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**NATIONAL HUMAN TRAFFICKING  
TRAINING AND TECHNICAL  
ASSISTANCE CENTER**

# Family Self-Sufficiency for Individuals Who Have Been Trafficked Literature Review

October 14, 2019



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## LIST OF ACRONYMS

ACF	Administration for Children and Families
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare and Medicaid Services
DOL	U.S. Department of Labor
FDIC	Federal Deposit Insurance Corporation
FSS	Family Self-Sufficiency
HHS	U.S. Department Health and Human Services
HRSA	Health Resources and Services Administration
HUD	U.S. Department of Housing and Urban Development
NCADV	National Coalition Against Domestic Violence
OFA	Office of Family Assistance
ORR	Office of Refugee Resettlement
SNAP	Supplemental Nutrition Assistance Program
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
USDA	U.S. Department of Agriculture



## INTRODUCTION

Since the 1960s, a key priority for the U.S. federal government has been to promote self-sufficiency (Hawkins, 2005). The Department of Health and Human Services (HHS) seeks to empower families to build sustainable economic independence, resulting in positive outcomes for the well-being of parents and children (HHS, 2018). To achieve sustainable economic independence and be considered self-sufficient, an adult must be able to support themselves and their dependents without relying on public assistance in the long term (Dion et al., 2013). At a minimum, this includes meeting basic needs (e.g., housing, food, clothing). Meeting these basic needs often is directly or indirectly impacted by other factors (e.g., transportation, mental and physical health, criminal record). Survivors of trafficking and their families face even greater challenges to achieving family self-sufficiency due to their victimization. Exploring the ways that trafficking survivors can attain family self-sufficiency is critical, given that trafficking is considered a public health concern with far-reaching intergenerational consequences for families. The purpose of this report is to provide an overview of family self-sufficiency and programs; explore the intersections between family self-sufficiency and trafficking; and discuss recommendations for increasing family self-sufficiency among survivors of trafficking.

## Organization of This Report

This report is organized to include:

- An introduction to family self-sufficiency
- Multidisciplinary research on and programs for family self-sufficiency
- A discussion of the nexus between family self-sufficiency and trafficking
- A summary and recommendations

## Summary of the Literature Review Approach

The goal of this literature review is to explore how research, resources, and programs about family self-sufficiency can inform efforts to support survivors of trafficking and their families. The research questions to be addressed in this literature review are:

1. What is family self-sufficiency?
2. What challenges and successes have been identified for achieving family self-sufficiency?
3. How can self-sufficiency programs and services increase survivors' family self-sufficiency?

Searches for peer-reviewed and trade journal articles, laws and regulations, reports, and news articles were conducted using Google Scholar and EBSCOhost. Web content was also reviewed from a variety of sources, including federal, state, and nongovernmental organizations. Searches included the following key terms:

- Family self-sufficiency and trafficking survivors
- Best practices and trafficking survivors
- Barriers for trafficking survivors
- Services for trafficking survivors



- Barriers to family self-sufficiency
- Best practices in family self-sufficiency

## WHAT IS FAMILY SELF-SUFFICIENCY?

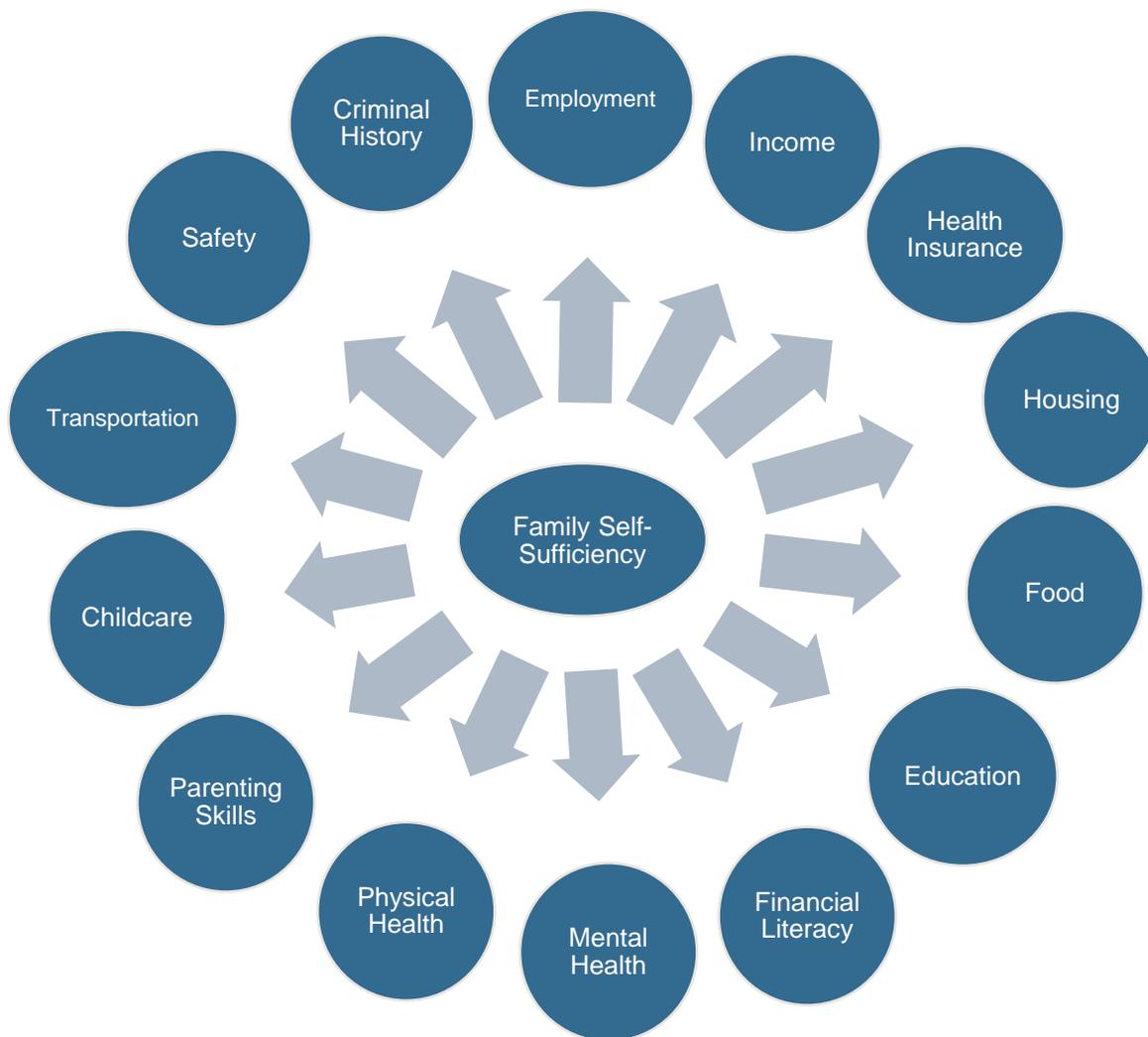
Family self-sufficiency (FSS) is a complex mix of interrelated components that reflect the ability of an individual or family to sustain economic independence. Broadly, an adult must be able to support themselves and their dependents without relying on public assistance programs for an extended period of time to be considered economically independent and self-sufficient (e.g., Hawkins, 2005; Hong, Choi, & Key, 2018; Dion et al., 2013; Snohomish County Self-Sufficiency Taskforce, 2010). Practitioners, researchers, and policy analysts argue that FSS is best conceptualized not as a goal but rather as a multidimensional and evolving process that exists on a continuum of economic, psychological, and social factors (e.g., Bratt & Keyes, 1997; Hawkins, 2005; Hong et al., 2018; Weigensberg et al., 2014). As described in Figure 1, the most basic components of FSS include employment, financial empowerment, housing, psychological empowerment, and parenting empowerment (e.g., Child & Family Policy Institute of California, 2008; Hong et al., 2018; Newland, 2014; Snohomish County Self-Sufficiency Taskforce, 2010; Weigensberg et al., 2014). A wide variety of psychological and social factors, however, affect whether an individual can become employed and earn the income necessary to house and feed their family. For example, one individual may need childcare and transportation to reach their job. Another individual may have mental or physical health problems, limited educational attainment, or a criminal history—all of which may have a negative impact on their ability to be self-sufficient (e.g., Hong et al., 2018; Snohomish County Self-Sufficiency Taskforce, 2010; Weigensberg et al., 2014). Addressing these factors and reaching FSS can help achieve the U.S. Department of Health and Human Services’ (HHS) goal to “strengthen the economic and social well-being of Americans across the lifespan.”

### Major Public Assistance Programs

- Supplemental Nutrition Assistance Program (SNAP/food stamps)
- Medicaid
- Children’s Health Insurance Program (CHIP)
- Subsidized Housing Programs
- Housing Voucher Programs
- Public Housing Programs
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)  
(United States Government, 2019)

High-needs populations (e.g., homeless, immigrant, formerly incarcerated) often encounter even greater challenges to achieving FSS and require more intensive services (Weigensberg et al., 2014). Survivors of trafficking and their families have characteristics very similar to other high-needs populations, therefore conceptualizing and reaching FSS for them may be difficult. Survivors of trafficking and their families can simultaneously face challenges, including unstable housing, mental and physical health problems, a criminal history, employment and educational constraints, and substance misuse (McCann, 2018). While working with trafficking and other high-needs populations, it is even more critical to understand the evolving process of reaching FSS and the fluidity of defining “success.” For example, entering public housing may be the first step toward FSS for a homeless family, while leaving public housing may be a measurement of FSS for a family that is farther along in the process (Weigensberg et al., 2014). Using approaches that consider the neurobiology of trauma, resiliency, and toxic stress (White, Mosle, & Sims, 2018) and understanding unique situational contexts may lead to the provision of more supportive services and sustainable positive outcomes.

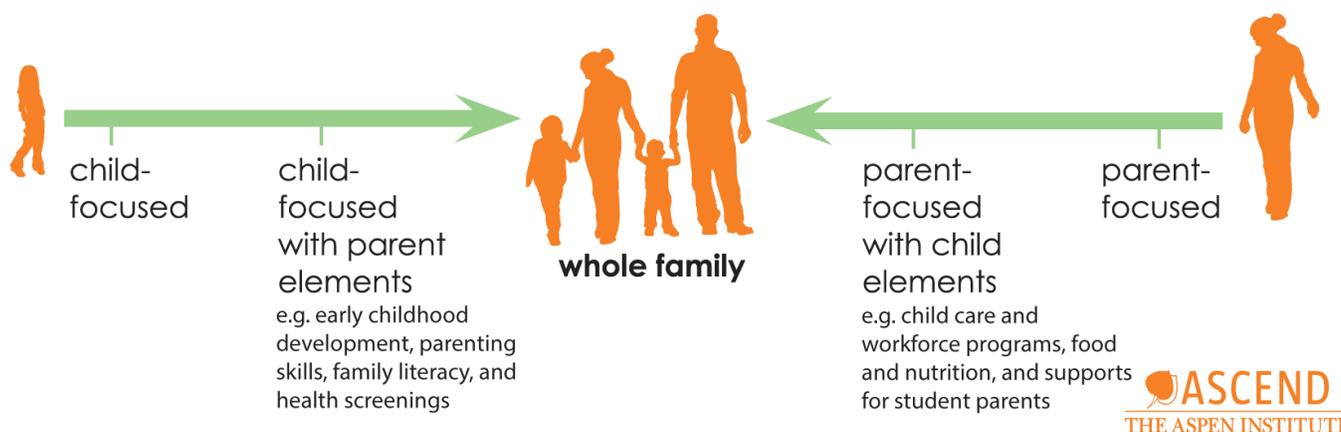
Figure 1. *Key Components of Family Self-Sufficiency*<sup>1</sup>



The Two-Generation Approach (The Aspen Institute, 2019) provides a helpful framework for conceptualizing and working toward FSS (see the Two Generation Continuum diagram below). The focus of two-generation approaches is recognizing the continuum of differing needs that parents, children, and families experience. Needs of and outcomes for children and parents should be articulated and tracked simultaneously, including economic assets (e.g., housing, financial literacy, transportation), postsecondary and employment pathways, health and well-being (e.g., mental and physical health, insurance coverage, access to care, adverse childhood experiences, toxic stress), social capital (e.g., social networks, coaching), and early childhood development (e.g., child care, pre-K, home visiting). Addressing these needs can lead to better health and well-being among parents and children; improved academic success, educational attainment, and workforce participation; increased social capital and economic assets; improved parenting capacity; and stronger bonds between parents and children. Achieving these short- and medium-term outcomes can then lead to long-term outcomes such as continuously improving FSS that continues across generations and a return on investment for the communities that have provided support and services (The Aspen Institute, 2016).

<sup>1</sup> Note. From Child & Family Policy Institute of California, 2008; Hong et al., 2018; Newland, 2014; Snohomish County Self-Sufficiency Taskforce, 2010; Weigensberg et al., 2014.

## The Two-Generation Continuum



The Office on Trafficking in Persons (OTIP) currently funds two grant assistance programs that strive to enhance FSS for survivors of trafficking. The Domestic Victims of Human Trafficking (DVHT) Program is a demonstration project that provides funding to help organizations improve their capacity to deliver services to survivors of trafficking that are trauma informed and culturally relevant. The goal is to facilitate coordinated case management, a referral system, and community partnerships. Services provided by organizations participating in DVHT include short- and long-term housing options, substance use treatment, mental health counseling, educational opportunities, job training and skill development, legal advocacy, and financial advocacy and counseling (Hardison Walters et al., 2017; Office on Trafficking in Persons, 2019). Preliminary outcomes of survivors who received services through DVHT are promising. Krieger and colleagues (2018) explored preliminary outcomes as part of their cross-site process evaluation of the DVHT program in three locations: Billings, MT; North Dakota; and Clay County, MN. To capture change in client status over time, case managers completed a form with ratings (i.e., in crisis, vulnerable, stable, growing, thriving) for 18 service categories in 5 groups (i.e., basic needs, education and employment, family/interpersonal, health and family, and legal support and advocacy) at intake and every 8 weeks for each client. While the results were generally positive—with the mean rating increasing over time across all service categories—there were some nuances. Clients with the lowest ratings on intake experienced greater improvements compared to clients with higher ratings at intake who experienced an overall decrease in ratings over time. The authors provide two explanations for this finding. First, clients experience setbacks (e.g., loss of stable housing, relapse in substance use) during this timeframe, suggesting the path to self-sufficiency is circuitous. Second, this finding could be an artifact of regression of the mean—a statistical phenomenon when extreme measures or values are followed by values that are more accurate (or aligned with population values). Clients with higher ratings at intake, followed by lower ratings, might reflect a more accurate understanding of client status than what was understood at intake. These outcomes are based on a small sample size grouped across three sites and based largely on case managers' assessments of their clients.

OTIP also funds the Trafficking Victim Assistance Program (TVAP), which provides case management services for survivors of trafficking who are foreign national adults or minors and pursuing HHS certification. A network of providers throughout the country assist survivors with federal and state benefits, provide referrals and emergency assistance, housing, employability services, mental health screening and therapy, legal services, and medical care.



The following sections provide a detailed discussion of FSS key components as well as factors that affect FSS, including discussions of barriers to obtaining FSS and successful programs currently implemented to help address those barriers. In general, few programs focus on every element of FSS; however, a variety of services and programs encourage self-sufficiency and mitigate barriers to economic opportunity. While many of these programs are not specifically tailored to individuals who have experienced trafficking and their families, they address many of the issues those individuals face and have a direct effect on FSS.

## Employment

One foundational goal in the process of working toward FSS is attaining employment; however, simply having a job often is not enough. To achieve FSS, employment must be stable, pay a livable wage, provide benefits (e.g., health insurance), and be long term (e.g., Hong et al., 2018; Johnson & Corcoran, 2003; Snohomish County Self-Sufficiency Taskforce, 2010). This speaks to job quality—individuals who work full-time jobs with a livable wage and benefits are more likely to achieve FSS. Those who work part time or who do seasonal work that does not pay a livable wage may not only be unable to pay for housing and other basic needs but are also limited in achieving upward mobility to jobs that pay higher wages, provide benefits, and are long term (Johnson & Corcoran, 2003). For example, a family with two adults and two small children living in Queens, NY, must earn \$96,937 a year to be self-sufficient. A similar family in Alleghany County, MD, must earn \$54,056 a year to be self-sufficient. Thus, FSS varies greatly by region, state, and even county, but it still requires the ability to pay for housing, childcare, food, transportation, health care, and taxes without relying on government assistance (Center for Women’s Welfare, 2019).

Meeting this threshold can be difficult for many people, especially those considered “hard to employ.” Individuals who are hard to employ are often unable to find successful employment and then sustain that employment (Banerjee & Damman, 2013; Loprest & Nichols, 2011; Meckstroth et al., 2008). Research has consistently shown that individuals who have limited work experience and have not graduated from high school or earned the Graduate Equivalency Diploma (GED) are more likely to be unemployed and depend on welfare (e.g., Banerjee, 2003; Cheng, 2010; Williamson, Saunders, &

### Characteristics of “Hard to Employ” Individuals

- Limited work history
- Limited vocational skills
- Limited education
- Poor literacy skills
- Personal or familial mental and/or physical health problems
- Substance use problems
- Lack of transportation
- Lack of child care
- Previous welfare dependence

(Alfred & Martin, 2007; Banerjee & Damman, 2013; Meckstroth et al., 2008).

Born, 2011). Individuals who do not have access to reliable and affordable transportation and/or childcare, lack soft skills, are the primary caregivers for family members with poor mental or physical health, or suffer from personal mental health, physical health, or substance use problems also struggle to find and sustain employment (e.g., Alfred & Martin, 2007; Holzer, Stoll, & Wissoker, 2004; Hong, Polanin, Key, & Choi, 2014); Turner, Danziger, & Seefeldt, 2006). Without employment, families may be forced to rely on welfare.

Unemployment is associated with a wide range of consequences in addition to the lack of FSS. Families who are unemployed for six months or more tend to experience lower well-being, poor physical and mental health, and lower academic performance for children.

The longer an individual is out of work, they are more likely to have trouble finding a new job, earning the same or higher salary, and experience the deterioration of skills (Nichols, Mitchell, & Lindner, 2013). Thus, programs and services that focus on the holistic needs and unique circumstances of individuals and families will provide better guidance for



achieving FSS (Banerjee & Damman, 2013). This includes hiring program staff who understand employment options for specific individuals based on their skill sets and personal barriers to employment, compensation and benefits, job satisfaction, the potential for advancement, and safety (Banerjee & Damman, 2013) as well as the importance of conflict management, interpersonal skills, decision-making, and time management (Anderson & Hess, 2017).

### **Employment Barriers to FSS**

According to Polaris (2015), many survivors are exposed to exploitation and trafficking due to financial instability, such as a lack of long-term employment and insufficient income to support their families. Victims of trafficking also often experience wage theft, earn less than minimum wage and/or agreed upon pay, and have illegal deductions taken out of their pay. As a result of being trafficked, survivors often lack a work history, are unable to provide necessary job references, and have no other choice but to continue working in low-paying jobs in the same industries they were trafficked (Owens et al., 2014). Survivors also may be arrested or incarcerated as a result of being trafficked, both of which can have severe consequences on FSS. For example, a survey of 130 human trafficking survivors found that 90.8 percent of survivors had been arrested at least once in their lifetime, typically for prostitution and drug-related crimes, which often connected to their trafficking experience. Criminal justice-involved survivors then reported difficulty finding housing and employment, accessing public assistance programs like food stamps, obtaining loans and lines of credit, and keeping custody of their children (National Survivors Network, 2016).

These experiences are similar to those of other criminal justice-involved populations. Formerly incarcerated individuals, for example, tend to feel excluded from the labor market and experience high levels of unemployment due to limited education and insufficient work history (Western & Pettit, 2010). One possible solution to alleviate this exclusion from the labor market for trafficking survivors is to use criminal record relief statutes (e.g., expungement and vacatur laws). Most states have laws that allow individuals to seal (i.e., file separately from other criminal records), expunge (i.e., erase), or vacate (i.e., dismiss) criminal charges associated with trafficking experiences, but these laws are often limited in scope. For example, criminal record relief statutes often apply only to specific prostitution offenses, require official documentation of trafficking experience, impose specific wait times before a survivor can apply for criminal record relief (e.g., wait 2 years before submitting an application), or require a survivor to apply for relief within a limited timeframe (e.g., within 6 years after their trafficking experience has ended) (Marsh, Anthony, Emerson, & Mogulescu, 2019). These limitations may make it difficult for survivors of trafficking to overcome criminal record-related challenges to obtaining and sustaining employment.

Additionally, long periods of unemployment during incarceration can hinder the job application process (Jonson & Cullen, 2015). If formerly incarcerated individuals can find employment, it is more likely to be low-paying, manual labor and lacking opportunities for career advancement (Poehlmann-Tynan, Cuthrell, Weymouth, & Burnson, 2018; Western & Pettit, 2010, Raphael, 2010). Once employment has been attained, sustaining that employment may be challenging for survivors due to the range of

#### **Survivor Reentry Project**

The Survivor Reentry Project provides:

- Technical assistance to survivors of human trafficking who have a criminal record due to their trafficking experience, including obtaining their criminal history, determining whether laws provide a remedy in the state they have been arrested, and, where possible, help locate lawyers to represent individuals
- Training and technical assistance to attorneys, advocates, judges, prosecutors, law enforcement, universities, and legislators on the vacatur of criminal convictions for survivors of human trafficking
- Postconviction relief laws for each state
- State-specific resources

(American Bar Association, 2019)



physical and mental health consequences of being trafficked (e.g., traumatization, lack of trust, anxiety), a lack of reliable transportation, and a lack of childcare that the survivor is comfortable with (Institute for Women’s Policy Research, 2017).

Anderson and Hess (2017) identified a variety of programs with innovative approaches to addressing job training needs. They identified the greatest needs that job training participants experience as childcare, financial assistance, transportation, mental health counseling, and domestic violence services. Examples of the ways some programs have attempted to address barriers related to employment are provided in Table 1 (Brighton Center, 2019; Climb Wyoming, 2019; Gateway Community and Technical College, 2019; Office of Refugee Resettlement, 2018a; Seattle Jobs Initiative, 2018; U.S. Department of Labor, 2017; U.S. Department of Labor, 2019; Valley Initiative for Development and Advancement, 2018; YWCA of Greater Cincinnati, 2019). Some common elements of these programs include the provision of a variety of direct employment services to high-risk and low-income populations and partnerships between organizations. For example, Brighton Center provides more traditional employment services such as job readiness support and vocational training in addition to other services that impact employment such as substance use treatment, transportation, benefits, housing assistance, and childcare. Other agencies described in Table 1 provide a mix of these direct employment services and referrals to other services that they are unable to provide in house, while others provide only direct employment services. The Seattle Jobs Initiative, for example, provides career training along with transportation assistance and referrals for other services that are not provided in house (e.g., housing, mental health, legal). Thus, many of these programs do attempt to focus on the holistic needs and unique circumstances of individuals and families. Anderson and Hess (2017) recommend that employment services providers build strong partnerships to provide cost-effective and comprehensive services that avoid duplication. Programs that combine more traditional employment services as well as services that directly impact employment (e.g., substance use and mental health counseling) may better serve individuals who have experienced trafficking and their families in achieving successful and sustainable employment.

Table 1. *Family Self-Sufficiency Programs: Addressing Barriers Related to Employment*

Organization	Program	Population Served	Description
Brighton Center	<a href="#">Multiple Programs</a>	Multiple populations	<ul style="list-style-type: none"> <li>• Job training (e.g., medical assistance, business, and computer technology)</li> <li>• Assistance obtaining public benefits, childcare, housing, clothing, and transportation; emergency cash assistance; financial education; and substance use counseling</li> </ul>
Climb Wyoming	<a href="#">The Climb Program</a>	Single mothers	<ul style="list-style-type: none"> <li>• Job training (e.g., construction, health care, truck driving, office); requires participation in group and individual therapy and parenting classes</li> <li>• Referrals for childcare assistance, emergency cash, health care, and substance use counseling</li> </ul>
Gateway Community and Technical College	<a href="#">Raise the Floor</a>	Women, full-time community college students	<ul style="list-style-type: none"> <li>• Job training in business, education, health care, manufacturing, technology, and specialized trades</li> <li>• Assistance for child care and transportation, intensive case management, and career counseling</li> <li>• Referrals for housing, counseling, and domestic violence services</li> </ul>



Organization	Program	Population Served	Description
Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), HHS	<a href="#">Refugee Social Services and Targeted Assistance</a>	Refugees	<ul style="list-style-type: none"> <li>Provides employability services aimed at reducing barriers to employment (e.g., social adjustment, interpretation and translation, day care)</li> </ul>
Seattle Jobs Initiative	<a href="#">Multiple Programs</a>	Low-income individuals	<ul style="list-style-type: none"> <li>Partners with community-based organizations and community colleges that provide job training (e.g., office, health care, automotive, manufacturing)</li> <li>Assistance obtaining transportation, tools, equipment, and uniforms</li> <li>Referrals for childcare, financial education, public benefits, housing, legal services, and counseling</li> </ul>
U.S. Department of Labor (DOL)	<a href="#">Job Corps Program</a>	Youth aged 16 to 24	<ul style="list-style-type: none"> <li>Assistance obtaining employment, earning a high school diploma or GED, and/or learning a trade</li> </ul>
U.S. DOL	<a href="#">One-Stop Career Centers</a>	Job seekers and employers	<ul style="list-style-type: none"> <li>Training referrals, career counseling, job listings, and other employment services</li> </ul>
Valley Initiative for Development and Advancement (VIDA)	<a href="#">Multiple Programs</a>	Low-income, unemployed, and underemployed individuals	<ul style="list-style-type: none"> <li>Supports full-time community college students completing training in high-demand occupations</li> <li>Provides assistance for curriculum-based expenses, childcare, and transportation; intensive case management; and career counseling</li> <li>Referrals for housing, counseling, and domestic violence services</li> </ul>
YWCA of Greater Cincinnati	<a href="#">Multiple Programs</a>	Low-income individuals in need of achieving self-sufficiency	<ul style="list-style-type: none"> <li>Job training in hospitality and tourism; services for childcare, financial education, survivors of domestic violence, and transportation</li> <li>Referrals for housing assistance, mental health counseling, and substance use counseling</li> </ul>

## Financial Empowerment

Although obtaining employment that generates the income necessary to be self-sufficient is one piece of the puzzle, financial empowerment is an important component of being financially self-sufficient. Financial literacy is critical to achieving financial empowerment. There is no standard definition of financial literacy, but it is often discussed as the knowledge, confidence, and ability to manage basic and complex financial matters, make financial decisions, and plan for the future (Jump\$tart Coalition for Personal Financial Literacy, 2017; Postmus, 2010; Remund, 2010; Snohomish County Self-Sufficiency Taskforce, 2010). This includes managing personal finances such as bills, budgeting, credit card debt, and savings and checking accounts (e.g., Dastrup, Freiman, Lubell, Villarreal, & Weiss, 2017; Jump\$tart Coalition for Personal Financial Literacy, 2017; Potmus, 2010). Findings from the 2018

## U.S. Financial Literacy Statistics

Of U.S. adults:

- 41% have and monitor a budget
- 69% have non-retirement savings
- 66% use a savings account
- 61% had credit card debt in the past 12 months
- 38% carry credit card debt from month to month
- 25% do not pay their bills on time
- 65% save a portion of their income for retirement
- 19% feel very confident that they are saving enough
- 37% use 401k plans
- 30% use investments/mutual funds

(Harris on Demand, 2018)

Financial Literacy Survey show that less than half of surveyed U.S. adults have and monitor a budget, invest their income, and feel confident that they are saving enough money. Approximately two-thirds of surveyed U.S. adults have nonretirement savings, use a savings account, have credit card debt, and save a portion of their retirement, while approximately one-third carry credit card debt from month to month and do not pay their bills on time. Low-income families tend to open bank accounts less than other populations (Washington, 2006; Wolfe-Hayes, 2010) and use predatory financial services at higher rates (e.g., payday loans) (Wolfe-Hayes, 2010). The consequences of a lack of financial literacy include high debt, limited

savings, credit problems, and bankruptcy (Perry & Morris, 2005). Experiencing these financial consequences has been linked to depression, stress, anxiety, lower self-esteem, lower job productivity, and work absenteeism (e.g., Prawitz et al., 2006; Shapiro & Burchell, 2012).

## Financial Empowerment Barriers to FSS

A key barrier to attaining financial empowerment is a lack of education, in terms of both financial literacy and overall educational attainment. Survivors of trafficking experience high drop-out rates as well as limited access to educational and vocational opportunities (Wolfe, Greeson, Wasch, & Treglia, 2018). A college education is related to a higher employment rate and higher earnings (Duwe & Clark, 2014), yet a study by Stewart and Uggen (2018) revealed that college applicants with a criminal record were three times more likely to be rejected from colleges that require criminal history disclosure. This could be a distinct challenge for survivors who have been arrested or incarcerated. Survivors of trafficking and intimate partner violence also experience economic abuse, which can greatly limit financial literacy and self-sufficiency. For example, traffickers and abusive partners often restrict access to finances and resources to achieve financial goals. In removing the power to control their own finances, many survivors attain less financial literacy, as well as lack the confidence and ability to manage finances (Postmus, Plummer, McMahon, & Zurlo, 2013). Participation in employment and financial literacy programs could greatly benefit individuals and families who have experienced trafficking. Increasing financial literacy through key skills like budgeting, financial decision making, establishing savings and checking accounts, managing debt, financial goal setting, and retirement planning may then increase a survivor's ability to achieve economic empowerment and FSS.

A variety of programs have been established to increase financial empowerment (see Table 2; Allstate, 2016; Council for Economic Education, 2019; FDIC, 2018; Jump\$tart Coalition for Personal Financial Literacy, 2017; Junior Achievement, 2019; National Coalition Against Domestic Violence, 2019; Office of Family Assistance, 2019; Office of Refugee Resettlement, 2018b; US Department of Labor, Women's Bureau and Texas AgriLife Extension Services, n.d.). These programs serve various populations (e.g., survivors of domestic violence, students, refugees) and provide services such as cash assistance and financial education workshops, webinars, and coaching. Financial education curriculums tend to focus on developing and managing budgets, credit, spending and savings, investing, borrowing, financial decision making, and retirement planning. Financial empowerment programs have shown a variety of positive outcomes. For example, Dastrup et al. (2017) conducted a



cost-benefit analysis of the Compass FSS programs in Massachusetts, which provide participants with financial education workshops and financial coaching toward personal financial goals addressing employment, credit, debt, and budgeting. During the 5-year study period, program participants experienced increased earnings and decreased debt as well as a decrease in costs to the government (e.g., benefits and assistance paid). Understanding how financial empowerment programs can be supportive and trauma-informed is important because FSS can decrease the use of safety-net programs and ensure financial stability for survivors.

Table 2. *Family Self-Sufficiency Programs: Addressing Barriers Related to Financial Empowerment*

Organization	Program	Population Served	Description
Allstate Foundation	<a href="#">Purple Purse</a>	Survivors of domestic violence	Financial literacy curriculum and tools (e.g., credit, budgets, planning), including recognizing the signs of financial coercion (e.g., “controlling how money is spent”; withholding money, food, medication; preventing a partner from working)
Council for Economic Education	<a href="#">Financial Fitness for Life</a>	Kindergarten through 12th-grade students	Financial literacy curriculum and hands-on instructional activities (e.g., earning income, saving, spending, investing, borrowing, managing money)
Federal Deposit Insurance Corporation (FDIC)	<a href="#">Money Smart</a>	Ages 13 and older	Information on financial literacy (e.g., banking, savings plans, borrowing money, and checking accounts)
Free Our Girls	<a href="#">Financial Literacy for Survivors</a>	Survivors of trafficking	Financial literacy program in multiple formats, followed by partnering survivors with trained financial advisors who provide ongoing financial mentorship.
JumpStart Coalition for Personal Financial Literacy	<a href="#">National Standards in K-12 Personal Finance Education</a>	Kindergarten through 12th-grade students	Financial literacy curriculum (e.g., spending and saving, employment and income, investing, financial decision making, risk management and insurance, credit, debt)
Junior Achievement	<a href="#">JA Personal Finance</a>	9th- through 12th-grade students	Financial literacy curriculum (e.g., budgeting, credit, income, expenses, saving, and risk management)
National Coalition Against Domestic Violence	<a href="#">Financial Education Webinar Series</a>	Domestic violence survivors and advocates	Financial literacy webinars (e.g., budgeting, managing money, retirement, and financial goals)
Office of Family Assistance (OFA)	<a href="#">Temporary Assistance for Needy Families (TANF)</a>	Pregnant women and families	Income assistance, childcare, and job training services
Office of Refugee Resettlement (ORR)	<a href="#">Refugee Cash Assistance (RCA)</a>	Refugees	Cash assistance for newly arrived refugees who are ineligible for TANF or Supplemental Security Income (SSI)



Organization	Program	Population Served	Description
DOL Women's Bureau and Texas AgriLife Extension Services	<a href="#">Wi\$e Up</a>	Women	Online financial literacy class with free registration (e.g., recordkeeping, setting financial goals, analyzing spending, building a budget, credit reports, emergency funds, investing, retirement planning, and financial planning)

## Housing

Like food and clothing, housing is considered a basic necessity (Bratt, Stone, & Hartman, 2006) and is thus necessary for FSS. To be considered adequate, housing must be:

1. *Affordable*: An individual or family should be able to not only pay their rent or mortgage but also afford food, clothing, and other basic necessities.
2. *Habitable*: Housing should provide enough space for the number of inhabitants and protect inhabitants from the weather, structural hazards, and health threats.
3. *Legally secure*: An individual or family should feel legally protected to live in their home (e.g., free from harassment and eviction).
4. *Equipped for services*: Housing should have adequate sanitation; safe drinking water; utilities for cooking, heat, and light; and mechanisms for food storage and disposal.
5. *Accessible*: Housing should account for the needs of disadvantaged or vulnerable populations.
6. *Appropriately located*: Housing should be in a geographic area that is safe, free from pollution, and near options for employment, health care, childcare, and schools.
7. *Culturally appropriate*: Housing should respect the expression of cultural identity (United Nations High Commissioner for Human Rights, 2014).

Unfortunately, many Americans live in housing that costs more than they can afford, is overcrowded, or located in an unsafe neighborhood. Living in adequate housing can lead to increased personal health, safety, and self-respect; improved educational and employment opportunities; and lower levels of psychological stress. The converse is also true, however. Living in inadequate housing and/or what is considered a disadvantaged neighborhood may limit educational opportunities, options for employment, and access to public services as well as lead to illness (e.g., lead poisoning) (Bratt, Stone, & Hartman, 2006). A lack of housing can also negatively impact individuals and families in a variety of ways. For example, chronically homeless individuals tend to experience mental health and substance use problems and rely on a variety of systems for support (e.g., Larimer et al., 2009; Schanzer, Dominguez, Shrout, & Caton 2007). Barriers to obtaining adequate housing include limited availability of affordable options (Shoag, 2019); history of eviction, criminal activity, and substance use (Mbilinyi, 2015); discrimination against minority families; and refusal to accept housing vouchers (Daniel, 2010).

A variety of interventions and programs help individuals and families access housing and promote FSS. The goal of the U.S. Department of Housing and Urban Development's (HUD) Family Self Sufficiency Program, for example, is to assist families in achieving economic security by building financial capacity and increasing earnings. The program is voluntary and offered to any family participating in the Housing



Choice Voucher Program or living in public housing or HUD-assisted multifamily developments. These programs are limited to U.S. citizens and some noncitizens with eligible immigration status (e.g., lawful permanent residents, refugees or asylees, individuals who have experienced trafficking) whose total annual gross income does not exceed certain thresholds (i.e., 50 percent or 80 percent, depending on the program) of the median income for the county or metropolitan area of residence. Participants receive an escrow savings account as an incentive to help build savings and increase their earnings, along with case management and coaching (U.S. Department of Housing and Urban Development, 2017). Eligible families typically sign a 5-year contract but have the option for a 2-year extension “for good cause” (e.g., serious illness or involuntary loss of employment) (U.S. Department of Housing and Urban Development, 2016). Participants in HUD’s Family Self Sufficiency Program are more likely to have higher incomes, be employed, and own homes (Santiago, Galster, & Smith, 2017). However, effectiveness related to employment outcomes is mixed due to methodological limitations of the existing research.

Another type of housing model, Housing First programs, varies in implementation but generally strives to quickly place homeless individuals in permanent housing. Stable housing then provides a safe space to focus on employment, financial literacy, and health care. Clients are required to sign a lease and contribute 30 percent of their income to rent but do not have to meet a specific threshold for income or participate in substance use or mental health counseling. Supportive services are offered, but the client is empowered to choose the type of services they are interested in receiving as well as the frequency and intensity of those services. Evaluations of Housing First programs have documented positive outcomes in homeless populations, including increased stability or housing retention, reduced homelessness, and reductions in criminal justice system involvement. However, outcomes are mixed for individuals with severe mental illness or substance use issues with some studies reporting reductions in symptomatology among those who received programming and others reporting no effects (Woodhall-Melnick & Dunn, 2016). Limited research has explored outcomes for youth participating in Housing First programs. In the United States, one small exploratory study found that 79 percent of families and youth participating in Housing First programs did not return to shelter. Research on Canadian Housing First programs indicates that participating youth with mental illness experience improved housing stability (e.g., Kozloff et al., 2016).

Permanent Supportive Housing, a program modeled after but different from Housing First, focuses on assisting families with physical health, mental health, and substance use problems and a long-term history of homelessness. As with Housing First, evaluations of Permanent Supportive Housing programs have documented positive outcomes related to housing stability and reducing homelessness (Henwood, Cabassa, Craig, & Padgett, 2013). Finally, rapid re-housing assists individuals and families with short-term rentals and other services (National Alliance to End Homelessness, 2016). While research has documented the success of these programs among homeless populations, few have explored use of these programs by trafficking victims or documented outcomes for this specific population. As such, additional research is needed to determine whether these types of programs are effective at increasing housing stability and reducing homelessness among trafficking victims.

### **Housing Barriers to FSS**

A lack of stable housing and homelessness are risk factors for human trafficking as well as barriers to achieving FSS (Polaris, 2015). For example, in a study of youth with prior child welfare system involvement, those with trafficking allegations were more likely to have experienced prior maltreatment, out-of-home placement, and congregate care (Gibbs, Henninger, Tueller, & Kluckman, 2018; Wolfe et al., 2018). Survivors of trafficking often need immediate access to emergency and transitional housing as well as options for long-term housing (U.S. Advisory Council on Human Trafficking, 2018), but finding housing is one of the greatest challenges for survivors of trafficking and their families (e.g.,



Owens et al., 2014). For example, survivors of trafficking often have difficulty finding housing that is safe and affordable, which can then lead to re-trafficking, returning to neighborhoods that increased their vulnerability to trafficking, remaining in exploitative situations, or spending their entire budget on housing and being unable to afford other basic needs (President’s Interagency Taskforce to Monitor and Combat Trafficking in Persons, 2014). Options for housing often are limited in number and/or unavailable to survivors of trafficking who have a history of substance use or criminal activity (Alimchandani & Lemma, 2017). Many landlords are unwilling to rent to individuals with a criminal record (Hanson & Hawley, 2011), and public, low-income housing providers often consider those with criminal records ineligible for admission (Legal Action Center, 2016). Consequently, a lack of accessible housing can create instability and has a negative effect on workforce participation (Bridge, Flatau, Whelan, Wood, & Yates, 2007). Additionally, the number of residential programs for trafficking survivors exclusively are limited (Reichert & Sylwestrzak, 2013), and shelters for nontrafficking populations (e.g., domestic violence shelters) may be unwilling to accept trafficking survivors for safety reasons (McCann, 2018). In 2017, the U.S. Advisory Council on Human Trafficking, Office for Victims of Crime, OTIP, Office on Violence Against Women, and HUD began developing a new initiative that would support survivors of human trafficking in obtaining housing (U.S. Advisory Council on Human Trafficking, 2018). Soon after, the Department of Justice began funding training and technical assistance, research, and evaluation on the feasibility and appropriateness of housing programs for survivors of trafficking (e.g., National Institute of Justice, 2017; Office for Victims of Crime, 2018). This new wave of research is likely to continue to shed light on housing barriers and related outcomes.

Table 3 provides examples of federally funded housing programs that survivors of trafficking could use (HUD, 2019a; HUD, 2019b; HUD, 2019c; HUD, 2019d; ORR, 2018c). Some common elements of these programs include the provision of a variety of direct services (both housing and non-housing related) to high-risk populations and low-income families as well as partnerships between housing programs and federal agencies. Survivors would benefit from accessing programs that provide a variety of services related to housing in one place such as financial literacy, job preparation, education counseling, childcare, transportation, and other services related to housing. If one organization is not able to provide all of these services, it would be beneficial to establish partnerships between organizations to provide housing and supplemental services (e.g., the Family Unification Program’ see Table 3 for a description) that lead to permanent housing.

Finding appropriate and affordable housing may help survivors of trafficking and their families access other services, either in-house or through referrals (Alimchandani & Lemma, 2017). For example, Phoenix Starfish Place is one of the first permanent supportive housing sites dedicated to survivors of human trafficking and their families. In 2017, the Phoenix Housing Department opened a 15-unit community designed to provide housing support and services to human trafficking survivors and their families (City of Phoenix, 2019). The Coalition to Abolish Slavery and Trafficking (CAST) (2019) offers survivors of trafficking at least 12 months of transitional housing, case management, group therapy, counseling, and financial savings program. In Chicago, IL, a 3-year pilot program for survivors of human trafficking was established in 2016 to provide housing vouchers to individuals referred from eligible service providers (Chicago Housing Authority, 2016). Evaluations of the 3-year pilot program are not currently available. The Domestic Violence Housing First (DVHF) approach may also provide a useful model for survivors of trafficking. The Housing First approach (which strives to

**HUD Definition of Homelessness  
24 CFS 578.3, paragraph 4**

Allows survivors of trafficking to apply for HUD homelessness programs if:

- An individual is in the process of fleeing or attempting to flee sex or labor trafficking
- Trafficking occurred in the individual’s residence
- The individual is afraid to return home
- The individual has no other residence
- The individual does not have the resources to obtain other housing

(HUD, 2019e)



quickly place homeless individuals in permanent housing) is grounded in the theory that rapid assignment of permanent housing for homeless populations will provide stability and space to address individual-specific contributing factors to homelessness. An evaluation of the DVHF program in Washington found that, at follow up, 76 percent of survivors of domestic violence were using minimal services, 96 percent retained housing, and 86 percent felt an increased sense of safety for themselves and their children (Mbilyni, 2015). Permanent supportive housing and transitional housing models may also empower survivors of trafficking to attain affordable, sustainable, and safe housing that will move them one step closer to FSS. Using trauma-informed and holistic approaches to permanent and temporary housing may be most effective for survivors of trafficking.

Table 3. *Family Self-Sufficiency Programs: Addressing Barriers Related to Housing*

Organization	Administration	Program	Population Served	Description
ORR	ORR in collaboration with the U.S. Conference of Catholic Bishops and Lutheran Immigration and Refugee Service	<a href="#">Unaccompanied Refugee Minors Program</a>	Unaccompanied refugee minors	Provides foster care and other services to unaccompanied refugee minors, including financial support, case management, life skills training, education supports, English language training, career/college counseling and training, mental health services, immigration services, cultural activities, recreational opportunities, support for social integration, and cultural and religious preservation
HUD	Local Public Housing Agencies (PHA) in collaboration with a Program Coordinating Committee	<a href="#">Family Self-Sufficiency Program</a>	Low-income families	Childcare, transportation, job training, employment counseling, and financial literacy; eligible families sign a Contract of Participation that dictates the terms of their program, including creation of an interest-bearing escrow account and a training and services plan.
HUD	Local PHAs in partnership with Public Child Welfare Agencies	<a href="#">Family Unification Program</a>	Low-income families; youth aged 18–24 who are homeless or at risk of homelessness	Provides housing subsidies and vouchers; offers rental assistance and supportive services that address topics such as money management skills, job preparation, educational counseling, and proper nutrition and meal preparation
HUD	Local PHAs	<a href="#">Housing Choice Voucher Program</a>	Very low-income individuals	Administer housing vouchers; the individual or family is responsible for finding housing and a housing subsidy is paid to the landlord directly by the PHA; families are responsible for paying the difference between rent and the voucher (if any)
HUD	Local PHAs	<a href="#">Public Housing Program</a>	Low-income families and individuals	Helps individuals and families find low income housing and ensures lease compliance

## Psychological Empowerment

Attaining psychological self-sufficiency is an important step toward achieving FSS. Psychological self-sufficiency has been described as the “bottom up process” of workforce development through individual empowerment (Hong et al., 2018). This process is dynamic—individuals continuously identify and overcome barriers to their employment, develop goals for both employment and success, and then begin to experience hope that they will reach these goals (Hong, 2013; Hong et al., 2014). Throughout this process, individuals begin to experience psychological empowerment, which includes recognition of personal capabilities and talents; utilization of skills and resource; gaining a sense of self-worth, confidence, self-motivation, and happiness; goal setting, and decision making (e.g., Bandura, 2001, 2006; Hong, 2013; Mellor, 2009; Orme-Johnson, 1988). Thus, Hong (2013) argues that economic self-sufficiency cannot be measured without considering this process of psychological self-sufficiency, which often involves “transforming clients from being discouraged and disconnected jobseekers to becoming empowered workers.” For example, the goal-oriented process of identifying potential jobs, drafting resumes and cover letters, requesting information from potential employers or other resources, and applying to jobs may be difficult for individuals who have low psychological self-sufficiency (Hong et al., 2018).

### Physical and Mental Health Barriers to FSS

#### Physical and Mental Health Consequences of Human Trafficking

##### Physical Health

- Headaches
- Chronic pain from injuries
- Memory loss
- Sleep disturbances
- Fatigue
- Malnutrition
- Dental problems
- Asthma
- Substance use issues
- HIV
- Sexually transmitted infections

##### Mental Health

- Depression
- Anxiety
- Posttraumatic stress disorder (PTSD)
- Severe stress
- Adjustment disorders
- Affective disorders
- Psychosis
- Suicidal ideation

(Zimmerman, Hossain, & Watts, 2011)

Research consistently shows that prior victimization (e.g., child maltreatment, sexual and/or physical abuse) is a risk factor for trafficking (e.g., Choi, 2015; Reid, 2014; Reid et al., 2017; Roe-Sepowitz, 2012). Survivors of trafficking often experience repeat and poly-victimization (De Vries & Farrell, 2017) as well as a wide range of mental and physical health consequences as a result of their victimization (e.g., Ottisova, Hemmings, Zimmerman, & Oram, 2016; Owens et al., 2014; Surtees, 2013; Zimmerman & Borland, 2009). In a recent study of 131 survivors of sex and labor trafficking, 71 percent experienced depression and 61 percent experienced PTSD. Survivors of sex trafficking were more likely to have experienced childhood abuse prior to being trafficked as well as a higher incidence of physical and sexual violence while they were being trafficked (Hopper & Gonzalez, 2018). Survivors of trafficking also experience difficulty accessing physical and mental health services without health insurance, including Medicare and Medicaid (Owens et al., 2014). As a result, many survivors are not treated at all or fail to access treatment tailored to their specific needs (Owens et al., 2014, Surtees, 2013; Zimmerman & Borland, 2009). Each of these mental and physical health problems are often major barriers to FSS. For example, physical health, mental health, and substance use problems may limit a survivor’s ability to find and sustain employment (e.g., Bloom, Loprest, & Zedlowski, 2011;

Polaris, 2015; Surtees, 2013). Treating multiple mental and physical health problems (including substance use) resulting from victimization while also trying to find housing, employment, transportation, and childcare can be extremely overwhelming and limit achievement of FSS.



The process of healing, therefore, must begin with ensuring the physical and psychological safety of the survivor (Office for Victims of Crime, 2016) and meeting basic needs (e.g., food, clothing). Survivors could then be provided assistance with navigating through the health care system to locate and access trauma-informed and culturally and linguistically competent care (Owens et al., 2014, Surtees, 2013; Zimmerman & Borland, 2009). During the physical and mental health treatment process, survivors will likely also receive assistance in finding transitional, short-, or long-term housing. Once survivors reach a point in their recovery where they are able to begin seeking employment, they could access a variety of programs and services discussed throughout this literature review to facilitate job training, career counseling, education, financial literacy, and sustainable housing. Definitions of goals and success should be evaluated continuously as the survivor moves through the process of attaining FSS.

The New Haven Mental Health Outreach for Mothers (MOMS) Partnership is an example of a two-generation and trauma-informed program that uses psychological empowerment as a starting point for addressing FSS. MOMS delivers services through a multi-agency partnership that focuses on meeting basic needs (e.g., housing, clothing, food) and addressing stress and social isolation. The goal is to reduce depression, address trauma, improve bonding between caregivers and children, and increase work readiness, which can result in a wide range of positive FSS outcomes (Popkin, Falkenburger, & Haight, 2018; Yale School of Medicine, 2019).

Examples of services and programs that address psychological self-sufficiency include job training and coaching, mental health, substance use, career counseling, and financial literacy (refer back to Tables 1–3). Additionally, Table 4 provides examples of federally funded programs that could help survivors access food assistance and health care (HHS, Medicaid, 2019a; HHS, Medicaid, 2019b; HHS, Medicaid, 2019c; Office of Refugee Resettlement, 2018b; Office of Refugee Resettlement, 2018c; U.S. Department of Agriculture, 2018a; U.S. Department of Agriculture, 2018b; U.S. Department of Agriculture, 2018c).

**Mental Health Outreach for Mothers (MOMS) Partnership**

- 78% program completion rate
- 76% of participants experienced a decrease in depressive symptoms.
- 67% of participants experienced a decrease in parental stress.
- Children of participants attended 6 more days of school than children of nonparticipants.
- 39% of participants were working at least 15 hours a week after program completion.
- 12 months after starting the program, 93% of parents in the program who also serve as Community Ambassadors were still employed.
- Participants with Section 8 housing were better able to comply with leases.

(Yale School of Medicine, 2019)

Table 4. *Family Self-Sufficiency Programs: Addressing Barriers Related to Health*

Organization	Administration	Program	Population Served	Description
HHS	Grants to state-level agencies	<a href="#">Basic Health Program</a>	Low-income individuals and families	Provides affordable health care coverage to low-income residents who do not qualify for Medicaid, CHIP, or other minimum essential coverage; also provides continuity of coverage for individuals whose income fluctuates above or below requirements for Medicaid and CHIP



Organization	Administration	Program	Population Served	Description
HHS, Centers for Medicare and Medicaid Services (CMS)	Formula grants to state-level agencies	<a href="#">Medicaid</a>	Low-income individuals and families	Offers health coverage for low-income pregnant women, children, parents, adults, and those with disabilities who have no medical insurance or inadequate medical insurance
HHS, CMS	Formula grants to state-level agencies	<a href="#">CHIP</a>	Low-income youth up to age 18	Provides health coverage for children who do not qualify for Medicaid and do not have private insurance
HHS, ACF, ORR	Reimbursements to state-level agencies	<a href="#">Refugee Medical Assistance</a>	Refugees	Provides medical assistance for newly arrived refugees who are ineligible for Medicaid or CHIP Provides preventive health medical screenings and assessments to newly arrived refugees for early diagnosis and treatment of illnesses that are contagious or are barriers to self-sufficiency
HHS, ACF, ORR	Discretionary, direct service grants	<a href="#">Refugee Preventive Health Program</a>	Refugees	Provides preventive health medical screenings and assessments to newly arrived refugees for early diagnosis and treatment of illnesses that are contagious or are barriers to self-sufficiency
USDA	Formula grants to state- or county-level agencies	<a href="#">SNAP</a>	Low-income individuals and families	Offers nutrition assistance benefits through state and retail partnerships; eligible individuals and families receive an electronic benefit transfer card, similar to a debit card
USDA	Formula grants to state-level agencies	<a href="#">WIC</a>	Low-income women, children, and infants who are nutritionally at risk	Improves health of mothers and their children by offering nutrition counseling, grocery vouchers, referrals, and access to health services
USDA	Formula grants to state-level agencies	<a href="#">Child Nutrition Programs, Food and Nutrition Service</a>	Low-income families	Offers nutritious meals and snacks for low-income children in schools, after-school care programs, and other childcare institutions

## Parental Empowerment

### Components of Parental Empowerment

- Confidence managing children
- Coping with problems
- Requesting help
- Contributing to child development
- Developing knowledge and understanding services
- Confidence collaborating with service providers
- Participating in decision making
- Ensuring access to services

(Vuorenmaa et al., 2015)

Parental empowerment is a process through which parents gain the knowledge and skills necessary to take control of family life (e.g., Koren, DeChillo, & Friesen, 1992; Vuorenmaa, Perala, Halme, Kaunonen, & Astedt-Kurki, 2015; Wakimizu, Fujioka, Yoneyama, Iejima, & Miyamoto, 2011). Family self-sufficiency often is directly affected by parental empowerment and the well-being of the family unit (Snohomish County Self-Sufficiency Task Force, 2010). Factors at the individual and family level (e.g., resiliency, mental and physical health, low income) contribute to family well-being, which

can affect interactions between parents and children, child outcomes, and familial conflict (e.g., Chien & Mistry, 2013; Conger, Rueter, & Conger, 2000; Newland, 2015). Parents who experience financial or familial stress, lack confidence in their parenting skills, lose their temper, or worry about their child's health tend to feel less empowered (e.g., Nachshen and Minnes, 2005; Vuorenmaa et al., 2015; Wakimizu et al. 2011; Weiss, & Lunskey, 2011). Less empowered parents may be less likely to feel confident in managing their children, seeking out services that children need, and interacting with service providers (Vuorenmaa et al., 2015), which may limit their ability to reach FSS.

### **Parental Empowerment Barriers to FSS**

Survivors of trafficking may experience a variety of barriers to parental empowerment. For example, trafficking could result in years of separation between survivors and their families. The process of family reunification is long and complex, often including financial instability, parent-child tension (Juabsamai & Taylor, 2018; Surtees, 2013), and refamiliarization with family roles (Busch-Armendariz, Nsonwu, & Heffron, 2011; Juabsamai & Taylor, 2018). Adult survivors are sometimes unprepared to address the needs of their children once reunified, lacking knowledge of how to enroll their children in school, childcare services, or health insurance (Busch-Armendariz et al., 2011). Child survivors of trafficking may experience strained interpersonal relationships with family members and peers, feelings of guilt and shame, and mental health issues (e.g., Kiss, Yun, Pocock, & Zimmerman, 2015; Surtees, 2013). The complex trauma and tension that families with reintegrated survivors experience may require a variety of supports such as psychosocial support and counseling, economic assistance, family mediation and counseling, extended case management, and safety planning to prevent re-trafficking (e.g., Rigby, Malloch, & Smith, 2012; Surtees, 2013).

Some survivors may have been incarcerated during their trafficking experience, which also has a negative impact on children and FSS. Parental incarceration impacts children's attention skills, socio-emotional behaviors, and cognitive knowledge, which are all linked to educational achievement, educational attainment, and labor market outcomes (e.g., Haskins, 2014). Children who have an incarcerated or previously incarcerated parent tend to have lower educational attainment and are more likely to be held back a grade, have poor academic performance, and have increased school absences (Turney & Goodsell, 2018; Haskins, 2014). When family economic resources are limited as a result of parental incarceration, children tend to have earlier entrance into full-time employment, which can limit educational attainment (Fomby & Boswick, 2013). A lack of financial stability may also increase the risk of labor and sex trafficking if an adult or child feels pressured to economically support the family (Tsai, 2017).

Sole-income earners due to incarceration (Hiolski, Eisenberg, & Schlafer, 2019; National Resource Center, 2014; Wakefield & Wildeman, 2018) or being a single-parent household (Stack & Meredith, 2018) experience financial pressure and increased reliance on public assistance. For example, single mothers tend to experience greater challenges than married mothers, such as lower earned income, less access to economic resources, and lower education (e.g., Cairney, Boyle, Offord, & Racine, 2003; Harknett, 2006). Low-income families often rely on child support programs, which provide financial support through automatic income withholding and case management (U.S. Department of Health and Human Services, Office of Child Support Enforcement, 2016).

Survivors of trafficking could participate in several different types of programs that address parental empowerment (see Table 5; Changing Children's Worlds, 2019; U.S. Department of Health and Human Services, HRSA, 2018; Office of Family Assistance, 2018; Oregon Department of Human Services, 2019; Parenting Inside Out, 2019). Federal programs through HHS strive to increase FSS by addressing parenting skills, good parenting practices, parental and child health, and prevention of child



abuse and neglect. Similar programs are also funded at the state level. For example, the Oregon Department of Human Services Family Support and Connections Program (2019) is a home visiting program aimed at preventing child abuse, neglect, and entry into the foster care system while strengthening family stability, parenting skills, resiliency, and social connections. Home visiting programs vary but generally promote FSS by teaching parenting skills and assisting families with finding employment, educational, and health services. These voluntary services and supports are home based and have shown positive impacts on FSS such as greater economic self-sufficiency; improved maternal and child health; improved parenting practices; reductions in child maltreatment, juvenile delinquency, family violence, and crime; and increased referrals to services (Minkovitz, O’Neill, & Duggan, 2016).

Parenting programs also serve specific populations. Federal, state, and local initiatives throughout the United States have focused on promoting father involvement in families. For example, OFA initiated the Healthy Marriage and Responsible Fatherhood discretionary grant program to provide services to improve the well-being of children and families, including FSS. State-level fatherhood programs have emphasized increasing parental involvement, parenting skills, employment, financial management, communication skills, substance use and mental health treatment, and child support payments. Participants in fatherhood programs have shown increases in child support payments, confidence in parenting skills, and employment (Pearson, 2018). Programs like Parenting Inside Out (2019) work with parents who are in jail or prison to increase parenting skills. Positive outcomes from participation in the program include reduced recidivism, increased family contact, increased use of positive reinforcement with children, lower parental stress, and improved mental health outcomes (Eddy, Martinez, & Burraston, 2013). Participation in these types of programs could move trafficking survivors closer to FSS by increasing parental and economic empowerment.

Table 5. *Family Self-Sufficiency Programs: Addressing Barriers Related to Parental Empowerment*

Organization	Administration	Program	Population Served	Description
Changing Children's World Foundation	Organization self-funded and administered	<a href="#">International Child/Parenting Development Program</a>	Caregivers, parents, and children	Provides trainings, workshops, and learning groups to strengthen relationships between children and parents/caregivers using a comprehensive psychosocial approach
Oregon Department of Human Services	Organization self-funded and administered	<a href="#">Family Support and Connections Program</a>	TANF recipients	Offers services focused on strengthening parenting and family stability and decreasing the risk factors for child abuse and neglect to prevent children on TANF from entering the foster care system
HHS, HRSA	Formula grants to state-level agencies	<a href="#">Maternal, Infant, and Early Childhood Home Visiting Program</a>	Pregnant women and families	Provides resources to prevent child abuse and encourage healthy child development through positive parenting and improvement of maternal and child health
HHS, ACF, OFA	Discretionary, direct service grants	<a href="#">Responsible Fatherhood</a>	Low-income fathers	Provides services that aim to strengthen father-child relationships, encourage healthy and stable parenting, and improve employment opportunities

Organization	Administration	Program	Population Served	Description
Parenting Inside Out	Organization self-funded and administered	<a href="#">Parenting Inside Out</a>	Criminal justice-involved parents	Provides an evidence-based, cognitive behavioral parent management skills training program; four different versions of the curriculum address different populations (e.g., jail vs. prison) and topics (e.g., problem solving, positive reinforcement, nonviolent discipline, co-parenting)

## SUMMARY AND RECOMMENDATIONS

The term *family self-sufficiency* reflects a multidimensional and evolving process of the ability to sustain economic independence without relying on public assistance programs. To be self-sufficient, a family

### Components of FSS

- Employment
- Income
- Health insurance
- Housing
- Food
- Psychological empowerment
- Education
- Life skills
- Mental and physical health
- Substance use support
- Parenting capacity
- Child care
- Transportation
- Safety
- Reducing barriers associated with criminal history
- Social support

(Hong et al., 2018; Newland, 2014; Snohomish County Self-Sufficiency Taskforce, 2010; Weigensberg et al., 2014)

must have sustainable employment, income, housing, psychological empowerment, and parental empowerment; however, the ability to meet these needs is affected by a wide variety of other factors (e.g., Dion et al., 2013; Hawkins, 2005; Hong et al., 2018; Snohomish County Self-Sufficiency Taskforce, 2010; Weigensberg et al., 2014). Many of the components of FSS are also risk or protective factors for experiencing human trafficking. For example, studies have shown that trafficked youth often lacked access to shelter, money, and food (e.g., Wolfe et al., 2018). Many survivors continue to lack access to the most basic needs such as food, shelter, and clothing even after they no longer are being trafficked (McCann, 2018) and thus experience a wide range of barriers to becoming self-sufficient. Thus, conceptualizing FSS as a fluid, individualized, and highly contextual process with evolving definitions of “success” may lead to greater positive outcomes for survivors. To do this, the following recommendations should be considered:

1. **Holistic approach:** Survivors must have a solid foundation to begin working toward FSS from the bottom up. The first step is to meet basic needs (e.g., housing, food, clothing), ensure safety, and begin treating physical and mental health conditions. Once a survivor achieves stabilization, they can begin achieving psychological self-sufficiency by developing FSS goals and identifying barriers to achieving these goals while beginning to experience a greater sense of confidence, self-worth, happiness, and self-motivation. Through this process, survivors can also recognize their personal capabilities, talents, and skills (e.g., Bandura, 2001, 2006; Hong, 2013; Hong et

al., 2014; Mellor, 2009; Orme-Johnson, 1988). A wide range of services can then help survivors begin developing FSS (e.g., job training, career coaching, financial literacy programs, housing assistance, counseling). Special attention should be paid to the use of two-generation approaches to FSS.

2. **Client-specific, flexible approaches:** Programs and services should be tailored to meet the specific needs of the individual and family, which are unique and highly contextualized. Approaches

should be flexible, allowing for consistent contact with a case manager who can assist their client in coordinating care across multiple systems and agencies. Consistent followup with clients can ensure that survivors' needs are being met in a timely and effective manner.

3. **Trauma-informed care:** Using trauma-informed approaches while providing services to survivors of trafficking is critical. Programs and service providers should learn to recognize the signs, symptoms, and impacts of trauma on survivors and their families in order to avoid re-traumatization. This can be achieved by systematically developing and integrating trauma-informed policies, procedures, and practices (Substance Abuse and Mental Health Services Administration, 2014), especially in financial literacy, employment, and housing programs for survivors of trafficking.
4. **Culturally competent care:** Service providers will more effectively assist survivors of trafficking if they recognize and understand the impacts of cultural customs, race, ethnicity, immigration status, and language. This could be as simple as listening, asking questions, providing survivors with choices, and making appropriate referrals. A variety of resources on cultural competence are available through the National Center for Cultural Competence (2019) such as online self-assessments, trainings, technical assistance, tools, and guides.
5. **Collaboration across agencies and programs:** Survivors will be better served if providers leverage the services of multiple organizations through formal and informal partnerships. It would be very difficult for one program to serve all of a survivor's needs, but collaborating across multiple agencies and programs provides the opportunity for more consistent and comprehensive services. Collaboration also provides the opportunity for raising awareness of available services, identifying gaps in services, and coordinating case management in a way that reduces the burden on the survivor.
6. **Research and evaluation:** While research has consistently shown that survivors of trafficking have a variety of FSS needs, there is still a lot to be learned about survivors' FSS outcomes. For example, the evaluation of OTIP's DVHT program has identified case management processes, client needs, types of services delivered, types of referrals made, gaps in services, barriers to service delivery, and costs of case management (Hardison Walters et al., 2017). Future research and evaluation of programs should continue exploring survivors' use of FSS services and gaps in services and begin assessing long-term survivor FSS outcomes. Special attention could be paid to survivors' use of federal, state, and private FSS programming and associated outcomes, in addition to networks of community-based service provision and two-generation approaches.

If survivors of trafficking are provided with holistic and comprehensive services to meet their basic needs, develop psychological empowerment, attain sustainable employment, and enhance their financial empowerment, they will be on the right track to achieving FSS, decreasing their likelihood of revictimization, and moving toward greater health and well-being.



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