INSTITUTE for SHELTER CARE

Referrals & Intakes Report

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Introduction

In 2016, when The Samaritan Women[1] began studying the national landscape of shelters serving victims of domestic human trafficking, we were able to confidently assert that there were not enough recovery beds to meet the needs of survivors. An informal scan during 2016-2017 yielded 40+ established programs offering residential care for trafficking victims. By February 2020, there were 132 shelter programs nationally, with 16 states having no program and 12 states having only one. Within two and a half years' time (August 2022), we have a landscape of 233 shelter programs that are specific to victims of trafficking and the deficit numbers have gone down by half. Only 8 states have no program and 6 states have only one.

However, we must be careful to assume that there is a need to have a certain number of agencies or qualified beds per state. Across this field of restorative care, we have learned that over 95 percent of these agencies will accept victim referrals from anywhere in the United States. That may mean that a state such as New Hampshire (which as of this writing has no shelter program) may not need one because (adult) survivors in that area could be relocated and served by programs in neighboring states. Further research needs to be done to determine the areas where service provision is most needed.

This study sought to focus on the pipeline of demand for services, to ascertain how these shelters become introduced to victims seeking care, and to better understand the criterion by which trafficking victims may be excluded from placement in these agencies.

Methodology

An email invitation to participate in this national survey was sent to 233 agencies identified as providing residential care to survivors of sexual exploitation/trafficking. Forty-one responses were received; therefore, this sample reflects 18 percent of the trafficking shelter population in the United States, according to the Institute for Shelter Care's national landscape map.

Throughout this report, reference will be made to the 2017 *Practices* study, published by the Institute for Shelter Care and available in our Research Library (https://instituteforsheltercare.org/research-library/). This prior study provides a useful baseline for how the field has changed over the past five years in contrast to where we are now.

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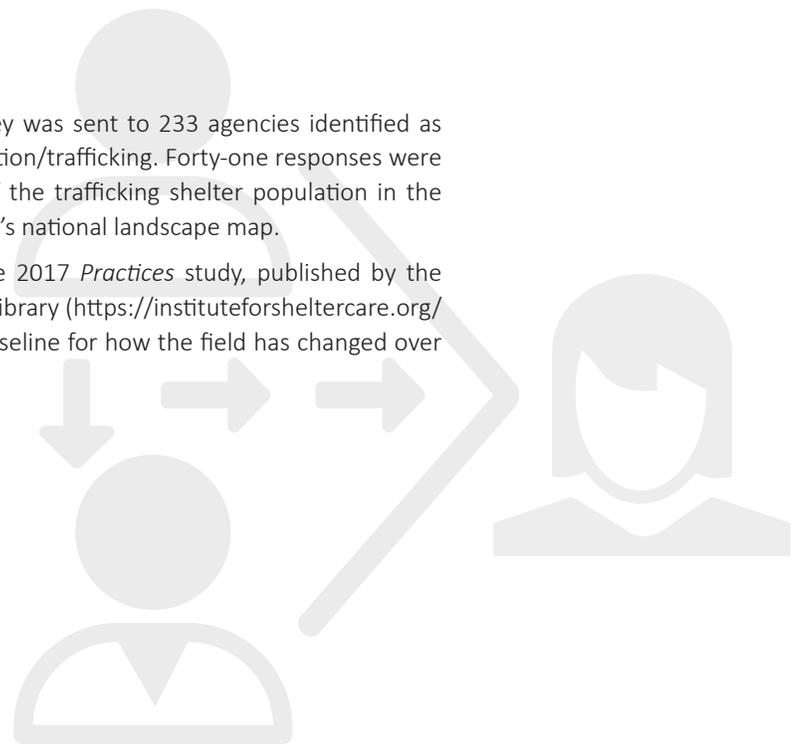
[1] The Samaritan Women was the parent brand of the Institute for Shelter Care during 2007 – 2020.

Respondents

Program Type and Duration[2]

This survey sample included the following types of agencies:

20% Emergency Shelter – 1-5 day holding, usually in coordination with law enforcement

32% Stabilization Program – usually 3-6 months of residential care, goal is to determine long-term course of action

76% Restorative Program – usually 12 months or more, long-term care with goal of social re-entry

22% Independent Housing – unsupervised housing with support and accountability
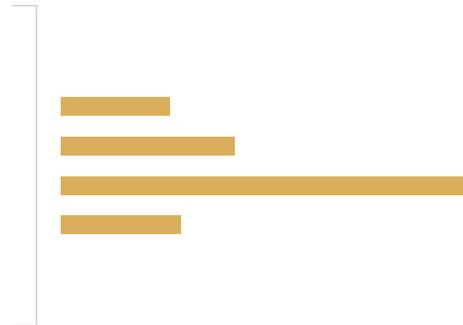
Respondents represented 23 different states across the U.S. with California having the most respondents (5). Of this subset of agencies, the average length of experience for providing direct care was 7.8 years. Two agencies reported 24 and 32 years of service and 5 agencies reported 1 year or less. Subtracting these 7 agencies from the high and low ends, the average years of experience of this sample was 7.6 years. An agency maturity of 7+ years represents a seasoned and credible sample.

Age Served

Most of the agencies that responded to the survey provide care to individuals over the age of 18. This is appropriate for the purposes of the topic, given that agencies that serve minors often have a specific pipeline for referrals and may be under contractual obligation to take all referrals regardless of conditions. Therefore, this report should be read through the lens of those agencies that must market their services and who can make discerning decisions about candidate placement.

The following chart and table reflect the victim population service by this subset of the national landscape.

15% Younger minors (14 and younger)

20% Older minors (15-17)

80% Younger adults (18-21)

85% Adults

29% Adults with child(ren)

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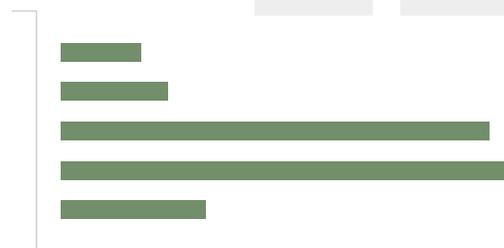
[2] Several agencies (N=17) operate more than one type of program and were invited to respond reflecting all of their program areas; therefore, the total number of responses (above) exceeds 100 percent.

Religious Character

Most of the respondents (56%) identified their programs as being faith-based, where the core values, policies and practices are grounded in a shared belief system. While voluntary for residents, the agency's faith conviction is evident in programming, staffing, and decision-making. Approximately a quarter of respondents (27%) indicated that their agencies do not align with a particular belief system but makes provisions for residents to participate in faith formation and religious activities, if desired.

Respondent Role

The Program Director was the respondent in 56 percent of the surveys and the Executive Director in 20 percent. Other respondents included Case Manager, CFO, Board Chair, Clinical Director, Regional Director, Operations Manager, Director of Client Care and Program Specialist.

Referrals

Referral Source

Many respondents noticed changes in their referral sources over the past few years, but their observations about those changes varied. One agency noticed an increase in referrals from other anti-trafficking organizations and joined the National Trafficking Sheltered Alliance (NTSA), which created a new referral source. Another NTSA member agency indicated they had not seen any referrals from NTSA in the past six months and yet another experienced a 31 percent reduction in referrals from Alliance Referral System since 2020. One agency that joined the Safe Shelter Collaborative noticed several more referrals from that source. One respondent said they used to get a lot of referrals from drug and alcohol treatment centers, and another said they've seen an increase in referrals from other safe homes as well as self-referrals. Three agencies noticed a decrease in referrals since 2020 that have since risen that they attribute to the recent pandemic.

The following table compares the percentage of referrals from each of the various sources, contrasting results from 2017 with 2022. Nine agencies said that they saw no changes in their referral sources.

Referral Source	2017 Study	2022 Study
Other Service Providers/CPS	15%	25%
Other Human Trafficking Shelters	37%	21%
Alliance Referral System	N/A	18%
State/Local Police	13%	15%
Homeless/Runaway Shelters	N/A	15%
Self/Family	22%	14%
Local Anti-Trafficking Outreaches/Drop-In Centers	9%	13%
Department of Corrections/Prison/Jail	16%	13%
Hospital/Medical Providers	3%	12%
National Human Trafficking Hotline	1%	10%
Federal Bureau of Investigations	8%	6%
Schools	N/A	6%
Churches	N/A	5%
Homeland Security Investigations	7%	3%
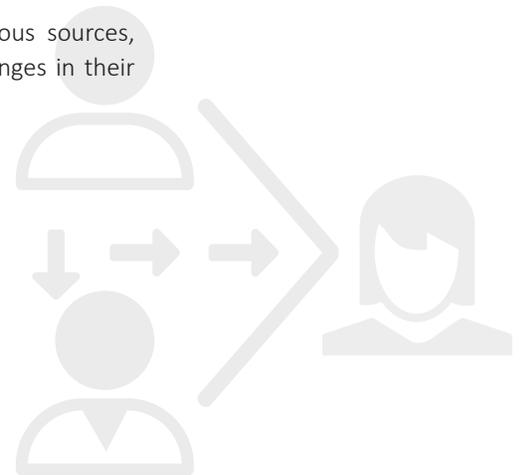
By comparing findings from the 2017 *Practices* Study to the present, we see that shelters are getting referrals from a wider variety of sources. We might attribute that referral diversity to the extensive public awareness efforts that have taken place in communities across the nation over the past five years. During this period, we saw an increase in the use of centralized referral services such as the Alliance Referral System, Safe Shelter Collaborative, and the National Human Trafficking Hotline. The Institute for Shelter Care—which does not operate a referral system—maintains a database of the national shelter landscape, depicting the 233 shelter programs that serve victims of exploitation (https://instituteforsheltercare.org/shelter-map/). This map is often used by outside agencies to identify prospective shelter programs, as evidenced by the feedback provided to the Institute.

While there are a range of referral sources and some emerging systems, it is the Institute for Shelter Care's recommendation that shelter programs continue to make their federal, state, and local law enforcement, department of corrections, and community-based service providers aware of their services and their criterion for intake. As many of us in the field know, referrals are often premised on relationship. Agents, case managers, court professions, etc. are consistently more likely to make repeated referral to the shelter agencies with whom they have a relational contact.

Accepted Referrals

Next, we move to understanding how many of those referrals are realized and how many become accepted placements. For the timeframe of 2019-2021 only, these agencies averaged 71 referrals per year and accepted an average of only 10 new intakes per year. One Midwestern agency, for example, reported 288 referrals in 2021, but only 19 intakes were accepted that same year. This data provokes even more questions.

Percentage of Accepted Referrals by Year

Year	2017 Practices Report	2019 Reported	2020 Reported	2021 Reported	2022 to Date
Total Number of Referrals	3,023 (*N*=39)	880 (*N*=17)	1,443 (*N*=23)	2,683 (*N*=27)	2,085 (*N*=33)
Avg. Number of Referrals per Agency	77	52	63	99	63
Number of Referrals Accepted	778 (*N*=42)	110 (*N*=16)	230 (*N*=22)	307 (*N*=24)	240 (*N*=26)
Avg. Number of Intakes per Agency	19	7	11	13	9

First, 71 referrals per year seems abnormally high compared to an average of 33 per year from the *Practices*. Study. Second, the delta between referral received and placements accepted also seems high. To help us understand why those acceptance numbers appear so disproportionate, we must appreciate that today when a Referrer is endeavoring to make a placement, that Referrer may be reaching out to multiple agencies simultaneously which would cause that single survivor inquiry to be counted multiple times. When the Referrer is a system, such as the National Hotline or Alliance Referral System, that single survivor inquiry could be sent out to all the agency members in their database, which could mean that (using this survey sample), a single referral would be counted 41 times if every agency in this sample received that same referral. These systems are helpful to placement but skew our numbers in terms of total referrals issued.

These numbers also tell us very little about barriers to placement. What would make for a better question is: "Of the referrals you *actively considered*, what percentage of those did you accept?" On this question, the Institute can only offer what has been shared anecdotally by shelter leaders,

and that is: on average, agencies accepted about one-third of the applicants they actively considered. These are numbers we need to continue to track.

We move now to better understanding the criterion on which these decisions are made. In the following sections we group various conditions that may appear on an application form or as part of a candidate's disclosure. We sought to identify the conditions that were largely irrelevant to placement ("we could likely accept") versus those conditions that might disqualify a candidate for placement ("we would likely not accept/definitely not accept").

Legal Conditions

If referrals had present legal conditions, most respondents would consider accepting them, as represented in the below chart. It's worth noting that legal challenges were among the least consequential to placement.

If a referral...	We would likely accept	We would consider against other conditions	We likely would not accept	We could definitely not accept
...had an open court case	80%	12%	5%	2%
...had open warrants	38%	50%	10%	3%
...was convicted of a felony	43%	55%	0%	3%
...was under imminent threat	54%	41%	2%	2%
...was in witness protection program	36%	59%	3%	3%

Medical Conditions

According to the chart below, respondents were varied in their acceptance guidelines surrounding medial conditions. Comparing the results of our 2017 *Practices* study to these 2022 findings, some data points have remained stable. For example, agencies would decline placement if the candidate was pregnant 26 percent in 2017 and 24 percent in 2022. Agencies would decline if the candidate was prescribed narcotics 26 percent in 2017 and 18 percent in 2022.

If a referral...	We would likely accept	We would consider against other conditions	We likely would not accept	We could definitely not accept
...tested positive for HIV/AIDS	73%	25%	0%	3%
...wanted your help to get an abortion	28%	30%	23%	20%
...was diabetic	71%	27%	2%	0%
...was epileptic	44%	51%	5%	0%
...was on prescribed narcotics	40%	23%	20%	18%
...was pregnant	44%	17%	15%	24%

Mental Conditions

This study found that a candidate's mental health profile was also not an overwhelming barrier to placement. In our 2017 *Practices* study, 49 percent of agencies would decline a candidate if the individual was diagnosed psychotic and 43 percent would decline if diagnosed schizophrenic. In that same 2017 study, 53 percent of respondents indicated that they were not equipped to serve clients with severe mental illness/psychosis. In contrast, this 2022 study found that agencies are less likely to automatically decline and more likely to consider mental health needs in light of other co-occurring conditions. We might theorize that over the past five years this field has become more experienced with a range of diagnoses and therefore more open to serving individuals who have been labeled as such.

If a referral…	We would likely accept	We would consider against other conditions	We likely would not accept	We could definitely not accept
…attempted suicide in the past 12 months	66%	34%	0%	0%
…had fewer than 15 days clean	35%	25%	30%	10%
…had fewer than 30 days clean	44%	32%	18%	5%
…was a high flight risk	39%	37%	22%	2%
…was diagnosed bipolar	73%	27%	0%	0%
…was diagnosed borderline personality disorder	56%	34%	10%	0%
…was diagnosed dissociative (not same as DID)	55%	38%	8%	0%
…was diagnosed psychotic	20%	44%	27%	10%
…was diagnosed schizophrenic	23%	48%	18%	13%
…was diagnosed with dissociative identity disorder (DID)	32%	46%	17%	5%
…was on methadone/suboxone	37%	27%	15%	22%

In the 2017 study, 34 percent of agencies indicated that they would decline placement if the candidate had fewer than 30 days of sobriety. This barrier has clearly been reduced over the past several years, with this study showing that only 5 percent would definitely decline, and 18 percent would likely decline. There is still concern, however, if the candidate has fewer than 15 days, which was found consistent in both studies.

It is also worth calling out that while many shelter programs screen for suicidality, very few—if any—agencies decline placement based on a history of suicide ideation or attempt.

Other Conditions

Responding agencies had a diverse set of acceptance criteria when it came to other conditions. Consistent with prior studies, some agencies cannot/will not accept a candidate with a child(ren) in custody. This may be due to regulatory or licensing constraints, lack of services, or concern over liability.

If a referral...	We would likely accept	We would consider against other conditions	We likely would not accept	We could definitely not accept
...did not have insurance to pay for services	95%	2%	2%	0%
...did not understand/speak English	34%	20%	27%	20%
...has a support pet s/he wanted to bring	25%	20%	23%	33%
...had been involved in exploiting others	22%	61%	12%	5%
...had child(ren) in her custody	23%	18%	20%	40%
...identified with a sex other than biological sex	27%	29%	27%	17%
...participated in ritualized abuse	25%	53%	15%	8%
...was over age 35	66%	10%	5%	20%
...was over age 55	59%	12%	7%	22%
...was not confirmed as a victim of trafficking	10%	40%	35%	15%

It is important to note that four of the agencies that would not accept someone over the age of 35 were agencies that only serve minors.

Contrasting to 2017 data, note that all of the conditions that were heightened reasons for decline in 2017 became less significant by the 2022 study. This may be attributed to the field in general becoming more mature and able to respond to the diverse needs of survivors.

	2017 We could definitely not accept	2022 We likely would not accept	2022 We could definitely not accept
...did not understand/speak English	40%	27%	20%
...had been involved in exploiting others	13%	12%	5%
...had child(ren) in her custody	62%	20%	40%
...identified with a sex other than biological sex	38%	27%	17%
...participated in ritualized abuse	21%	15%	8%

New Conditions

As noted throughout this report, shelters have matured and lessened their barriers to entry over the past five years. Looking forward at an ever-changing landscape of survivors, this study concluded by asking these shelters what additional conditions they were preparing to accept. Ten respondents noted that they will be adding conditions that they had not previously. These included:

- Women with children (*N*=3)
- Boys/Men
- HIV-positive clients
- Those who identify as transgender
- Spanish-speaking/non-English-speaking clients (*N*=3)
- Different levels of sobriety, specific to the substance
- Clients on Medication-Assisted Treatment (MAT)

One agency also reported that they are working on having a support animal available for the residents at their house.

Postlude

Some critics of the shelter community have suggested that these agencies are too "high barrier," that they enforce too many restrictions on survivor candidates and therefore limit placement. This study, particularly in contrast to this community five years ago, suggests otherwise. In a number of areas, acceptance criterion has widened. What remains problematic, however, is our collective ability to quantify the number (and characteristics) of victims who may be seeking services. We still do not confidently know if there is a gap between those who are (or would be) seeking residential placement and the community of providers ready to serve them.