MISSOURI STANDARDS OF CARE

WAVE 1 OF 3

Service Provision Guidelines for
Agencies Serving Survivors of Human Trafficking

CATE
Coalition Against Trafficking & Exploitation

www.MoCATE.org

CATE COLLABORATIVE PARTNERS

Healing Action
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COVERING HOUSE

RESTORATION HOUSE

RENDED HEART
Restoring hope to survivors of sexual exploitation

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About CATE

CATE is a united community movement to prevent and respond to human trafficking and exploitation. The coalition values include a focus on Respect for Survivors, Social justice, Systems Impact, Transparency, and Knowledge Seeking.

Introduction

The **Missouri Standards of Care: Service Provision Guidelines for Survivors of Human Trafficking Wave One** is the foundation practices for direct service provision to survivors of human trafficking. As this is the first of three waves, the CATE SOC Workgroup will ultimately develop:

- Wave One – General Theories & Service Provision Guidelines
- Wave Two – Organizational Programmatic and Operational Best Practices & Guidelines
- Wave Three – Clinical & Service Specific Best Practices & Guidelines

History

In 2019 the Missouri Coalition Against Trafficking and Exploitation (CATE) Standards of Care (SOC) Workgroup convened through the direction and leadership of the Missouri Coalition Against Trafficking and Exploitation. The workgroup developed this framework to guide and support agencies providing services to survivors of human trafficking. The group identified overarching principles and researched best practice documents to support this work. The group recognized the "Guiding Principles for Agencies Serving Survivors of Human Trafficking," as created by the Administration for Children and Families Region 4 Southeast Regional Human Trafficking Advisory Group, which included various mechanisms for improving and regulating service agencies. The workgroup also utilized additional resources, best practice recommendations, and guidance from leaders (including survivors) to develop this guide.

Purpose

Human trafficking is a specific crime with unique challenges regarding service needs, trauma, policy, funding, and other areas. Therefore, it is pertinent to identify best practices and provide guidance for service provision as a resource for service providers, community partners, multi-disciplinary teams, and others who serve survivors of human trafficking. It is essential to consider how we approach service provision and our motivation for engaging in this work. To support survivors in regaining control of their lives in both big and small steps, our efforts must be empowerment-based, focusing on achievements, competencies, strengths, resilience, and resources.

Notes

Use of "Victim" and "Survivor" throughout the CATE Standards of Care

While there are many opinions about using the term victim or survivor, CATE's Standards of Care will utilize the term survivor. We want to recognize the unique space occupied by those who have and are surviving. Best practice in service provision highlights individual autonomy and choice in identifying the language an individual feels best describes their identity and experiences. The signifier "victim" will be used when referring to statutes, the organization's name, or within a quote.

Spectrum of Comprehensive Services

Survivor service needs span from the most basic, immediate needs (e.g., safety, emergency housing, language access, food, medical care) to long-term needs (e.g., therapy services, immigration relief, substance use treatment, case management services, long-term housing). It is essential to acknowledge that one agency may not be able to meet all the survivor's needs, and it is vital to collaborate with other organizations to coordinate access to these services.

Terms and Definitions

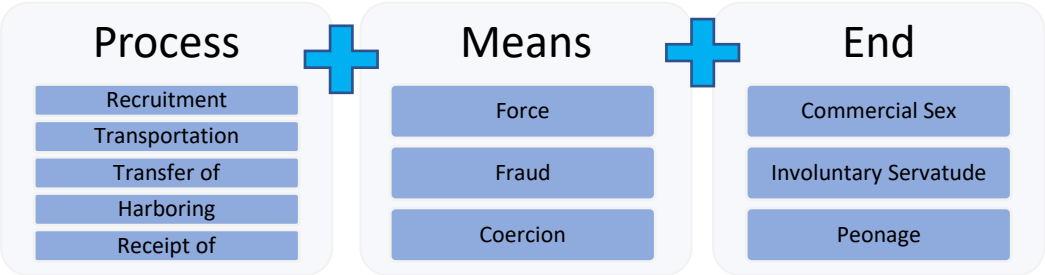
Human Trafficking & Sexual Exploitation Defined

Definition

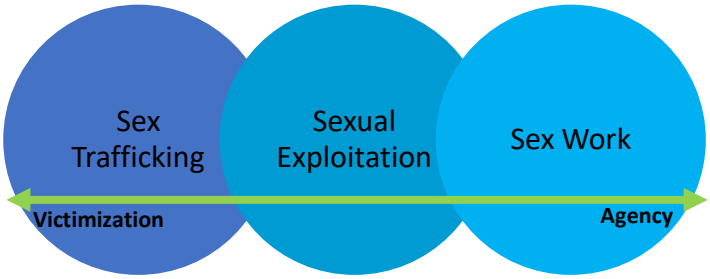
Trafficking in Persons – Human Trafficking is a crime that involves exploiting a person for labor, services, or commercial sex. The Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. § 7102), defines "severe forms of trafficking in persons" as:

> **Sex Trafficking:** The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; (and)
>
> **Labor Trafficking:** The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Components of Human Trafficking



Spectrum of Sexual Exploitation



Terms & Definitions

Advocate/ Advocacy: To speak or act on another's behalf, to intercede. Advocacy may be individual (for a person served) or social (directed at changing social systems, institutions, and broader functioning of society). The latter type of advocacy may also be called *institutional advocacy* or *systems advocacy.* An advocate, as a position, provides education about resources and information in collaboration with survivor(s).

Case Management: Case Management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's needs through communication and available resources to promote safety, stability, and growth.

Collaboration: Partnership between agencies and individuals committed to working together and contributingresources to obtain a common goal.

Commercial Sex: Any act of a sexual nature (e.g., prostitution, stripping, escorting, pornography and sexually explicit websites, and survival sex) in which anything of value (e.g., money, drugs, shelter, food, clothes) is given to or received by any person.

Complex Trauma: Described as an individual's response to prolonged, wide-ranging, long-term effects of exposure to multiple/repeated invasive and interpersonal traumatic events, where it is often little or no chance of escape.

Confidentiality: The rules outlining the disclosure of survivors' information and the act of protecting (i.e., not disclosing, revealing, or sharing without consent) private information relating to a person served. It limits the disclosure of information without the victim's consent and requires victim service providers to disclose any limits to confidentiality to the victim. It is established through federal and state statutes and regulations, ethical principles, and program policies. Confidentiality is rarely absolute, and limitations should be fully disclosed to persons served.

Cultural Competence: The ability of an individual or organization to understand, appreciate, and interact effectively with people from cultures or belief systems different from their own. It includes drawing on knowledge of culturally based values, traditions, customs, language, and behavior to collaborate and work effectively to achieve shared goals. Some organizations use the terms "cultural accountability" or "cultural responsiveness."

Cultural Humility: A lifelong process of self-reflection and self-critique whereby individuals not only learn about another's culture but start with an examination of their own beliefs and cultural identities. It involves self-awareness of personal and cultural biases and awareness and sensitivity to significant cultural issues of others. Core to the process of cultural humility is the practitioner's deliberate reflection of their values and biases.

Debt Bondage: Debt bondage involves a debt that seemingly can never be paid off, forcing the victim into exploitative labor indefinitely.

Disability: The Americans with Disabilities Act ("ADA") defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities. This includes people who have a record of such an impairment, even if they do not currently have a disability. The ADA also makes it unlawful to discriminate against a person based on that person's association with a person with a disability. Substance use disorders are considered disabilities under Section 504 of the Rehabilitation Act, the Americans with Disabilities Act (ADA), and Section 1557 of the Affordable Care Act (Weiss, 2020).

Diversity: In broad terms, diversity is any dimension that can be used to differentiate groups and people from one another. It means respect for and appreciation of differences. But it is more than this. Everyone brings diverse perspectives, work experiences, lifestyles, and cultures. Diversity encompasses the range of similarities and differences each individual brings to the workplace, including but not limited to national origin, language, race, color, disability, ethnicity, gender, age, religion, sexual orientation, gender identity, socioeconomic status, veteran status, and family structures. We define workforce diversity as a collection of individual attributes that together help us pursue organizational objectives efficiently and effectively. *In simple terms, diversity is the mix.*

Domestic: Refers to a person who is a U.S. citizen or Legal Permanent Resident of the UnitedStates.

Empowerment-Based Practice: Focus on the achievement of goals and change of systems by utilizing available strengths, resilience, and resources. By focusing on competence rather than deficits in individual or social functioning, the empowerment model supports resourcefulness and the development of skills to remove social barriers for individuals and communities.

Exploitation: The act of unfairly taking advantage of a person or a group of people to profit from their labor.

Foreign National: Refers to a person who was not born in the United States and who is not a Legal Permanent Resident or U.S. Citizen.

Gender Identity: A person's internal sense of being female, male or someone outside of that gender binary. It is important to note that gender identity is not determined by one's sex assigned at birth and that sex and gender are not the same.

Inclusion: A state of being valued, respected, and supported. It's about focusing on the needs of every individual and ensuring the right conditions are in place for each person to achieve their full potential. Inclusion should be reflected in an organization's culture, practices, and relationships that are in place to support a diverse workforce.

Informed consent: Voluntary agreement to participate in and/or allow an activity or procedure to be performed based on the availability of all pertinent information and the ability to understand the consequences of the agreement decision.

Involuntary Servitude: Condition of being coerced into slavery, peonage, or compulsory labor for the satisfaction of debts.

Language Access Plan (LAP): An organizational document that contains a comprehensive set of policies and procedures that ensure that individuals with limited proficiency in English will have meaningful access to that agency's programs, services, and products

Limited English-Proficient (LEP): Individuals who do not speak English as their primary language and have a limited ability to read, speak, write, or understand English. Individuals with LEP may be competent in certain types of communication (e.g., speaking, understanding) but have LEP in other areas (e.g., reading, writing). Similarly, LEP designations are context-specific; an individual may possesssufficient English language skills to function in one setting, but these skills may be insufficient in other settings.

Language Interpreting: Rendering a spoken or signed message into another spoken or signed language, preserving the register and meaning of the source language content.

Language translation: The process of converting the written word from one language into another that is culturally and linguistically appropriate so its intended audience can understand it.

LGBT and LGBTQIA+: Acronyms used to describe either a person's sexual orientation or gender identity and is created by a community of people who do not identify as heterosexual, straight, or cisgender. The meaning behind these letters are as follows:

"L" stands for lesbian: a person who identifies as a woman who is physically, emotionally, or romantically attracted to other people who identify as women.

"G" stands for gay: a person who is physically, emotionally, or romantically attracted to people within the same gender.

"B" stands for bisexual: a person who is physically, emotionally, or romantically attracted to people within more than one sex, gender, or gender identity.

"T" stands for transgender: a term for a person whose gender identity or expression is different than their sex assigned at birth. Transgender should be used as an adjective — not as a noun or a verb.

"Q" stands for Queer or Questioning:

Queer: an adjective used by some people whose sexual orientation is not exclusively heterosexual or straight. It's an umbrella term that includes people who have non-binary or gender-fluid identities.

Questioning: A term used to describe a person who is exploring their sexual orientation or gender identity.

"I" stands for intersex: a term used to describe a person who is born with chromosomal variances in their biological sex traits and physical reproductive anatomy beyond female and male patterns.

"A" stands for asexual: a term used to describe a person who lacks sexual attraction or desire for other people.

"+" stands for plus: A symbol that represents members of the community who identify with a sexual orientation or gender identity that isn't included within the LGBTQIA acronym. It's an inclusive way of representing gender and sexual identities that letters and words cannot yet fully describe.

Multidisciplinary: Combining or involving several professional specializations in approaching a topic or problem.

Peonage: Involuntary servitude based upon an actual or alleged debt.

Privacy: Freedom from unauthorized intrusion; a victim's right to control who has access to their own story and personal information.

Privileged Communication: Protected communications between certain professionals and victims as defined by statutes. Even if it is relevant to a case, privileged communication cannot be used as evidence in court. The established privileged communications are those between wife and husband, clergy and communicant,psychotherapist and patient, physician and patient, and attorney and client.

Re-Traumatization: Intense physical and psychological reactions that occur when a victim's emotional wounds are re-opened or when they anxiously anticipate the re-opening of these wounds. This distressmay arise when people are exposed to additional traumatic events or when they find themselves in situations that trigger painful memories of past traumatic events. Re-traumatization may also happen when victims re-tell their stories. Survivor-centered and trauma-informed approaches are implemented to avoid re-traumatizing victims while delivering services.

Self Determination: Individuals are qualified to make their own decisions about their lives. This concept highlights the right of all individuals to have control and manage their lives without outside influence or compulsion.

Service Providers: Providing critical support to survivors of human trafficking to meet ongoing, complex needs, including case management, shelter, legal services, and mental health care. Social service organizations in human trafficking and allied fields are well-positioned to identify, support, and protect victims of human trafficking through their work.

Sexual Orientation: A person's physical, emotional, and romantic attraction to another person – such as being straight, lesbian, or bisexual.

Slavery: A form of exploitation where people are legally considered personal property.

Strength Based Practice - A strengths-based perspective identifies and celebrates these strengths instead of seeing these experiences as an obstacle, weakness, or helplessness.

Survivor: Foreign and domestic victims of trafficking and severe forms of trafficking in persons as defined by the Trafficking Victims Protection Act of 2000.

Survivor-Centered Approach: The systematic focus on the survivor's needs, concerns, and goals to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner.

Survivor-Informed: A program, policy, intervention, or product designed, implemented, and evaluated with intentional leadership and input from survivors to ensure that the program orproduct accurately represents the target population's needs, interests, and perceptions.

Trauma: A person's emotional and physiological response to a distressing or disturbing experience.

Trauma-Informed: Approaches delivered with an understanding of the vulnerabilities and experiences of trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. Trauma-informed approaches prioritize restoring the survivor's feelings of safety, choice, and control. A trauma-informed approach recognizes signs of trauma in staff, clients, and others and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Programs, services, agencies, and communities can be trauma informed. See *Trauma Informed Approach.*

Victim: A person who experiences mental, physical, financial, social, emotional, or spiritual harm as the direct result of a specified crime committed on their person or property. Family members, significant others, community members, and others impacted indirectly by the crime are regarded as "secondary" victims. State, tribal, and federal laws should be researched for specific statutory definitions.

Many of these key terms and definitions are from the *Office for Victims of Crime: Achieving Excellence: Model Standards for Serving Victims and Survivors of Crime,* which guides providers working with victims and survivors of crime.

Standard Principles of Ethical Practice

Understanding Your Role in upholding Ethical Standard

Service providers play a key role in the lives of the survivors. In their role, service providers are often responsible for cultivating and maintaining relationships, promoting survivors' well-being, and working with different cultural values and confidential information. At times, a provider may be encouraged to engage in activities outside of their role/expertise, engage in unethical practice, or dismiss a survivor's right to self-determination. These activities take control away from the survivor, placing the survivor in a situation that mirrors the power and control relationship maintained by their trafficker. Ethical and professional guidelines ensure that the dignity and well-being of clients are at the center of the services they receive.

Practice Code of Ethics by Discipline

NASW Social Workers Code of Ethics

National Practice Guidelines for Peer Support Workers

ACA Code of Ethics for Counselors

Code of Ethics for Educators

ANA Code of Ethics for Nurses

Law Enforcement Code of Ethics

Individuals that work directly with human trafficking survivors but are not part of a standard service delivery profession are still responsible for learning, implementing, and upholding field specific Code of Ethics. The Code of Ethics that is recommended is the National Social Workers Association Code of Ethics. This Code of Ethics is that foundation of all social services code of conduct, and practice and ethical expectations.

In addition, service organizations should develop and implement internal policies and procedures around ethical standards, what they deem proper and correct, and values they believe are worthy and essential to their practice.

Recommended Practice Guidelines for Organizations and Individuals that Serve Survivors of Human Trafficking and Exploitation

1. Obtain and maintain specialized education, training, knowledge, and experience before engaging in service delivery.
2. Ensure survivor-centered, trauma-informed, and evidence-based, services specifically designed to support human trafficking and exploitation survivors
3. Avoid re-exploitation by thoroughly understanding the power and control dynamic prevalent within this crime and adjusting practice accordingly
4. Ensure confidentiality and informed consent while following mandated reporting requirements
5. Guarantee accessibility and nondiscrimination for all potential clients
6. Obtain, maintain, and practice professional boundaries specifically monitoring for potentially exploitive power and control service dynamics, dual relationships, and boundary violations
7. Support survivors' self-determination
8. Incorporate peer support and survivor leadership into service provision
9. Provide organizational environment that prioritizes and supports positive mental health for service delivery staff that includes protective considerations against secondary traumatic stress, vicarious trauma, and burnout.

Organizational Support and Self-Care for Professional Staff

Supported/healthy staff are more likely to provide best practice, survivor-centered services and maintain employment with the organization for extended periods. Supervisors are key to modeling and providing regular opportunities for staff to engage in self-care.

Consistent support from supervisors and a flexible work environment is vital to managing stress and maintaining an overall priority of health and well-being.

Setting and maintaining boundaries is one of the most helpful tools when promoting a healthy work environment, directly affecting staff well-being. All service providers will benefit from ongoing training addressing professional boundaries and self-care.

When service providers utilize a peer support approach, addressing the unique dynamics between peers and clients is vital. Staff benefit from specifically designed training opportunities and individual guidance on establishing healthy boundaries.

Self-awareness provides staff and leadership the ability to recognize and respond to the emotional impact of service provision. Without self-awareness, it is difficult to identify individual needs and access the self-care plan.

There are many ways to increase self-awareness:

- Actively engage in individual therapy.
- Pay attention to the body and not what comes next.
- Read books on the topic.
- Have conversations with trusted friends, family, or colleagues.
- Utilize a tool (e.g., enneagram) and spend time discussing it with your colleagues. These activities can also be a helpful tool for survivors.

As staff becomes more aware of the impact of secondary post-traumatic stress, the emotional duress that results when an individual hears about the firsthand trauma experiences of another, they are better able to regulate their reactions. This understanding and ability to self-regulate allows staff to utilize learned techniques, which will lead to a healthier individual and allows staff to interact more positively with others.

> *"Professional self-care is paramount for competent and ethical social work practice. Professional demands, challenging workplace climates, and exposure to trauma warrant that social worker maintain personal and professional health, safety, and integrity. Social work organizations, agencies, and educational institutions are encouraged to promote organizational policies, practices, and materials to support social workers' self-care."*
>
> *-2021 Amendments to NASW Code of Ethics-*

Examples of Organizational Support of Self Care

- Not only provide unlimited sick leave and a generous amount of Personal Time Off (PTO), but actively encourage staff to utilize their time off frequently and consistently
- Monitor and maintain a balance in caseload size and responsibilities based on the types and severity of trauma staff will be interacting with
- Promote an agency culture of shared power in decision-making.
- Allow flexibility in staff hours and work locations (e.g., working from home when doing paperwork or other non-client facing work, utilizing flexible schedules, adaptations for personal needs).
- Develop and promote wellness programs that ensure access to affordable physical and mental health services.
- Destigmatize and actively encourage staff's personal use of a therapist
- Provide self-care opportunities for staff to promote healthy professional relationships.
- Model self-care by allowing time in staff and program meetings to provide for staff's physical and emotional needs.

Expectations

- Organizational support and care for the service team must be an agency priority and modeled by leadership.
- Direct service providers must be intentional and consistent in establishing and maintaining relationships with current and former clients.
- Organizations should model, teach, and uphold professional and healthy boundaries between clients, colleagues, supervisors, and supervisees. When discussing boundaries, include the utilization of social media.
- An organization's policies and procedures must model and outline best practices for staff self-care.
- Leadership should provide space for the team to identify/discuss the emotional/physical impact on each individual and how to craft/implement staff-care techniques.
- Incorporate and prioritize self-care as an onboarding and training topic
- Initiate and encourage conversations related to self-awareness and identification of secondary trauma

Additional Resources

- Organizational Self-Care: Addressing the Collective Responsibility for Your Employees' Wellbeing
- Professional Quality of Life (ProQOL), Life Stress Test, Empath Test (Compassion Fatigue Awareness Project)
- Adverse Childhood Experience Questionnaire for Adults (acesaware.org)

Maintaining Professional Boundaries

"The ability to set and maintain professional boundaries is critical to an effective, sustainable career" (NASW, 2011, p. 1).

Professionals must maintain clear boundaries due to the impact and effect of the power differential between the survivor and the provider. Boundaries are "the limits that allow for a safe connection based on the client's needs" (Peterson, 1992, p. 74). Boundaries need to be established at the beginning of the professional relationship. It is difficult to recover when boundaries are crossed or unclear in a professional relationship (Region IV Guiding Principles).

Different manners in which boundaries are crossed:

- Blurring boundaries – Can be therapeutically focused, primarily harmless but carry the potential to become more serious (e.g., sensitive self-disclosure, hand on the arm to console).
- Boundary violation – non-therapeutic purpose that is unprofessional and can cause harm; a self-centered purpose that is often done in secret with hidden motives; purposefully exploitive or harmful (e.g., physical, psychological, emotional, or financial).
- Sexual misconduct – the most severe boundary violation, can be illegal in some circumstances.
- Dual relationship - occurs when we hold more than one relationship/role with an individual; it can occur simultaneously or consecutively.

Expectations

- All organization should have explicit policies and procedures on professional boundaries as well as training for all employees on the agency policy
- Providers should adhere to being "friendly professionals" rather than "professional friends."
- Boundaries should be communicated clearly for the benefit and safety of both the survivor and the individual working with them.

Additional Resources

- Professional Boundaries in Social Work and Social Care (sccgov.org)
- Setting and Maintaining Professional Boundaries (socialworkers.org)
- ProfessionalBoundaries_Complete.pdf (ncsbn.org)
- NASWCulturalStandards2003.Q4.11 (socialworkers.org)

Gift-Giving

Many survivors have survived in spaces where transactional interactions were the only way to build human connections. Providers can help provide a safer space by showing that regardless of gifts or perks, the survivor is deserving of respect and services.

Regardless of the intent of the employees, interns, and volunteers, they are in an actual or perceived position of "power over" the clients they serve. This intentional or unintentional dynamic can create opportunities for actual or perceived manipulation, exploitation, and emotional and/or financial abuse. Using gifts and favors to manipulate individuals, however subtle, is a tactic that pimps, johns, and other women in the industry use to control, exploit, and abuse.

In addition, the definition of a GIFT states "something voluntarily transferred by one person to another without compensation". Compensation can include accolades, praise, behavioral expectations, emotional expectations, and financial return; these are all commonly known as "strings attached". Gifts with strings are no longer gifts and are about

the giver, not the receiver. Statements like "you should be grateful" or "but I did this for you, you should..." are all statements of emotional manipulation.

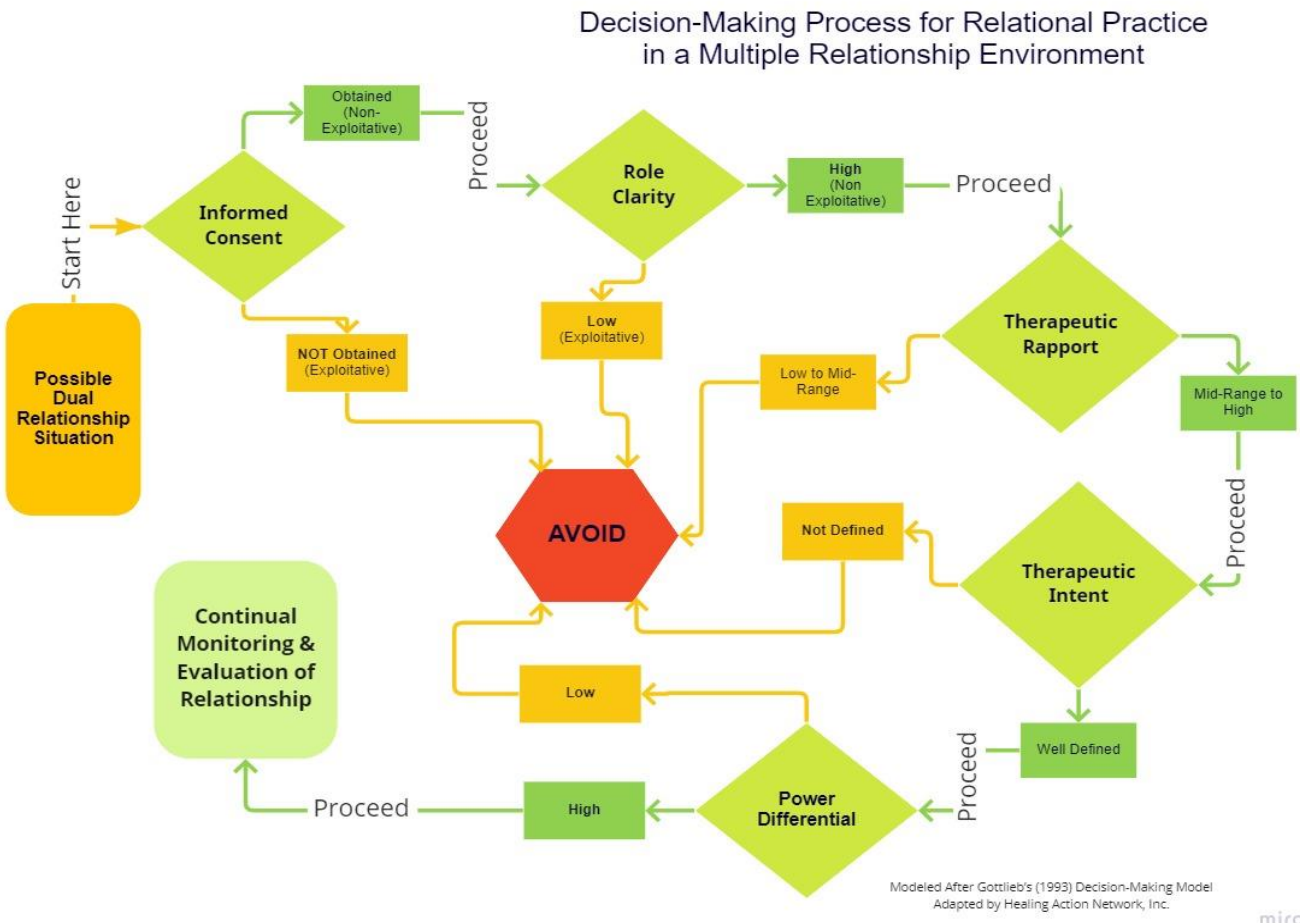
As a provider serving this population, it is of utmost importance to monitor our relational interactions with the individuals we serve, paying special attention to intent, impact, motivation, and manipulation.

EXPECTATIONS

- Gift-giving between providers and survivors should be discouraged at all times.
- No specific client behavior or lack of a specific behavior should be required for a client to receive services or a gift from an employee, intern, or volunteer.
- Special items above and beyond agency provided services or support should not be given to "deserving clients" instead of "non-deserving clients". All clients deserve and have the right to equal treatment from all employees, interns, volunteers, and community partners.
- Employees, interns, or volunteers should be discouraged from giving a gift of any kind to a client without prior approval from the organizational leadership. Providers should not accept gifts of monetary value from clients.

DUAL RELATIONSHIPS (ALSO KNOWN AS MULTIPLE RELATIONSHIPS)

A dual relationship is when personal or business relationships between the provider and survivor exist outside of professional capacity (Region IV Guiding Principles). Dual relationships are strongly discouraged. However, there are



extenuating circumstances in which multiple relationships cannot be prevented. For example, living in a rural area can make it difficult for the provider and survivor to avoid a dual relationship. Therefore, it is best to address potential situations with the client in advance, including the possible implications/impact of the dual relationship. For example, discuss the possibility of seeing one another in public. Explain that the provider will not approach the client but rather let the client dictate what will happen.

Expectations

- Dual relationships should be avoided, when possible, especially when the power differential is significant between the provider and the client.
- Expectations and role clarity should be made clear at intake or at the beginning of the relationship and reinforced throughout the therapeutic relationship
- Prioritize confidentiality and privacy for a survivor.
- It is also recommended that the provider seek consultation to ensure all protective steps are implemented.

Additional Resources

- Ethics rounds--Multiple relationships and APA's new Ethics Code: Values and applications
- Boundary Issues in Social Work: Managing Dual Relationships. (bu.edu)
- Ethics Alive! Anticipatory Dual Relationships in Social Work - SocialWorker.com

Self-disclosure

Self-disclosure, when a provider reveals personal rather than professional information, raises potential boundary issues involving potential or actual ethics violations. Not all forms of self-disclosure are problematic and unethical, but many are.

Most providers agree that they should not disclose detailed personal information to clients about their trauma history, relationship history, or information regarding their private life. Such disclosures could be unethical and potentially exploitative and may cause harm to the professional relationship between the survivor and the provider. However, professionals often disagree about how much personal information should be disclosed about their debilitating illness, substance use history, religious practices, sexual orientation, marital status, or plans to leave the agency.

Ultimately, the provider should consider who benefits from the self-disclosure. If the provider "feels more connected" with a client through self-disclosure, this may be a sign that the information shared is to benefit the provider's own emotional and dependency needs (e.g., trauma history; childhood experiences; marital or relationship issues; aging; career frustration; health, financial, or legal problems).

Research suggests that troubled practitioners who become involved in inappropriate client relationships often disclose personal information to clients because it helps the practitioners cope with their challenges (Reamer, 2006).

SPECIAL CONSIDERATIONS FOR PEER SUPPORT

Peer Support is based on an empowerment model that acknowledges the strengths of people who cope skillfully with similar lived experience and who can serve as valuable resources to clients. Therefore, Peer Support programs exist outside of the typical limits for self-disclosure for the benefit of the client. Peer support programs pose unique boundary and dual-relationship challenges, and providers should consult with National Practice Guidelines and establish clear policies on confidentiality and self-disclosure.

Expectations

- It is critically important for providers to understand the impact of self-disclosure on the professional relationship and manage the information in ways that protect survivors.
- It may be helpful to consult with a supervisor or professional colleague to discuss self-disclosure dilemmas.
- it is essential to communicate with the survivor the need to focus on their unique experiences versus the provider sharing their personal information.
- All organization should have explicit policies and procedures on self-disclosure as well as training for all employees on the agency policy

Additional Resources

- National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf (peersupportworks.org)
- Ethical Guidelines for the Delivery of Peer-based Recovery Support Services (naadac.org)
- Self-Disclosure and Its Impact on Individuals Who Receive Mental Health Services
- Self-Disclosure in Clinical Social Work (socialworktoday.com)

Digital Media, Sensationalizing Imagery, and the Re – Exploitation of Survivors

Too often, images used to portray human trafficking include chains, physical violence, abuse, bar codes, and other images related to violence, confinement, or injuries. In addition, race, ethnicity, age, and gender depicted do not reflect all survivors. The media will often use images and language to sensationalize the issue and gain more widespread interest in their story. This can keep many different types of survivors from being recognized, as trafficking is not a monolith and happens in a variety of ways.

Images that sensationalize human trafficking are used to manipulate people's fear and appeal to their emotions, rather than accurately portraying how human trafficking operates and what can be done to support survivors and the anti-trafficking movement. These images are not useful to advocates who want to better identify human trafficking. Instead, they present an exaggerated vision of what trafficking looks like and how it operates. This can lead potential advocates to only understand trafficking through these extreme representations. In addition, seeing one's own lived experience represented by violent images used to garner sympathy contributes to the exploitation of survivors and can lead to their traumatization.

Expectations

- Organizations' media should not use images that exploit survivors or sensationalize trafficking.
- Avoid using Images containing chains, cages, or other imagery associated with confinement, Images that display violence being perpetrated against survivors or the aftereffects of violence, Images that display bar codes, sales tags, or similar imagery on human bodies, Images that portray survivors calling out for "help" or "rescue", or Using images only of young, white girls and women when discussing trafficking
- Instead focus on using Images that display the diversity of human trafficking survivors and Images that show survivors dignity and respect

Additional Resources

- Sensationalized Sex: Misconceptions and Human Trafficking - Michigan Human Trafficking Task Force
- Pledge to represent survivors with dignity - Freedom United
- Human Trafficking Imagery (state.or.us)
- Advocates' Experiences with Media and the Impact of Media on Human Trafficking Advocacy (nih.gov)

- Survivors of trafficking say QAnon conspiracy theories are exploitative and infuriating - FreedomUnited.org

Evidence-Based / Evidence Informed Practice

While anti-human trafficking work has been undertaken for quite some time, there remains a lack of evaluated, validated programming, particularly in comparison to fields such as child abuse, sexual assault, and domestic violence. Utilizing these resources, the anti-human trafficking movement leaders have adapted and developed policy, service structures, evidence informed standards, data collection, research, and evaluation tools. In addition, research, and program evaluation regarding the diverse programmatic, data-related, and policy-specific needs specific to the anti-trafficking movement are currently underway with the expectation of providing the "evidence-based interventions" seal of approval.

Evidence-based practice is the integration of

Client/patient/caregiver perspectives
The unique set of personal and cultural circumstances, values, priorities, and expectations identified by your client and their caregivers

Service Provider expertise/expert opinion
The knowledge, judgment, and critical reasoning acquired through your training and professional experiences

Evidence (external and internal)
The best available information gathered from the scientific literature (external evidence) and from data and observations collected on your individual client (internal evidence)

Sackett et al. (1996) states that EBP is the "conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients." When all three components of EBP are considered together, service providers can make informed, evidence-based decisions and provide high-quality services reflecting the interests, values, needs, and choices of survivors of human trafficking. It is important to Utilize EBPs that show scientific evidence that the intervention improves client outcomes (Drake et al., 2001).

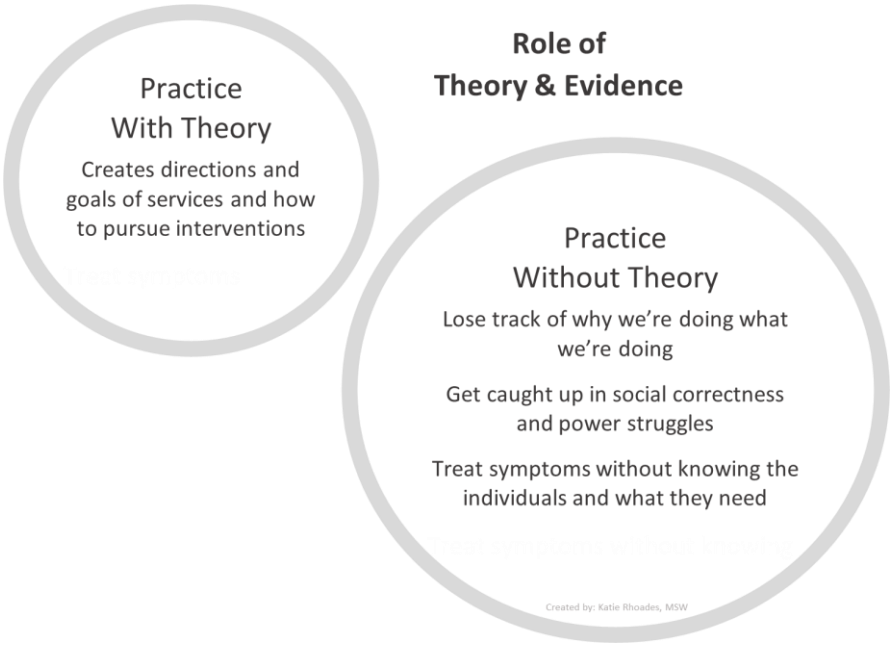
EBP as a Process

- Frame your Clinical Question
- Asking well-formed practice questions that can be answered using best available research evidence
- Gather Evidence
- Using PICO to conduct a search for academic evidence
- Patient/population/problem, Intervention, Comparison, Outcomes
- Assess the Evidence
- Review and synthesize and integrate the peer reviewed academic evidence along with your practice expertise and the survivors' values.

Following an EBP is essential to ensure organizations are not unintentionally re-exploiting or harming clients with a poorly designed intervention.

In addition, utilizing EBPs is often required and extraordinarily helpful when applying for funding and outcome reporting.

Service providers can ensure program effectiveness and contribute to evidence-based programming by collaborating with the researcher to evaluate programs and engaging in ongoing data collection *(Region IV Guiding Principles).*



EXPECTATIONS

- Providers should be familiar with and implement programmatic interventions proven effective through research.
- In contrast, services that have been proven ineffective or lack evidence should be avoided.
- If an EBP does not exist for a specific intervention, providers should seek interventions identified as 'promising practices,' which is one step away from EBP.

ADDITIONAL RESOURCES

- Office of Justice Programs – Executive Reference Guide: Human Trafficking
- National Institute of Justice Crime Solutions
- Center for Evidence-based Solutions to Homelessness
- National Child Traumatic Stress Network – Evidence-Based Practice
- Polaris Evidence-Based Practices for Effective Community Coalitions
- Polaris Promising Practices: An Overview of Trauma-Informed Therapeutic Support for Survivors of Human Trafficking
- SAMHSA Assertive Community Treatment (ACT) Evidence-Based Practice Kit
- SAMHSA Evidence-Based Mental Health Treatment for Victims of Human Trafficking
- SAMHSA Evidence-Based Practices Resource Center
- SAMHSA Medication for the Treatment of Alcohol Use Disorder: A Brief Guide
- SAMHSA Permanent Supportive Housing EBP
- Cognitive-Behavioral Therapy (CBT) – Combines cognitive therapy with behavioral interventions such as exposure therapy, thought stopping, or breathing techniques.
- Eye Movement Desensitization and Reprocessing (EMDR) – Combines general clinical practice with brief imaginal exposure and cognitive restructuring.
- Dialectical Behavioral Therapy (DBT) – Helps clients regulate intense emotions and improve interpersonal relationships through validation, acceptance, and behavior change.
- Somatic Experiencing (SE) – A naturalistic and neurobiological, body-oriented approach with self-regulation, relaxation, wholeness, and aliveness.

- Assertive Community Treatment (ACT) - offers customized, community-based services for people living with mental illness.
- Housing First - Supports chronically homeless individuals with co-occurring serious mental illness and substance use disorders.
- Permanent Supportive Housing - community-based housing without a designated length of stay and includes both permanent supportive housing and rapid re-housing
- Harm Reduction– Aiming to reduce the problematic effects of behaviors, although designed for substance use, it is increasingly being applied to other behavioral disorders. (Logan & Marlatta, 2010)
- Medication-Assisted Treatment (MAT) – Use of medications in combination with counseling and behavioral therapies to provide a whole-patient approach to the treatment of substance use disorders.

Gaps in Evidence

There continue to be gaps in prevention education curriculums for males and intervention strategies for demand reduction. The existing holes provide opportunities for programs and researchers to conduct evaluations and study the effectiveness of new curriculums or strategies while at the same time presenting a challenge for programs that would like to adopt evidence-based strategies now.

NOTE

There is very little peer reviewed evidence on interventions with human trafficking survivors. Therefore, utilizing peer reviewed research for similar populations is sufficient as long as there is strong clinical expertise and experience present.

Culturally and Linguistically Appropriate Services (CLAS)

To truly meet the needs of each survivor, organizations must provide culturally and linguistically appropriate services (CLAS). CLAS is about respect and responsiveness: ***respect*** the *whole* individual and ***respond*** to the individual's needs and preferences. This includes everyone, including those from underserved groups, including but not limited to survivors who reside in rural communities, LGBTQIA+ survivors, immigrants, members of Indigenous groups, individuals of color, and individuals with special needs and disabilities.

Providers are not expected to be cultural and linguistic experts. Instead, providers should seek out training/knowledge to strengthen their competence regarding cultural differences and interaction across cultures. They should also be humble and recognize the individual as the expert on themselves. Survivors' needs are unique, and they are the experts of their life and cultural background, and the provider should listen to the survivor as an expert (Wormer & Besthorn, 2017).

Additional Resources

- National Standards for Culturally and Linguistically Appropriate Services (CLAS) In Health and Health Care
- Blueprint for Advancing and Sustaining CLAS Policy and Practice
- National Center for Cultural Competence Self-Assessment Checklist
- SOAR: Culturally and Linguistically Appropriate Services Training
- What's in a Name? Benefits and Challenges of Anti-Trafficking Language in Social Service Provider Perspective
- An Intersectional Content Analysis of Inclusive Language and Imagery Among Sex Trafficking-Related Services

Providers Use of Linguistically Appropriate Language

The language used by providers is critical, as it directly impacts both the survivors engaged in services and community partners and the public. While law enforcement and prosecutors may be restricted to specific legal language, providers have the freedom and responsibility to utilize language that examines the impact on those they serve and the broader community.

Best practices in service provision highlights individual autonomy and choice in identifying the language an individual who has exited a trafficking situation feels best describes their identity and experiences. Terminology and language are vital tools and can cause damage when not used properly, particularly when it comes to vocabulary related to a person's identity – their basic sense of self. Language impacts the way people think about and respond to an issue. Unfortunately, words used by providers to describe survivors further perpetuate stereotypes, muddle the definition, cause harm, and prevent survivors from accessing much-needed services.

Expectations

- Providers are responsible for having basic knowledge about terms and their proper use before engaging in culturally and linguistically appropriate service and *following each client's guidance* regarding the terminology and language they self-identify with.
- Providers should not require a person to self-identify in a certain way to receive assistance if they have experienced exploitive situations or have been trafficked.

Additional Resources

- Exploring the importance of language in social work (openaccessgovernment.org)

EXAMPLES OF LANGUAGE THAT CAN BE HURTFUL

- Survivors often will not self-identify as "victims" or use the terms "exploitation" or "trafficking." There can be multiple reasons for this. However, the experience of exploitation contributing to survivors' need for services is not dependent on them calling themselves or seeing themselves as victims.
- Using the word "rescue" regarding separating a survivor from their trafficking situation places the provider in the power-heavy role of "rescuer" that sets up the survivors for a perceived or real expectation of gratitude and indebtedness to the "rescuer". Thus, mimicking the power dynamic of the abuser.
- Words related to "innocence" or the "loss of innocence" is often perceived by survivors as blaming or that they should be shameful for the abuse they have endured, such that their "innocence" is a question. This word is also commonly used in relation to religious sexual morality and presents the loss of innocence with lack of morality and/or being "dirty" or "damaged goods".
- Possessive language such as "my victim" or "our girls" creates a dynamic of a power position, or perceived possession, on the part of the individuals using the language, who are likely in a helper role. This could replicate the behavior and language of traffickers, showing their possession and control over survivors. Furthermore, using the terms "girls" for adult women can be seen as paternalistic and contributes to the further the devaluation and shaming of survivors.
- Foreign national survivors who do not have a legal immigration status should not be referred to as "illegals," "aliens," or "illegal immigrants." They are people, human, and survivors of a horrific crime. Examples of person-first language would be "a foreign national who is undocumented" and "undocumented" when referring to their status.

CULTURAL COMPETENCE

Cultural competence requires continuous effort to gain knowledge and understanding of a survivor's specific culture and the broader nuances of cultural differences and interaction across cultures. This is not limited to languages but includes cultural norms, symbols, strengths, and mannerisms. Combining a person's values and beliefs is central to their functioning and cooperation in recovery.

Professionals working with survivors who identify with specific cultures should be knowledgeable of those cultural attributes. However, because survivors come from diverse backgrounds, cultural competency also requires collaboration and expertise from other professionals who focus on specific cultures, and those resources should be provided.

EXPECTATIONS

- Service providers should understand that while cultural competence is not so much a goal that can be obtained, it is an important concept to work towards and utilize as a lens in working with culturally diverse populations.

ADDITIONAL RESOURCES

- National Center for Cultural Competence (NCCC)
- Understanding Cultural Competence and Developing Culturally Competent Services for Victim-Survivors of Human Trafficking
- Culturally Sensitive Trauma-informed Therapy for Youthful Victims of Human Sex Trafficking: Setting a Course to Healing
- Social Work Coalition for Anti-Racist Educators (SWCAREs)
- Constructive Marginality: Conflicts and dilemmas in cultural competence and anti-oppressive practice

Cultural Humility

Cultural competence can harm when professionals take on the role of expert without considering a survivor's specific needs unique to their personality and background, despite what is expected in their culture. Because of this and the impossibility of being competent in all cultural backgrounds, it is imperative that this skill work alongside cultural humility. Cultural humility approaches survivors with understanding, while cultural competency reflects knowledge.

In 2021, the National Association of Social Workers added a section within the cultural competence ethical principle that states:

> *"Social workers should demonstrate awareness and cultural humility by engaging in critical self-reflection (understanding their own bias and engaging in self-correction); recognizing clients as experts of their own culture; committing to life-long learning and holding institutions accountable for advancing cultural humility."*

Expectations

- Professionals must be aware of their limitations in terms of expertise and be willing to listen and understand the survivor as an expert on their own life and cultural background.
- Serving survivors with cultural humility begins with a demonstrated knowledge of the survivor's cultures and a proven sensitivity to the differences between cultural and social groups.
- Providers recognize that they have cultural biases that affect how they learn, communicate with, and serve survivors and are trained to recognize and understand these biases.
- Providers should strive to be culturally responsive, recognizing how both survivors' social and cultural factors and the provider's culture affect the service relationship (Colorado HT Council Standards).

Additional Resources

- Cultural Humility — Toolkit for Human Trafficking Survivor Advocates
- Social Work Education that Addresses Trafficking for Sexual Exploitation: An intersectional, anti-oppressive practice framework
- Cultural Humility: A concept analysis

Non-Discrimination

Human Trafficking can happen to anyone, regardless of vulnerability status. However, marginalized populations are at higher risk of being trafficked due to social and economic status, systemic barriers, and/or discrimination. These survivors experience discrimination and exclusion because of unequal power relationships across economic, political, social, and cultural dimensions.

High Risk populations include

- Recent immigrants or migrants
- Individuals impacted by substance use or mental health symptoms
- Individuals with experience in the child welfare system
- Individuals with criminal justice involvement
- Persons affected by homelessness
- Persons affected by childhood trauma
- Persons with cognitive or physical impairments
- Ethnic and racial minorities

- Persons with LGBTQIA+ identity, specifically people who identify as trans

While every organization may not be able to meet the needs of every survivor, a directory of providers throughout the state should ensure that a pathway exists in the range of providers for each survivor to secure access to protection, care, and support services regardless of their marginalized status.

Expectations

- Service providers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability. (NASW Code of Ethics 4.02)
- Non-discrimination should be embedded in both the policy and culture of agencies serving survivors of human trafficking. Policies, signage, and activities should reflect principles of non-discrimination.
- Staff must be trained appropriately, and survivors should be made aware of non-discrimination policies and their rights under such policies.
- Individual organizations must be able to provide competent supportive services to all survivors of human trafficking or have structured policy & procedures for connecting the survivor with another competent agency with the willingness, knowledge, and experience to serve the whole survivor.

Additional Resources

- Diversity, Equity and Inclusion (socialworkers.org)
- Code of Ethics: English (socialworkers.org)
- service-standards-domestic-violence-programs.pdf (mo.gov)

Language Access

Federal laws particularly applicable to language access include Title VI of the Civil Rights Act of 1964 and the Title VI regulations prohibiting discrimination based on national origin. Additionally, Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)," requires recipients of Federal financial assistance to provide meaningful access to their clients with LEP.

Sample Language Access General Policy Statement

"It is the policy of this agency to provide timely, meaningful access for clients with Limited English Proficiency (LEP) to all agency programs and activities. All personnel shall provide free language assistance services to clients with LEP whom they encounter or whenever language assistance services are requested. All personnel will inform members of the public that language assistance services are available free of charge and that the agency will provide these services to them."

Source: Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs, Civil Rights Division, U.S. Department of Justice.

The Department of Justice has issued a general guidance document, "Enforcement of Title VI of the Civil Rights Act of 1964- National Origin Discrimination Against Persons with Limited English Proficiency" (LEP Guidance). This LEP Guidance sets forth the compliance standards that recipients must follow to ensure that the programs and activities they usually provide in English are accessible to persons with LEP and thus do not discriminate based on national origin

in violation of Title VI of the Civil Rights Act of 1964. As described in the LEP Guidance, recipients must take reasonable steps to ensure meaningful access to their programs and activities by persons with LEP.

Direct providers should be familiar with and have access to resources and information on:

- The most common non-English languages served by the program.
- Telephone, online, and in-person interpretation services.
- Translation services for written documents.
- Program documents in multiple languages, including vital documents required by law, intake materials, waivers, and other documents they will sign, promotional materials, and signs inside facilities.
- Community resources for survivors who are deaf, hard of hearing, refugees, or immigrants.

Use of an Interpreter

The use of an interpreter should be offered to any survivor whose first language is not English or who identifies as deaf or hard of hearing. Individuals who appear to speak English fluently may still benefit from having an interpreter available to help them express themselves fully. Speaking in a second language is mentally challenging, and survivors may need to use specialized vocabulary to describe their experiences.

Expectations

- To best serve survivors with LEP or those who are deaf or hard of hearing, providers should develop/implement organization and client-specific language access plans. The plan should always include client access to interpreters and the translation of all documents to the individual's primary language.
- Language access plans should be regularly monitored and updated to ensure they reflect the current linguistic needs of the survivor.
- Survivors should be informed of their right to language access and interpretation services through phone, video, and in-person interpretation. Additional consideration should be given in that some ethnic communities are small, and most members know each other. The survivor should be provided the interpreter's name in advance to ensure confidentiality and safety.
- Obtain a certified interpreter from a recognized organization. Providers should ensure the interpreter has the proper qualification to perform their job services through a reputable organization.
- You should not use a family member, friend, child, or someone they knew from being trafficked as an interpreter.
- The survivor's preferences should be respected and followed when working with an interpreter, including the gender of the interpreter or a choice for a specific interpreter. Having trust and a willingness to work with an interpreter is an ability that a survivor may need to develop over time. Some survivors may be reluctant to speak in their native language with another person present and instead may prefer to communicate in English.

Characteristics of Competent Interpreters

Demonstrated proficiency to communicate in both English and the intended language

Knowledge of confidentiality and impartiality rules

Knowledge of specialized terms and concepts in both languages

Cultural sensitivity and inclusive translation

A basic understanding of trauma to ensure they will not put the survivor seeking services at any risk or danger

Understanding and commitment to following the role of the interpreter without changing into other roles

Access for Individuals with a Disability

- You should avoid conflicts such as the interpreter and client attending the same place of worship.

Additional Resources

- DeafLEAD | a non-profit agency that provides 24-hour crisis intervention, advocacy, case management, interpreting and mental health services to Deaf, hard of hearing, DeafBlind, and late-deafened individuals who are victims of crime and their families, as well as support to individuals, agencies, and organizations providing victim services to individuals with a hearing loss.
- Toolkit for Human Trafficking Survivor Advocates (supporthtsurvivors.org)
- LAMP Interpreters
- Working with Interpreters (ovcttac.gov)
- TipSheets-limitedEnglishProficiency-API.Institute-6.2015 (api-gbv.org)

Disability Access

Survivors of human trafficking with a disability are targeted for exploitation due to their disability. The stigma and marginalization of a person with disabilities create a particular vulnerability. The commonly held view that persons with disabilities are not sexually active or may not know about healthy sexual relationships or consent increases the risk of sex trafficking for persons with disabilities. The physical and attitudinal barriers that confront people with disabilities may further hamper the ability of survivors with disabilities to receive the assistance they require and are entitled to.

Exploitation involving individuals with disabilities is most likely under-identified due to providers' lack of awareness/education, lack of appropriate screening tools, communication barriers, and lack of identification of vulnerabilities specific to a particular disability. In addition to those survivors who were targeted due to their vulnerability, many survivors developed a disability due to the physical and psychological trauma of trafficking.

Prevalent Types of Disabilities

- Physical, including mobility limitations
- Intellectual and Learning limitations
- Psychiatric & Mental Health Symptoms
- Substance Use Disorders
- Visual & Hearing Impairments
- Neurological disabilities

Barriers that Prevent Survivors from Seeking Services

- Communication and language challenges
- Financial burden
- Confusing language in signs or documents
- Stigma of substance use and mental health disorders
- Physical access to buildings
- Accessible transportation
- Lack of attention to Sensory issues within an organization

Expectations

- Providers need to assess for disability in the intake process and be prepared to offer support and resources needed. A survivor's ability should never be assessed by appearance.
- Providers should have the information available to provide trauma-informed support and resources to individuals with disabilities through direct services or with referrals to vetted organizations.

Additional Resources

- Webinar: https://www.reachingvictims.org/resource/human-trafficking-of-youth-with-disabilities/
- https://www.htlegalcenter.org/wp-content/uploads/Trafficking-of-Persons-with-Disabilities-in-the-United-States-Fact-Sheet.pdf
- https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/45-victim-populations/victims-with-physical-cognitive-or-emotional-disabilities/
- Disability rights from ADA: https://www.ada.gov/cguide.htm

Access for Individuals Who Identify as LGBTQIA+

Effective human trafficking interventions rely on solid community-based collaborations. This is especially true when responding to trafficking situations involving LGBTQIA+ survivors, as these individuals may have fewer social supports and have more specialized service needs. Building partnerships with organizations specializing in LGBTQIA+ rights also provide the opportunity for knowledge exchange and strengthening service referrals. To ensure local human trafficking responses and practices are equitable and appropriate across service populations, providers should partner with local LGBTQIA+ providers and LGBTQIA+ survivors in their efforts (Polaris, 2015).

The process of becoming a more inclusive organization will look different for each anti-trafficking organization. Each agency begins from different starting points: many organizations have served LGBTQIA+ populations well for a long time, while this may be a new conversation for others. Seek knowledge from national and local organizations. Educate yourself and staff regarding language and terminology (e.g. Human Rights Campaign Foundation: Non-discrimination policies, benefits and other practices, Resources, Glossary of Terms).

The process may take time — the important thing is to keep moving forward.

Polaris crafted the resource, "Breaking Barriers: Improving Services for LGBTQIA+ Human Trafficking Victims: A Top Ten List for Service Providers and Criminal Justice Professionals."

Expectations

- Providers should partner with local LGBTQIA+ providers and LGBTQIA+ survivors in their efforts (Polaris, 2015).
- Organizations should discuss the needs of LGBTQIA+ survivors with staff and determine areas of strength and weakness
- Broadly incorporate the voices and perspectives of LGBTQIA+ survivors of human trafficking. Survivor leaders are in an important position to advise on what actions are empowering and welcoming.
- Create an environment where all survivors receive equitable and supportive care by providing educational opportunities that allow staff to learn about LGBTQIA+ survivor experiences, recognize any internal bias, and strengthen empathetic responses.
- Have a clear policy that allows for services and treatment based on self-identification.
- The most direct way to demonstrate that your organization is a welcoming place for LGBTQIA+ survivors is to hire staff and volunteers who also identify as LGBTQIA+. Place LGBTQIA+-friendly signage or visual cues around your building, on your website, and in outreach materials.
- Housing placements in sex-segregated facilities for LGBTQIA+ survivors should be determined by the survivor's self-identified gender identity and made in conjunction with a collaborative safety planning process. Private rooms may be helpful, but isolation should not be mandatory.
- Transgender survivors should have access to safe storage for medications and hormone treatments. Some transgender individuals have reported engaging in risky employment or commercial sex in exchange for much-needed hormone treatments, so care should be taken to identify gender-affirming medical treatment to avoid this risk of exploitation.
- Staff should approach safety planning in an empowering manner, reinforcing that the survivors are the experts in their safety and allowing them to drive their safety planning process. Internal safety plans layout contingency actions if a survivor experiences discrimination or assault by other survivors or staff.
- Offer clothing and hygiene items that fit the survivor's gender identity. Trusted community volunteer mentors from the LGBTQIA+ community can be a great way to support LGBTQIA+ survivors and help them build social capital.

- Individual organizations must be able to provide competent supportive services to all survivors of human trafficking or have structured policy & procedures for connecting the survivor with another competent agency with the willingness, knowledge, and experience to serve the whole survivor.

Additional Resources

- Organizational Self-Assessment for serving LGBTQ Population
- https://www.cogitatiopress.com/socialinclusion/article/viewFile/172/pdf_16
- https://www.tandfonline.com/doi/abs/10.1080/23322705.2020.1841985?journalCode=uhmt20
- https://www.lambdalegal.org/criminal-justice-initiatives/trafficking
- Training from OVC: https://www.ovcttac.gov/views/TrainingMaterials/dspTrainingByRequest.cfm?nm=tta&ns=td&nt=slsv
- SAMSHA for behavioral health, primary care practitioners, not HT specific https://www.samhsa.gov/behavioral-health-equity/lgbt/curricula
- https://polarisproject.org/resources/sex-trafficking-and-lgbtq-youth/
- https://www.apa.org/pi/lgbt/resources/promoting-good-practices

Missouri Specific Resources

- The Center Project https://thecenterproject.org/about/
- PROMO https://promoonline.org/
- SQSH https://www.thesqsh.org/
- Mizzou Resource Center https://lgbtq.missouri.edu/about-us/
- MTUG https://www.stlmetrotrans.org/
- Youth in Need https://www.youthinneed.org/
- SAVE Inc. https://saveinckc.org/
- The Glo Center https://www.glocenter.org/
- Edens Village https://edenvillageusa.org/
- The Rare Breed https://www.thekitcheninc.org/our-programs/rare-breed-youth-services/
- Barnes Jewish https://www.barnesjewish.org/About-Us/LGBTQ-Health-Care
- KC Center for Inclusion https://www.inclusivekc.org/
- Southeast Missouri Behavioral Health: Prevention LGBTQAI+ Youth Resource Center https://semobh.org/

Informed Consent

Informed consent means ensuring that survivors know, understand, and fully comprehend what personal information will be released, the reason for the request, who will receive the information, and how the information will be used.

Informed consent is also essential for consent of services, treatment, and making choices. Survivors may need time to process the request, consider their choices, and come to an individual decision without being pressured into quick action. Survivors who are vulnerable due to mental health conditions, active substance use, learning difficulties, or trauma symptoms may not fully process the information given to them or fully understand the implications of the request from the provider. This significantly limits the client's ability to make an informed decision. It is the responsibility of the provider to ensure informed consent is given before moving forward.

The survivor's right to privacy includes all audio and visual communications with the agency, photos or stories of survivors in the office or at fundraising events or communicating with the public via interviews or social media (Region IV Guiding Principles for Agencies with Self-Assessment).

EXPECTATIONS

- Providers should discuss the benefits and the risks of releasing personal information with the survivor and any available alternatives. All options available to the survivor should be addressed to make an informed choice on whether to share their knowledge with individuals or organizations other than the provider.
- Survivors whose first language is not English must be provided an interpreter when discussing confidentiality, and all documents should be provided in their preferred language.
- Informed consent should be given for one specific request at a time and should be time limited. Providers should consult with the survivor each time they receive additional requests to share information. Survivors can withdraw their consent at any time and should be informed of the consequences of doing so. When providers share information per an informed consent release, they are responsible for ensuring that the data is shared only in the manner the survivor agreed upon. Even when a consent form is signed, it is helpful to remind the survivor verbally of this fact before sharing a new piece of information with an outside agency. This reminds survivors of their choices and control over their story and personal information while reassuring survivors that their dignity and trust are imperative to a positive, collaborative relationship.
- Providers should respect the privacy choices made by the survivors they serve and not post any pictures, release personal details, or share any part of a survivor's story without the individual's informed consent.
- Additionally, a survivor should not be recorded or asked to be recorded in the moment. Any requests of any survivors should be made well in advance to allow time to process all potential impacts the survivor may experience.
- Providers should keep a signed release of information forms on file for all collaborative partners, agencies, and individuals that the survivors work with. Since sharing information between providers may put the survivor or their personal information at risk, all providers involved in an inter-agency release should know each agency's confidentiality policies and requirements and be informed of the various levels of protection (Region IV Guiding Principles for Agencies with Self-Assessment).

ADDITIONAL RESOURCES

- Irina Project – Tips for Interviewing Survivors
- Department of State – Engaging Survivors of Human Trafficking toolkit
- Sharing the Message of Human Trafficking – A Public Awareness and Media Guide
- Ethical Storytelling
- OVC TTAC – Maintaining Confidentiality

CONFIDENTIALITY

Confidentiality and client privacy should be paramount for agencies serving survivors of human trafficking. Confidentiality increases client safety, protects personal information, and protects against re-traumatization.

The survivor has ownership of their life experiences, and the provider does not have the right to disclose any information without the survivor's informed consent (See section above).

Failure to maintain the confidentiality of any/all aspects of a survivor's life experiences often results in a negative, if not detrimental, impact on their current or future safety. To mitigate these risks, survivors need complete control over decisions regarding their life, treatment, and any legal cases they may face (Region IV Guiding Principles for Agencies with Self-Assessment).

Breaching a survivor's confidentiality and disclosing any personal information can be traumatizing for the survivor and violate best-practice organizational protocol, professional ethics/codes of conduct, and state/federal law. This violation could result in severe penalties for the service professional, supervisor, and the organization (Region IV Guiding Principles for Agencies with Self-Assessment: *(OVC TTAC Task Force E-Guide).*

Confidential information includes:

- Any written, electronic, or spoken information and communication between a person seeking or receiving services and any program staff, volunteer, or board member throughout that relationship.
- Any records or written or electronic information that may in any combination identify a person to whom services are provided; and
- Any information about services requested by an individual.

EXPECTATIONS

- To ensure that confidentiality is maintained, policies on confidentiality should include inter-agency communications, storage and access to service records and documentation, and any systems or computers containing personally identifying information (MCADSV Standards for Domestic Violence Programs).
- Providers that receive state or federal funds have specific confidentiality requirements and must have policies and procedures to ensure that the conditions are followed. These include:
- The Victims of Crime Act grant requirements codified in 42 U.S.C 10604(d).
- The Violence Against Women Act of 2013 grant requirements codified in 42 U.S.C 11383 and 13925(b)(2).
- Trafficking Victims Protection Reauthorization Act 2013 (TVPRA 2013).
- In addition to state and federal law, providers should review any organizational, professional, and accreditation policies to maintain confidentiality.
- When survivors first seek services, providers should provide verbal and written information regarding the client's rights and limits to confidentiality (e.g., duty to warn or mandated reporting laws).
- Information regarding confidentiality limits should include what will be said, who it will be reported to, and how the survivor will be aware of this report.
- Survivors should agree to these limits as a condition of receiving services.
- During regular intervals and throughout the survivor's relationship with the organization, providers should review the survivor's right to confidentiality and the provider's duty to warn/mandated reporting. (Office for Victims of Crime Model Standards).

HIPAA & HIPAA HI -TEC

The HIPAA Security Rule contains the standards that must be applied in order to safeguard and protect electronically created, accessed, processed, or stored PHI (ePHI) when at rest and in transit. The rule applies to anybody or any system that has access to confidential client data. In this case "access" is interpreted as having the means necessary to read, write, modify, or communicate ePHI, or any personal identifiers that could reveal the identity of an individual.

There are three parts to the HIPAA Security Rule – technical safeguards, physical safeguards, and administrative safeguards – and each of these are addressed in order in the HIPAA compliance checklist.

ADDITIONAL RESOURCES

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- HIPAA Compliance Guide
- HIPAA Compliance Checklist
- HIPAA Journal

- 42 U.S.C. United States Code, 2009 Edition Title 42 - THE PUBLIC HEALTH AND WELFARE CHAPTER 112 - VICTIM COMPENSATION AND ASSISTANCE

Duty to Warn & Mandated Reporting

Organizations should have policies and procedures to allow for reporting personal identifying information in the case of credible threats of suicide or homicide and reports of abuse of a child or vulnerable adult that a survivor communicates to program staff, volunteers, or board members.

Duty to Warn

In the State of Missouri, mental and behavioral health providers have a duty to warn when a client indicates they intend potential harm to themselves or others. Providers must follow the procedures outlined in Missouri law Chapter 632.300 RSMO to warn the potential survivor and law enforcement. The organization's consent for services authorization should include information regarding the release of information due to a credible threat of harm that clearly states what personal information may be released and to whom it may be released. Individuals with licenses should follow the reporting requirements of their licensing board regarding credible threats of suicide or homicide. (MCADSV Standards for Domestic Violence Programs).

Mandated Reporting

Programs should have specific policies and procedures to ensure reports of abuse or neglect of children, the elderly, or individuals with disabilities comply with the Mandated Reporting Procedures outlined in the Revised Missouri Statutes Chapter 192.2405 RSMo, Chapter 210.112 RSMo, Chapter 210.115 RSMo, Chapter 573.215 RSMo, Chapter 630.162 RSMo, Chapter 630.163. RSMo.

Mandatory reporters are not required to obtain a release of information form from the survivor when reporting instances of abuse or neglect. However, they should create and follow any program-specific policies on mandated reporting and comply with confidentiality requirements detailed in Missouri law Chapter 455.220 RSMo.

As long as safety is not a concern, it is recommended that the provider is transparent and informs the survivor about the report. Due to initial and continued conversations regarding mandated reporter requirements, the provider will be able to maintain rapport and develop a response plan with the survivor.

Medical Emergencies

Providers should have policies and procedures to allow for reporting of personally identifying information in the case of a medical emergency. This includes having a signed consent form for the release of information in an emergency that clearly indicates what personal information can be released and to whom it can be released.

Child/Youth

Providers need to have additional policies for the release of information about a child/youth, including the informed, time-limited, written consent and signature of both the child/youth and their parent or legal guardian. Closely review relevant laws to ensure compliance (MCADSV Standards for Domestic Violence Programs).

Legal Actions

Survivors may come to the provider with a combination of civil, criminal, or immigration-focused legal concerns, and providers may be subpoenaed to provide documents or testimony against the survivor in court. Providers need to have policies on how staff, volunteers, and board members respond to summonses, subpoenas, and warrants. This should include notifying the survivor whose information is being requested (OVC TTAC Task Force E-Guide).

A subpoena is a request by an attorney to produce documents or appear in court and testify. Generally, if subpoenaed, an organization's attorney may file a motion to quash the subpoena due to client privilege. However, not all professional contact is protected by privilege, and the agency may be required to release certain documents and testify in court.

It should be noted that sharing information between providers can destroy a defense to a subpoena. For example, survivors' communication with their attorney is generally considered "privileged," and disclosure cannot be compelled in court proceedings. However, if the case of a survivor or attorney sharing privileged information with a third party (e.g., a case manager or therapist), the information might no longer be considered privileged, and a defense attorney or prosecutor could compel its disclosure. Therefore, providers should become familiar with the different roles and create policies/protocols regarding staff documentation.

Data and Record Retention

All records and invoices, whether written or electronic, should be stored and destroyed securely. Providers should have written procedures for storing and destroying records and invoices that abide by legal, funder, and accreditation requirements. (Office for Victims of Crime Model Standards).

Data Reporting

Stakeholders, funders, or researchers can view non-identifying compiled data, redacted records, or policies and procedures, provided that the data is aggregated, or the survivor gave specific, time-limited, written informed consent. Task forces and coalitions should discuss any evaluation or research projects to ensure that all members understand the confidentiality protections and ensure that victim privacy is maintained.

Accessing Survivor's Personal Belongings

A survivor's right to privacy includes any personal belongings and items they can store in a shelter or housing facility. Staff and volunteers need to have either the survivor's consent or a clearly stated and justified reason, such as protecting the survivor's safety or others, before searching a survivor's items. This protocol must be included within the agency's policies and procedures, and all survivors must be informed of the said policy when services are initiated (The Slavery and Trafficking Survivor Care Standards 2018).

Organizations Requesting to Share Survivor's Confidential Information Publicly

Historically, providers have shared survivor stories as part of their fundraising efforts, community engagement and awareness, and more. As the anti-trafficking movement becomes more survivor-informed, we have learned that too often, these practices become hurtful, exploitive, and re-traumatizing to survivors. Therefore, through the consultation and leadership of survivors, providers are encouraged to post survivor engagement opportunities that include appropriate expert compensation. This allows for survivor engagement without perceived pressure or a requirement to receive services. Survivors are skilled experts who can provide much more than their "stories." Survivors have time and time again expressed that asking them to share their stories for fundraising purposes feels as if they are being asked to re-enact their trauma for the agency's monetary gain.

Communication with Media

Media relations are a valuable tool in raising awareness about human trafficking. Communicating with the media through this lens will help structure responses and clarify your purpose.

Tips for Communicating with Media

- Research the reporter and the media outlet and decline the interview if concerns regarding the reporter's intent arise.
- Provide written information/data via e-mail instead of an in-person interview.
- Prepare two to three main points before the interview.
- Do not comment on specific cases.
- Adhere to the organization's policy when a request is made to speak with a survivor. The policy should be survivor-informed and include a posting of the media opportunity for a survivor who has completed services and is compensated for their expertise.
- Provide the National Human Trafficking Hotline at (888) 373-7888 and a local hotline (if available).
- Ensure understanding of the question, take your time to formulate a response, and ask for clarification if needed.
- Following the interview, email the reporter follow-up information, a fact/datasheet, or other relative information/resources.
- Request a copy of the article or news report; if something is erroneous, request a correction.
- If requested, provide the reporter with further trauma-informed human trafficking awareness resources.

EXPECTATIONS

- Providers should present as an advocate for survivors when interacting with media.
- Providers should be familiar with and follow the agency's media communication policies/procedures, including the expectations that providers will not discuss specific cases due to client privacy.
- Survivors currently receiving and actively involved in the organization's services should never be asked to share their lived experiences publicly.
- Providers should follow all federal, state, and licensure board guidelines before publicly sharing survivors' information.
- Participating survivors have a right to give or withhold informed consent on any action involving their experiences. If consent is withdrawn, the agency must immediately comply (Region IV Guiding Principles for Agencies with Self-Assessment).
- Providers must not request, pressure, or influence survivors to participate in fundraisers or media events. Participating in media or fundraising efforts by sharing their lived experiences could place survivors at risk legally and personally, especially if they are currently involved in open investigations or active court cases.
- Providers should develop guidelines to ensure that survivors' identities will be protected if their information is used for media purposes or if the survivor interacts with the media. Keep in mind that it is common practice amongst traffickers and pimps to attend an event or watch a recorded video to attempt to locate a survivor who has escaped that pimp/trafficker's exploitation.
- When possible, providers should request that survivors withhold from placing their story in the media until they are not actively engaged in treatment and encourage the survivor to discuss any potential effects of the decision with a licensed counselor (Ohio Human Trafficking Commission Standards for Service to Trafficked Persons).

Additional Resources

- WSU Center for Combating Human Trafficking's Public Awareness and Media Guide
- HEAL – Rethinking Representation (video)
- CAST LA & the National Survivor Network
- The Irina Project
- The Irina Project – Using images when reporting on Human Trafficking
- The Irina Project – Reporting Sex Trafficking: Overcoming Obstacles, Gaining Perspective
- Media Guidelines The Irina Project - The Irina Project | Home

> *"Usually when I tell people I'm a survivor of human trafficking, they say "Oh, like the movie Taken?"*
>
> *"I think, well, kind of. Except I wasn't pulled out by one leg while gripping at the carpet. My dad didn't have a special set of skills to come find me. I definitely was not sold for a million dollars on a yacht. So no, not really like Taken at all."*
>
> *"But it's interesting because we all do that — survivors included. We envision human trafficking in this little box, because of that one movie we saw that one time. As survivors, we grew up in the same culture as all of you, so we envision it the same way."*
>
> ***- Rebecca Bender, MA, Survivor, CEO of Elevate Academy-***

Online Presence and Social Media

Many service providers have some degree of digital media presence (e.g., website, social media) both professionally and personally. This can be a challenging space to navigate given the emergence of trends and sensationalized nature of topics, the immediacy of specific requests or timely response is needed, and one's emotional connectedness to the issue of human trafficking in particular.

The provider's primary concern should always be the survivor's confidentiality, privacy, and safety. Therefore, a provider must not post or reply to any information about a survivor. Survivors could be placed at immediate and irreversible risk if their personal information (e.g., demographic information, photos) is made public on social media. Providers must not respond to posts about a survivor shared by community partners, the press, or family and friends, even in attempts to clarify or correct information.

Recommendations for Safe and Ethical Social Media Use for Service Providers
(Voshel & Wesala, 2015)

To minimize the potential for social media risk, it would be prudent for practitioners to take an in-depth look at the content of their online identity and then consider taking appropriate security precautions with their personal information and identity. General caution is advised when posting anything.

Practitioners should become familiar with the privacy settings on their personally controlled social medial sites and adjust them to limit access by clients to personal information.

Practitioners are advised to conduct a personal Google search to understand what anyone might find out about them, including a client. If inaccurate or clinically inappropriate information is found on a website, the practitioner should request the site's manager to have the information removed, if possible.

Practitioners should discuss online privacy issues openly with their clients and suggest more appropriate means of communication (e.g., telephone), indicating that it benefits both clinician and client to respect professional boundaries. Focusing on establishing a professional boundary from the start and outlining the means of good communication at the beginning of the relationship will serve both the client and the practitioner in the long run and, more likely than not, positively impact outcomes for clients.

Person-First Language

Language is a powerful tool. It has the amazing ability to build up and encourage, but it also has the power to tear down and defeat. Language impacts the way people think about and respond to an issue. Unfortunately, the words commonly used to describe human trafficking further perpetuate stereotypes, muddle the definition, cause harm, sensationalize exploitation, and ultimately can prevent young people from accessing much needed services. Person-First Language (PFL) puts the person before their experience/trauma/characteristic and describes what the person experienced, not what the person is (e.g., survivor of human trafficking not human trafficking victim). Steps to practice and utilize person-first language are:

- Always put the person first.
- Become familiar with the definition of human trafficking, remove outdated terms.
- Highlight survivor's resilience and strengths, not the sensationalized "story."
- Provide space for the survivor's voice through empowerment and agency.
- Use strengths-based language that builds up, not blame or tear down.
- Be open to input and feedback, recognizing that everyone can grow this skillset.

Collaboration

It is impossible for any single person, group, agency, or organization to respond comprehensively to all the elements of human trafficking. Traffickers range from opportunistic individuals to sophisticated criminal organizations with multijurisdictional scope. The resulting complex, traumatic impacts on the survivor are extreme and involve diverse populations with a multitude of needs.

Responses to human trafficking are most effective, coordinated, and efficient when multidisciplinary and collaborative in their problem-solving and service delivery (US Department of Justice, Office for Victims of Crime). The area of concern may range from a focus on the micro-level (individual) to the mezzo-level (community, region) to the macro-level (state, nation, world).

- The activities may include but are not limited to:
- Providing for an individual survivor's basic needs;
- Strengthening investigative efforts;
- Providing community education/awareness;
- Development policy/protocols,
- Legislative action.

Survivors have a wide range of potential needs based on their age, type of victimization, level of trauma, immigration status, health, family structure, education level, skill level, criminal history, plans, and many other factors. Needs of survivors, both emergent and long-term, may include:

- Peer support
- Case management
- Transportation
- Clothing
- Housing
- Food
- Dental care
- Education support
- ESL Classes
- Financial literacy /education
- Family reunification
- Cultural & community support
- Health Insurance
- Crisis intervention
- Identification documents
- Job preparation/placement
- Legal representation
- Medical/Mental health care
- Basic needs/essential items
- Public benefits assistance
- Religious/spiritual support
- Repatriation assistance
- Safety Planning
- Substance use treatment
- Translation/interpretation
- Childcare assistance
- Victim Advocacy

A collaborative approach allows survivors greater access to a multitude of different and specialized service options. However, these collaborations should take place along with the survivor's support, informed consent, and participation. A lack of agency coordination and collaboration may do harm to the survivor, restricting or limiting services, safety, overall well-being, and access to justice. Successful collaborative planning includes the implementation of collaboration protocols and signed contracts and memorandums of understanding. These documents should clarify each partner's roles and responsibilities, how the partners will communicate, details regarding the service delivery, reporting details, information to be shared, and information that remains confidential.

Expectations

- Providers participating in collaborative and multidisciplinary partnerships should first inform survivors about different opportunities available. This information should include what services are offered, who provides those services, what information will be shared between the organizations, and the client's rights to authorize and withdraw consent for said services.
- The survivor's right to choose and self-determination must be at the center of all decisions made. Many survivors have previously engaged in direct services and are aware of agency culture, service provision, and staff. Due to this history, they may want to accept or decline services. The survivor is the expert of their own experiences, and through recognition and respect, providers will build relationships and support self-determination.
- Once informed/written consent is provided, organizations should communicate regularly to ensure the proper delivery of services, no duplication of services, and no triangulation or conflicting information/services.

Self-Determination

Self-determination is the ability to exercise free choice of one's actions or states of being without external coercion.

Self-determined care is survivor-informed, individualized, and need-based for all clients. Survivors' expertise on their own experience, assisted by provider support, will determine what actions should be taken, as well as the best way to implement those actions.

Self-determined care involves needs assessment and evaluation through a survivor-focused lens. These tactics involve daily survivor feedback and input into the course of their care.

Providing Self-Determined Care Includes the Following

Active Listening

Assessing risk and danger

Assessing needs

Establishing rapport and communication

Identifying major challenges

Safety planning

Expectations

- The right to self-determination must be respected and supported when providing services to survivors
- Survivors must be involved in the planning and decision-making of their care.
- Services should be tailored to each survivor's unique needs and background, considering the spiritual, cultural, intellectual, physical, and emotional dynamics resulting from their own experience.
- Providers must respect and promote clients' right to self-determination and assist clients in their efforts to identify and clarify their goals. *(NASW Code of Ethics).*
- Providers may limit clients' right to self-determination only when, in the providers' professional judgment, survivors' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others *(NASW Code of Ethics).*

Religious and Spiritual Self Determination

Access to religious or spiritual services is often an essential part of a survivor's healing. Best practice is for faith-based organizations to follow the direction and desires of the client with regard to religious or spiritual activities. All available evidence and professional Code of Ethics highlight that conditional services are unethical and can further trauma if forced onto the client. Catholic Charities has a great guide discussing these practices. Catholic Charities – Guiding Principles for Serving Survivors of Human Trafficking

Note to Agencies receiving federal funding

Any agency receiving federal funding must make sure not to discriminate based on religion or require engagement in certain religious activities to receive services. However, religious, and spiritual issues should be incorporated and addressed as part of comprehensive case management.

Expectations

- Faith-based organizations should be transparent about any religious affiliations or programming requirements when the program is being discussed initially with a client.
- Organizations should not discriminate against current or prospective clients based on religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in religious practice.
- Agencies should follow the survivors' lead in engagement or participation in religious activities or practices.

Additional Resources

- OVC TTAC – Victim-Centered Approach
- Dept. of State – Engaging Survivors of Human Trafficking
- National Survivor Network – Approach to Anti-Trafficking Work
- Missouri Dpt. Of Mental Health – Self Determination Toolkit
- Journal of Social Work Values and Ethics - Strategies for Client Self-Determination

Practice Guidelines

Trauma-Informed Practice

A trauma-informed approach considers the whole person (e.g., physical, cognitive, emotional, behavioral). Providers are equipped with an understanding of the widespread impact of trauma, recognize the signs and symptoms of trauma, and incorporate that knowledge into every interaction, policy, and procedure within the service delivery. In partnership with the survivor, the trauma-informed provider first focuses on safety and develops services based on the survivor's strengths, creating opportunities to re-establish a sense of control and empowerment. Key concepts include:

The successful implementation of a trauma-informed approach includes the *entire* organization, not just the direct service team.

To successfully adopt and implement a comprehensive trauma-informed approach, all components of the organization must:

- Understand the widespread impact of trauma
- Recognize the signs and symptoms of trauma
- Respond by integrating knowledge of trauma in policies, procedures, and practices
- Actively work to not re-traumatize the survivor

A trauma-informed organization realizes the widespread impact of trauma on survivors and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by integrating knowledge about trauma into policies and procedures practices, and settings. As in the survivor-centered approach, the priority is on the survivor's safety and security and on safeguarding against policies and practices that may inadvertently traumatize survivors.

Most survivors of human trafficking have a substantial trauma history, requiring direct service providers to develop specialized knowledge regarding the impact of trauma and complex trauma on an individual's mental health (e.g., anxiety, depression, PTSD, borderline personality disorder, and dissociative disorder). With this understanding, providers will recognize and assist the survivor in accessing appropriate clinical treatment/support. However, as a provider collaborates with the survivor to develop a proper treatment plan, the provider *does not need/nor should they ask* the survivor to provide details of their trauma. A trauma-informed approach includes the understanding that asking the survivor unnecessary/unneeded questions about the trauma will be retraumatizing. The trauma clinician and the survivor will determine when, where, and how the trauma will be processed in a safe, therapeutic environment.

Trauma-informed mental health care is frequently a necessary step within the survivor of human trafficking's service plan. The provider and clinician, along with the survivor, should craft an individualized care plan that will meet the comprehensive needs of the survivor.

EXAMPLE

A survivor who presents with Dissociative Identity Disorder (DID) may be particularly challenging because they may present with one identity to their therapist, even the anchor identity, while in their interactions with the case manager, the survivor may present with various identities, depending on if they are in crisis or entering a survival state. Given the tremendous difficulty in understanding the nuances of DID, it is helpful for the survivor, mental health clinician, and the direct service provider to work together. This should only occur after a survivor provides informed consent and signs a release of information, allowing multidisciplinary team discussions regarding the progress and service needs of the survivor.

Mental Health

The stigma around mental health may impact a survivor's willingness to participate in treatment. Education regarding the importance of addressing trauma through mental health interventions may help survivors and their friends and family.

Individuals who experience a single traumatic event can experience Post-Traumatic Stress Disorder (PTSD). Symptoms of PTSD include:

- Flashbacks to the event(s)
- Avoidance of reminders of the event(s)
- Negative changes in personal beliefs
- Hyperarousal

Survivors of human trafficking are exposed to multiple, daily, invasive/interpersonal traumatic events perpetrated by multiple abusers over an extended period. Some have suggested that the current PTSD diagnosis does not fully capture the severe psychological harm of this prolonged, repeated trauma. It was suggested in 1988 by Dr. Judith Herman of Harvard University that a new diagnosis, Complex PTSD, was needed. According to Dr. Herman's formulation, Complex PTSD symptoms include:

- ***Behavioral*** – impulsivity, aggressiveness, sexual acting out, alcohol/drug misuse, self-destructive behavior
- ***Emotional*** – inability to express emotions, rage, depression, panic
- ***Cognitive*** – dissociation, pathological changes in personal identity
- ***Interpersonal*** – chaotic personal relationships
- ***Somatization*** – numerous appointments with medical practitioners

Symptoms of complex trauma overlap with PTSD but may also include feeling ashamed or guilty, uncontrollable emotions, disassociation, physical pain, isolation, self-harm, drug abuse, and suicidal thoughts (PTSD: National Center for PTSD).

In addition to complex trauma experienced by their trafficking situation, many survivors also experience poly-victimization or exposure to multiple types of traumatic experiences (e.g., emotional abuse, sexual abuse, physical violence, and family/community violence).

Service Considerations

The focus of a trauma-informed approach includes supporting the survivor's self-determination, safety, mental health, physical health, empowerment, and collaboration/trust between survivor and provider. At times, survivors who struggle to manage the symptoms of complex trauma are labeled by the provider as "difficult clients" and are removed from services for "failing to meet the program's expectations." The survivor's reactions to trauma are normal; it is the

provider's responsibility to be aware of complex trauma symptoms and structure programs and services accordingly. Using a trauma-informed lens to understand the behavioral and emotional effects of trauma will prepare providers to provide appropriate support/services to survivors who are most in need of supportive services.

Throughout the service provision, providers should be mindful of survivors' readiness for services. Although survivors may initially be agreeable to a service(s), they may later decide that they are not ready to engage. Survivors may not feel safe to voice their engagement barriers and will subsequently demonstrate disengaged behaviors (e.g., not attending appointments, rescheduling numerous times). The service provider should talk with the survivor about their engagement readiness and help them identify what is preventing them from accessing services.

Due to their experiences, many survivors have difficulty trusting others. Building trust between the provider and survivor is imperative to providing safe and effective services. Survivors with difficulties trusting their providers may disengage from treatment or leave early; therefore, providers should establish an environment of safety. This is achieved through practicing healthy coping mechanisms (e.g., deep breathing, mindfulness meditation), establishing/updating a safety plan, and identifying and acknowledging/respecting triggers (e.g., memories, lack of control, unexpected change, vulnerability, shame, anxiety, anger, pain). Additional steps to build trust include providing access to peer support groups, allowing for conflict negotiation, preparing for changes in routine, and setting boundaries (Center for Substance Abuse Treatment, US. 2014). Survivors' trauma histories impact their response to services; therefore, flexibility is a necessity.

Office space arrangement is an important consideration when working with survivors. Providers should be careful of any potential arrangement that may establish a power differential, such as the provider sitting behind a desk. If a desk or table separates the provider and client, the survivor may feel as though the provider is in a position of power and has control. Thought should be given to the proximity between the provider and the survivor. If providers are too close to the survivor, they might feel intimidated and potentially be triggered. The provider should allow the survivor to take the lead on where to sit, whether the door is open or closed, and provide feedback regarding their comfort level within the space. A trauma-informed approach requires providers to be aware of potential triggers and make every reasonable effort to avoid re-traumatization and provide a welcoming space.

> EXAMPLE: The provider's office includes different artwork within their office. The provider noticed the survivor frequently glancing at a particular painting. The provider asked the survivor what could be done to make the space feel safe. The survivor shared that the painting was like one in their childhood home and triggered negative memories. The provider removed the artwork prior to any appointments with the survivor.

Service providers may support survivors through triggering moments by having sensory-based items designed explicitly for hypo or hyperarousal. They may include the use of sensory stimulation (e.g., music, scents, foods/drinks), sensory-motor activities (e.g., exercise, movement, rocking), and environmental modifications (e.g., heating, lighting). Sensory items such as weighted blankets, gadget toys, drinks sucked through straws, Play-Doh, an orange (to peel), orange-scented lotion, a stress ball, or a mint (to chew on) could all be kept in an accessible space and encourage clients access when needed.

Being trauma-informed does not mean "going along with" everything the survivor may say or decide they want. While self-determination and agency are essential and should be respected, the service provider should also be a kind and truthful voice for survivors. Being trauma-informed compliments being survivor-centered. They are not competing for ideas, but when done in a best practice way, complement one another and work together to provide the most supportive, helpful services to survivors.

Trauma-informed services are likely to adapt and grow over time to align with what we know and continue to learn about trauma. Utilizing the overarching key concepts related to trauma, services should include trauma-sensitive approaches that consider the "interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety" while also recognizing the survivor's need to be respected, informed, connected and hopeful regarding their recovery. The bottom line to all interactions with a survivor is to create a situation in which they feel safe, are free to make their own choices, and feel understood.

- Guidance to States and Services on Addressing Human Trafficking of Children and Youth in the United State
- A kaleidoscope: The role of the social work practitioner and the strength of social work theories and practice in meeting the complex needs of people trafficked and the professionals that work with them
- Human Sex Trafficking in America: What Counselors Need to Know

Additional Resources

- Toolkit for Trauma-Informed Approaches – Family Services Cabinet Council of Delaware
- Trauma-Informed Human Services: Resources Specific to Victims of Human Trafficking
- Toolkit for Building Survivor-Informed Organizations (ACF & NHT-TTAC)
- OVC TTAC Human Trafficking Task Force e-Guide: Using a Trauma-Informed Approach
- NHTTAC Trauma-Informed Approach
- Trauma-Informed Care for Survivors of Human Trafficking: A State of the Field in 2019
- Utilizing Trauma-Informed Approaches to Trafficking-related Work
- Using a Victim-Centered Approach & Trauma-Informed Approach to Address the Needs of Human Trafficking Victims
- Considerations and Recommendations on Trauma-Informed Advocacy for Trafficking Survivors
- Trauma-Informed Advocacy
- Human Trafficking Collaborative: Trauma-informed Care
- Toolkit for Building Survivor-Informed Organizations
- Mental health and human trafficking: responding to survivors' needs
- Mental Health Needs
- Mental Health Resources for Human Trafficking Survivors and Allies
- Evidence-Based Mental Health Treatment for Victims of Human Trafficking
- Human Trafficking Awareness for Mental Health Professionals

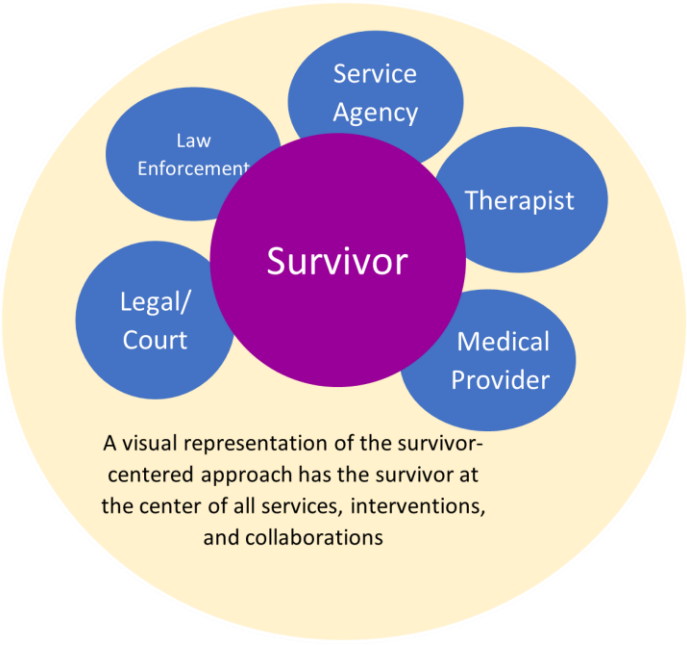
Survivor-Centered Practice

We are prioritizing the needs and well-being of the survivor in all services

This approach engages survivors as the central component in all facets of care. They lead the way and have the final say in all decisions made. Multi-disciplinary work and service collaborations are successful with the survivor's consent and engagement. The survivor's choice, safety, and well-being is the priority of all direct services.

The Office for Victims of Crime (OVC) describes a survivor-centered approach as follows *(OVC TTAC Task Force E-guide)*:

- Placing the survivor's priorities, needs, and interests at the center of the work.
- Providing non-judgmental assistance, with an emphasis on client self-determination.
- Assisting victims in making informed choices.
- Restoring survivor's feelings of safety and security is a priority.
- Safeguarding against policies/practices that may inadvertently re-traumatize survivors.
- Survivors' rights, voices, and perspectives are incorporated when developing/implementing system- and community-based efforts that impact survivors.



A visual representation of the survivor-centered approach has the survivor at the center of all services, interventions, and collaborations

Safety

Physical, Emotional, and Mental safety is paramount and should be the initial issue addressed by service providers. Once survivors are safe, they are in a better position to exercise agency in other areas of their lives. While it is best practice to address safety concerns first before offering additional services, it is essential to remain survivor-centered and address the needs that initially brought the survivor into services. Survivors will not be able to find safety if they feel their self-identified needs are not also acknowledged and prioritized.

NOTE

Providers may inadvertently replicate the behavior of traffickers by insisting that a survivor participates in certain activities to obtain services, telling others about their circumstances without their informed consent, making their information public to sensationalize experiences/raise funds, or by showing frustration when a survivor is exercising their choice in a way the provider may not have chosen or agree with personally. *(Region IV Guiding Principles)*

Service providers should allocate sufficient time to explain who they are, the agency they work for, and their role in service provision while allowing time to address any questions the survivor may have. It is essential to acknowledge and address any fears or concerns expressed by the survivor and be patient as they begin their recovery process. Providers should be sensitive to cultural differences and language barriers, utilizing an interpreter when needed.

This approach identifies the vital service team step to recognize and celebrate successes while providing participant feedback/evaluation opportunities.

Choice

A coordinated community-wide approach to services will give the survivors different options regarding receiving services. Offering options regarding shelter, therapy, or case management provides more choices for survivors. Service providers may engage in survivor-centered practice by simply yet intentionally offering choices to survivors throughout the provision of services. A coordinated community-wide approach to available services (i.e., shelter, therapy, case management) provides survivors with options regarding where they receive support.

EXAMPLE

When initiating services, agencies may have an established or preferred process regarding survivor engagement with the agency/other systems or specific ideas about decisions a survivor is making. A survivor-centered approach encourages and supports a survivor's self-determination, regardless of a provider's personal preferences or perceived as "best" or more "in line" with agency procedures. *(Region IV Guiding Principles)*

Survivor-Centered Questions

- Where would you like to meet for our appointment?
- Would you like to sit on that couch or this chair?
- Would you like something to drink before we begin?
- What would you like?

The service team should allow the survivor to practice making simple choices, use their voice/agency, and feel heard. Simple questions can also help ground the client if they feel anxious or in crisis. By focusing on simple questions related to one or more of their senses, they may begin to feel more grounded/comfortable as they engage with others.

Encouraging Personal Agency

Survivor empowerment through choice and self-determination should take precedence over provider preference. The primary role of a service provider is to offer information, support, and services. While the provider may express concern for the survivor's safety or financial security, the provider does not display their disapproval or second-guess the survivor's decisions.

Each survivor is an expert on their lived experiences. Once all service options are presented/clarified, the survivor is able to make the choice that best fits their needs at that time.		
The service provider is not imitating the role or behaviors of the trafficker when providing services.	The survivor feels empowered and has control over what is happening in their life.	The service provider offers services in a way that meets the survivor where they are, based on the survivor's self-identified needs.

"(Providers) should recognize that trafficking is a severe form of exploitation that violates survivors' basic human rights. Therefore, our support should never be contingent upon their ability or willingness to cooperate with authorities and should always be offered on an informed and consensual basis to respect their human dignity and promote their rights."

-Trafficking Survivor Care Standards, The Human Trafficking Foundation-

Recognizing the power and self-determination of individuals is the primary goal rather than putting the provider in the role of "rescuer" who is making choices and decisions on behalf of the survivor. The crime of trafficking takes away an individual's sense of control and choice; all interventions should be empowering and not replicate this control.

- Providers should be aware of power dynamics and avoid repeated patterns of control and coercion.
- Providers should ensure survivors are heard and choose which decisions and resources will work for their lives, recognizing that each survivor is unique.
- Providers should focus on and highlight survivors' strengths when developing goals. The role of the provider is to offer options and services, and the survivor's part is to make decisions. Providers equip survivors with the tools, resources, and services to become self-sufficient.
- Providers should seek to collaborate with survivors and be open to discussion appreciating the authenticity of the views and aspirations of survivors. However, it may be challenging to assume such a conjoint position. If an organization truly embraces a strength-based approach, it will be evident and embraced and implemented at all levels (e.g., survivors, direct service staff, organizational leadership).

> *"The goal of effective practice is not coping or adaptation but an increase in the actual power of the client or community so that action can be taken to change and prevent the problems clients are facing. Because the effects of powerlessness can occur on many levels, efforts toward change can be directed at any level of intervention or can include multiple levels of intervention."*
> -Gutiérrez et al., 1995-

Example 1	***Example 2***	***Example 3***
A supervisor crafts an employee evaluation with a staff member, asking the staff member to highlight strengths and identify areas where improvement is needed. The supervisor then encourages the staff member to craft growth goals to highlight their strengths and identify growth areas.	*Organizational leadership provides space for staff to express challenges to agency protocol (e.g., work/life balance, traditional work week) and explore flexible options/alternatives to empower staff in crafting/adapting agency policies (e.g., remote work, 10-hour days/4 days per week).*	*A provider highlights how a survivor's combative behavior helped keep them safe in the past and can be a valuable tool moving forward. The provider and survivor work together to gain structure and balance around the behaviors, highlighting the survivor's strengths.*

Additional Resources

- Survivor-Centered and Survivor-Led Practices
- NHTTAC: Survivor-Informed Practice
- OVC TTAC: Victim-Centered Approach
- The Survivor-Centered, Trauma-Informed Approach
- Polaris Project: Centering Survivors
- PRACTICAL GUIDE: SURVIVOR-INFORMED SERVICES

- The Rights-Based Approach In Housing for Survivors of Human Trafficking
- Implementing Shared Decision Making with Child Trafficking Survivors
- Aid On Whose Terms? Challenges To Developing An Effective Response To Trafficking In Women

Strengths-Based Practice

Survivors are the experts in their lives and must be treated as such. They have abilities, strengths, and experiences that can assist them in self-advocacy and rebuilding their lives. They have been uniquely resourceful in the face of adversity, and these skills have kept them alive and helped meet their needs.

"Strengths-based" practice in direct services is a philosophy and a way of genuinely seeing survivors as resourceful and resilient in the face of adversity. It is considered a method of practice, although there is no strengths-based model of practice per se. Instead, various practice models may be categorized under the rubric of strengths-based practice as long as they hold, as their fundamental assumptions, that the service provider's relationship with the survivor is one of collaboration and that people are resourceful and are capable of solving their own problems.

Prior to the advent of strengths-based perspectives and practices, the dominant ideology involved an "expert" professional identifying the client's needs and determining what needed to be done. Clients were viewed largely in terms of their histories, weaknesses, limitations, and problems. scree

In strengths-based models, in contrast, the service provider (seen as a helper), in collaboration with and through the leadership of the survivor, identifies and amplifies existing survivor system capacities to resolve problems and improve quality of life.

Strengths-based approaches can be viewed as respectful toward and empowering the survivor.

Principles of Strength-Based Practice

Recognise that individuals, families and communities have many strengths and the capacity to learn, grow and change	Focus on strengths and aspirations	Look for, and build on, the numerous resources that can be found in a wide range of social environments	Take care with the language you use because it changes how we see people, situations and possibilities	Collaborate and support self-determination	Work in ways that promote empowerment	See problems and challenges as the result of interactions *be tween* people rather than *within* pe ople	Keep a commitment to social justice

Additional Resources

- ACF & NHT-TTAC: Toolkit for Building Survivor-Informed Organizations
- What is a Strength-Based Approach?
- Guiding Principles to Inform Economic Empowerment Programing for Survivors of Human Trafficking
- Ending Human Trafficking Podcast: Strengths-Based and Survivor-Informed Aftercare
- A Preliminary Perspective for Identifying Resilience and Promoting Growth Among Survivors of Sex Trafficking
- Enhancing Empowerment for Survivors of Human Trafficking
- Human Trafficking in Youth-serving Programs: A Blueprint for Organizations Working with Street Youth, Homeless Youth, and Youth at Risk

Survivor Engagement

Survivor Informed Programs & Services

Survivors of human trafficking are resilient, courageous and are the ultimate experts in the anti-human trafficking movement. Essential services are those that were influenced by the experiences and voices of survivors. Survivor input is an essential component of any program. A survivor's lived experience offers a unique perspective that can help an agency recognize gaps in care, identify client needs, and elevate the provision of services.

Ways to access this information can come in various forms, whether employment, contracting, or other particular roles. Examples of involvement opportunities include feedback, participation in planning and evaluation, leadership, or providing direct services (Region IV Guiding Principles). It is vital to remember that survivors can do more and be more than a survivor.

To ensure that organizations accurately serve the survivor's needs, interests, and perceptions, each organizational component (e.g., direct service, development, multidisciplinary team partnerships, evaluation, board of directors) must be survivor informed.

While survivor involvement should play a key role in an agency's process, it is vital to ensure that this is done ethically and with the survivors' wellbeing held front and center at all times. A survivor-informed approach seeks to emphasize a survivor's self-determination and seeks to minimize re-traumatization. This approach assists in gaining a sense of empowerment while providing information to make informed choices. Services should collaborate with individual survivors to avoid a one-size-fits-all approach.

This encompasses building an intentional partnership and collaboration to obtain meaningful input from a diverse community of survivors.

> *"Meaningful survivor input helps case managers, service providers, and others conducting outreach, public awareness, coalition building, or other related activities to human trafficking understand how trauma affects the recovery of those impacted by human trafficking and how to [meet their needs] effectively. These efforts are intended to prevent instances of revictimization."*
>
> *-Survivor-Informed Practice Recommendations, 2017 Human Trafficking Leadership Academy-*

The Office for Victims of Crime – Human Trafficking Capacity Building Center created the "Practical Guide: Survivor-Informed Services." The guide is intended for providers committed to engaging survivors by providing information and tools to help create those intentional/meaningful partnerships with survivors.

Considerations for Employment of Survivors

Survivors of human trafficking often want to support other survivors and work within trafficking-specific programs. Organizations should seek to employ survivors who are no longer actively accessing services when it is in the best interests of both the program and the survivor. Although survivors are experts in many ways, this expertise does not dismiss the organization's ethical and professional requirements for the survivor to meet the educational and training needs for the position. Positions filled by survivors are not required to have "survivor" in the title of the position. Survivors should be considered for any position in a program, including management positions, based on their meeting the qualifications for a specific position. Survivors should be recruited by posting job opportunities, including "survivors of human trafficking and exploitation are encouraged to apply." Organizations should develop protocols and policies for

all employees providing access to trauma-informed support services. In addition, organizations should review background check policies and include appropriate considerations.

Compensation for Survivors

When survivors are asked to inform services or practices, whether as employees or contractors, they should be compensated as an expert for their time and work.

Survivor engagement and compensation policies should address details such as:

- Clarity regarding client feedback versus evaluating program outcomes.
- Protocols regarding survivor participation in the research study.
- Policies specific to confidentiality and anonymity in research participation.
- Terms of compensation detailed within written contract/invoice and provided to survivor.
- Gifts of appreciation should not be considered compensation.
- Compensation funds are secured in advance of engaging with survivors.

Collaboration with Survivor-Led Programs

Providers should seek opportunities to support and collaborate with survivor-led programs. This includes inviting and encouraging survivor-led programs to attend task force and coalition meetings. Unity is essential to foster relationships and can be difficult to achieve among service providers. As such, it's critical to determine to what extent programs can work together. Survivors who are in leadership positions or influence organizations should be leaders regarding ethical survivor engagement. However, it's essential to remember that survivor-led organizations are not the only legitimate service provider organizations.

There may be differences in core values, philosophies, and program strategies in any community collaboration. It's essential to identify the extent to which each agency can partner with and support the other's program and client population. Memorandums of Understanding (MOU) are a helpful tool for clarifying each organization's role.

Expectations

- Providers should develop a survivor engagement policy that includes guidelines for survivor-informed programming. Policies should address issues such as: When former clients may be engaged, How former clients can engage, Boundaries related to the ask for a survivor to repeatedly tell their story, Guidance ensuring survivors choose how they will be identified in public, Compensation for survivor's service delivery
- An organization should avoid inappropriately seeking survivor feedback or taking advantage of a survivor's goodwill. When survivors are involved, they should be in roles that they are qualified for, compensated appropriately, be fully informed of their responsibilities and expectations, and have the chance to rescind their involvement at any time (Region IV Guiding Principles). Honor boundaries (to include limits) of survivors regarding active, anonymous, or no participation within the survivor-informed process.
- Survivor involvement should be integrated into all levels of an agency and go beyond one position or individual. Continuously and appropriately access survivor expertise at all appropriate stages throughout program development, implementation, and evaluation.
- Incorporate diverse survivor human trafficking perspectives (sex and labor trafficking survivors, adult and minor survivors, LGBTQIA+ survivors, and foreign-national and domestic survivors) and integrate best practices among other parallel movements, including domestic violence, sexual assault, and labor exploitation, when appropriate.
- A strengths-based approach should be used to determine appropriate places and levels of engagement for survivors within an organization or project. Such an approach should consider survivors' expertise and strengths; length of time out of their trafficking situation; training on trauma-informed, victim-centered, and survivor-

informed practices; and effective management of survivors' triggers. This approach should also consider organizational or project needs and the organization's capacity to support the survivor appropriately. (Survivor-Informed Practice Recommendations, 2017 Human Trafficking Leadership Academy)

> *"A survivor-informed practice includes meaningful input from a diverse community of survivors at all stages of a program or project, including development, implementation, and evaluation."*
> *-Survivor-Informed Practice Recommendations, 2017 Human Trafficking Leadership Academy-*

Additional Resources

- National Survivor Network – Empowering Meaningful Survivor Leadership in the Movement
- Dept. of State – Engaging Survivors of Human Trafficking
- Irina Project – Tips for Interviewing Survivors
- Responsible Sourcing Tool – Survivor Engagement
- Survivor Alliance – Survivor Engagement Resources
- Peer Support Groups for Individuals Who Have Experienced Human Trafficking and Substance Use Disorder Exploratory Brief (hhs.gov)
- Toolkit for Building Survivor-Informed Organizations (hhs.gov)

RESOURCES

There are many governmental departments and not-for-profit organizations engaged in anti-human trafficking efforts. Some are specific to law enforcement actions and activities, some focus on training and awareness, while others are involved in accessing and providing services to identified victims and survivors.

GOVERNMENTAL AGENCIES

- Office for Trafficking in Persons (OTIP) - OTIP is an office in the Administration for Children and Families, and funds human trafficking training and awareness efforts, as well as victim services.
- Office for Victims of Crime (OVC) - OVC is within the Department of Justice, Office of Justice Programs, and funds human trafficking programming throughout the United States and US territories
- National Human Trafficking Hotline (NHTH): The NHTH (1-888-373-7888) is funded by HHS and executed by Polaris, a non-profit organization based in Washington DC.
- Substance Abuse and Mental Health Services Administration – SAMHSA is hosted through the U.S. Department of Health & Human Services and leads public health efforts to advance behavioral health services.

HUMAN TRAFFICKING SPECIFIC

- Freedom Network USA - Freedom Network USA is a national coalition of human trafficking experts from around the United States, advancing a human rights approach to addressing human trafficking. The Freedom Network hosts the annual Freedom Network Conference
- Shared Hope International: Shared Hope International is a national program, with international reach, focusing on child sex trafficking, both domestically and abroad.

TRAUMA BEST PRACTICES

- Center for Trauma at the Justice Resource Institute of Boston - provides consultation and brief mental health services to survivors of human trafficking throughout the United States.
- The National Child Traumatic Stress Network - The dissemination of standardized, effective, trauma-informed clinical interventions.
- American Psychological Association – Clinical Practice Guidelines for the Treatment of Post-Traumatic Stress Disorder

REPORTS

- Report Cards of Child and Youth Trafficking 2021

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