



Refugees.org

TVAP AND ASPIRE EVALUATION

Preliminary Report

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This report outlines preliminary findings from an ongoing evaluation of the Trafficking Victim Assistance Program (TVAP) and Aspire: Child Trafficking Victim Assistance Program (Aspire). These programs provide temporary case management services and supports for adults (TVAP) and minors (Aspire) who have been identified as foreign-national victims of human trafficking. The U.S. Office on Trafficking in Persons (OTIP)—housed within the Department of Health and Human Services (HHS)—awarded the grants for both programs to the U.S. Committee for Refugees and Immigrants (USCRI). Under these grants, USCRI coordinates a national system of implementing partner organizations who offer time-limited comprehensive case management services for foreign nationals¹ who have experienced trafficking. USCRI has contracted with our research team, made up of researchers from the University of South Carolina and the University of South Florida, to conduct an evaluation of both programs. The final report (in 2027) will examine how implementing partners approach case management and the long-term impact of the program on survivors who receive services through TVAP and Aspire. This preliminary report provides initial insights based on the first year of data collection with case managers, their supervisors, and USCRI staff.



¹ Defined by USCRI as individuals in the United States or its territories who do not have U.S. citizenship or a green card

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LETTER FROM USCRI

Dear Colleagues and Friends,

In the 115-year history of the U.S. Committee for Refugees and Immigrants (USCRI), we have been dedicated to protecting the rights and serving the needs of individuals in forced or voluntary migration worldwide and supporting them in their transition to a dignified life. As part of this mission, since its founding, USCRI has assisted refugees and migrants who experienced human trafficking before, during, or after their migration to the U.S. This enduring commitment underscores why strengthening and evaluating services for trafficking survivors remains a critical priority for USCRI today.

Since the enactment of the Trafficking Victims Protection Act of 2000, and its subsequent reauthorizations, USCRI has been honored to play a role in building a national anti-trafficking framework. We have seen first-hand the importance of providing rights-respecting services to survivors of trafficking, helping them reestablish their sense of safety, dignity, confidence, and independence.

USCRI began providing trafficking-specific services when it was first awarded a grant to administer the Trafficking Victim Assistance Program (TVAP) in 2011, becoming the sole national administrator in 2018. In 2022, with a grant from the Department of Health and Human Services (HHS) to administer the Aspire Child Trafficking Victim Assistance Program (Aspire), USCRI launched a child-specific program to meet the growing number of identified minor survivors of trafficking. Through TVAP and Aspire, USCRI has helped more than 9,000 survivors of trafficking across the United States.

Despite progress, significant gaps remain in the national response to combat trafficking and support survivors. One key gap is the lack of substantial data and evaluation to assess the effectiveness of anti-trafficking case management services. To address this, USCRI partnered with the University of South Carolina, who produced the following preliminary report.

This report indicates that TVAP and Aspire case managers play a crucial role in our national anti-trafficking framework by providing critical support to survivors of trafficking. Despite this, interviews with program staff reveal that there remain many barriers to ensuring survivors receive the support they need – namely due to a lack of funding for services and long processing times for T-visas and public benefits.

USCRI hopes that this preliminary report, and the forthcoming final report due to be released in 2027, will allow all stakeholders to learn and continue to build a robust anti-trafficking support network to both prevent future trafficking and better assist those who have experienced trafficking.

We are deeply grateful to our partners, including the University of South Carolina as well as the case managers, service providers, and supporters who make it possible to strengthen protections and services for survivors of trafficking.

Best,

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President & CEO, USCRI

INTRODUCTION

Human trafficking affects domestic victims—those who are U.S. citizens—and foreign nationals alike, though foreign nationals have specific vulnerabilities because of their immigration status.¹ Traffickers exploit this precarity, particularly if immigrants lack common forms of identification from their country of origin, do not have legal status in the U.S., and/or speak limited English.² Given these conditions, foreign-national victims may be even less likely to seek help or call attention to their circumstances, especially if they are minors.

Recognizing that foreign nationals who are trafficked face additional and unique vulnerabilities, lawmakers in the United States enacted the Trafficking Victims Protection Act (TVPA) in 2000. The TVPA and its subsequent reauthorizations provide funding for TVAP and Aspire. The law also allocates 5,000 Trafficking visas each year. The T visa is a temporary, nonimmigrant status for victims of a severe form of trafficking in persons. Provided they satisfy certain conditions—including complying with law enforcement—the T visa allows survivors to temporarily remain in the US and obtain work authorization. Processing times for T visa applicants can be extensive,³ but it is initially valid for four years and can provide a pathway to permanent residency. Since August 2024, T visa applicants go through an automatic bona fide determination process, which is USCIS' preliminary review of the T visa application.⁴ A positive bona fide determination provides survivors with deferred action (temporary protection from deportation) and work authorization while their T visa application is reviewed.⁵ Victims of trafficking who do not yet have their T visa may also be eligible for "Continued Presence" (through the Department of Homeland Security's Center for Countering Human Trafficking), which also grants adult survivors authorization to work legally.

Some adult clients receive a Department of Health and Human Services (HHS) Certification Letter prior to enrolling in TVAP. A Certification Letter provides adult clients with access to public benefits and resources, similar to refugees. However, many others are "pre-certified" who have been screened for TVAP eligibility (often by an attorney) and are deemed T visa eligible. TVAP clients who are "pre-certified" when they enroll in the program are not eligible for public benefits. Therefore, the TVAP budget formula provides additional funds—a base amount of \$3,000 versus \$1,000, for example—until they receive their Certification Letter.

Protections for youth in the Aspire program are somewhat different. They receive an HHS "Eligibility Letter" (rather than a Certification Letter), for example; they do not need to be screened by an attorney or law enforcement (they only need a Request For Assistance); and some of them will apply for other forms of legal relief, such as Special Immigrant Juvenile Status (SIJS) or asylum.⁶ Aspire has a per capita funding allocation just



² Bracy, K., Lul, B., & Roe-Sepowitz, D. (2021). A Four-year Analysis of Labor Trafficking Cases in the United States: Exploring Characteristics and Labor Trafficking Patterns. *Journal of Human Trafficking*, 7(1), 35–52. <https://doi.org/10.1080/23322705.2019.1638148>

³ Barrick, K., & Pfeffer, R. (2024). Advances in Measurement: A Scoping Review of Prior Human Trafficking Prevalence Studies and Recommendations for Future Research. *Journal of Human Trafficking*, 10(1), 1–19. <https://doi.org/10.1080/23322705.2021.1984721>

⁴ According to USCIS, the median processing time in FY2025 was nearly 20 months. <https://egov.uscis.gov/processing-times/historic-pt>

⁵ According to USCIS, all applications since August 2024 undergo this review.

⁶ We are unable to find data on average BFD processing times but anecdotally understand that in actual practice there are long delays and some eligible survivors never receiving it.

⁷ <https://acf.gov/otip/services/requests-assistance>

like TVAP, and clients are enrolled for an initial 6-month service period.⁷

TVAP and Aspire are implemented locally by organizations in communities across the country. These organizations vary in size and scope, in the number of other programs they operate, and the mission which they aim to fulfill. TVAP/Aspire case managers collaborate with other nonprofits, interact with legal services and police officers, and advocate for survivors in health clinics, counseling agencies, and benefits offices. Together with their supervisors, they document how they spend their time, how survivors are progressing in the program, and when survivors' needs are unmet.

All of this happens on a relatively tight timeline, and case managers must build trust with survivors quickly after receiving a referral. However, survivors are often understandably wary when they first start TVAP or Aspire. They need help but are not always sure that someone who offers help can and will provide it. In fact, many survivors have learned not to trust others through experience, including law enforcement and government authorities in their countries of origin. Now they are in another country where many do not speak the language. They often do not understand the complexity of immigration laws or their civil and labor rights, or the bewildering array of state and federal benefits which they may or may not be eligible to receive.

During the first year of the evaluation (July 2024 – June 2025) we interviewed dozens of staff members who

are implementing TVAP and Aspire. While this report is based on these interviews, it is brief and only a first cut at summarizing what we are learning. The report is too short to capture the richness of these interviews, the creative determination of staff, and the many changes that these organizations have experienced in a few short months. We have intentionally incorporated the voices of as many TVAP and Aspire staff members as possible, and trust that the themes we have used to structure the report accurately reflect the experiences of many organizations that are implementing these programs. However, we recognize that there is greater variation across organizations and many more insights that we collected from staff members than we have the ability to capture in a few short pages at this stage of the evaluation. At this stage we have refrained from making program recommendations. Rather, this formative report provides a narrow set of insights into the process by which TVAP and Aspire are being implemented by programs across the country. We trust it will inform USCRI and partner organizations about our progress and allow us to gather feedback that we can integrate into the remaining two years of the evaluation.

⁸ Additional details regarding TVAP and Aspire are documented elsewhere, including in USCRI's Service Delivery Protocol.

METHODS

We conducted over 50 virtual interviews in the first year of data collection (July 2024 – June 2025), focusing mainly on organizations that serve relatively large numbers of TVAP and Aspire clients.¹ All interviews were over Zoom or by phone and ranged from 30 – 90 minutes. Interview questions focused on the challenges that case managers and supervisors experience while implementing the program, how they creatively address those challenges, and the role of USCRI in supporting them. All interviews were recorded and transcribed.

For the purposes of this report, our evaluation team identified a series of themes from these interviews and analyzed transcripts with a code book based on those themes. We met weekly during the coding phase to identify exemplary cases from our interviews based on these codes. The examples that we draw on in this report represent emergent themes. Finally, this preliminary report is itself a part of our methodology. It represents an opportunity to share initial themes and, through ongoing conversations with USCRI and subrecipients, to gather feedback that can inform the remainder of our data collection process.

Subrecipient organizations that are implementing TVAP and Aspire range in size and program diversity, and our sample reflects some of this variation. These factors can impact TVAP/Aspire implementation. Those that offer housing services, immigration legal aid, employment training, and other such programs seem at an advantage. Case managers can simply walk across the hall to introduce a client to a division of their organization that provides mental health counseling or basic needs assistance. These organizations often serve refugees, immigrants more generally, and a range of other clients, so they are accustomed to working with clients with an array of linguistic and cultural backgrounds. Other organizations are smaller and more focused on providing services for survivors of trafficking specifically. Some organizations work primarily with Aspire clients or exclusively with adults who qualify for TVAP. While this preliminary report will not analyze how these various organizational characteristics impact how case managers implement TVAP/Aspire, it is quite clear that these factors shape what clients likely experience.

¹We have also conducted a series of pilot interviews with survivors who have completed the TVAP and/or Aspire programs. Preliminary analysis of these interviews is ongoing and is not included in this report.

IMPLEMENTING TVAP/ASPIRE

According to our review of USCRI enrollment data, from January 1, 2023, to December 31, 2024, a total of 921 clients were enrolled in Aspire and 2,410 were enrolled in TVAP (see Tables 1 and 2).

In Aspire, a slight majority identified as female (53%) and over 80% were from Honduras, Guatemala, or El Salvador. Over half (57%) were labor trafficked, 23% were sex trafficked, and nearly one in ten were victims of both sex and labor trafficking. The majority had received certification (73%), while about one in four (27%) were pre-certified. Although nearly 14% received services in Texas and 9% in both California and North Carolina, most Aspire clients are scattered across the country.

“Every single person, every single client, has different goals and can reach those goals at different speeds...I have one married couple—two 40-year-olds—who are both in services, and they're both working. They're preparing to have a baby. They have a house. And then I have a [young] client. Our primary goal is keeping her out of fights in school. She gets in fights every single week. So it's like the levels of services are completely different for those two clients.”

Adults in TVAP share certain characteristics with those in Aspire. A similar percentage are female (55%) and those from the Northern Triangle countries represent a sizable—though comparatively smaller—share (39%). However, there are also key differences. A much larger share is from Mexico (27%) and from a range of other countries (35%). A greater percentage are victims of labor trafficking (66%), a smaller percentage have been sex trafficked (16%), but a much greater percentage

have experienced both forms of trafficking (14%). While many Aspire clients tend to be referred through USCRI or OTIP, many TVAP clients come to the program through the criminal justice system (30%). In contrast to Aspire, the majority of TVAP clients were pre-certified (70%). They also tend to settle in the states of California (16%) and Texas (9%), but over half are in other states around the country.

TVAP and Aspire clients are diverse, have different needs, and are settling across vastly different regions of the country. No two cases are the same, and case managers must quickly assess and understand the particular needs of each survivor. Case managers have caseloads with survivors from the Philippines, Jamaica, Portugal, and survivors who speak French, Arabic, Russian and Farsi, as well as indigenous languages from Guatemala and other countries. In addition, the needs and demographics of a given case manager's caseload are constantly shifting. One case manager explained that when she first started, most of her clients were from Latin America. Now, however, she has "Chinese clients, Somalian clients, Ethiopian clients, clients from Senegal."

Then, of course, there are other external circumstances that impact TVAP and Aspire clients over which case managers have no control. Providers we interviewed consistently returned to this fact: when clients are afraid to access help, it is more difficult to assist them achieve the goals

they have set. In addition, there is lots of confusion: clients receive information from case managers, but also from friends and family and the internet, and sometimes these sources contradict each other. Clients are not always sure what is credible. They see evidence of immigrant enforcement in their neighborhood or hear about ICE raids on the news and through social media. Some worry that receiving public benefits may hinder their case for legal relief. For their part, case managers reported changing their approach to engaging clients, leaning on home visits and in-person contact, adjusting how they prioritized their case management tasks. Program directors described how funding shifts for other grants reduced the services in their organization available for TVAP and Aspire clients. These external factors complicate the task of implementing TVAP and Aspire.

While we do not attend to this swirl of shifting dynamics, all of these factors impact what these programs ultimately look like at the point of implementation. It can mean that some clients access important services while others do not, reshaping the rate at which they become self-sufficient. The availability of these supports and clients' trust in them may leave them less stable which could impact how their case is viewed by an immigration judge. These external dynamics are critical to TVAP and Aspire. But here we primarily attend to basic elements of the program: the funding that clients receive and the

Table 1. Client Characteristics in the Aspire Program (N=921, FY23-25)

		n (%)
Gender	Female	492 (53.4)
	Male	427 (46.4)
	Other/Not Reported	2 (0.2)
Country of origin	Honduras	314 (34.1)
	Guatemala	309 (33.6)
	El Salvador	123 (13.4)
	Mexico	89 (9.7)
	Other	86 (9.3)
Ethnicity	Hispanic or Latino	882 (95.8)
	Other	39 (4.2)
Type of trafficking	Labor	528 (57.2)

		n (%)
Referral source	USCRI/OTIP	382 (41.5)
	Defense attorney/ public defender	79 (8.6)
	Religious organization	37 (4.0)
	Child protective services	33 (3.6)
	Other	390 (42.4)
Grant eligibility status	Certified	672 (72.9)
	Pre-Certified	249 (27.0)
Location of services	Texas	126 (13.9)
	North Carolina	86 (9.4)
	California	84 (9.3)
	Maryland	76 (8.5)
	Georgia	72 (7.8)
	Other	463 (51.1)

**Table 2. Client Characteristics in the TVAP Program
(N=2,410, FY23-25)**

		n (%)
Gender	Female	1,326 (55.0)
	Male	1,045 (43.4)
	Other/Not Reported	34 (1.4)
Country of origin	Mexico	638 (26.5)
	Honduras	376 (15.6)
	Guatemala	348 (14.4)
	El Salvador	208 (8.6)
	Other	840 (34.9)
Ethnicity	Hispanic or Latino	1,904 (79.0)
	Other	506 (11.0)
Type of trafficking	Labor	1,595 (66.1)
	Sex	372 (15.5)
	Both	340 (14.1)
	Unknown	103 (4.3)

		n (%)
Referral source	Defense attorney/ public defender	723 (30.0)
	USCRI/OTIP	561 (23.3)
	DA/State's attorney/ victim assistance	159 (6.6)
	Law enforcement	111 (4.6)
Grant eligibility status	Other	856 (35.5)
	Certified	730 (30.2)
Location of services	Pre-Certified	1,680 (69.7)
	California	370 (15.6)
	Texas	210 (8.9)
	District of Columbia	195 (8.2)
	New York	188 (7.9)
	North Carolina	167 (7.0)
	Other	1,280 (52.4)

THE EVERYDAY REALITIES OF PROGRAM IMPLEMENTATION

In what follows, we explore several common factors that shape how organizations implement TVAP/Aspire and describe how they are innovating in response: provider location, T-visa timelines, and distribution of funding to clients. These are overlapping and interrelated. They are also dynamic and evolving. Perhaps most importantly, they are not all-encompassing—there are many other issues and innovative responses that are emerging from our data. With this in mind, our goal here is merely to provide an initial description of several key themes rather than an exhaustive review.

1. Funding restrictions impact program implementation

The goal of TVAP and Aspire is to meet the emergency needs of foreign national survivors of trafficking, but subrecipients are expected to leverage other resources to the extent possible to help their clients before accessing funds through TVAP or Aspire. For example, if providers operate other trafficking-specific case management services they are required to enroll survivors in these programs before TVAP or Aspire. Because TVAP and Aspire are comprehensive case management programs—not entitlement programs—and only provide temporary and partial assistance, providers must find other sources of funding and local services, such as private

donations and food pantries, to supplement what they are able to provide survivors through TVAP and Aspire. Subrecipients repeatedly emphasized that the needs of survivors are greater than the assistance that TVAP and Aspire offer.

Often, survivors are carrying the weight of recent and sometimes ongoing traumas, and with next to nothing in financial resources. Providers recognized that case management with survivors of trafficking is inherently difficult work and expressed admiration for the kind of client-centered and trauma-informed case management that USCRI seeks to support. But they expressed frustration. One provider (205), commenting on the TVAP and Aspire case management model stated, “it’s really comprehensive, trauma informed, person-centered” but the expectations of the program are “just not really reasonable...with the amount of money and with the amount of work.”

TVAP and Aspire’s per capita budget model was a consistent concern raised by providers, particularly the overall cap. This points to a limitation of the programs’ larger funding structure. The TVAP and Aspire budget formulae determine the total amount that providers can allocate to survivors in the way of direct expenses and providers must work with survivors to determine



how, and at what rate, to disburse this assistance within the program's narrow timeframe. Given T-Visa approval timelines, survivors will often hit the cap on assistance after only a few months depending on whether they receive the maximum monthly amount. In many cases, providers are making decisions about how to make these resources stretch without knowing how long it will take for them to receive their T visa, but average processing times are long:

The funding is not enough for the clients, especially based off the amount of time that it takes to be approved for the T visa. We're at a 17 month wait [for T visa approval] but this program is technically only 12 months. And then you have the aspect of where they live in [our state], a very expensive state to live in. Let's say they want to use \$500 for rent, which is the max cap per month. That money is likely done within four to five months which means they can't get anything else.

In addition to economic resources, providers also explained that the number of case management hours that they provide to clients regularly exceeds what is actually supported by TVAP and Aspire. USCRI formally authorizes client enrollment in TVAP and Aspire which includes a budgetary allocation for case management support costs that the provider can incur during the enrollment period.

Similar to the exercise of strategically spreading the participant expense allocation across that period, providers must decide how to most effectively use the per-client funding that is designated for case management costs. A provider on the east coast

“The funding structures for TVAP and Aspire are based on a per capita reimbursement model. Allocations for individual clients are determined by a formula that calibrates direct participant expenses—allocations for both participant expenses and case management—according to a range of factors, including level of need and where they live. The allocation formula is somewhat different for TVAP and Aspire, but both programs have funding caps of \$6,000 for an individual or \$7,500 for a family unit. Providers are reimbursed for direct assistance that they extend to survivors (up to \$500 a month per client) and for the case management hours (reported in 15-minute increments) they invoice for activities associated with helping each client.”

explained that their staff often spend more time in case management support efforts for a given case than they can invoice for within the current budget model. Some cases are more time-consuming than others, depending on how complicated the issues are for a given client. But working towards the goal of client self-sufficiency within these time constraints is particularly salient for Aspire clients. According to one case manager, the gap between funded case management hours and the time actually needed is particularly large for Aspire clients:

If we were serving adults or adults who are further along into adulthood we might achieve more in 18 hours. But I think your expectations for self-sufficiency for a youth do need to look different than they look for an adult, and so it is unrealistic to think 18 hours could get someone to stability with any trafficking survivor, but especially, I think, with a youth survivor.

Others we interviewed shared this same insight. One supervisor's example illustrated how each client presents with different needs which do not always align with how Aspire is structured, meaning they do not have enough time to do "a reasonably good job with case management":

We had a young lady that was cognitively disabled, and that was a case that went on for a really long time. We kept extending and extending. She was 19 years old, developmentally young—elementary school—had no social support at all, and she had no disability support. She had graduated from high school, so all the support she had from school was gone. Her mom was the trafficker and abuser. And so she wasn't working with mom, and she didn't have any other family.

Another respondent explained the issue in a similar way, but emphasized how the time delays impact their work with TVAP clients who are awaiting work authorization:

But the thing is, these are people who are going to be getting a work permit. And so, it's like, okay, they have a work permit that's literally on the way that they're going to get next month. They just need to pay for their rent this month, their electricity bill this month, and groceries for their kid. We're going to sign them up for those benefits that they're going to qualify

for. And they're going to get a job like they have their work permit coming the next month. So in 3 months they're not going to really need any financial assistance whatsoever, because they're going to be having the EBT they're going to be having. But in this first month, if I don't pay \$1,500 for their rent plus \$500 for their utilities, they're going to get evicted. And then we're going to be starting from scratch.

A related issue raised by frontline staff concerns how the amount of funding that the budget formula designates for assisting a given client with basic needs is calculated. The budget formulas for TVAP and Aspire differ in important ways, but they share several considerations in common, including factors such as the client's geographic location and level of need. Level of need is measured by the Quality of Life Score (QLS) that case managers conduct during intake. The QLS is a score from 1 (vulnerable) to 5 (thriving) based on the case manager's evaluation of their basic needs (e.g., food access and safety), health, and community integration (e.g., social adjustment, employment, and linkage to benefits). USCRI receives limited funding from OTIP to pass on to providers, and the logic of the QLS is to efficiently distribute those funds based on need.

One program director stated: "Honestly, sometimes [clients] come with a QLS score of 0 but of course we can't put '0' so we put '1.' Their needs are a lot, and the way the budget is structured doesn't let you do too much. We have some clients that reach their limit on the project so we have to discharge even when they are not yet settled. Of course we have the possibility of extensions, but they are not always approved."



Another case manager stated that the QLS score itself is problematic because it can mask just how dire things actually are for a survivor:

Clients who are further down in their healing process are actually going to have a way higher quality of life [score] even though they're testing to have a lower quality of life because someone who's able to share with you all of the different things and get through all of it [compared with] clients who are like 'Nothing's wrong, my life is great.' And then I'm like, 'But you're here, and you don't have somewhere to live, and you don't have access to food.' But I can't mark that if they're not talking to me about it.

This provider went on to explain that this also generates additional administrative burden for implementing partners and USCRI alike: "My highest needs clients are usually the ones who get the lowest amount when I first do it because they only want to tell me about one area of their life that they're super stressed about, or they don't want to tell me about anything. And so then, later on, I'm having to do service period extension [requests]."

This leads to a broader concern regarding the particular administrative burden of TVAP and Aspire:

I would say TVAP requires a lot more logistical things than [other grants] that do like quarterly reporting but they don't do like daily and monthly reporting and service period extensions. And they kind of trust the case managers and give them a little bit more freedom.

Several interviewees echoed these concerns about invoicing burden. There are new invoicing requirements that are part of the new budget model which USCRI implemented in the current program cycle, prompting many respondents who also implemented TVAP or Aspire under the previous model to mention the differences between the old and new versions. One administrator described how new invoicing protocols require significantly more work and time:

We basically have individual budgets for every single client. That means every month we're dealing with [dozens of] different budgets and then you split those because it's direct assistance and case management. So really, [it's doubled that]. We have 4 people who work on it at the end of the month to put all the pieces together. And to me it seems like it's way more complicated than it need to be.

Providers explained that it is in seeking other resources

and funding streams that they have developed a sense that TVAP and Aspire are more administratively burdensome compared with other programs. One administrator explained that the local municipal rental assistance program in her city is much more streamlined than TVAP/Aspire:

If we have a client that might be eligible for TVAP who says, like, 'Yeah, but I really need it for rent,' then we would probably use [the local rent assistance program] because we could then deposit the money to them and there's no extra work that has to be done. They just get the money and it's believed that they're using it in good faith, whereas with TVAP there has to be a lot of follow up so we would have to give a gift card. They probably can't use it [on rent]. We have to follow up and say why we gave that, they have to show like a rental lease—all of these things.

This takes time away from working with clients:

The way the budget is structured makes it harder for the case manager [and more] time consuming for them. Instead of having that time towards clients' needs, they spend more time doing the admin part... they have to sit down for a very long time to explain what they did...[in] increments of 15 minutes.

Another program director explained that she views TVAP as a bridge towards enrollment in a state-funded program that provides more funding and that allows for more intensive case management over a longer time period:

Because of the very limited TVAP and Aspire funding, if a client becomes eligible for [the state program], that is where much of the work of actually achieving stability is going to occur just because it does take more time. Both more case management time, but also just more time for clients to learn the skills than we have in TVAP and Aspire.

On the one hand, her comment is aligned with the fact that TVAP and Aspire are not intended to be long-term support programs and that implementing partners are expected to seek fundings from other sources to support clients. The USCRI Service Delivery Protocol expressly states that "Service providers must make every effort to leverage privately available funds and community resources to maximize supports to eligible participants" (p.28, v. February 2025). This includes referring them to state-funded programs such as the one the program director mentioned. On the other hand, the goals of

TVAP and Aspire to help clients reach stability and self-sufficiency, even with additional fundings sources, are not realistic within the program timeline and with the current funding allocations. While some TVAP and Aspire clients may have the opportunity to transition to state-funded programs that help them towards their goals, other states do not have this same level of support.

Providers that we interviewed are deeply committed to making TVAP and Aspire work, although this is a challenge given the amount of funding and case management hours that each survivor receives as a result of government funding for the programs. As with any such large-scale program involving thousands of clients, hundreds of providers, and such a vast geography, there is the potential to make numerous adjustments to improve TVAP and Aspire, including adjusting (relatively small) details related to how client need is assessed and the process by which funding extensions are approved (or not). We will continue to explore these (and other) ideas as the evaluation continues, but it seems clear that minor improvements to the program—though important—must be accompanied by a reassessment of larger TVAP and Aspire funding considerations.

2. HHS certification letters, T-Visa timelines, and benefits eligibility

The Department of Health and Human Services (HHS) grants Certification Letters for adults and Eligibility Letters for minors that allow survivors to apply for benefits and services to the same extent as refugees. In the case of TVAP, eligible adults must meet specific requirements, including having received notice from the U.S. Department of Homeland Security (DHS) granting them Continued Presence (CP), or a T visa, or that a bona fide T visa application has not been denied. Both

CP (relatively rare) and the T visa also provide survivors with work authorization. Minors in Aspire who have HHS Eligibility Letters do not need to cooperate with law enforcement or apply for a T visa. They may have other pathways to adjust their status, including applying for a Special Immigrant Juvenile Status (SIJS) for minors who have been abused, neglected, or abandoned by a parent.

The majority of Aspire clients (73%) have their HHS Eligibility Letter when they enroll in the program. The inverse is true for TVAP clients: 30% are HHS Certified while the rest are "Pre-Certified." Those who are "Pre-

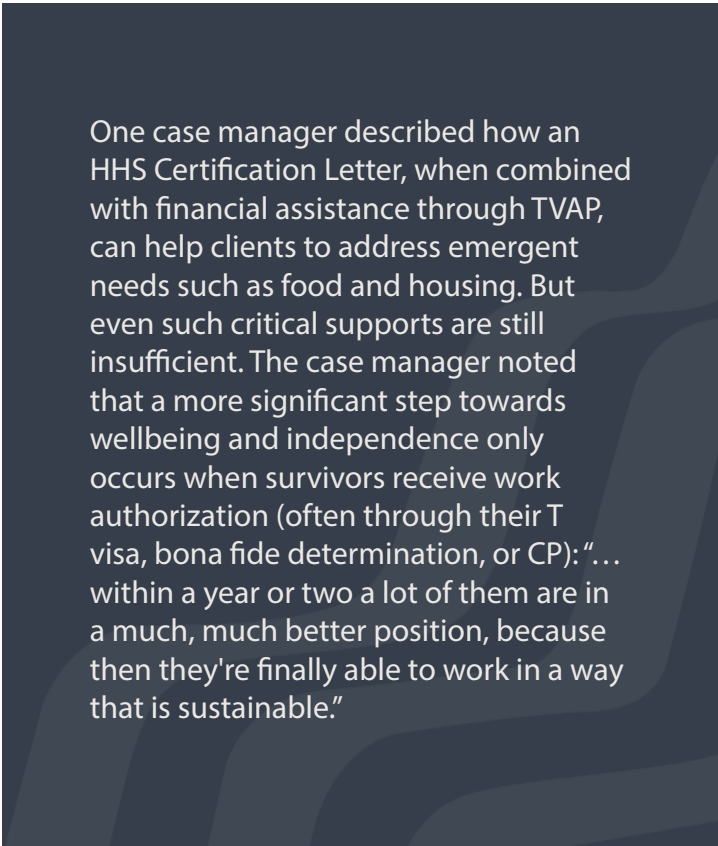
Certified" do not have full access to federal and state public benefits because they do not yet have a Certification or Eligibility Letter. Case managers are expected to request Certification/Eligibility as soon as the client becomes eligible.

A central case management task is to ensure that clients access public benefits once they obtain their HHS Certification or Eligibility Letter. Despite the importance of public benefits access, providers across the country expressed frustration with the benefit enrollment process because workers in these offices are often unfamiliar with

Certification/Eligibility letters and are hesitant to accept them. Providers often spend significant time educating benefits officers about HHS Certification and Eligibility letters:

I've watched my case managers spend anywhere between three to four months with a [Certification Letter] going back and forth, back and forth, trying again, reapplying for benefits. This is what is supposed to get you benefits and the people who work there [do not know] what it is.

Many respondents echoed this frustration over the amount of time case managers spend advocating for



One case manager described how an HHS Certification Letter, when combined with financial assistance through TVAP, can help clients to address emergent needs such as food and housing. But even such critical supports are still insufficient. The case manager noted that a more significant step towards wellbeing and independence only occurs when survivors receive work authorization (often through their T visa, bona fide determination, or CP): "... within a year or two a lot of them are in a much, much better position, because then they're finally able to work in a way that is sustainable."

access to benefits. This is time away from their other cases, a point of frustration for case managers and a significant concern for the remaining individuals on their case load.

We're doing hours and hours and hours of advocacy every single time a young person applies for benefits. TVAP and ASPIRE have handed us down flyers and steps to get it. And it just it's not ever that simple. That's a big complaint I get from my case managers. They're like, 'I applied. They got denied, I applied again, they got denied. I did what they said they got denied.' And a lot of times the denials will say it's because they lack immigration status, which to me tells me that they don't recognize these letters. They don't know how to read them, they don't know how to interpret them.

In some areas, case manager advocacy has improved the situation. A case manager in a major east coast city explained that when he first started in his role, benefits officers “just did not know what to do with [the Certification Letter].” Eventually, a case manager at another agency worked with the benefits office to create a binder that explained protocols around HHS certification letters and public benefits. Now, when he goes to the office and encounters a new benefits officer who is unfamiliar with the HHS certification letter, he told them “There's a binder here in this office. Can you just ask someone to go look for this binder?” This is a unique solution to a broader problem that case managers across the country experienced. Staff turnover at the Social Security office can mean that months of work by a TVAP case worker to “train” a point of contact about what HHS certification letters are can be erased overnight. Hours in a day can be spent on the phone trying to reach the “right” person. At times, it's easier for case managers to just accompany survivors when they go to apply for benefits—but this, too, is time consuming. Facing these demands, case managers must make difficult choices everyday about how to advocate and for whom.

3. Linking survivors to needed services

Various features of the states and cities where providers are located impact program implementation. These are external to TVAP and Aspire. They are structural factors over which USCRI and subrecipients have no control. Yet they condition how both programs are implemented—limiting referral options, for example—and therefore shape what it means to be a TVAP or Aspire recipient depending on where the client happens to live. Given that the primary task of case management is linking survivors

to services, access to other nonprofit organizations—a factor over which case managers have no control—is important. Access can be inhibited by obstacles such as waitlists, fees, language, or geography, but the latter is particularly salient for program implementation.

Providers located in urban areas with dense nonprofit ecosystems can refer clients to a range of services, particularly if these cities have robust public transit networks. This is not the case for many TVAP/Aspire providers. Even those who have rich nonprofit networks nearby may work with clients outside of their city. Many providers serve clients across multiple counties, including rural and suburban areas with few available nonprofit partners. Respondents in these circumstances explain the negative impact when one legal provider reduces its staff or closes due to funding cuts. Not all places have reliable public transit options which compounds the problem of accessing available services, and most organizations are not located in states where they have access to additional supplemental funds for this work.

In addition, a referral, however accessible it might be, is only helpful to a survivor if they decide to follow through with it. For the most vulnerable survivors, case managers describe that a successful referral requires that they first establish a measure of trust and rapport. There is no formula for how to build trust, but consistent in-person contact is invaluable:

“When we first started the program, we enrolled cases all over [the state] and even a few cases in [a neighboring state]. And what we found is that, particularly with youth [in Aspire], it was very difficult to serve them effectively if we were not regularly seeing them in person. I think that would also probably be true with adult survivors [in TVAP], but we really felt like with youth survivors forming that relationship of trust is so essential.”

This kind of contact requires extensive travel, meaning programs must make difficult decisions every day about how to maximize case managers' time. This same supervisor went on to explain: “If the client lives several hours away, we could afford to do one or two in-person home visits, but we couldn't send our case manager out every two weeks—or even every month—six hours one way to meet with the client in person.” Instead, this program decided to limit its service area.



This is a tension that is familiar to many implementing partners: regular in-person contact with survivors is important for building rapport and, ultimately, program implementation, but it is frequently infeasible because of geography, caseload size, and funding:

“We previously served a number of youth survivors in [a rural and very agricultural area of the state]. There’s a large Latinx community there, and we had a number of youth survivors there. And I think that if the funding was more robust it would be something I’d like to consider again. In those areas there are a lot of survivors [but] not as many services. So there’s a real need. I want to make sure that when we’re committing to supporting a survivor, we really can provide them with effective services. With the current funding we felt we couldn’t be in person enough to be effective.”

Many implementing partner organizations work across urban, suburban, and rural contexts and have survivor caseloads in numerous counties and states, and one way to address this problem, as noted above, is for programs to target a smaller geographic area. But for other programs with a large service radius, in-person meetings with clients are not always feasible. Virtual case management allows organizations to maintain more regular client contact and reduces time and costs spent on travel. It also allows organizations in regions with few referrals to take on clients who are located in other states where TVAP/Aspire providers are at capacity.

“It’s almost an hour away to pick up the client and bring them to a medical appointment or the Social Security Office. So if they don’t have too much time to work with that survivor, my advice is, let’s try to schedule an Uber. We would transport the client with an uber, and you will be over the phone if they need somebody to translate for them at the front office, somebody to do this or that. We do have survivors, that if you we don’t go with them, they don’t go.”

Not every survivor requires this level of support from case managers. For some survivors, there is no language barrier and they have been in the United States long enough that they are more confident interacting with mainstream institutions and public benefits offices. However, one provider we spoke with noted that even these survivors can encounter challenges when seeking services—when case managers who provide remote support virtually or over the phone is no longer adequate:

“They are only over the phone helping them, and if everything works fine, we’re good. Then if there’s something that goes wrong—obviously they will have to go the next week and do all the traveling, all the driving to help the survivor.”

Ultimately, even if case managers are implementing TVAP and/or Aspire in a setting where there are adequate referral options to meet the needs of survivors, making a referral to these resources does not mean that survivors will feel safe accessing them. One supervisor explained that her case managers are effective at making needed referrals and providing supportive services—there are many options in her region—but some clients choose not to follow through because they are afraid of leaving their house due to immigration enforcement activity in the area or that accessing services and benefits will hurt their visa process:

The clients are afraid because most of our clients don’t have their situation yet clear. Most of them are in the process of getting a T visa or getting SIJS. So they are also afraid to go out and being caught by ICE. We are also afraid. I can give you a clear example. One of the legal services providers is doing a phone call or zoom intakes, because they don’t want the client at their office, because they feel that you’re putting a client at risk. If you bring them to a certain place.

CONCLUSION

This first year of data collection was focused on getting a baseline of how TVAP and Aspire are implemented—the operationalizing of the programs’ concept of “comprehensive case management.” We explored the unique characteristics of implementing organizations, the state and local contexts where they operate, and the particular approach that individual case managers have to the work. The larger evaluation will include additional data collection efforts based on this year of interviews. We will follow up with case managers to go deeper with them to understand how they navigate the innumerable decisions they make within and across their caseloads. We will also track a sample of survivors who have completed the programs to better understand how participating in TVAP and Aspire may have a lingering impact. Finally, we will administer surveys that will help us better assess program implementation. We believe this process will allow us to gather in-depth data and further understand the unique experiences, needs, and adaptation approaches within the TVAP and Aspire programs individually, as well as how both internal and external contexts influence service delivery.

For now, our interviews make clear that TVAP and Aspire provide case management services that are critical to meeting the goals of the Trafficking Victims Protection Act. Implementing partners share in USCRI’s commitment to providing survivors with client-centered and trauma-informed services that are oriented toward helping clients to develop independence and work towards overcoming the traumas of trafficking. Crucially, these supports are tailored to the needs and goals of each individual survivor, and to adapt to available resources in communities across the country. Yet TVAP and Aspire operate with a per capita funding model that involves time-consuming invoicing, and the programs’ budget cap—even with extensions—makes it difficult for case managers to meaningfully help their clients reach their goals. Especially when funding for many other programs and services is shrinking, TVAP and Aspire—both funders of last resort—are required to do more with a very small budget.


Adapting to these challenges is daunting and requires a deep commitment to the work. Figuring out how to help survivors access services across wide geographies, distinct public and non-profit benefits ecosystems, and amid substantial policy uncertainty requires creativity, diligence, and a deep commitment to helping survivors along their process of healing. This can be difficult to sustain for partner organizations. Some organizations are able to provide regular sabbaticals so that staff can take a break from the work and recharge. Other providers mentioned valuing regular team meetings that are dedicated to processing the emotional costs associated with the work of supporting survivors of trafficking. But all the organizations we spoke with are concerned about how to protect their staff against the day-to-day strains that the work demands.




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