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TRAUMA-INFORMED ADMISSION & INTAKE PROCESSES

BEST PRACTICES FOR HUMAN
TRAFFICKING RECOVERY PROGRAMS

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EXECUTIVE SUMMARY

Survivors of human trafficking experience complex trauma that profoundly affects their perception of and engagement with support systems. The admission process — a survivor's first interaction with recovery programs — represents a critical opportunity to establish trust and begin the healing journey. When thoughtfully designed with trauma-informed principles, admission processes can empower survivors, cultivate trust, affirm their agency, and create pathways to recovery. Conversely, approaches that prioritize institutional needs over survivor wellbeing may unintentionally mirror harmful dynamics that survivors have experienced during exploitation, risking unintentional retraumatization, compromised trust, and survivor disengagement from services.

This white paper examines current challenges in admission procedures for human trafficking recovery programs and offers actionable, evidence-based recommendations for refining and improving these processes. Drawing from trauma research, survivor feedback, and established best practices in trauma-informed care, we propose a phased admission model that balances programs' needs for necessary information with survivors' needs for safety, autonomy, and dignity.

The process of admitting a survivor into a recovery program is inherently complex. Service providers must collect enough information to assess mutual fit, ensure safety, and form individualized care plans, all while avoiding questions or procedures that might retraumatize or overwhelm the survivors they aim to help. By implementing trauma-informed principles throughout admission and intake, programs can transform these first interactions from potential barriers into bridges to healing.

The recommendations in this white paper focus on redesigning admission procedures with trauma-informed principles at their core to best honor survivors' agency, build authentic trust, and lay the foundation for meaningful recovery. By ensuring physical and emotional safety for both program staff and survivors, promoting survivor agency, and promoting transparent, ethical collection of personal information, human trafficking recovery programs can transform the admission process from a potential obstacle to an open door to healing services.



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UNDERSTANDING TRAUMA IN TRAFFICKING CONTEXTS

THE NATURE OF TRAFFICKING-RELATED TRAUMA

Defined as emotional, psychological, and/or physiological responses to events perceived as life-threatening or overwhelming to an individual's capacity to cope, trauma is an integral and defining element of a human trafficking experience. Trauma is characterized by the dysregulation of the nervous system and the persistent activation of the body's stress response, and in the context of human trafficking, traumatic experiences are frequently prolonged, chronic, interpersonal, and exceptionally severe [1]. Many survivors suffer trauma prior to being exploited as well, often beginning in childhood and contributing to their initial vulnerability to victimization.

Survivors of sex trafficking, in particular, experience extremely high rates of complex trauma, a form of psychological distress that results from sustained exposure to interpersonal violence [1]. The nature of victimization through sex trafficking contributes significantly to complex trauma, and the degree to which survivors are impacted is only heightened by the likelihood of experiencing other forms of trauma as well, including psychological manipulation, emotional and physical abuse, and interpersonal betrayal. Complex trauma is strongly associated with developing severe mental health conditions, including complex PTSD, dissociative disorders, clinical anxiety and depressive disorders, and long-term impairments in cognition, attention, and relational functioning.

On a neurological level, trauma affects the amygdala, hippocampus, and prefrontal cortex, which are collectively responsible for threat detection, emotional regulation, memory processing, and executive functioning [1]. Hyperactivity in the amygdala often results in hypervigilance, heightened fear responses, and susceptibility to anxiety disorders. Impairment in the hippocampus contributes to emotional dysregulation, memory problems, and diagnoses of mood disorders. Damage to the prefrontal cortex may suppress its activity, which affects impulse control, decision-making, critical thinking, and concentration. These neurological changes often develop among human trafficking survivors as adaptive responses to the extreme stress they experience, but regularly continue to impact their well-being and mental health long after they have exited exploitation.

THE IMPORTANCE OF TRAUMA-INFORMED CARE

The severe, complex, and varied nature of the trauma experienced by human trafficking survivors deeply affects how they engage with systems of care, especially in healthcare, legal, and social service contexts. Psychological stress responses, often considerably altered by traumatic experiences, frequently result in survivors presenting as guarded, withdrawn, paranoid, agitated, or disoriented. The likelihood that survivors are dealing with psychological conditions as well may exacerbate these responses, especially in situations that are unfamiliar or feel invasive or unsafe.

Trauma-informed care acknowledges this reality. A holistic, strengths-based framework, trauma-informed care recognizes the impact of trauma, understands its clinical and behavioral manifestations, and integrates this understanding into every aspect of service delivery [2]. In contrast to trauma-specific treatment, which focuses on the clinical treatment of trauma-related symptoms and conditions, trauma-informed care is an overarching approach that seeks to ensure that all interactions and environments feel safe, empowering, and responsive to the complex needs of trauma survivors. The goal of many trauma-informed practices is to make accommodations for the impact of trauma on survivors and to engage them as active participants in their own care, thereby building survivor agency and confidence in their ability to achieve healing [3].

Given universal exposure to complex trauma and high rates of severe mental health conditions among trafficking survivors, full adoption and integration of trauma-informed care must form the foundation of restorative care. This strategy is particularly crucial during admission and intake processes that survivors encounter during some of their most vulnerable moments after exiting trafficking situations.

[1] Clawson, H.J., Salomon, A., Grace, L.G. (2008). Treating the hidden wounds: Trauma treatment & mental health recovery for victims of human trafficking. Office of the Assistant Secretary for Planning & Evaluation, Department of Health & Human Services. <https://aspe.hhs.gov/reports/treating-hidden-wounds-trauma-treatment-mental-health-recovery-victims-human-trafficking-0>

[2] Menschner, C. & Maul, A. (2016). Key ingredients for successful trauma-informed care implementation. Center for Health Care Strategies. https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

[3] Santos, J., Chakoian-Lifvergren, K., & Sethi, R. (2019). Trauma-informed care for survivors of human trafficking: A state of the field in 2019. Institute on Assets & Social Policy, The Heller School for Social Policy at Brandeis University. <https://heller.brandeis.edu/iere/pdfs/racial-wealth-equity/immigrant-integration/trauma-informed-care-for-survivors-of-human-trafficking-a-state-of-the-field-in-2019.pdf>



CURRENT CHALLENGES IN ADMISSION PROCEDURES

Despite growing awareness of trauma-informed principles throughout the anti-trafficking field, many recovery programs utilize admission models that may inadvertently create barriers to care. The following challenges have been identified through program evaluations, survivor feedback, and research on service delivery.

INTENSIVE FRONT-LOADED PROCESSES

A common flaw in admission systems is the consolidation of multiple information-gathering stages into one intensive process. Survivors are frequently asked to complete an extensive application, sometimes 20 pages long, before their basic eligibility is evaluated or the availability of a space in the program is confirmed. This approach requires survivors to disclose potentially retraumatizing information without knowing whether the program is appropriate or available for their needs.

Instead of segmenting the admission process into graduated phases that build trust incrementally, many programs use comprehensive intake forms as the first point of contact with survivors. This leads to emotional overwhelm, unnecessary exposure to triggering questions, and a lack of clarity about next steps toward acceptance into the program.

INFORMATION COLLECTION WITHOUT A PURPOSE

Many admission procedures collect detailed personal information that may not be essential for determining program fit. Survivors report being asked about intimate family dynamics, detailed abuse histories, reproductive health information, or explicit trauma details during initial interactions. Ethical data collection practices recommend that information like this should only be gathered when there is a clear, legitimate purpose that directly benefits the individual providing the information — the survivor, not the program.

Admission processes that include questions unrelated to a survivor's eligibility or the program's ability to meet their needs can undermine survivors' trust and sense of agency, especially when survivors are asked deeply personal questions without understanding how this information will be used to support or inform their care. Unnecessarily intrusive questioning during early interactions between programs and survivors can trigger shame responses and reinforce feelings of being judged or evaluated, rather than supported and

welcomed. These processes are counterproductive in many cases, as survivors' foundational trust in the program and their willingness to share information later may be diminished.

RISK MANAGEMENT VS. SURVIVOR WELL-BEING

Evaluations of recovery programs throughout the anti-trafficking field reveal that some admission procedures prioritize organizational risk management over survivor empowerment. Questions in these processes focus on identifying potential challenges for providers rather than understanding the survivor's needs for care and goals for healing related to the program's ability to support them. This approach can create an atmosphere of interrogation rather than collaboration, potentially reinforcing power imbalances that mirror trafficking experiences.

SECONDARY TRAUMA IN SERVICE PROVIDERS

Working in the anti-trafficking field can easily result in secondary trauma, and when left unrecognized or unaddressed, this can influence the way staff engage with survivors during the admission process. Providers may react to more complex or challenging cases by implementing increasingly rigid screening practices over time. This defensive posture, while understandable, often results in admission processes that prioritize staff comfort over survivor-centered care.

Some recovery programs continuously expand their screening questions after encountering difficult situations, saying, "We just had a client with this challenging issue, so let's add it to our question list." While proactive risk assessment is an important element of evaluating mutual fit, this reactive strategy can lead to unnecessarily invasive questioning of survivors who were not involved in that situation, potentially deterring them from engaging with services. Admission processes should be informed by the ability of the program to meet specific survivor needs for care, not difficult situations with individual survivors.

FAITH-BASED PROGRAM CONSIDERATIONS

A significant number of post-trafficking programs in the United States have faith-based missions, operations, or affiliations, including 66% that self-identify as Christian programs [4].

[4] Allert, J.L., & Glasscock, J. (2023). Survivor perspectives on faith practices: A national study of sex trafficking survivors' experiences in faith-based shelters. Institute for Survivor Care. <https://instituteforsurvivorcare.org/faith-practices-report/>



Many trafficking survivors are open to treatment in faith-based programs; in fact, 6 in 10 of the survivors served by Safe House Project in 2024 were willing to consider placement in a faith-based safe house program. However, the incorporation of religious content, practices, affiliations, or participation requirements into trafficking recovery programs without adequate disclosure or clear consent from participants can be problematic. This is particularly relevant for survivors who experienced trafficking in religious environments or by religious people, or who associate spiritual systems with control, coercion, or exploitation.

Faith-based programs have an ethical responsibility to be fully transparent and forthcoming about their religious identity and practices during the earliest stages of the admission process. In their initial communications or materials, programs should clearly disclose any religious affiliations and influences on program philosophies. Specific faith-based activities included in the program, regardless of participation expectations, should be described, such as prayer, worship services, or religious education. Many programs include optional religious components in their services, which should be as openly communicated as mandatory religious practices. Policies on how the program accommodates diverse beliefs or survivors' decisions not to participate in religious activities should be transparently defined and respected. Importantly, survivors should have full access to information about whether their participation in religious activities could affect program completion or access to services.

This transparency is essential for survivors to make genuinely informed decisions about whether a faith-based program aligns with their needs and preferences. Without this upfront clarity, survivors may feel misled or trapped in environments that conflict with their own spiritual beliefs or healing journeys. Even when participation in faith-based activities is presented as optional, the power dynamics inherent in help-seeking relationships can make genuine consent difficult to establish.

These challenges highlight the need for admission processes to be redesigned with survivor agency and wellbeing at the center. While programs require sufficient information to provide appropriate care, how and when this information is collected and who has access to it matter significantly for trauma survivors.



PRINCIPLES FOR TRAUMA-INFORMED ADMISSION

Transforming admission processes requires a commitment to trauma-informed principles that honor survivors' agency while gathering necessary information for effective service provision. These principles, grounded in research and survivor feedback, offer a framework for redesigning admission procedures.

PRIORITIZING SAFETY

Physical and emotional safety form the foundation of trauma-informed care. When survivors feel safe, they are better able to engage with services, process information, and make decisions about their care. Admission processes should take place in private, quiet, and comfortable environments free from surveillance-like conditions or institutional atmospheres that might trigger traumatic memories.

Emotional safety requires staff to use calming, non-threatening, and non-intrusive language, maintain their patience, and allow survivors to express themselves without pressuring survivors or interrupting them. Staff should be transparent about confidentiality, clearly explaining what information will be shared, with whom, and under what circumstances, help to ease survivors' anxiety and fosters trust in the program's integrity. These fundamental conversations may deeply influence a survivor's willingness to engage in care.

EMPOWERMENT THROUGH CHOICE

Trauma-informed admission processes recognize that trafficking experiences often involve a profound loss of control. For healing from trauma to occur, choice and agency must be restored to survivors. Rather than treating admission as an evaluation of the survivor, programs should frame it as a collaborative process to determine mutual fit.

Offering meaningful choices throughout admission, such as when to share information, what details to include, and how to engage with different support options, reinforces survivors' agency. A program can implement this principle by sharing eligibility criteria directly with survivors before requiring any form of personal information sharing and asking whether the survivor believes it may be a good fit for them. This approach shifts the power dynamic from program to survivor by allowing them to self-determine their fit rather than subjecting them to screening questions that place decision-making authority solely with the provider.

PROMOTING TRANSPARENCY & CLARITY

Clear communication about the purpose and process of admission and intake helps survivors make informed decisions about their participation in the program, providing an essential

source of predictability and understanding to help reduce anxiety. Programs should explain why specific information is being requested, how it will be used, and what survivors can expect at each stage of the admission process.

Establishing and clearly communicating about the purpose and process of admission is a critical element to bringing equity, agency, and clarity to the process, and allows survivors and programs to move forward into effective conversations about program fit. By providing transparent, accessible information about their services, eligibility requirements, and program philosophies before asking for personal information from survivors, programs can equip survivors to evaluate whether their recovery goals align with the available services before investing emotional energy into the application process. This collaborative strategy acknowledges that survivors themselves are best positioned to determine which services truly meet their needs, creating a foundation of mutual trust and respect that enhances program effectiveness.

COLLECTING INFORMATION FOR DIRECT BENEFIT

Ethical data collection practices require that information be gathered only when it provides a direct benefit to the individual. For admission processes in trafficking recovery programs, this guideline means collecting only information necessary to determine a program's fit for a survivor and support their needs for immediate care. Programs should be able to articulate the specific purpose for each question that survivors are asked during admission and how the information will benefit the survivor's immediate care.

Before including any question in admission materials, programs should confirm that the information will directly improve their ability to serve the survivor as they enter the program. Questions related to clinical treatment or details about their experiences may become relevant later, but should be as limited as possible during the admission process. If the answer to any of these questions relates primarily to the interests of the program rather than to the survivor's well-being, the question should be reconsidered or deferred to a later stage when trust has been established.

USING A PHASED, RELATIONSHIP-BASED APPROACH

Trauma-informed best practices recommend gathering information from trauma survivors gradually as trust develops over time. Admission to trafficking recovery programs should be structured as a phased process that begins with minimal, non-intrusive questions and progressively introduces more detailed inquiries as the relationship strengthens between program staff and the survivor.



This method aligns with the neurobiological understanding of trauma, which indicates that survivors may struggle with information processing and decision-making when experiencing high stress [5] [6]. Segmenting admission into manageable phases that incrementally introduce more personal questions allows survivors to engage with the process without becoming overwhelmed.

ENCOURAGING CULTURAL HUMILITY & INCLUSIVITY

To serve them well, admission processes must recognize that trafficking survivors represent diverse cultural backgrounds, gender identities, sexual orientations, abilities, and lived experiences. Culturally responsive care significantly improves outcomes for trauma survivors, and program admission processes should be designed with this diversity in mind, avoiding assumptions based on stereotypical narratives of human trafficking.

This principle of trauma-informed best practices requires programs to examine their admission criteria and questions for potential biases that might create unnecessary barriers for marginalized populations. Because survivors from underserved groups face both under-identification and additional barriers to securing restorative care, inclusive admission practices are particularly important.

[5] Trauma-informed care in behavioral health services. (2014). Substance Abuse & Mental Health Services Administration. <https://www.ncbi.nlm.nih.gov/books/NBK207185/>

[6] Clawson, H.J., Salomon, A., Grace, L.G. (2008). Treating the hidden wounds: Trauma treatment & mental health recovery for victims of human trafficking. Office of the Assistant Secretary for Planning & Evaluation, Department of Health & Human Services. <https://aspe.hhs.gov/reports/treating-hidden-wounds-trauma-treatment-mental-health-recovery-victims-human-trafficking-0>



IMPLEMENTING TRAUMA-INFORMED ADMISSION

THE PHASED ADMISSION MODEL

To create trauma-informed admission experiences, programs should implement a phased approach that includes three distinct stages: referral, application, and interview. This model allows for graduated information gathering, centers survivor choice, and builds trust incrementally.

The Referral Phase

This initial stage should focus on high-level eligibility screening based on broad inclusion/exclusion criteria. This phase should:

- Require minimal personal information, limited to broad criteria such as age, gender, and any specialized care needs.
- Avoid specific questions about trafficking experiences or trauma history.
- Provide clear information about the program's services, availability, and philosophy.
- Help survivors assess whether the program aligns with their recovery goals.
- Establish clear expectations about the next steps in the admission process.

Many programs need to confirm that applicants are survivors of sex trafficking due to funding requirements or resource constraints. This verification can be accomplished with minimal invasiveness by using simple yes/no questions such as "Our program serves survivors of sex trafficking. Does this apply to you?" rather than requesting detailed accounts of exploitation. Programs can also accept referrals from trusted partners who have already verified survivor status or use broad eligibility language like "individuals who have experienced commercial sexual exploitation" that allows survivors to self-identify without requiring disclosure of specific experiences.

The referral phase serves as a mutual introduction, allowing both the survivor and the program to determine interest in proceeding further. Programs should be transparent about any waiting periods or limited availability at this stage, respecting survivors' need to make informed decisions about their options.

The Application Phase

If basic eligibility is confirmed and the survivor wishes to proceed, the application phase can explore program fit in greater detail. This phase should:

- Focus on understanding the survivor's goals for recovery (family reunification, education, employment, health).

- Assess the program's ability to meet the survivor's specific needs.
- Gather information about immediate practical concerns (e.g., safety, medical needs, medication).
- Include only personal or historical questions that directly relate to service provision.
- Explain how the requested information will be used to support the survivor's care.

Application materials should be designed with trauma-informed principles in mind, including clear language, adequate space for responses, and options to decline answering particularly sensitive questions without penalty.

The Interview Phase

The interview phase represents an opportunity to build rapport, clarify expectations, and confirm mutual fit. This phase should:

- Create a welcoming, non-intimidating environment.
- Focus on relationship-building rather than information extraction.
- Allow survivors to ask questions about the program.
- Clarify any information from the application that affects care planning.
- Avoid requiring survivors to recount specific trafficking experiences unless clinically necessary.
- Include clear next steps for program entry or alternative referrals.

By focusing on confirming information already provided in the application stage and creating a welcoming atmosphere, the interview stage can play a significant role in alleviating survivor fears about being accepted and giving them hope for success in their time at the program. Programs should prioritize these qualities in the interview phase to positively influence survivors' willingness to engage in the programming. Whenever possible, programs should also assign consistent staff members to conduct interviews, reducing the need for survivors to interact with more strangers during admission.

STAFF TRAINING & SUPPORT

Successfully implementing trauma-informed admission into trafficking recovery programs requires comprehensive staff training and support. Every staff member involved in the admission process should receive education and ongoing



training on the neurobiological impacts of trauma and how they affect behavior and information processing. They must be able to recognize and respond appropriately to trauma responses during admission, particularly when conducting trauma-sensitive interviews and conversations. Staff members should be trained to maintain appropriate boundaries while building rapport with survivors and be sensitive to the potential for implicit biases. All staff should be trained to interact with survivors with cultural humility.

Programs must also provide adequate support for staff to prevent and address secondary trauma, which can significantly impact their ability to provide high-quality services to survivors. Regular supervision, opportunities for reflection, and a strong organizational culture that prioritizes staff well-being are essential components of sustainable trauma-informed care.

CREATING SUPPORTIVE ENVIRONMENTS

The physical and interpersonal environments in which admission activities occur play a crucial role in shaping a survivor's initial experience with a care program. To support trauma-informed engagement, any in-person components of the intake process should be conducted in private, quiet, and welcoming spaces. These environments should be designed to minimize the institutional feel and instead foster a sense of physical and emotional safety. Cultural sensitivity and inclusivity must be reflected in both the setting and the materials presented, creating an atmosphere where survivors from diverse backgrounds feel respected and understood.

The interpersonal environment created by program staff during the admission process is equally important. Staff members should approach each interaction with patience and flexibility, allowing survivors to proceed at their own pace and without pressure. An understanding of trauma's impact includes being comfortable with silence, emotional expressions, and periods of overwhelm. Attentive, non-judgmental listening is essential, along with affirming the strengths and autonomy of each survivor. These principles not only support a survivor's immediate sense of safety but also lay the groundwork for long-term healing and trust in the care environment.

ETHICAL INFORMATION MANAGEMENT

Programs working with survivors of sex trafficking must adopt ethical and trauma-informed practices for managing the sensitive information gathered during the admission process. It is essential that clear policies are in place outlining how and when information may be shared, including transparent communication about the limitations of confidentiality. All admission-related materials must be securely stored to protect survivors' privacy and dignity. Programs should exercise careful judgment in how survivor information is documented and

accessed internally, ensuring that only appropriate staff have access and that details are shared only when necessary to support care. To remain responsive to evolving needs and uphold best practices, organizations should regularly review their data collection protocols to ensure that they align with the principle of gathering only what directly benefits the survivor's care.

Most importantly, survivors should retain control over their personal narratives. They must be empowered to clarify, update, or withhold aspects of their story as they choose, reinforcing their autonomy and fostering a sense of safety throughout the process.

CONTINUOUS IMPROVEMENT THROUGH FEEDBACK

Trauma-informed admission processes must be dynamic and responsive, evolving alongside survivor feedback and the latest research in the field. To ensure continuous improvement, programs should intentionally create opportunities for survivors to share their experiences and perspectives on the admission process. Lived experience experts should be meaningfully engaged in the design, evaluation, and refinement of intake procedures, ensuring that these systems reflect real-world needs and prioritize dignity and empowerment. Admission materials and protocols should be reviewed and updated regularly, incorporating both survivor input and emerging best practices to maintain relevance and effectiveness.

In addition, programs should track key outcomes, such as initial engagement rates and early program departures, to assess how well their admission practices support survivor stability and long-term participation. This cycle of reflection, collaboration, and adaptation is essential to fostering a survivor-centered, trauma-informed environment from the very first point of contact.

Programs incorporating survivor voices into their service design demonstrate better outcomes and higher satisfaction for survivors. This collaborative approach honors survivors' experiences while continuously improving program effectiveness throughout the field.



RECOMMENDATIONS

EVALUATE CURRENT PROCESSES

Programs should critically examine their current admission materials and procedures by asking:

- What information do we absolutely need to determine eligibility and program fit?
- Are we collecting any information that doesn't directly benefit the survivor's care?
- Could our current questions trigger trauma responses?
- Does our process prioritize building trust and safety?

Programs should also evaluate whether existing exclusion criteria were created in response to isolated incidents with past survivors rather than evidence-based practices. Criteria created reactively after challenging situations often create unnecessary barriers to care. For example, if a program implemented criteria to exclude individuals taking specific medications after one survivor experienced adverse effects, the program should consider whether a different approach, such as developing relationships with medical providers who manage medication, would better serve future survivors while maintaining safety.

Similarly, programs should examine whether screening criteria that emerged from past challenges could be addressed through improved services rather than exclusion. For instance, if a program began screening out survivors with certain mental health diagnoses after struggling to meet their needs, the program might instead develop partnerships with specialized mental health providers, thereby removing barriers while improving care quality.

This evaluation should involve multiple perspectives, including program staff, clinical experts, and survivors with lived experience.

DEVELOP CLEAR ELIGIBILITY CRITERIA

Programs should establish transparent eligibility criteria that:

- Focus on the program's capacity to meet specific needs rather than excluding survivors based on challenging behaviors.
- Recognize that many trauma-related behaviors (e.g., substance use, emotional dysregulation) are adaptive responses rather than problems to be screened out.
- Consider how the criteria might create barriers for marginalized populations.
- Balance the necessary boundaries with flexibility and individualized consideration.

When examining how eligibility criteria might create barriers for marginalized populations, programs should consider concrete examples. For instance, requiring government-issued identification may exclude undocumented survivors and English-only materials may prevent non-English speakers from accessing services. These common criteria can inadvertently reinforce existing systems of marginalization.

These criteria should be clearly communicated to referring agencies and survivors, reducing the need for invasive questioning during initial contacts.

CREATE GRADUATED INFO COLLECTION TOOLS

Programs should develop distinct materials for each phase of admission, specifically:

- Brief referral forms that gather only essential eligibility information.
- Focused application materials to explore recovery goals and specific needs.
- Interview guides that prioritize relationship-building and clarification.

Each tool should explain clearly why information is requested and how it will benefit the survivor's care.

IMPLEMENT TRAUMA-SENSITIVE INTERVIEWS

Programs should establish interview protocols that:

- Create consistent, predictable experiences for survivors.
- Prioritize survivor choice about what and how much to share.
- Include trauma-sensitive language and approaches.
- Prepare staff members to recognize and respond to signs of distress.
- Balance the gathering of necessary information with relationship building.

These protocols should be regularly reviewed and updated based on emerging best practices and survivor feedback.

DEVELOP STAFF TRAINING & SUPPORT SYSTEMS

Programs should invest in comprehensive staff development by:

- Providing initial and ongoing training in trauma-informed approaches.
- Implementing secondary trauma prevention strategies.



- Creating regular supervision opportunities to address challenging cases.
- Encouraging reflective practice and continuous learning.

Staff training is insufficient without organizational systems that support trauma-informed practice. Programs must create cultures and policies that enable staff to implement trauma-informed principles consistently.

STREAMLINE THE ADMISSION PROCESS

Programs should minimize waiting periods during admission by:

- Establishing clear timelines for each phase of the process.
- Communicating these timelines to survivors.
- Creating systems for expedited processing when safety concerns exist.
- Maintaining regular contact with survivors during waiting periods.

Emergency programs require special consideration in admission design. Programs providing immediate crisis intervention, emergency shelter, or urgent stabilization services should implement significantly streamlined admission processes focused primarily on confirming basic eligibility. These programs should adopt low-barrier approaches that prioritize immediate safety and basic needs over comprehensive information gathering. For emergency programs, the initial referral phase might be the only pre-entry requirement, with more detailed assessments occurring after the survivor has been provided with immediate safety and support. This approach recognizes that survivors in crisis cannot meaningfully engage with complex admission processes and that barriers to immediate safety can have life-threatening consequences.

DEVELOP THOUGHTFUL INTAKE PROCEDURES

Programs should design intake procedures (the survivor's arrival at the program) that:

- Prioritize physical and emotional comfort after what may have been a stressful journey.
- Allow time for orientation and adjustment before introducing rules or expectations.
- Minimize paperwork and administrative tasks during the first hours.
- Create opportunities for positive relationship building with staff and peers.

Focusing on stabilization and welcome during the first 24-48 hours that a survivor engages with a program has a profound impact on survivors' engagement long-term.

CONCLUSION

The admission process represents a critical opportunity to begin healing relationships with trafficking survivors. When designed with trauma-informed principles, admission can validate survivors' courage in seeking help and demonstrate that recovery programs offer something fundamentally different from the exploitation they have experienced.

Implementing trauma-informed admission requires balancing necessary information gathering with survivor safety and autonomy. By adopting a phased approach that builds trust incrementally, programs can create processes that empower survivors while gathering the information needed to provide appropriate care.

The principles and recommendations in this white paper reflect current research in trauma-informed care and ethical service provision. As the anti-trafficking field continues to evolve, programs should regularly reevaluate their admission practices, incorporating new research and, most importantly, the voices of survivors themselves.

When admission honors the complexity of trafficking-related trauma while affirming survivors' resilience and capacity for healing, it creates a foundation for meaningful recovery. Through thoughtful admission processes, programs can demonstrate their commitment to survivor-centered care from the very first interaction, setting the stage for transformative healing relationships.