recommended.
- Ongoing documentation and evaluation of all STEP programs, including the emerging mentorship program (see Part 5).
- Consideration of expanded opportunities for peer support, clinical supervision, and professional development for STEP staff.

Finally, it should also be noted that during the time of this project, the STEP program experienced turnover of caseworkers and leadership. Given the small size of the team, this turnover undoubtedly impacted the clients served and the reflections of those who participated in this project, in addition to the STEP team itself and the anti-trafficking community at large. In other words, the insights included in this report should be considered within this context of a team in transition and a movement that shows resilience amidst continual change and transition.

STEP Mentorship Program: An Emerging Innovation

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STEP Mentorship Program: An Emerging Innovation

The Survivors of Trafficking Empowerment Program (STEP), a program of Refugee Services of Texas (RST), works to provide comprehensive, trauma-informed services to men and women, adults and minors, foreign-born and domestic-born individuals. STEP services include crisis management, emergency planning and assistance, basic needs assistance, safety planning, housing placement, assistance with employment, educational referrals, family reunification, applications for public benefits, and referrals to other community resources. In order to increase capacity and in response to clients' needs, the STEP team began exploration and development of a new program in 2015. The purpose of this emerging program is to: 1) empower client self - sufficiency and address survivors' needs through integration support activities; and 2) facilitate tenured and recent survivors' engagement and discussion with one another regarding survivorship and advocacy efforts. The mentorship program aims to establish a mutually beneficial support network for clients, based on shared experience, providing them with resources beyond STEP staff members, social integration life skill development, and leadership development. This report documents the initial phases of planning, development, and program implementation, in addition to program-related findings from the qualitative research conducted by the Institute on Domestic Violence & Sexual Assault at the University of Texas at Austin (see Part 4: Learning from the Experts - Survivor Experiences with STEP).

Literature Review

While the evidence base is somewhat limited when it comes to human trafficking-related programs, community-based peer counseling and peer mentorship programs are documented as effective for a variety of marginalized populations (including immigrants, refugees, veterans, people with mental illness, etc…) (Hotaling, Burris, Johnson, Bird, & Melbye, 2004). Drawing from the evidence base related to mental health services, Repper and Carter (2011) conclude that peer support and peer mentorship models are often based on the notion that "people who have similar experiences can better relate and can consequently offer more authentic empathy and validation" (p. 394).

Existing peer mentorship programs exist in youth development, behavioral and mental health services, refugee resettlement, as well as programs related to trafficking and exploitation. Program models are varied and may differ in the degree to which the focus leans toward leadership, advocacy or the extension of service delivery. Some peer leadership models involve bringing survivors on as staff members, while others incorporate peer mentors as volunteers. Main concepts that are reflected among existing peer support models and informed the STEP mentorship program, include the following:

- *Client-Centered* - Ensuring survivors' voices are actively shaping and leading the development of services and the overall movement to end trafficking/exploitation; Building in checks and balances on program development and evaluation; Supporting the dynamic nature of healing

- *Strengths-Based* - Peer support represents "a wellness model that focuses on strengths and recovery: the positive aspects of people and their ability to function effectively and supportively, rather than an illness model, which places more emphasis on symptoms and problems of individuals" (Repper & Carter, 2011, p. 394).

- *Social Justice* – Social justice perspectives represent a move away from individualized interventions which can tend to communicate a sense of individual pathology, and move towards understanding and interventions that take into account systemic issues and larger social, political, and economic contexts. These perspectives often use consciousness-raising strategies (about injustice, exploitation, oppression) and attempts to neutralize the power differentials between client and provider. This is particularly relevant to the human trafficking field, given that many who experience trafficking experienced tremendous power differentials during (and often after) their exploitation.

- *Social, Community & Service Integration* - Integration is facilitated by opportunities for individuals to spend time and connect with others in structured and informal ways, in an effort to reduce stigma, address social isolation, and smooth the transition out of formal services. "Survivor mentor programs provide a more informal, "real-life" support for residents. From our experience, a combination of contact with staff such as clinicians, administrators and milieu counselors who are nurturing but maintain professional boundaries, with survivor mentors who share their own personal stories, has been an effective way to both engage youth in treatment and provide necessary continuing support after discharge" (Thomson, Hirshberg, Corbett, Valila & Howley, 2011, p. 2295).

- *Independence, Empowerment, & Self-Efficacy* – Peer mentor programs are thought to improve self-esteem, confidence, social functioning, coping strategies, and problem-solving. These approaches foster normalization of emotional responses that are often discouraged and seen as crises in traditional or mainstream settings. They may also instill hope and inspiration by providing role models who demonstrate that recovery, independence, safety are possible. Peer mentorship models may also actively create opportunities for survivors to use their voice in advocacy efforts.

- *Reciprocity* – Reciprocity refers to the mutual development of solutions. In other words, peer relationships provide opportunities for sharing experiences, both giving and receiving support, and building up a mutual and synergistic understanding that benefits both parties.

Mentorship Program Development

During 2015 and 2016, RST devoted considerable time and thought into the planning and development of the mentorship program. In addition to conducting a thorough review of the literature, the STEP team reviewed relevant existing program models, including the following:

- *PEERS (The Prostitutes' Empowerment, Education and Resource Society):* Based in British Columbia, PEERS was founded by and is entirely staffed by individuals

previously involved in the commercial sex industry and offers a number of social services to local sex workers and engages in advocacy and community outreach. (http://www.safersexwork.ca/)

- *SAGE (Standing Against Global Exploitation):* A San Francisco-based organization that provides case management, peer counseling, mental health therapy, and life-skills and processes groups to survivors of sexual exploitation. SAGE also works with the community and local law enforcement and judicial services through advocacy and public outreach. (http://www.sagesf.org/)

- *Arte Sana (Art Heals):* Based in Austin, TX, Arte-Sana is a Latina-led non-profit that offers bilingual professional training, community education and therapeutic artistic services to support victims of gender-based violence. Arte Sana has been very involved with nationwide workshops on gender-based violence, domestic abuse, and sexual exploitation. (http://www.arte-sana.com/who_we_are.html)

- *GEMS (Girls Education and Mentoring Services):* GEMS is based in New York state and offers services to domestically trafficked girls and young women at risk of sexual exploitation. GEMS provides both case work, intervention, and peer leadership counseling to victims of sexual exploitation, and GEMS offers numerous workshops and webinars for groups looking to follow their model. (http://www.gems-girls.org/about/what-we-do/our-services)

- *Alianza (National Latino Alliance for the Elimination of Domestic Violence):* While Alianza is not a peer leadership program, the organization provides community education, policy advocacy, research, and training and technical assistance to organizations across the nation that seek to eliminate domestic and sexual violence in Latino communities.

The STEP team also conducted a needs assessment of current clients, in order to better understand unmet needs of clients and interest level in participating in a mentorship program (as a mentor or as a mentee). The team's survey of existing clients revealed unanimous interest in participating in a mentorship program. STEP clients identified the value in such a program for addressing needs such as:

- English language learning
- Acclimating to new environment and learning about US traditions
- Coping with separation from children and/or discussions about parenting
- Task-centered support around work, expenses, transportation, navigating healthcare services
- Emotional support around fear of perpetrator/anxiety/general sense of vigilance

After reviewing the needs assessment, the STEP team began a thorough, collaborative, and iterative program design and implementation process. The team first set forth the basic structure of the program. Important elements include:

- *Mentor Recruitment* - Recent survivors/clients may participate in the program after assessment and discussion by the STEP worker and the client.

- *Commitment & Duration* – Participation on the part of mentor and mentee is completely voluntary. Mentor-Mentee pairs are expected to meet for two hours a week, for up to nine months. Initial meetings and orientation to the program will be facilitated by STEP staff. Mentors will not receive payment, additional services or preferential treatment for their work.

- *Boundaries* - Because this is new territory for STEP, it is important to define boundaries for mentor and mentee. These should be laid out in the contract and at the first joint meeting between mentor and mentee the caseworker should again lay out these boundaries.

- *Ongoing Support* - Mentors and mentees will meet individually with STEP staff throughout the duration of the program at two or three-month intervals. Mentees enrolled in the mentorship program will continue to have access to case management services. Thus, the mentorship program complements, rather than replaces, the menu of services typically provided to STEP clients. RST will discontinue their facilitation and support of the mentor-mentee relationship when mentees' case management services end. However, mentors and mentees are welcome and encouraged to work together even after services with RST have finished.

After setting these initial foundations of the program, STEP staff developed a list of prospective and willing mentors and interviewed each to determine interest, availability, and fit. The team then began a series of meetings with selected mentors, in order to further develop the structure of the program in collaboration with mentors and to provide additional training to mentors. The appendix includes multiple documents developed during the program design and implementation phase. These include: mentor & mentee qualifications; mentor release of information; sample informed consent; mentor agreements; mentor information cards; and mentee & mentor rights.

Client Perspectives

During interviews with 11 current and recent STEP clients (see Part 4: Learning from the Experts - Survivor Experiences with STEP), the research team explored clients' interest in and response to this emerging program. Some of these clients had already been identified as potential mentors, and others were eligible to become mentees or future mentors. In general, all clients expressed positive impressions of the program and interest in participating. In addition, all clients identified value in the unique contributions possible by someone with a similar lived experience, and noted the enhanced opportunities for trust- and rapport-building. Furthermore, clients reported that faster trust-building and relationship-building may allow survivors to move forward more quickly towards their goals (related to self-sufficiency and beyond). In sum, while caseworker services were viewed as very positive, clients understood the mentorship program as offering something not possible by a traditional caseworker.

Survivors identified possible benefits of a peer mentorship program to other survivors who are perhaps more recently out of their trafficking situation. Survivors felt they were in a unique position to offer support and mentorship to others. One woman said, "gaining the trust of the other person is the most important." In reflecting on the benefits of a peer mentor model, one survivor reported that she sometimes holds back from fully discussing her concerns and ideas with the STEP caseworker. Another stated, "sometimes you don't have all the confidence to express yourself. But with someone who has experienced something similar, with a similar background, you can feel more trust, feel closer, and express yourself better." As a survivor, "you can identify with the other person." Another survivor said she sometimes needed a friend to talk to right away and didn't want to wait for an appointment with her STEP caseworkers.

Survivors expressed excitement and motivation about the possibility of supporting others. One woman stated, "I want to fight for others. Being a volunteer gives me the opportunity to show others something positive." Another survivor remarked that being somewhat distant (in time) from her own exploitation made her ready to help others, "I already lived it. It can't hurt me anymore."

Survivors also identified benefits to themselves of participating in such a program. One survivor said, "helping others is important. My soul would be in peace." Another found satisfaction in the possibility of providing support to others that she herself felt she had not received. Several survivors remarked that they were already engaged in informal helping relationships with others, including roommates and friends, outside of the mentor program. They appreciated the structure and training involved in becoming mentors through STEP's emerging program.

Survivors identified several characteristics and qualities important in prospective mentors. They reported that mentors should be: bilingual; available; able to express themselves; respectful, friendly, persistent, well-groomed, and organized.

Interviews with those already identified as possible mentors and involved in the development of the program affirmed that the program development was a collaborative process. Mentors reported that the process felt like a team effort and that everyone's voice was welcome, heard and valued. They also reported that support and communication from RST leadership, beyond the STEP team, was evident and helpful.

Nonetheless, those interviewed identified several areas of question, concern or caution, in embarking on a peer mentorship model. In addition, the initiative is viewed as "very delicate," and "if it's not structured well, it could be dangerous." One mentor recommended that psychological assessments be conducted with potential mentors and/or that therapy be available to mentors, because "we don't want to create more conflict." Another woman reported that mentor accessibility is paramount and worried that mentors with children or strict employers may not be well suited for the role. In addition, interviews were conducted before the program was fully launched, and future mentors wondered about the expected duration of mentor commitment and the number of mentees they would work with. While the role of a mentor is understood to be voluntary, one survivor expressed interest in considering monetary incentives for mentors.

Next steps

This program shows initial promise towards its goals of empowering client self-sufficiency and facilitating survivor engagement and advocacy. While currently in a stage of early development and implementation, the following suggestions for further consideration and development may be useful:

- The STEP staff and team of mentors should implement a process by which to gather periodic feedback about the program's impact on clients, mentors, and STEP staff (see Part 2: Developmental Evaluation & Network Analysis and Part 3: Evaluation Plan). Evaluation plans and tools developed during the developmental evaluation should be regularly reviewed and revised.

- This type of programming may reveal power and control dynamics at play between organizations and their clients. These dynamics may ultimately require organizations to examine the ways in which their programming may support self-determination, or conversely, may mirror clients' relationships with their traffickers and/or larger structures of social inequality and injustice. Efforts to minimize power differentials in this new helping relationship are evidenced by the STEP team's collaborative efforts with future mentors during the program development process. Continuing dialogue on this topic is important.

- Continued exploration of the ways the program can infuse elements and activities related to social justice and leadership development among mentors will be useful. As one example, STEP staff and three mentors recently engaged in creative survivor-practitioner collaboration in the preparation of and presentation of the mentorship model to the community. During the April 2016 Slave-Free City Summit, the survivor-practitioner team presented a workshop to a full audience of service providers, researchers, and policymakers. Not only did this experience allow mentors and STEP staff to put the values of reciprocity and social justice to action, it also demonstrated to other community members that this type of collaboration is both feasible and valuable.

- This program presents an opportunity to pay close attention to the balance between the professional training of staff and mentors (i.e. social work training and licensure) and the lived experience of staff and mentors (i.e. having experienced and survived exploitation). This balancing act will likely be a fluid one, and open communication and analysis of blending the two is critical.

The mentorship model allows an opportunity to infuse programming with the values already inherent in the organization. In other words, RST is poised to open space for difficult discussions about the degree to which the values identified by program staff are evident throughout the program and to reflect on and make tangible those values, in addition to values identified by clients and mentors. The mentorship program offers an innovative approach to self-sufficiency, survivorship, and advocacy, and continued investment in the program will undoubtedly result in tremendous benefits to survivor clients, survivor mentors, STEP staff, and the community at large.

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Appendices

A. Mentor & Mentee Qualifications
B. Mentor release of information
C. Sample informed consent
D. Mentor agreement
E. Acuerdo
F. Information cards
G. Mentee & Mentor Rights

Appendix A

Mentor's qualifications

- The Mentor's qualifications are assessed by the Survivors of Trafficking Empowerment Program's Social Workers.
- The mentor must be a survivor of human trafficking.
- The STEP social worker has assessed the mentor's ability to assimilate/reintegrate into Austin and/or its contiguous counties based on individual meetings with their STEP social worker.
- The mentor has taken strides to promote psychological and physical recovery during case management.
- The mentor has been compliant with case management services at STEP.
- The mentor must be committed, patient, and open to different values and backgrounds.

Calificaciones para ser un mentor

- El mentor debe ser sobreviviente de trata de personas
- Basándose en las juntas individuales con los mentores elegidos, los trabajadores sociales de STEP han evaluado la capacidad que el mentor tiene de asimilarse o reintegrarse en Austin o sus condados cercanos
- El mentor ha dado pasos que indican su recuperacion psicologica o fisica durante sus citas con su trabajadora social
- El mentor ha cumplido con las reglas mientras estando inscrito con el programa de STEP
- El mentor debe estar comprometido, debe ser paciente, y abierto/a a los valores y antecedentes distintos a los suyos

Mentee qualifications

- Mentee must be enrolled into STEP program whether it be OVC or USCRI.
- The mentee must be at contemplative stage of recovery and ready to commit to mentor program.
- Mentee must be a survivor of trafficking.
- Mentee can not enroll into mentor program if mentee is in first stages of recovery program for substance use.
- Willingness to participate.
- Compliant with case management services at RST/STEP.

Calificaciones para ser un aprendiz

- El aprendiz debe estar inscrito en el programa de STEP
- El aprendiz debe estar en un estado contemplativo de recuperación y listo/a comprometerse al programa como aprendiz
- El aprendiz debe ser sobreviviente de la trata de personas
- El aprendiz no puede ser inscrito en el programa de Mentores si se encuentran en las etapas iniciales de abuso de substancias
- Deben estar de acuerdo para participar en el programa de mentores
- Obedecer y cumplir con las reglas del programa de RST/STEP

<div align="center">

CONSENTIMIENTO A HACER PUBLICO INFORMACION
CONFIDENCIAL

</div>

NOMBRE DE MENTOR: _____

Yo, la que suscribe, doy mi consentimiento a pasar la siguiente información: _____

_____

_____

_____   _____

a _____   _____

con el objetivo de _____

_____

hasta esta fecha:_____

_____   _____
Firma de mentor   Fecha

I, the undersigned, _____, a representative of Refugee Services of
Texas, Inc., understand that the purpose of this disclosure is to facilitate medical treatment and/or
proper social services for the client as requested and/or required. I further certify that I will only
disseminate such information as I deem appropriate according to the current professional
standard relating to the proper disclosure of confidential records.

_____   _____
Signature of Caseworker   Date

_____

Fecha que cancela el consentimiento_____

Appendix C

Sample informed consent

Yo, _____, estoy de acuerdo de formar parte del grupo de "mentores," programado por el Survivors of Trafficking Empowernment Program dentro de Refugee Services of Texas a partir de la fecha fecha 1 de febrero de 2016 en adelante. Este grupo se dedicara a platicar acerca del programa de "mentores," los derechos y responsabilidades de los "mentores" y los "mentees," el trauma, y la trata de personas. Las lideres del grupo es son Limary Barajas y Corinna Jay, bajo supervisión de Noor Zibdeh. Yo estoy de acuerdo con las reglas, normas, y expectativas del taller y me soy responsable de acudir a ellas.

_____
Firma

_____
Dia

Acuerdo de Mentor

Los objetivos del programa son:

Desarrollar una relación de apoyo mutuo entre el mentor y su menti para alcanzar el objetivo maximo de apoderamiento para los sobrevivientes.

Que aprenda el menti las habilidades necesarias para la autonomía y para aclimatarse con éxito a la vida en Austin.

Crear una colaboración sostenible en cual el menti se fortalece y aprende como ser un líder para los próximos clientes de STEP.

Yo, _____ prometo cumplir las siguientes obligaciones como un mentor durante mi tiempo en el programa, o hasta que los empleados de RST consideren necesario cumplir la obligación del mentor.

1. Trabajaré con mi menti para alcanzar los tres objetivos escritos arriba, y siempre estaré consciente de estos objetivos, y asegurare que todos nuestras actividades contribuyan a alcanzar estos objetivos.
2. La relación de mentor durará nueve meses a lo menos que mi menti determine antes de cumplir nueve meses que no necesita mi apoyo. También entiendo que RST sugere seguir trabajando con mi menti después de la completación, si mi menti lo desea, para mantener un sistema de apoyo que nos beneficia a los dos.
3. Me juntare con mi menti en el lugar predeterminado cada semana por lo menos 60 minutos, y estaré consciente de los otros compromisos de mi menti y no tomare mucho de su tiempo. Si no puedo llegar a nuestra cita por cualquier razón, informare a mi menti 24 horas de anticipación y haremos otra cita para la próxima semana.
4. Abordare las cuestiones prácticas escritas debajo. Entiendo que es necesario abordar estas cuestiones apremiantes en la vida de mi menti antes de poder desarrollar una relación de confianza con mi menti.
5. Siempre estaré consciente de las experiencias traumáticas de mi menti y tomare los pasos necesarios para asegurar que mi menti se sienta cómodo/a trabajar conmigo. Respetaré a mi menti, y aseguraré que mi menti no sienta ningun estigma de mi parte y animarle a mi menti compartir sus experiencias y emociones conmigo tanto como quiera. Estaré consciente de las palabras o frases o bromas ofensivas que posiblemente lastimen nuestra relación. Seguiré las reglas generales de los cuidados informados por la trauma y las reglas explicadas en la orientación de RST.
6. Entiendo que he ofrecido mi tiempo y mis servicios de mi propia voluntad y que no recibiré ninguna compensación financiera ni de RST ni de mi menti. Prometo no pedirles ni a RST ni a mi menti cualquier compensación financiera o cualquier manera de apoyo extraordinario.
7. Entiendo que es posible que tome tiempo desarrollar una relación de confianza entre el menti y mia, y prometo no obligar a mi menti a aceptar esta relación de manera incómoda.
8. Entiendo que RST me puede remover del programa y/o me puede dar un menti nuevo si ellos determinan que mi comportamiento es inapropiado o si mi menti no se siente cómodo/a con nuestra relación.
9. Entiendo que tengo derecho de avisarle al personal de RST si me siento incomoda/o con mi menti y no quiero seguir participando con ellos o si no quiero participar más en el programa.
10. Entiendo que debo reportar abuso infantil, abuso de anciano, abuso a una persona discapacitada, si alguien tiene pensamientos de suicidio u homicidio.

Por favor, firme su nombre y la fecha abajo:

_____   _____

Nombre escrito   Fecha

Acuerdo

Acuerdos de la Coalicion de Mentores

- No compartir nombres a otros que no están en la coalición
- No compartir contactos a otros que no están en la coalición
- No faltar el respecto
- Da a saber a uno si le hace incomodo
- Esperar las opiniones de los otros
- Solo pasar nombres/contactos de los mentores a los alumnos o otros después de sacar permiso del mentor
- Avisar a los otros mentores si pasas el nombre/contacto de el/ella al alumno
- Respetar el tiempo:
  - Llegar a tiempo
  - Avisar si va a llegar tarde
- Consultar con otro mentor para hacer preguntas

Derechos de los Lideres/Mentores y Alumnos

- Pedir ayuda a STEP
- Defenderse
- Sentirse comodos
- Estar en lugar seguro
- No quedarse callado
- No tener miedo
- Reportar las injusticias
- Dar permiso antes que se pase su nombre/contacto a otro
- Consultar a otros mentores

Nombres de miembros de la Coalicion de Mentores

- Lideres
- Guias
- Lideres comunitarios
- Amigos
- Voluntarios
- Nombre que elija el/la participante

Nombres de los que tienes relación con los mentores

- Alumnos
- Amigos
- Participantes
- Nombre que elija el/la participante

Mi nombre es	
Número de teléfono	
Horario disponible para hablar	
Si tienen una emergencia marque al 911	

Mi nombre es	
Número de teléfono	
Horario disponible para hablar	
Si tienen una emergencia marque al 911	

Mi nombre es	
Número de teléfono	
Horario disponible para hablar	
Si tienen una emergencia marque al 911	

Mentee Rights

- You have the right to expect that your mentor is knowledgeable and can provide support and guidance outside of RST/STEP on subject matter.
- You have the right not to be judged based on your race, religion, sexual orientation, handicap, or gender.
- You have the absolute right to expect confidentiality, but recognize the right for mentors to share any pertinent information for your safety such as abuse, neglect, self harm, or harm to others.
- You have a right to be seen at a timely response so that your mentor can provide you adequate support outside of STEP services.
- You have the right to your own privacy.
- You have the right to self determination
- You also have the right to decline work with your mentor at anytime shall you not feel comfortable.
- You have the right to continue working with STEP social worker shall you not want to continue your services in the mentor program.

Mentor's Rights

- You have the right to refuse to do any work that is inappropriate or unethical.
- You have the right to be treated with dignity and respect from RST/STEP staff and mentee.
- You have the right to tell mentee that you will not do their work for them but act as a guide and provide emotional support.
- You have the right to deny working with a mentee if you feel that you are uncomfortable or that they pose a threat to your or your loved ones.
- You have a right to remain in STEP's case management services if you are chosen during time of service, but decide to decline working as a mentor.
- You have the right to cancel with mentee within reasonable time.
- You have the right to be able to enroll in STEP services in the future.
-