THE POLARIS RESILIENCE FUND PILOT

FINAL REPORT

Findings from a Survivor-Led, Trauma-Informed Direct Cash Assistance Pilot

Polaris

CONTENTS

EXECUTIVE SUMMARY

Purpose and Scope

Survivors of human trafficking often exit crisis situations into long-term instability shaped by structural barriers such as coerced debt, damaged credit, limited access to mental and behavioral health care, legal needs, benefits cliffs, and inconsistent social supports.

The Resilience Fund pilot was developed to document how unrestricted cash assistance, paired with voluntary benefits navigation, functioned over time for adult survivors who were no longer in an immediate trafficking crisis but were working toward longer-term stabilization.

This final report provides an empirical record of what occurred during the pilot, including participant context at intake, patterns of disbursement use, observed changes in select indicators over time, and persistent constraints that remained. Findings are based on mixed-methods data collected during the pilot and are presented descriptively.

This report does not make causal claims, does not include a comparison group, and does not offer policy or practice recommendations.

Program Overview

Polaris implemented the Resilience Fund from 2023 to 2025 as a survivor-centered economic stabilization intervention.

- Cohort: 24 adult survivors of human trafficking residing across the United States
- Duration: 18 months of monthly disbursements
- Cash support: Up to $6,900 per participant, issued as unrestricted cash transfers
- Disbursement schedule (tapered):
  - Months 1–12: Up to $500/month
  - Months 13–14: Up to $250/month
  - Months 15–16: Up to $125/month
  - Months 17–18: Up to $75/month
- Benefits-adjusted flexibility: Disbursement amounts could be adjusted at participant request to reduce the risk of interference with certain public benefits, including Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Supplemental Nutrition Assistance Program (SNAP), financial counseling, healthcare, and housing assistance.
- Benefits navigation: Required pre-intake meeting for informed consent regarding potential benefits impacts; optional ongoing Resource Navigator support

Survivor Leadership and Governance

Survivor leadership was operationalized through formal roles and governance structures, including a Program Director and Advisory Council who held lived experience of human trafficking. The Council's role was specific and intentionally bounded:

- The Advisory Council shaped:
  - Core constructs used in the pilot (including the working definition of economically thriving)
  - Program design elements and parameters
  - Evaluation instrument design and review
  - Boundaries and processes for advising on implementation
- Council members did not:
  - Manage funds
  - Access individual-level data
  - Conduct analysis or make reporting decisions

Methodology (Evaluation Design)

- Design: Single-cohort, longitudinal mixed-methods evaluation (no randomization; no control group)
- Data sources:
  - Monthly surveys (repeated measures)
  - Three semi-structured interview waves (early, mid, end)
- Participation: Participation in surveys/interviews was voluntary and varied over time. Respondents completed an average of four surveys and two interviews; 21 completed at least one survey; 10 completed six or more surveys.
- Compensation: $25 per survey; $50 / $75 / $100 for interviews 1–3, respectively, plus periodic completion incentives
- Analysis: Descriptive quantitative analysis and inductive thematic qualitative coding; available-case approach; no imputation

Limitations

- Small cohort (n=24) and non-randomized design limit generalizability.
- No comparison group; causal inference is not supported.
- Survey and interview participation varied across time points.
- All outcomes are self-reported and not independently verified.

Pre- and Post-Program Participant Context

Participants entered the pilot with significant and overlapping constraints affecting economic stability:

- Education (pre/post descriptive among respondents with data): The number of respondents having at least some college increased from 67% pre to 92% post, with several participants newly enrolling, continuing education, or completing credentials during the pilot.

- Income (annual, pre/post descriptive):
  - <$25k: 70% pre, 55% post
  - $26–50k: 20% pre, 27% post
  - $100k+: 0% pre, 9% post

- Housing stability: The cohort experienced high and persistent instability (57% unstably housed pre, 53% unstably housed post), with one documented case of a participant losing subsidized housing after income increases affected eligibility.

- Health insurance: Roughly one-third lacked coverage at both time points (30% pre, 28% post).

- Disability (Defined by the Americans with Disabilities Act, or ADA; self-identification): The cohort saw increased affirmative identification over time (48% yes pre, 67% yes post), likely reflecting increased understanding of disability definitions and accommodations rather than a change in underlying health status.

These baseline conditions matter for interpretation: the cohort's economic instability was not short-term or singular, but persistent and multi-domain.

Key Findings (Observed Patterns)

1 Cash was used primarily for essential survival needs.

Across months, respondents reported using disbursements overwhelmingly for core living expenses (e.g., food, utilities, transportation, insurance, housing-related costs, health-related expenses), often across multiple categories within the same month. Disbursements were frequently absorbed immediately by existing shortfalls (e.g., overdrawn accounts, arrears), indicating limited financial slack.

PATTERN:

Cash functioned as a stabilizing input for layered necessities rather than discretionary spending.

2 Making ends meet remained difficult for most participants across the pilot.

Despite disbursements, most respondents reported ongoing difficulty covering monthly expenses:

- Depending on the month, 56% to 83% reported being unable to fully cover basic needs.
- Nearly one-third of respondents reported no months of making ends meet across the pilot period.

Respondents averaged 1.59 months of covering expenses across the full program period.

PATTERN:

The intervention mitigated immediate harms for many participants but did not eliminate chronic monthly shortfalls for most.

3 Emergency financial resilience remained constrained.

Unexpected expenses were frequent and destabilizing:

- All but one respondent reported at least one month with an unexpected expense.
- Respondents averaged 4.14 months with emergency expenses.
- Among those providing estimates, the majority of unexpected expenses exceeded $400; even conservative estimates indicate substantial cumulative shocks.

At intake, 19 of 24 reported inability to cover an emergency expense without debt; by end-of-program, the total number remained similar, though some individuals improved while others worsened due to changes like housing costs or subsidy loss.

PATTERN:

Cash helped manage shocks, but most participants still lacked buffers and remained vulnerable to volatility.

4 Self-reported exploitative work declined over time, but vulnerability persisted.

At intake, 60% reported taking an exploitative work opportunity in the prior month. This declined to 25% mid-program and 23% by the final survey, including during tapering periods. Qualitative responses suggest disbursements sometimes increased the ability to say "no" to unsafe or coercive work, and to avoid relying on abusive or harmful relationships for financial support.

PATTERN:

Exposure to exploitative work decreased for many, but the ability to consistently avoid unsafe work remained fragile and sensitive to shocks (medical emergencies, housing disruptions, income interruptions).

5 Benefits cliffs and administrative burden shaped stability throughout the pilot.

Participants described persistent challenges with benefits systems: recertification requirements, eligibility loss due to modest or temporary income changes, conflicting guidance, and fear-driven choices (including declining higher wages to avoid losing benefits). Engagement with navigation support increased during transition moments (tapering and program conclusion), indicating navigation was most salient when instability was anticipated.

PATTERN:

System design and administrative friction remained major drivers of instability, often interacting with payment timing and tapering.

6 Parenting, health needs, and disability-related constraints compounded instability.

Many participants were parenting children under 18, and survivors described compounding pressures tied to childcare access, housing instability, school disruptions, and fear of child welfare system involvement. Survivors also reported persistent barriers to physical and mental health care, including affordability, provider availability, and insurance coverage limits — constraints that shaped employment options and caregiving capacity.

PATTERN:

Stability trajectories were shaped by the interaction of cash support with caregiving demands, health needs, local housing markets, and administrative systems — not by a single factor.

Persistent Constraints and Unresolved Needs

Across domains, several conditions remained largely unchanged or shifted unevenly:

- Housing instability persisted for a substantial portion of the cohort.
- A meaningful share remained uninsured, and access to trauma-informed and specialized care remained constrained.
- Emergency buffers remained limited, with ongoing debt reliance and frequent unexpected expenses.
- Benefits cliffs, recertification burden, and service fragmentation continued to drive volatility.
- Outcomes varied substantially by baseline conditions, caregiving responsibilities, health status, and local service environments.

Interpretive boundary: These findings reflect observed patterns within a small cohort and do not establish causality.

Bottom Line Summary

The Resilience Fund pilot documents how survivors navigated material scarcity, income volatility, caregiving responsibilities, health needs, and benefits systems over an 18-month period while receiving unrestricted cash assistance and optional navigation support. The evidence shows that cash was primarily used to meet essential needs and was associated with reported improvements in some areas (including reduced engagement in exploitative work and increased perceived autonomy), while also showing that many structural constraints (housing instability, benefits cliffs, administrative burden, health access, and emergency financial fragility) persisted.

This report establishes a descriptive, survivor-informed record of implementation and observed outcomes to support accurate interpretation and future analysis, without causal claims or recommendations.

INTRODUCTION

Survivors of human trafficking frequently exit crisis situations into environments marked by persistent instability, including unresolved legal issues, limited access to mental and behavioral health care, exclusion from financial systems, damaged credit resulting from coerced debt, and inconsistent social supports. Prior research indicates that these conditions can endure long after exit from trafficking and may contribute to ongoing economic precarity for survivors and their families.

> People think once you get out, you're fine. They don't see how fragile everything is.

The Resilience Fund was developed to examine whether direct, unconditional cash assistance — paired with voluntary benefits navigation — was associated with changes in survivors' economic conditions and self-reported stability over time. The pilot was designed to document patterns of need, resource use, and financial decision-making, rather than to test a prescriptive model or evaluate systems-level reforms.

This report documents what occurred during the Resilience Fund pilot, including participant characteristics at intake, patterns of disbursement use, observed changes in economic conditions, and constraints that persisted despite the intervention. Findings are presented using mixed-methods evidence and are intended to establish an empirical record of the pilot's implementation and outcomes. This report does not assess causality, evaluate comparative effectiveness, or advance policy or practice recommendations.

PROGRAM OVERVIEW

Implemented from 2023 to 2025, the Resilience Fund pilot was a survivor-centered economic stabilization intervention designed to examine how unrestricted cash assistance, paired with optional benefits navigation, functioned over time for adult survivors of human trafficking in the United States.

Polaris developed the intervention in response to evidence from the National Survivor Study (NSS) and direct service experience indicating that many survivors face prolonged economic instability after exiting trafficking, even when they are no longer in immediate crisis. The pilot focused on survivors who had exited active trafficking situations and were seeking longer-term stabilization rather than emergency services.

The pilot was not designed as a crisis-response program, nor did it condition participation on service engagement, employment status, or programmatic milestones. Instead, it tested a defined stabilization model over a fixed period, with standardized disbursement amounts and optional navigation support.

Duration and Participation

The inaugural cohort consisted of 24 adult survivors of human trafficking residing across the United States. All participants enrolled in the program at intake and were able to receive the full 18 months of support.

Participation in the pilot included an intake meeting and receipt of monthly disbursements. Optional engagement included ongoing benefits navigation services, as well as participating in recurring surveys and interviews capturing financial, social, and stability-related indicators.

Survey and interview participation varied across time points. Analyses in this report reflect both full-sample descriptive data and subsample analyses where pre- and post-program responses were available.

Disbursement Structure

Participants received unrestricted cash disbursements over an 18-month period, totaling up to $6,900 per participant. Disbursements were issued monthly and followed a tapered schedule:

Months 1-12: up to $500 per month

Months 13-14: up to $250 per month

Months 15-16: up to $125 per month

Months 17-18: up to $75 per month

This tapering structure was intended to reduce abrupt income loss at the conclusion of the program while maintaining a consistent intervention duration across participants. Disbursement amounts could be adjusted to avoid interference with certain public benefits, including SSI, SNAP, or housing assistance, when such adjustments were requested by participants.

Funds were fully unrestricted. Participants were not required to document expenditures, meet spending criteria, or allocate funds toward specific categories.

> This program respected me enough to let me decide what I needed.

Benefits Navigation

In addition to cash assistance, participants were offered access to voluntary benefits navigation support throughout the pilot period. Navigation support services were provided by a designated Resource Navigator and included assistance related to:

- Public benefits eligibility and recertification;
- Housing and utility assistance;
- SSI/SSDI guidance;
- Credit repair and debt relief resources, including the Debt Bondage Relief Act victim determination letters and remediation process;
- Healthcare access; and
- Referrals to external service providers.

Prior to intake, the program required an initial assessment with the Resource Navigator to ensure informed consent for candidates. This meeting was intended to inform the candidate of any possible negative impact that direct cash assistance might have on existing benefits. Engagement with navigation services for the duration of the program was not mandatory and varied across participants over time. Use of navigation services and related tools (such as enrollment letters) was tracked through monthly survey responses and interviews and is reported descriptively in subsequent sections.

Survivor Leadership and Governance

Survivor leadership drove the design and oversight of the Resilience Fund through formal roles and governance structures. The inaugural Program Director and Advisory Council all held lived experience of human trafficking. The Program Director and Advisory Council shaped:

- The definitions of core concepts used in the pilot (including the working definition of "economically thriving");
- All program design elements;
- The design and review of evaluation instruments; and
- How, where, and when the Council would advise on implementation considerations.

Advisory Council participation was documented through structured meetings and incorporated into program records. While survivor input shaped program elements, participation in governance was distinct from participation in the pilot cohort as disbursement recipients.

Scope and Boundaries

The Resilience Fund pilot was a defined intervention with specific inclusion criteria duration, and components. It was not intended to replace existing social services, resolve all barriers faced by survivors, or function as an emergency response program.

This report documents the implementation and outcomes of the pilot as delivered. Interpretive analysis, systems-level implications, and recommendations for policy or practice are addressed in separate companion publications.

METHODOLOGY

Study Design

The Resilience Fund pilot was evaluated using a single-cohort, longitudinal mixed-methods design. Data were collected from one cohort of 24 participants over an 18-month intervention period. The pilot did not include a comparison group, randomization, or experimental controls. Findings are descriptive and exploratory and are intended to document observed patterns within the pilot cohort rather than establish causal effects.

Trauma-Informed Research Principles

Data collection procedures were designed to minimize burden and support participant autonomy. Participation in surveys and interviews was voluntary, all questions were optional, and respondents could engage at any point during the pilot without penalty. Instruments incorporated accessible language and flexible participation windows, and compensation was provided for all evaluation activities to acknowledge participants' time and expertise.

Data Collection Instruments

Data were collected through:

- Monthly surveys administered over the course of the pilot (up to 12 total survey opportunities per participant)
- Three semi-structured interviews conducted at designated intervals

Surveys included a mix of multiple-choice, Likert-scale, and open-ended questions focused on economic stability, employment, income volatility, housing, access to services, benefits use, and wellbeing. Interviews lasted approximately 30-60 minutes and explored participants' experiences with the program, changes over time, and ongoing constraints.

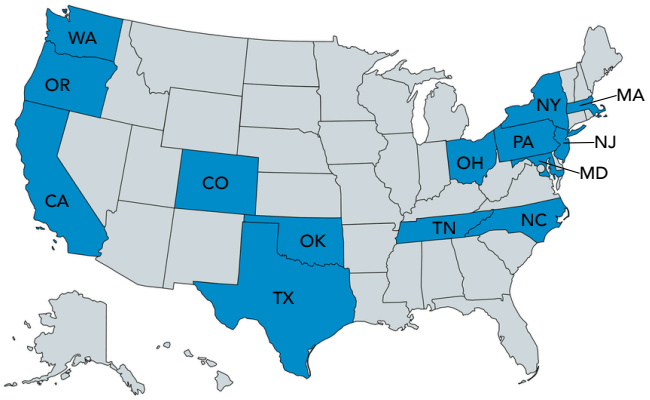
From December 2023 through April 2025, participants were invited to complete all instruments. Respondents completed an average of four surveys and two interviews. Twenty-one participants completed at least one survey, and 10 completed six or more surveys.

Participants received:

- $25 per completed survey
- $50, $75, and $100 for the first, second, and third interviews, respectively
- Periodic completion incentives for consistent participation

Sample Population

The pilot cohort consisted of 24 adult survivors of human trafficking residing across the United States. At onboarding, participants ranged in age from 25 to 53.

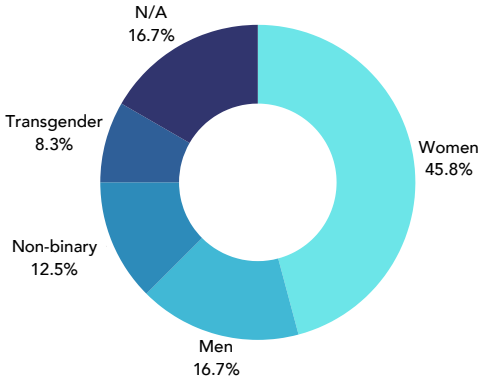


Within the cohort:

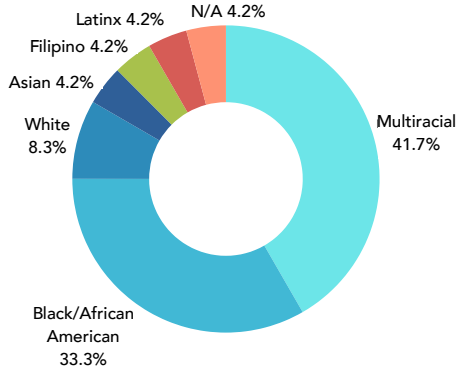
- 83% had experienced sex trafficking.
- 38% had experienced labor trafficking.
- Some participants (37%) reported experiencing both forms.
- Approximately 70% reported first being trafficked before age 18.

Participants represented diverse demographic backgrounds. Parenting status, gender identity, and ethnicity are reported descriptively in accompanying graphics.

Gender Identity



Ethnicity



Parenting Status

9 of the 24 recipients had an average of 2 children under the age of 18 living with them

Pre- and post-program comparisons were conducted for respondents who completed both intake and end-of-program surveys. Observed shifts occurred across education, employment, income, marital status, disability self-identification, and housing stability. These changes reflect dynamic conditions over the pilot period and are reported descriptively.

Key Indicators Examined

The evaluation tracked the following domains using repeated measures where available:

- Employment status and average weekly hours worked
- Individual and household income
- Household size and dependents
- Housing stability
- Ability to make ends meet
- Emergency and unexpected expenses
- Use of exploitative work opportunities to make ends meet
- Health insurance coverage
- Disability self-identification under ADA definitions
- Use of direct cash disbursements
- Engagement with benefits navigation services

Analytical Approach

Quantitative data were analyzed descriptively. Frequencies, proportions, and longitudinal patterns were examined across available responses. No causal claims are made due to sample size, response variability, and lack of a comparison group.

Qualitative data from surveys and interviews were analyzed using inductive thematic coding. Codes were developed iteratively to reflect recurring experiences related to economic stability, service access, benefits interactions, health and disability, parenting responsibilities, and program engagement. Longitudinal qualitative analysis examined how reported experiences changed over time.

Missing data were handled using available-case analysis. Analyses reflect the number of respondents who answered each question at each time point. No data imputation was performed.

Limitations

This evaluation has several limitations. First, the pilot cohort was small (n=24) and therefore not generalizable. Second, survey and interview completion varied across participants and time points. And third, all data are self-reported. Fourth, the study design does not support causal inference. Despite these limitations, the evaluation provides detailed longitudinal evidence documenting participant experiences, outcome patterns, and persistent constraints during the Resilience Fund pilot.

PRE- AND POST-PROGRAM PARTICIPANT CONTEXT

At intake, participants entered the Resilience Fund pilot with varied but consistently constrained economic conditions. Baseline data capture survivors' demographic characteristics, employment and income status, housing stability, access to health insurance, caregiving responsibilities, and self-identified disabilities at the point of program entry. These data provide the reference point for all subsequent longitudinal comparisons and document the conditions under which participants began the pilot.

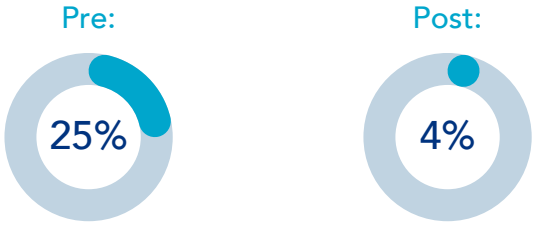
Education

Respondents who had at least some college education –

Notes: Five respondents were newly enrolled in or continuing a higher education program, including two who had enrolled in a college program for the first time since receiving their high school diploma or GED. One completed a GED program, and two completed an education program by the end of the pilot.

Employment

Respondents who were unemployed –



Notes: Respondents reported improvements in their employment situation over the course of the pilot. These changes included moving from unemployment into gig work or self-employment; increasing hours from part-time to full-time; or transitioning into more stable, higher-hour employment.

Marital Status

Status	Pre	Post
Married/Cohabitating	14%	8%
Separated	14%	31%
Divorced	24%	38%

Notes: These shifts align with qualitative accounts showing that greater economic stability allowed several participants to safely exit abusive or unhealthy relationships, finalize long-pending separations, or establish independent households — transitions that reflect increased autonomy and safety rather than relational decline.

Income

Range	Pre	Post
<$25k	70%	55%
26-50k	20%	27%
100k+	0%	9%

Housing Stability

Respondents who were unstably housed –

Unstable included:
unhoused/homeless, precarious situations

Stable included:
voucher/program, shelter, student housing, renting, owning

Notes: Housing stability remained largely unchanged over the course of the program, with nearly half of respondents reporting that they were unhoused or unstably housed at intake, mid-program, and post-program. Only one respondent experienced a decrease in housing stability, which occurred after an increase in income made them ineligible for their subsidized housing program — a change that required them to choose between reducing their earnings or vacating their unit, and they chose to maintain their income.

Health Insurance

Notes: Remained consistent for recipients over the duration of the program with roughly one-third of respondents (30% at intake compared with 28% at the end of the program) not having access to health insurance

Disability Self-Identification

Status	Pre	Post
Yes	48%	67%
No	33%	25%
Maybe	19%	8%

Notes: Over the course of the program, participants increased their understanding about indicators of disabilities and what constitutes a disability under ADA. This likely led to an increase in self-identified disability status by the end of the pilot.

Taken together, intake data indicate that participants entered the pilot with significant financial precarity; limited buffers against income volatility; and ongoing structural barriers affecting employment, housing, health access, and caregiving. These baseline conditions underscore the importance of interpreting all observed changes in the context of sustained instability rather than short-term crisis alone, and they establish the foundation for examining patterns over the course of the pilot.

FINDINGS: ECONOMIC STABILITY AND MATERIAL CONDITIONS

Making Ends Meet

Across the duration of the pilot, most respondents continued to experience difficulty meeting basic monthly expenses, even with the addition of direct cash disbursements. Depending on the month, between 56% and 83% of respondents reported being unable to fully cover their basic needs. Among the 22 participants who answered this question at least once, nearly one-third did not report a single month in which they were able to make ends meet. On average, respondents reported only 1.59 months across the full pilot period in which their expenses were fully covered.

When respondents did report meeting their expenses, financial margins were typically narrow. In most months, respondents who made ends meet did so without any surplus. Periods of excess income were uncommon- across the cohort, with recipients averaging 1.59 months over the 18 month period. When surplus did occur, respondents most often reported saving the funds for future expenses, rolling them forward to cover upcoming bills, or purchasing necessities or long-delayed items.

In months when respondents were unable to make ends meet, coping strategies reflected limited financial options. In 9.2% of monthly responses, participants reported going without basic needs entirely. High-risk financial products such as payday loans or check-cashing services were used infrequently. Instead, respondents most commonly relied on personal credit cards, repayment plans, late fees, or deferred payments to bridge shortfalls.

> “Just not enough funds to pay all bills and have enough for food.”

> “I was denied unemployment after [the job program I was in suddenly] ended.”

These patterns indicate that financial shortfalls were most often absorbed through debt accumulation, deferred obligations, or deprivation rather than through savings or other financial buffers.

Use of Disbursements

Throughout the pilot, respondents overwhelmingly used disbursements to cover essential living expenses. Funds were most frequently allocated to food, utilities, transportation, insurance, and other day-to-day costs necessary to remain housed, mobile, and medically stable.

Quantitative data show that most respondents used disbursements for multiple categories within the same month, reflecting layered and overlapping needs rather than isolated financial challenges. Discretionary or nonessential spending was rare.

> Taking care of my basic survival needs — food, clothing, transportation.

> [The disbursement] went directly to an overdrawn account.

These patterns demonstrate that disbursements were typically absorbed immediately by core expenses, underscoring the limited financial slack available to participants.

Debt and Credit Reliance

Debt remained a persistent feature of respondents' financial lives through the pilot. As noted above, in months when income was insufficient, survivors most commonly relied on credit cards, repayment plans, or accrued late fees to manage shortfalls. Disbursements were frequently used to reduce balances on overdrawn accounts, credit cards, or utility arrears, helping interrupt cycles of compounding penalties even when full debt resolution was not possible.

> Groceries, bills, debt repayments to Afterpay/PayPal.

> To go towards paying off some of the ongoing pay-in-four debts … that my household had to utilize to buy groceries and pay our basic bills.

While some respondents reported modest reduction in outstanding balances over time, most continued to operate with limited access to credit on favorable terms and minimal capacity to rebuild savings.

Emergency Expenses

Unexpected expenses were a near-constant source of financial volatility during the pilot. All but one respondent reported experiencing at least one month with an unexpected cost, and respondents averaged 4.14 months with emergency expenses over the duration of the program. Among the 21 respondents who provided cost estimates, the majority of these expenses exceeded $400. Even conservatively estimating each "over $400" expense at $400, respondents faced an average of $1,067 in unexpected bills across the pilot.

> My dryer broke and was $600 to replace, then my radiator blew the next day.

> I had to go to the hospital twice.

At intake, 19 of 24 respondents reported that they could not cover an emergency expense of any amount without going into debt. By the end of the pilot, the total number of respondents unable to absorb an emergency expense remained the same; however, the composition of this group shifted. Three participants gained the ability to manage unexpected costs, while two lost this capacity following abrupt increases in housing expenses due to changes in subsidy eligibility.

These findings highlight the frequency and magnitude of financial shocks experienced by survivors and the limited buffers available to absorb them.

Housing-Related Costs

Housing-related expenses emerged as one of the most consistent and urgent financial pressures reported by respondents. Disbursements were frequently used to cover rent, utilities, arrears, or partial payments intended to prevent eviction or service disruption. Several respondents described using funds to remain "almost current" on housing costs, illustrating how disbursements functioned as a stabilizing bridge rather than a full solution in high-cost or subsidized housing environments.

> I paid 50% of my rent.

> I paid the lights, gas, and water.

Housing stability remained largely unchanged across the pilot period, with nearly half of respondents reporting unstable or precarious housing at intake, mid-program, and post-program. In one documented case, increased income led to the loss of subsidized housing, requiring the participant to choose between maintaining earnings or remaining housed.

Summary

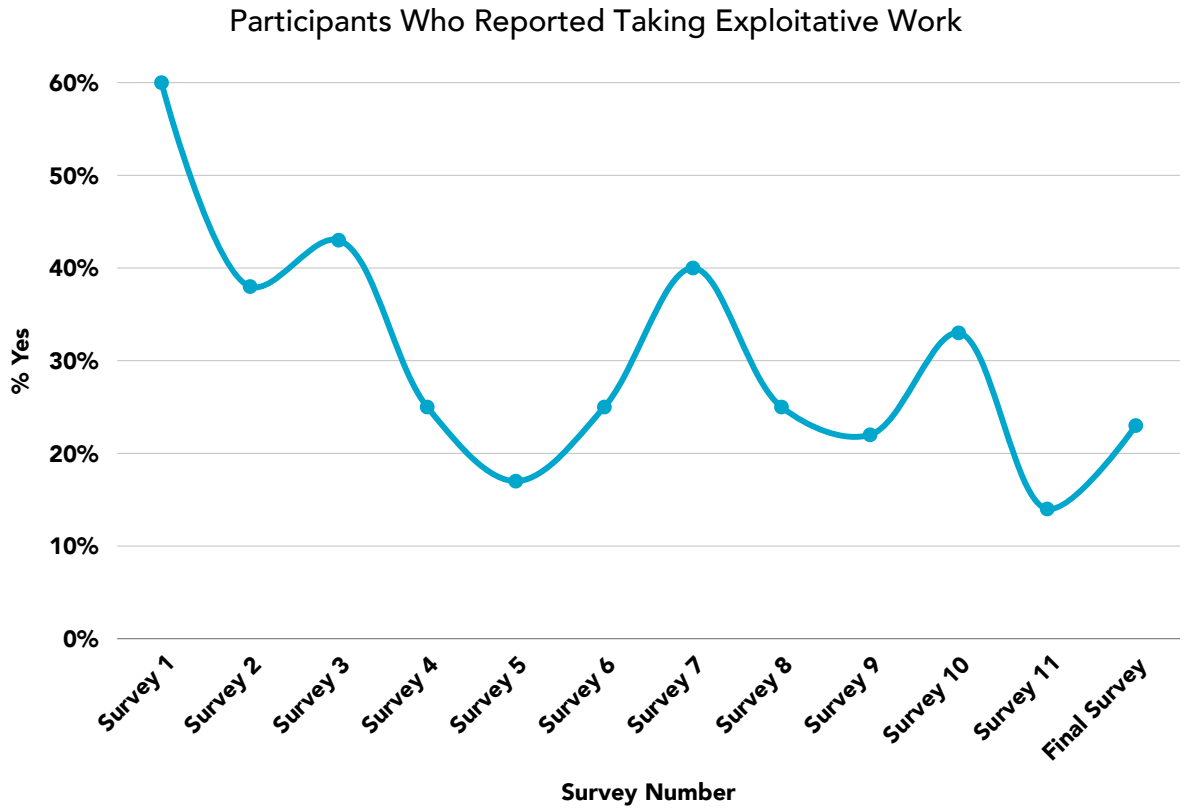
Taken together, these findings document the depth and persistence of economic instability experienced by survivors throughout the pilot period. While direct cash assistance supported incremental stabilization and helped respondents manage essential expenses, most participants continued to operate with extremely thin financial margins, frequent exposure to unexpected costs, and ongoing reliance on debt or deferred obligations. These conditions constrained respondents' ability to fully absorb shocks or build durable financial buffers, even as disbursements mitigated some immediate harms.

The following section examines changes in exposure to exploitative work over the course of the pilot, documenting trends in labor choices and financial pressures alongside survivors' reported experiences.

FINDINGS: EMPLOYMENT, EXPLOITATION, AND CHOICE CONSTRAINTS

Engagement in Exploitative Work

At intake, a majority of respondents reported recent engagement in exploitative work as a means of meeting basic needs. Sixty percent of respondents reported taking an exploitative work opportunity in the month prior to enrollment. Over the course of the pilot, the proportion of respondents reporting exploitative work declined. By mid-program, 25% reported engagement, and by the final survey, this figure had decreased to 23%, even as disbursement amounts tapered.



Month-to-month variation remained, with reported engagement fluctuating between 14% and 40% at different points in the program. These fluctuations corresponded with periods of income disruption, housing instability, or unexpected expenses reported elsewhere in the data.

Ability to Decline Unsafe Work

Qualitative responses indicate that many respondents experienced an increased ability to decline unsafe, coercive, or underpaid work opportunities during the pilot. Participants described turning down jobs that paid below a living wage, conflicted with health or caregiving needs, or required excessive physical or emotional labor. Others reported avoiding reliance on unsafe individuals or returning to abusive partners for financial support.

> I got to say no to jobs that were not going to pay me my worth.

> Did not have to ask toxic ppl for anything!!!

> To taking money from my abusive baby daddy … I'm not doing that anymore.

Respondents frequently framed this ability in terms of having slightly more financial margin, rather than full security. Several described being able to decline some unsafe opportunities while still remaining vulnerable to others.

Income Volatility

Income volatility remained a defining feature of respondents' financial lives throughout the pilot. Fluctuations in hours, temporary work, benefit interruptions, and unexpected expenses contributed to ongoing instability, even among respondents who experienced periods of improved employment.

The ability to absorb income shocks varied over time. As noted above, at intake, 19 of 24 respondents reported being unable to cover an emergency expense of any amount without going into debt. By the end of the pilot, the total number of respondents unable to absorb an emergency expense remained the same; however, the composition of this group shifted. Three respondents gained the ability to manage unexpected expenses, while two lost this capacity following abrupt increases in housing costs related to subsidy changes.

Among the five respondents who reported being able to handle an emergency expense at the final survey, several explicitly linked this capacity to the disbursements.

> Missing work due to family emergencies made the bills even more short than usual.

> My roommate stopped paying rent and bills. I had to cover their portion and find a new place to live.

Persistent Constraints

While many respondents reported increased capacity to decline unsafe work, they also identified persistent constraints that continued to limit their choices. These included low-wage labor markets, lack of benefits, health-related limitations, childcare responsibilities, and ongoing debt. Respondents described wanting to decline work that exacerbated physical or mental health conditions, required excessive hours, or perpetuated financial precarity, but reported being unable to do so consistently.

> Working extra overtime when I'm exhausted and in severe pain.

> No to maxing out credit cards … no to surviving on noodles.

Several respondents emphasized that sustained ability to decline exploitative work depended on having sufficient financial buffer to absorb shocks without returning to unsafe conditions. Unexpected expenses — such as medical emergencies, housing disruptions, or vehicle repairs — were frequently cited as events that narrowed choices and increased vulnerability.

> My catalytic converter was stolen … it's thousands to replace.

Summary

These findings document changes in respondents' engagement with exploitative work over the course of the pilot, alongside continued income volatility and persistent constraints on choice. While many respondents reported increased ability to decline unsafe or exploitative work during periods of relative stability, this capacity remained fragile and sensitive to financial shocks. The data show both reductions in exploitative work engagement and ongoing vulnerability tied to limited emergency buffers, unstable income, and structural constraints on employment options.

FINDINGS: BENEFITS ACCESS AND NAVIGATION

Benefits navigation was offered as a voluntary support throughout the pilot to assist participants in understanding, accessing, and maintaining public and community-based benefits. Engagement with navigation services varied across respondents and over time. When used, navigation most often coincided with periods of income change, benefit recertification, or program transition.

Respondents reported ongoing challenges related to benefits cliffs, recertification requirements, loss of eligibility following income changes, uncertainty about how disbursements interacted with benefits, and inconsistent guidance from agencies. These challenges were reported by respondents who were actively engaged in managing their benefits, as well as those who accessed navigation support intermittently.

> "Extend the resource [navigation] portion of the program."

> "Post-program monthly check-in."

Use of the Enrollment Letter

The Resilience Fund provided an enrollment letter to document participation and clarify income or eligibility when interacting with external systems. Use of the enrollment letter peaked in February 2024 (43%), declined in subsequent months, and then increased again toward the end of the program (from 0% to 23%). The late-stage increase coincided with the tapering and conclusion of disbursements, as well as with the tax season, suggesting that the letter was used both for service access and income documentation.

> "…send support letters to legitimize survivors of trafficking."

Among the 10 respondents who answered questions about the enrollment letter use at least once during the pilot, the average number of reported uses was 1.4. This pattern indicates that while the enrollment letter was utilized by some respondents, it was not used consistently across the cohort, nor was it sufficient on its own to resolve eligibility uncertainty or prevent benefit disruptions.

Engagement With the Resource Navigator

Engagement with the Resource Navigator also varied over the course of the pilot. In any given month, between 8% and 43% of survey respondents reported meeting with the Navigator, with an average monthly engagement rate of 30%. Meetings were most frequent during periods of anticipated income change, particularly during the summer of 2024 (40%), when disbursements began tapering, and in February 2025 (43%), as disbursements ended.

> I have a whole new world to navigate in front of me but my resource navigator taught me well and I know life won't be perfect but I will manage after going through this cohort.

> I will miss the safety net this program provided. I felt looked out and cared for.

> I would like to continue having that support from the navigator — [they were] truly a safe space to discuss the most challenging barriers without being judged.

Although outreach increased during these transition periods, meetings remained voluntary. Engagement patterns suggest that respondents were more likely to seek navigation support when anticipating changes to income, benefits, or financial stability, rather than on a routine basis. There was overlap between respondents who used the enrollment letter and those who met with the Resource Navigator, indicating that respondents who engaged in external systems often used multiple tools concurrently.

> Navigating [the] Medicaid expansion has made it difficult to get physical and mental health care.

FINDINGS: PARENTING, HEALTH, DISABILITY, AND CAREGIVING

Financial volatility affected the cohort broadly, with notable impacts to survivors who are parents, as well as survivors addressing health needs and disabilities. These overlapping conditions shaped day-to-day decision-making, employment options, and the ability to plan beyond immediate survival.

Parenting and Economic Constraint

A substantial portion of participants in the Resilience Fund pilot were parenting children under the age of 18. For these survivors, economic instability interacted with caregiving responsibilities, health needs, and service access in ways that compounded risk and constrained choice. Parenting survivors consistently reported difficulty affording childcare while pursuing employment, education, or medical care. Several described situations in which the cost or availability of childcare effectively negated potential income gains, limiting their ability to accept work or increasing reliance on unstable arrangements. These constraints were particularly acute for survivors parenting children with medical or developmental needs.

> Taking these types of jobs would basically make me work for nothing because to get an extra $250, I would be paying that in daycare.

Housing instability further intensified pressures on parenting survivors. Respondents described frequent moves, unsafe conditions, and difficulty securing family-appropriate housing due to income thresholds, discrimination, or lack of available assistance. In multiple cases, survivors reported prioritizing rent and utilities over medical care, debt repayment, or food in order to maintain stability for their children.

> Housing and medical, as well as family support, please. I urgently need care as well as safe housing for myself, partner, and my children.

Economic instability was also closely linked to fear of child welfare system involvement. Survivors expressed concern that temporary financial shortfalls, housing insecurity, or reliance on informal support could be misinterpreted as neglect, shaping decisions about shelter use, service engagement, or remaining in unsafe situations.

> I was unable to find help with housing unless I went to a shelter, which I am not comfortable with because my children's father wants to find an excuse to take them from me.

Participants further noted concern about the long-term effects of instability on their children's safety, education, and exposure to risk. While direct cash assistance helped meet immediate needs such as food, clothing, transportation, and education-related expenses, respondents emphasized that structural pressures affecting family stability remained.

> Mostly expenses with my three children and their needs.

> Part of my child's college tuition payment.

Health, Disability, and Mental Health Needs

Across the pilot, survivors consistently identified physical health, disability, and mental health needs as central factors shaping employment options, income stability, and caregiving capacity. Many participants reported chronic conditions, trauma-related health impacts, or ongoing mental health needs that persisted well after exiting trafficking.

Disability Identification and Accommodation Awareness

Quantitative findings suggest increased recognition of disability and accommodation needs over the course of the program.

INTAKE	POST-PROGRAM
21 of 24 respondents answered the question	*13 respondents answered the question*
"Do you have a disability as defined by the ADA?"	**"Do you have a disability as defined by the ADA?"**
☑ YES ····· 10 respondents	☑ YES ····· 9 respondents
☒ NO ····· 7 respondents	☒ NO ····· 3 respondents
? MAYBE ····· 4 respondents	? MAYBE ····· 1 respondent

Among the 10 respondents who completed both pre- and post-program surveys, four changed their responses over time, most commonly shifting from "no" or "not sure" to "maybe" or "yes."

This pattern indicates increased awareness of how trauma-related physical and mental health conditions may qualify as disabilities under ADA definitions, rather than changes in health status during the pilot period.

Barriers to Care and Accommodations

Despite this increased awareness, survivors reported substantial barriers to accessing care and workplace accommodations. Respondents described difficulty securing ADA accommodations; navigating Medicaid or insurance eligibility; and accessing long-term, trauma-informed mental health treatment. Several noted that coverage gaps and out-of-pocket costs led to delayed or foregone care, particularly for chronic or trafficking-related conditions.

> "Paying for everything else … before medical care or medication."

> "I need botox injections in my pelvis for damage caused from trafficking, but it's $1,500 a month and not covered by Medicaid."

Mental health needs remained significant throughout the pilot, particularly for survivors managing PTSD, anxiety, or depression alongside economic instability and caregiving responsibilities. Participants emphasized that while therapy was essential, continuity of care was difficult to sustain due to cost, provider turnover, or limited availability of culturally responsive services. Several relied on disbursements to cover copays or paid out of pocket.

> Sometimes when the PTSD is intense … I wish I could pay for assistance to keep up with house chores.

> Mainly therapy that I pay out of pocket for.

Summary

Taken together, these findings indicate that parenting responsibilities, health needs, disability status, and caregiving demands functioned as overlapping constraints on economic stability. For parenting survivors in particular, financial volatility intersected with benefits eligibility, housing decisions, health access, and caregiving labor, shaping both immediate risk and long-term trajectories. These conditions persisted across the duration of the pilot and contextualize the economic and employment outcomes observed elsewhere in this report.

PERSISTENT CONSTRAINTS AND UNRESOLVED NEEDS

While the Resilience Fund pilot was associated with measurable improvements in select indicators of stability, many constraints persisted across the duration of the program. Quantitative findings, qualitative responses, and operational data indicate that direct cash assistance paired with voluntary benefits navigation did not fully offset structural, administrative, and contextual barriers affecting survivors' economic security, health access, caregiving capacity, and long-term planning. These unresolved needs provide important context for interpreting observed outcomes and variation across participants.

Areas Where Outcomes Did Not Shift

Several indicators showed limited or no aggregate change from intake to post-program. Most respondents continued to report difficulty making ends meet in the majority of months, even during periods of full disbursement. Nearly one-third of respondents never reported a single month in which they were able to fully cover expenses, and respondents averaged fewer than two months of meeting basic needs across the full program period.

Emergency financial resilience also remained constrained. While some participants gained short-term capacity to absorb unexpected costs, others lost this capacity due to abrupt changes in housing assistance, medical expenses, or income volatility. In aggregate, the number of respondents unable to cover an emergency expense without debt remained largely unchanged from intake to post-program.

Health insurance coverage similarly showed minimal net change. Approximately one-third of respondents lacked health insurance at intake and at the end of the pilot. Access to long-term mental health care, specialized medical treatment, and workplace accommodations remained inconsistent, even among participants who reported increased awareness of disability status and ADA protections.

Structural Barriers Reported Across the Pilot

Participants consistently reported barriers rooted in the design and administration of public and private systems rather than individual behavior or engagement. These included benefits cliffs triggered by modest income changes, recertification processes requiring repeated documentation, and inconsistent or conflicting guidance from agencies. Survivors described losing or narrowly avoiding loss of SNAP, Medicaid, housing subsidies, childcare assistance, or other supports due to temporary income fluctuations or administrative delays.

Operational data further indicate that program timing and payment structure interacted with these systems in ways that shaped survivor experience. Respondents reported heightened stress during tapering periods, particularly when payment reductions coincided with holidays, school transitions, or benefits recertification cycles. Several participants noted difficulty planning or saving due to uncertainty about timing, payment changes, or external eligibility thresholds.

Administrative burden also emerged as a persistent constraint. Survivors described challenges related to communication volume, follow-up delays, unclear documentation requirements, and difficulty coordinating schedules for meetings during periods of crisis or transition. These experiences mirrored barriers survivors reported across other service systems, where administrative complexity and inconsistent communication compounded stress rather than alleviating it.

Capacity, Role Clarity, and Access Limitations

Participants' experiences reflected variability in access to navigation support and clarity around staff roles. While many survivors described resource navigation as helpful when accessed, others reported difficulty scheduling meetings, uncertainty about the scope of assistance available, or delays related to documentation or referrals. These constraints appeared alongside broader reports of limited capacity and fragmentation across survivor-serving systems, suggesting that similar challenges were encountered both within and outside the pilot context.

Survivors also reported ongoing gaps in access to culturally responsive, survivor-informed, and disability-aware services. These gaps were particularly salient for participants managing chronic health conditions, disabilities, or caregiving responsibilities, where service disruptions had cascading effects on employment, housing stability, and family wellbeing.

Variability Across Participants

Outcomes varied substantially across participants, reflecting differences in baseline conditions, local service environments, health status, caregiving responsibilities, and exposure to external disruptions. Some survivors reported sustained gains in employment stability, educational engagement, or ability to decline unsafe work, while others experienced intermittent progress followed by setbacks.

Participants with stable housing, fewer caregiving responsibilities, or access to supportive services were more likely to report periods of increased financial flexibility. Conversely, survivors facing housing loss, benefit termination, medical crises, or family emergencies often experienced erosion of gains despite continued participation in the program.

This variability indicates that observed outcomes cannot be attributed to a single factor and must be interpreted within the broader context of intersecting constraints. Across the cohort, direct cash assistance functioned as a mitigating input rather than a comprehensive solution, operating within systems that continued to shape survivors' options, risks, and trajectories.

CONCLUDING OBSERVATIONS

Across quantitative indicators, qualitative responses, and operational data collected during the Resilience Fund pilot, several consistent patterns emerged regarding survivor economic stability, material conditions, and exposure to risk. These patterns describe what shifted during the pilot period, what shifted unevenly or temporarily, and what remained largely unchanged.

Areas of Change Observed During the Pilot

Participants reported short-term improvements in their ability to manage immediate financial pressures. Disbursements were most frequently used to cover essential living expenses, including housing costs, utilities, food, transportation, healthcare-related expenses, and debt accrued through prior financial shortfalls. In multiple instances, survivors described using funds to prevent escalation of acute crises, such as eviction, utility shutoff, medical disruption, or forced reliance on unsafe income sources.

Quantitative findings indicate a decline over time in self-reported engagement in exploitative or unsafe work. While not all participants experienced this shift, aggregate trends show a reduction from intake through post-program reporting, including during periods when disbursement amounts tapered. Qualitative data suggest that increased short-term financial flexibility expanded participants' capacity to decline some unsafe labor opportunities, delay high-risk work, or avoid returning to harmful relationships for financial support.

Participants also reported increased awareness of disability status and accommodation needs over the course of the pilot. This shift appeared to reflect greater understanding of legal definitions and workplace protections rather than changes in underlying health status.

Areas of Partial or Uneven Change

Despite these shifts, improvements were uneven across participants and domains. Many survivors continued to report difficulty making ends meet in most months, and few experienced sustained surplus income. Emergency financial resilience improved for some participants but deteriorated for others following housing disruptions, benefit loss, or medical expenses. In aggregate, the number of participants unable to cover an emergency expense without debt remained largely unchanged from intake to the end of the program.

Employment stability improved for some respondents but remained volatile overall. Income fluctuations, benefit eligibility thresholds, caregiving demands, and health-related limitations continued to shape survivors' work options and decision-making. While some participants reported increased ability to decline unsafe work, many described continued constraints that limited consistent exercise of that choice.

Engagement with benefits navigation and use of program documentation varied across participants and time periods. Utilization increased during moments of heightened vulnerability, such as disbursement tapering or program conclusion, suggesting that navigation support was most salient when income shifts or benefit disruptions were anticipated.

Areas Where Conditions Remained Largely Unchanged

Several structural conditions showed limited change over the duration of the pilot. Housing instability remained persistent for a substantial portion of the cohort. Health insurance access remained inconsistent, with approximately one-third of respondents lacking coverage at intake and post-program. Access to long-term, trauma-informed healthcare and mental health services remained constrained by cost, availability, and insurance limitations.

Benefits cliffs, administrative burden, and service fragmentation continued to shape survivors' economic trajectories. Participants reported ongoing cycles of eligibility loss, recertification demands, and conflicting guidance across systems. These conditions frequently intersected with caregiving responsibilities, health needs, and local housing markets, constraining survivors' ability to sustain gains made during periods of increased financial support.

Cross-Cutting Observations

Across the pilot, outcomes were shaped not by a single factor but by the interaction of cash support with preexisting conditions, external systems, and individual circumstances. Direct cash assistance functioned as a stabilizing input within these constraints rather than as a comprehensive solution — affirming that economic stability will not be achieved through a single silver bullet but will require a variety of interventions and resources collaboratively addressing intersecting systems. Survivors' experiences underscore the non-linear nature of recovery and economic rebuilding following trafficking, with progress often occurring alongside setbacks.

Taken together, the evidence from the Resilience Fund pilot documents how survivors navigated material scarcity, income volatility, caregiving responsibilities, health needs, and administrative systems over time. The findings establish an empirical record of what changed, what partially shifted, and what persisted during the intervention period, providing a foundation for future analysis without asserting causal conclusions.

APPENDIX A: SURVEY AND INTERVIEW INSTRUMENTS

Overview of Data Collection Schedule

The Resilience Fund pilot utilized a mixed-methods survey design, with questions administered at varying frequencies to capture both longitudinal change and contextual conditions. Survey items were grouped into four categories based on timing:

(1) monthly repeated measures
(2) intake/mid-program/end-of-program measures
(3) one-time contextual items
(4) end-of-program reflective items

Monthly Survey Items

The following questions were administered monthly to track changes in economic stability, choice constraints, and exposure to risk over time.

Economic Thriving Indicators

- I am securely rooted in my community.
- I have sufficient material resources.
- I am able to be present without grief, fear, or restraint from the past.
- I have what I need to pursue my goals for my future.
- I have less constrained choices this month than I did last month.
- I have the capacity to dream.

Core Systems Barriers

- Access to quality mental and behavioral health services
- Complex legal needs
- Debt bondage and credit repair
- Robust social supports
- Financial inclusion

Financial Stability and Volatility

- To cover my bills and expenses this month…
- If you had enough money to cover your bills and expenses…
- If you did not have enough money to cover your bills and expenses…
- Did you have any unexpected expenses this month?
- If yes, how much was it?
- What was the unexpected expense?

Employment and Exploitation

- Did you take a work opportunity that felt disempowering or exploitative this month?
- If yes, please share more about that experience.

Choice and Autonomy

- Because of your Fund disbursement, what did you get to say "no" to this month?
- What would you like to say "no" to in future months?
- What would you like to say "yes" to in future months?

Program Engagement and Navigation

- How did you utilize your Resilience Fund disbursement this month?
- Did you use your Confirmation of Enrollment letter this month?
- Did you meet with the Resource Navigator this month?
- If yes, what was most helpful?
- Did you attend the Community Forum event this month?

Resources and Open Feedback

- What organization, group, advocate, or resource was most helpful this past month?
- Were there resources you needed this month that were unavailable or inaccessible?
- What other resources would you like to know about?
- What other ideas do you have for adding to The Resilience Fund?
- Is there anything else Fund staff should know at this time?

Intake / Mid-Program / End-of-Program Items

The following questions were administered at intake, mid-program, and end-of-program to capture changes in structural conditions.

- What is your current employment status?
- How would you describe your current housing situation?
- Do you currently have health insurance?
- Do you have a disability (as defined by the ADA)?
- Including yourself, how many people live in your home?
- In your household, how many people are under the age of 18?
- Please select how you would most accurately describe your social stability today.
- If I were in crisis and needed help…

One-Time Contextual Items

The following questions were administered once to establish baseline context or explore specific systems barriers.

Economic Capacity and Aspirations

- How much income per month would be ideal to cover your regular expenses?
- Do you feel that monthly income is within reach? Why or why not?
- Approximately how much total debt do you have currently?
- How much money would be ideal to have in savings?

Legal Needs and DBRA

- Awareness of the Debt Bondage Relief Act (DBRA)
- Use and outcomes of DBRA relief
- Current trafficking-related debt on credit report
- Legal needs and estimated costs
- Familiarity with legal service providers

Benefits Access

- Qualification status for SNAP, EBT Cash, Medicaid/Medicare, CCAP, WIC, and housing vouchers
- Reasons for non-application or loss of eligibility

Health and Mental Health Access

- Ability to access Medicaid/Medicare-accepting providers
- Direct and indirect costs of care
- Waitlists and unmet treatment needs

Financial Inclusion

- Current financial inclusion needs
- Concerns with borrowing from friends or family
- Needs related to savings, debt, insurance, and financial literacy

Demographics and Engagement Preferences

- Highest level of education
- Marital status
- Interest in webinars, virtual events, storytelling initiatives, and survivor networks

End-of-Program (Exit) Items

The following questions were administered once at the conclusion of program participation.

- As you think about the end of disbursements, what thoughts or concerns come up for you?
- As you think about the end of Resource Navigation services…
  - What would be helpful to have from Polaris before the end of March 2025?
  - What would be helpful to have from Polaris from April 2025 and beyond?

APPENDIX B: QUALITATIVE INTERVIEW INSTRUMENTS

Overview of Interview Design

The Resilience Fund evaluation included three semi-structured interview waves conducted at different points during the pilot. Interviews were voluntary, compensated, confidential, and designed to elicit survivor perspectives on program experience, economic stability, and perceived change over time. Participants could skip any question or end the interview at any time. Interviews lasted approximately 30–60 minutes.

Interview #1: Early Program Experience and Onboarding

Timing:

Early participation (post-intake)

Purpose:

Establish baseline perceptions, onboarding experience, and early indicators of stabilization

Interview Context

- Compensation: $50
- Participation did not affect program eligibility or disbursements
- Semi-structured format with optional questions
- Responses used for internal program improvement and aggregate external reporting

Guiding Questions

1. How did you learn about The Resilience Fund and your nomination to it?
2. What feelings have come up for you since your nomination?
3. Describe your onboarding experience.
4. How have the disbursement processing times been for you?
5. Do you know others in your community that might be interested in The Resilience Fund? What are good ways of letting folks know about this program?
6. What is one thing that has happened this month that felt like a step toward economically thriving for you?

Interview #2: Mid-Program Reflection (Voices of Resilience)

Timing:

Mid-program

Purpose:

Capture lived experience, emerging impacts, and narrative reflections during active participation

Note: This interview emphasized open-ended storytelling and reflection. Questions were intentionally flexible to center survivor voice and allow participants to frame impact in their own terms.

Core Thematic Areas

- Experience of receiving direct cash assistance
- Perceived changes in stability, autonomy, or stress
- Use of funds and tradeoffs made
- Trust, dignity, and program design reflections
- Barriers that remained despite participation

Interview #3: End-of-Program Reflection and Retrospective Assessment

Timing:

Post-disbursement / end of pilot

Purpose:

Retrospective assessment of program impact, perceived change, and future needs

Guiding Questions

1. Looking back, what was most helpful about your experience with The Resilience Fund?
2. What did you use the funds for, and how did that impact your current stability and/or ability to work toward your goals?
3. Did anything surprise you — positively or negatively — about how the program worked?
4. Have your feelings about being nominated or included in the program changed since you first learned about it?
5. What is one thing that happened during the program that felt like a step toward economically thriving for you?
6. If you could improve one thing about The Resilience Fund for future participants, what would it be?

Consent and Quote Use Protocol

Before each interview:

- Questions were sent out in advance.
- Consent was obtained to record (if declined, notes were typed during interview).

After each interview:

- If recorded, interviews were transcribed, and recordings were deleted.
- Notes were shared with the participant.
- Compensation was sent to participant.
- Participants could edit, reword, or remove quotes.
- Quotes were only marked "DONE" once full consent for anonymized use was granted.
- Approved quotes were then combined in a singular document in order to deidentify individual recipients.

APPENDIX C: INDICATOR DEFINITIONS

The following table defines key terms and indicators used throughout the Resilience Fund pilot evaluation. Definitions reflect how indicators were operationalized in surveys and interviews, and are intended to support transparency, replicability, and accurate interpretation of findings.

Indicator / Term	Operational Definition	Data Source(s)	Measurement Type	Notes
Ability to Say "No"	Participant-reported ability to decline unsafe, underpaid, harmful, or unwanted work, relationships, or financial arrangements	Monthly surveys; interviews	Qualitative; open-ended	Subjective by design; reflects perceived autonomy rather than objective opportunity
Accommodation Needs	Adjustments required to perform paid work (e.g., flexible schedule, remote work, medical leave, task modification)	Surveys; interviews	Qualitative; categorical	May or may not be formally requested or granted
Benefits Cliff	Loss or reduction of public benefits resulting from changes in income or household circumstances	Surveys; interviews	Qualitative; categorical	Based on participant report; not independently verified
Benefits Navigation	Voluntary support provided to assist participants in understanding, accessing, or maintaining public or community-based benefits	Program records; surveys; interviews	Binary; count of sessions; qualitative	Engagement varied across participants and over time.

Indicator / Term	Operational Definition	Data Source(s)	Measurement Type	Notes
Choice Constraints	Degree to which financial pressure limits decision-making and available options	Monthly surveys; interviews	Likert scale; qualitative	One of six survivor- defined "economically thriving" domains
Debt Reliance	Use of credit cards, repayment plans, overdrafts, or informal debt to cover basic needs	Monthly surveys; interviews	Categorical; qualitative	Includes both formal and informal mechanisms
Disability (ADA-Defined)	Self-identification of having a disability as defined under the Americans with Disabilities Act	Intake, mid-program, post-program surveys	Categorical (Yes / No / Maybe)	Identification does not imply formal diagnosis.
Disbursement Utilization	Participant-reported use of monthly Resilience Fund cash disbursements across spending categories	Monthly surveys	Categorical; qualitative	Multiple categories could be selected in the same month.

Indicator / Term	Operational Definition	Data Source(s)	Measurement Type	Notes
Economically Thriving	Survivor-defined state of stability, autonomy, and future orientation developed by the Advisory Council	Monthly surveys; interviews	Likert scale; qualitative	Definition is survivor- derived and used consistently across the pilot.
Emergency Expense Cushion	Ability to cover an unexpected expense without going into debt	Intake; post-program surveys	Binary; qualitative	No fixed dollar threshold specified
Engagement	Active use of optional program components (e.g., resource navigation, enrollment letter, community forums)	Program records; surveys	Binary; count-based	Distinct from survey participation
Enrollment / Confirmation Letter Use	Use of official program documentation to verify participation or income when engaging external systems	Monthly surveys; program records	Binary; count-based	Often used during benefits recertification or tax season

Indicator / Term	Operational Definition	Data Source(s)	Measurement Type	Notes
Excess Income	Income remaining after covering monthly expenses within a given month	Monthly surveys	Categorical	Does not necessarily indicate savings
Exploitative or Disempowering Work	Work participants identified as unsafe, coercive, underpaid, or harmful, and undertaken due to financial necessity	Monthly surveys; interviews	Binary; qualitative	Participant-defined; not a legal determination
Financial Stability	Participant self-assessment of ability to meet needs and manage finances without crisis	Surveys	Likert scale	Distinct from income level alone
Health Insurance Access	Participant-reported access to public or private health insurance	Intake, mid-program, post-program surveys	Binary; categorical	Coverage quality and adequacy varied.

Indicator / Term	Operational Definition	Data Source(s)	Measurement Type	Notes
Household Composition	Number of adults and children living in the participant's household	Intake, mid-program, post-program surveys	Numeric	Used to contextualize financial pressure and caregiving
Income Volatility	Month-to-month changes in income that affect stability, benefits eligibility, or ability to meet needs	Surveys; interviews	Qualitative	Assessed indirectly through related indicators
Making Ends Meet	Ability to cover monthly bills and expenses without shortfall	Monthly surveys	Binary with follow-ups	Central monthly stability indicator
Parenting Survivor	Participant with one or more children under age 18 living in the household	Surveys	Categorical	Used to identify subgroup for analysis

Indicator / Term	Operational Definition	Data Source(s)	Measurement Type	Notes
Participation	Completion of surveys or interviews, including partial responses	Program records	Binary; count-based	Non-participation carried no penalty.
Recertification Burden	Time, documentation, and effort required to maintain benefits eligibility	Surveys; interviews	Qualitative	Often cited as destabilizing
Securely Rooted in Community	Sense of belonging, connection, and access to resources and relationships	Monthly surveys; interviews	Likert scale; qualitative	Survivor-defined thriving domain
Social Stability	Ability to rely on people or systems for support during crisis	Intake, mid-program, post-program surveys	Likert scale	Distinct from financial stability

Indicator / Term	Operational Definition	Data Source(s)	Measurement Type	Notes
Trafficking-Related Debt	Debt incurred through coercion, fraud, or exploitation during trafficking	Surveys	Binary; qualitative	Self-reported
Unexpected Expense	Unplanned cost incurred within a given month	Monthly surveys	Binary; numeric estimate; qualitative	Key destabilization indicator

These definitions reflect how indicators were operationalized for the purposes of this pilot and are not intended to represent universal or standardized measures across survivor populations.

APPENDIX D: DISBURSEMENT SCHEDULE

This appendix documents the structure and timing of direct cash disbursements provided through the Resilience Fund pilot. It is intended as a factual reference for understanding payment flow across the program period.

Disbursement Structure and Timing

Participants received direct cash disbursements on a monthly basis over the course of the pilot. Disbursement amounts followed a defined schedule that included a consistent payment period and a planned tapering phase toward the end of the program.

Table X. Monthly Disbursement Schedule

Program Phase	Month(s)	Disbursement Amount
Initial Phase	October 2023 - September 2024	$500
Taper Phase I	October & November 2024	$250
Taper Phase II	December 2024 & January 2025	$125
Final Taper Phase III	February & March 2025	$75

Note: All disbursements were provided as unrestricted cash transfers.

Tapering Timeline

The pilot incorporated a structured tapering period in which monthly disbursement amounts decreased over time prior to program conclusion. The tapering schedule was communicated to participants in advance and aligned with the program's planned end date. Tapering was intended to occur incrementally rather than through abrupt cessation.

Benefit-Adjusted Disbursement Flexibility

The Resilience Fund was designed to provide flexibility in disbursement use while remaining attentive to participants' interactions with public benefit systems. Disbursements were not formally adjusted on a participant-by-participant basis in response to benefit status; however, program staff provided high-level guidance and documentation support to help participants navigate potential benefit interactions.

Disbursements were issued as cash rather than as restricted vouchers or category-limited assistance, allowing participants to allocate funds according to their most urgent and context-specific needs.

APPENDIX E: ADVISORY COUNCIL ROLE

This appendix documents the role of the Resilience Fund Advisory Council in the design, implementation, and learning processes of the pilot. It clarifies how survivor leadership was operationalized, the scope of the Council's contributions, and the boundaries maintained between lived experience expertise, program operations, and evaluation activities.

Purpose and Composition of the Advisory Council

The Advisory Council was composed of survivor-led organizations and community representatives with demonstrated trust and leadership within trafficking-impacted communities. Council members participated as organizational representatives and subject-matter experts, not as individual program participants.

The Council was established to:

- Integrate lived experience expertise into program design and learning;
- Increase trust, legitimacy, and relevance of the Fund within survivor communities; and
- Support the development of a survivor-centered direct cash assistance model grounded in real-world constraints.

Across the pilot period, the Council operated through defined annual terms, with changes in membership reflecting organizational capacity, evolving program needs, and continuity planning.

Role in Defining Core Constructs and Program Design

The Advisory Council played a central role in defining key conceptual constructs used in the pilot. Most notably, Council members collaboratively developed the working definition of economic thriving, which informed survey design, qualitative inquiry, and interpretation of participant experiences.

Council contributions included:

- Defining survivor-centered dimensions of economic wellbeing, including material stability, autonomy, community connection, and future orientation;
- Informing the identification of core systems barriers reflected in survey instruments;
- Providing feedback on program parameters, resource offerings, and participant-facing materials; and
- Participating in structured feedback loops throughout the pilot to surface emerging challenges and design considerations.

These contributions shaped what was measured and how survivor outcomes were conceptualized, but did not extend to analytic decisions.

Program Support and Intermediary Functions

In addition to design input, Advisory Council organizations served as a supporting intermediary layer between Polaris and Fund recipients. This role included:

- Notifying survivors in their networks about the Fund during nomination and application periods;
- Acting as an accessible source of community-based support for recipients seeking guidance or connection beyond formal program services; and
- Assisting with debriefing and support when recipients experienced challenges related to participation.

This intermediary role was explicitly non-directive and did not involve decision-making authority over eligibility, disbursements, or service delivery.

Boundaries of Involvement

The Advisory Council's role was intentionally bounded to prevent role confusion, protect participant confidentiality, and maintain evaluation integrity. Council members did not:

- Manage or distribute funds;
- Deliver navigation services or case management;
- Collect, access, or review individual-level participant data;
- Code, analyze, or interpret quantitative or qualitative data; or
- Draft, edit, or approve report findings, conclusions, or implications.

Council participation in evaluation activities was limited to providing feedback from a service provider and advocate perspective, rather than engaging in data analysis or outcome attribution.

Separation from Data Analysis and Reporting

Data collection, cleaning, analysis, and synthesis were conducted by program and research staff. While Advisory Council input informed the framing of constructs and learning questions, the Council did not participate in:

- Selection of analytic methods or indicators;
- Statistical testing or interpretation of trends;
- Decisions about which findings to include or exclude; or
- Drafting or approving report language.

This separation ensured analytic independence while preserving survivor-defined frameworks that shaped how outcomes were understood.

Summary

The Advisory Council's role reflects a structured, compensated, and bounded model of survivor leadership. Lived experience expertise informed program design, conceptual framing, and iterative learning, while operational authority, data analysis, and reporting decisions remained clearly delineated.

This approach was intended to integrate survivor leadership without placing responsibility for program outcomes, evaluation findings, or analytic conclusions on Council members, and to model a governance structure that balances trust, accountability, and methodological rigor.


Polaris