![International Centre for Missing & Exploited Children — 20 years]

IMPROVING HEALTH CARE SERVICES
FOR TRAFFICKED PERSONS
The Complete Toolkit

Improving Health Care Services for Trafficked Persons:
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Forward

The **International Centre for Missing and Exploited Children** (ICMEC) identifies gaps in the global community's ability to properly protect children from abduction, sexual abuse and exploitation, and expertly assembles the people, resources and tools needed to help fill those gaps.

In our work on child sex trafficking and exploitation, we noted a paucity of specialized medical and mental health services available to trafficked children and adults throughout the world, as well as substantial barriers to accessing care. With this in mind, ICMEC undertook a project to study specific barriers and possible ways to improve access to, and quality of health services to trafficked persons. This entailed a global literature review, a global qualitative study of human trafficking experts, and a roundtable of experts convening in Washington D.C. in 2018. The information gleaned from these sources led to the development of this toolkit. We hope it will prove useful to medical and mental health professionals, medical facility administrators, public health and other government officials, and NGO staff who wish to assess and improve health care of adults and children trafficked for sexual and labour exploitation.

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INTRODUCTION

This toolkit is designed to assist medical and mental health professionals, health administrators, government officials, shelter staff, and other care providers in assessing and improving health care services available to trafficked children and adults, either on-site at their own organization, or at one or more local facilities ('referral network'). The kit may be used in the following ways:

- *Administrators of a public or private hospital* may use the toolkit to evaluate the medical services provided to trafficked persons at their own facility
- *Staff of a shelter* may use it to assess their facility's on-site health services, as well as health services received off-site at public or private facilities
- *Public health officials* may use the toolkit to assess the services available within a given community, including those at a local refugee clinic, public hospital, or a shelter for potential trafficked persons (such multiple 'off-site' facilities comprise a 'referral network')
- *Staff of a community organization* may use the toolkit to assess the services of the local hospital, clinic, or other health facility to which they send clients (part of their off-site 'referral network')
- *Community stakeholders* may use the toolkit to evaluate the ability of their community to support trafficked persons

The kit contains four sections: (1) an overview of human trafficking, (2) a service-assessment tool for determining strengths and challenges in a given facility's medical and/or mental health care delivery, (3) guidelines for developing or improving medical and mental health services for trafficked persons, and (4) a template for organizing the names of key local and national partners and their contact information. This list will help ensure comprehensive care for trafficked persons.

Because this toolkit is designed for global use, these materials need to be considered in the context of the legal, legislative, cultural, economic and social environment of each institution/organization, as well as the local or national model of care being implemented to address human trafficking. Opportunities for adaptation may vary for those working in low- vs. medium- vs high-resourced settings. Further, because improvement of health care delivery is an ongoing task, repeated assessments over time are recommended to support continued improvement efforts.

While utilizing the toolkit, it is important to remember that it is intended to focus exclusively on healthcare services for trafficked persons (adults/children, national/foreign origin, labour/sex trafficking; current or past involvement in trafficking) and their children, rather than on all populations seeking healthcare in a given setting. While a wide variety of aftercare services are needed for trafficked persons, this toolkit addresses only those directly applicable to health care.

How to use this toolkit:

The toolkit begins with a brief overview of human trafficking and its health implications. This overview is intended to introduce the topic and clarify definitions.

The second section of the toolkit, the service-assessment tool, is designed to help evaluate a target facility and identify opportunities for service improvement. This assessment ideally should be completed by multiple staff members, at multiple levels of responsibility in the target organization, as well as multiple external stakeholders in order to obtain diverse perspectives and a comprehensive assessment. For example, hospital physicians, nurses and administrators may participate in the assessment, as well as shelter staff and/or law enforcement who refer clients to the hospital for care, and trafficked persons/family members who have experienced the care. You may have participants complete the assessment individually or as a group, but it is important to create an environment where candid opinions may be expressed.

The third section of the toolkit offers a set of suggested guidelines for developing and/or improving the medical and mental health services for trafficked persons at a given facility (your own or one in your referral network). This section also offers a number of resources which you may find helpful in obtaining more detailed information on a topic, or viewing templates of forms, training curricula, fact sheets, etc.

The fourth section of the toolkit is a template for organizing resources in your community that may be helpful to your organization when providing care to trafficked persons.

If you are assessing a facility in your referral network and are unable to obtain cooperation from facility staff, it may be difficult to obtain information for some domains. However, in such cases you can use your own experiences as a consumer to evaluate, as well as the experiences of your trafficked clients/patients and their families. For example, you may not know if hospital staff have been trained on trauma-informed care, but if they demonstrate an insensitive approach to your clients, you may assume a lack of such training.

The service-assessment tool asks about the availability of a variety of medical and mental health services at the target facility. Few, if any, sites will offer all of these services, but the list will suggest a variety of services that are potentially useful in the care of trafficked persons.

The service-assessment tool also asks you to answer several "Yes/No" questions about specific service domains at the target facility. You are then asked to use the information from these responses to rate on a scale of 1 to 5 the facility's overall capacity and resources in the specific domain.

After completing the service-assessment and discussing results with your group, you may find it helpful to again review the guidelines and/or resources for each of the domains that you feel need improvement.

OVERVIEW
OF HUMAN TRAFFICKING

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Definition of Terms

Human trafficking:

According to the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, 'trafficking in persons' involves the

> "Recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs."[1]

In the case of children (persons under 18 years of age), proof of specific means of exploitation (of the types described above) is not required. That is, one does not need to show force, fraud, or coercion of a child to prove trafficking has occurred. Further, when considering adults, consent becomes irrelevant when any of the means described above are used. For example, a woman who 'consents' to being recruited for prostitution becomes a trafficked person if and when she is coerced into continuing to participate or forcefully prevented from leaving her situation.

It is important to note that the UN Protocol provides the international definition of human trafficking, but countries implementing it create their own national definition of human trafficking, which may differ from the above. For example, U.S. law requires the 'means' (force/fraud/coercion) when defining child labour trafficking, whereas the UN protocol does not.

Forced labour:

According to the ILO Forced Labour Convention, 1930 (No. 29), 'forced labour' includes, "all work or service that is exacted from any person under the menace of any penalty and for which the said person has not offered himself voluntarily."[2] 'Forced labour of children' involves "work performed by a child under coercion applied by a third party (other than his or her parents) either to the child or to the child's parents, or work performed by a child as a direct consequence of his or her parent or parents being engaged in forced labour."[3] 'Child labour' may be defined as any work that 'deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development.[4] Forced labour can be found in a variety of settings and fields, including restaurants/bars, agriculture, logging, animal care, shepherding, fishing, factory work, meat processing, construction, mining, tourism, and domestic work. Forced labourers may be pick-pockets, beggars, street/market peddlers, 'nannies', drug traffickers, or child soldiers.

Sexual exploitation:

'Sexual exploitation' is defined by the UN as "any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another."[5]

Use of terms: survivor vs. victim

There is controversy concerning use of the terms 'victim' and 'survivor' to refer to trafficked persons. On the one hand, 'victim' is used in most national laws and international conventions. In addition, use of the legal designation, 'victim of trafficking' may be required for a designee to gain access to services in some countries or facilities. On the other hand, many people feel that this term implies a lack of agency on the part of the trafficked person, and conveys a sense of weakness, which is avoided when

using the term, 'survivor'. In addition, many trafficked persons do not view themselves as victims. We will use the term 'trafficked person' throughout this toolkit, and when 'victim' is used, it is used in its objective, legal sense as indicating a person who has been harmed as a result of some event or action or who has suffered because of someone else's actions. It does not refer to how the person may feel or perceive himself or herself as a result of the event(s) and is not intended to be used to label that person.

Privacy

Privacy is defined as a) 'the quality or state of being apart from company or observation; b) freedom from unauthorized intrusion. In health care, privacy refers to the right of an individual to decide how their personal information is shared.

Confidentiality

Confidentiality refers to 'the state of keeping or being kept secret or private." With respect to health care, confidentiality involves the obligation of professionals to keep information about a patient private. Such information may come from records or other communication.

Trauma

Per the U.S. Substance Abuse and Mental Health Services Administration, trauma results from, "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being[6].

Vicarious traumatization (VT)

VT refers to the effects on professionals working with traumatized persons, including changes in their views of self, others and the world. It refers to the cognitive changes the professional experiences in response to learning about others' trauma.

Sexual orientation

Sexual orientation describes a person's enduring emotional, romantic and/or sexual attraction to others, regardless of gender.

Gender identity

This term refers to one's fundamental concept of one's self as female, male, neither or both. This self-concept may be the same or different from the biological sex they were assigned at birth.

Transgender

'Transgender' refers to those individuals whose assigned biological sex at birth does not match their gender identity as male or female. There may or may not be a desire for medical or surgical treatment to reassign gender. Transgender does not imply a specific sexual orientation.

Vulnerability to Human Trafficking

Human trafficking may occur in any country, and within any ethnic, racial, religious, cultural or socioeconomic group. It may involve persons of any gender. However, certain persons may be more vulnerable to exploitation because of characteristics and circumstances that involve themselves (individual factors), their immediate social group (relationship factors), their entire community or their society at large. Some of these factors are listed in Table 1, using a socio-ecological model to view the multiple levels of vulnerability[7,8].

Table 1: Vulnerability Factors for Human Trafficking, Using the Socio-ecological Model [3,8-15]

Individual Factors

- History of sexual violence; physical abuse/neglect
- Homeless/runaway/throwaway status[a]
- Migratory status
- Unfamiliarity with culture, language, laws, labour regulations of destination country
- Substance misuse
- Untreated mental health /behavioral problems
- LGBTQ[b] status
- Limited education
- Lack of official documents (immigration, birth certificate, etc.)
- Member of marginalized group
- Involvement with juvenile justice and/or child protection systems
- Lack of knowledge of laws or resources
- Poverty

Relationship Factors

- Intimate partner and family violence
- Abandonment; orphan status; divorce; single-parenthood
- Family poverty/ Unemployment
- Family dysfunction
- Gender bias and discrimination
- Parent/peers involved in sex work, sex trafficking or labour trafficking
- Intolerance of LGBTQ status
- Forced migration
- Family crisis, loss
- Undiagnosed mental health issues

Community Factors

- Tolerance of sexual exploitation and gender-based violence
- Lack of community resources (jobs, wealth, cohesiveness)
- High crime rate (esp. organized crime)
- Tourism/transient populations in area
- Lack of awareness regarding labour and sex trafficking
- Adult sex work in area
- Mass migration

Societal Factors

- Cultural attitudes/beliefs (e.g. child responsible for contributing to financial support of family; normalization of child labour)
- Gender-based violence & discrimination
- Natural disasters or prolonged drought
- Political/societal upheaval, military conflict
- Law enforcement/Political corruption
- Lack of acknowledgment of child rights
- Myths about HIV and sex with children
- Limited awareness of trafficking signs and risk factor

A: Throwaway status: child told to leave home or told not to return home

B: LGBTQ+: Lesbian, gay, bisexual, transgender, queer, questioning and other

Adverse Effects of Human Trafficking

Numerous studies from around the globe demonstrate a plethora of adverse physical and mental health effects associated with human trafficking. [16-26] Vulnerabilities to these health complications vary with the type of trafficking and the circumstances, as well as other factors.

Table 2: Health Effects of Human Trafficking

- Physical injury (from work-related accidents, over-use, physical or sexual assault)
- Chronic disease (as a consequence of work-related exposure, stress, pre-existing disease poorly managed)
- HIV and other sexually transmitted infections (STI)
- Non-sexually transmitted infections such as tuberculosis, scabies, diarrheal diseases
- Unplanned pregnancy and complications thereof
- Substance misuse
- Dental problems (injury, infection)
- Chronic pain
- Memory loss
- Dizziness
- Exhaustion
- Malnutrition and dehydration
- Post-traumatic stress disorder
- Depression and suicidality
- Somatic symptoms (e.g. physical symptoms related to emotional distress)
- Behavioral problem

Potential Indicators of Human Trafficking

Trafficked persons may or may not self-identify to a health professional. They may not disclose their exploitation due to feelings of guilt or shame, fear of harm to themselves or others, fear of deportation or arrest, distrust of others, or a lack of recognition of themselves as being exploited[27]. However, when individuals access health services, there may be one or more potential indicators of human trafficking that can offer an indication of potential risk. While most indicators are nonspecific and may be associated with situations not related to trafficking, their presence should cause an observer to take note and ask additional questions to assess for risk of exploitation (assuming it is safe to do so).[27-29]

Table 3: Potential Indicators of Human Trafficking

Initial presentation

- Person appears depressed, fearful or very anxious
- Person does not have possession of their own identification documents
- Person is unfamiliar with city/town, cannot give address where staying
- Person's companion is:
  - Aggressive
  - Domineering
  - Insists on speaking for person; resistant to having interpreter
  - Reluctant to answer questions
  - Eager for discharge
  - Does not want to leave person alone with provider

Personal History

- History of gender-based violence, sexual, emotional or physical abuse, or neglect, intimate partner violence
- Living on street; history of running away from home; or history of living in group home/orphanage
- Prior involvement with social services (especially child services) or law enforcement
- LGBTQ+[2] status
- Behavior problems and/or untreated mental health problems
- >5 sex partners
- Multiple prior STIs[3]
- History of pregnancy at young age; history of multiple induced abortions
- Forced migration

Physical exam

- Flat affect; withdrawn, OR fearful, OR hostile/aggressive
- Evidence of dissociation, hypervigilance, triggered anxiety responses (signs of PTSD[1])
- Signs of malnutrition, dehydration
- Signs of substance use/misuse
- Evidence of trauma or infection to genitalia or anus, or reproductive organs
- Patterned injuries or injuries in protected areas (neck, ears, torso, upper arms, thighs)
- Injuries associated with lack of safety equipment/safety practices at work
- Inappropriate clothing (e.g. inadequate protection from cold)

1: PTSD: Post-traumatic stress disorder

2: LGBTQ+: Lesbian, gay, bisexual, transgender, questioning/queer, other sexual minority groups

3: STI: sexually transmitted infection

Trauma-Informed Care

Trafficked persons have almost inevitably experienced multiple traumatic events during their period of exploitation, and many have experienced repeated and chronic trauma prior to being trafficked. These traumatic experiences have a major impact on the way a person views themselves and the world around them, the way they behave in any given situation, and the way they interpret others' words and behaviors. Understanding the impact of trauma, and responding in a nonjudgmental, supportive manner form the basis of a trauma-informed approach to care.[30,31]

Table 4: Concepts of a Trauma-Informed Approach[31]

Concept	Attitudes and Behaviors of Healthcare Professional (HCP)
Screen for trauma (human trafficking)	HCP is aware of vulnerability factors and potential indicators of human trafficking. S/he asks questions to assess the level of risk for trafficking.
Ensure Safety	HCP actively works to increase trafficked person's physical comfort (meets with person in a warm, private, quiet environment; addresses basic physical needs) and decrease stress and anxiety. HCP follows a protocol to maximize physical safety of staff; interviews patient outside the presence of those who accompany the person to the health center.
Demonstrate respect	HCP explains the process of the health visit and the reasons behind each step (for example, the reason for asking personal questions; the function of the physical exam or the purpose of the psychological assessment) and answers the trafficked person's questions before seeking consent for each step. The provider seeks and accepts the person's perspective and decisions[1]. They actively listen and remain nonjudgmental and open.
Build trust	HCP takes time to build rapport with the trafficked person; demonstrates an interest in learning about who they are and their situation; avoids making assumptions. S/he demonstrates empathy and concern for the person's well-being.
Engage and empower trafficked person	HCP actively encourages the person's questions and opinions, facilitates a 2-way discussion and asks the trafficked person their thoughts about their situation/condition and the best way to address it (especially when there are cultural differences). The provider encourages the person to make choices and take control whenever possible throughout the health visit.
Use a strength-based approach	HCP identifies and emphasize the trafficked person's strengths and resiliency and acknowledges that the person is the expert on his/herself
Maintain transparency	Before asking personal questions, the HCP explains any limits of confidentiality in a way the trafficked person understands. S/he

	explains what will happen during the health visit and keeps the person updated on activities occurring during the visit.
Demonstrate sensitivity to diversity	The HCP is aware of, sensitive to, and respectful of differences that may exist between themselves and the trafficked person (e.g. differences in culture, nationality, race, ethnicity, religion, gender, or sexual orientation). They actively seek to understand the person's beliefs and perspectives as these pertain to their physical and mental health, their life and their situation. The HCP accommodates the client/patient's preferences whenever these are safe for the person, possible and feasible.
Minimize re-traumatization	The HCP limits questions to those needed to perform their duties, assess safety and promote the trafficked person's well-being. They avoid questions that are irrelevant and that may trigger anxiety and distress. The HCP monitors the person for verbal and nonverbal signs of emotional distress throughout the visit. They provide reassurance and support and have resources available to manage a person's major psychological distress. They implement procedures where the trafficked person does not have to repeat her/his information multiple times.
Provide resources/referrals	HCP or designee creates and regularly updates a list of local, regional and national resources for the myriad needs of trafficked persons. Ideally, the HCP establishes relationships with community service agencies and uses a 'warm hand-off' to a referral agency when possible.
Ensure privacy and confidentiality	The HCP and the health facility maintain strict protocols on documentation and release of information that respect the trafficked person's right to privacy and confidentiality. Staff receive training on maximizing patient privacy/confidentiality and are held accountable for maintaining high standards.

1: Respecting a patient's decision about evaluation and treatment assumes there are not life-threatening health issues that require emergent care, such as uncontrolled bleeding.

2: "Warm hand-off" refers to the HCP directly contacting the service agency to discuss and arrange the referral or assisting the patient with making contact while in the health facility

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SERVICE
ASSESSMENT TOOL

SERVICE ASSESSMENT TOOL

Services Available

Please use the instructions below to rate the following services the facility (or local referral network) provides to identified or potentially trafficked persons. Re-assessing 3-6 months after each assessment is recommended, particularly when changes have been implemented in the interim. Space is provided to conduct three assessments over time.

Assessment 1 date: _____
Assessment 2 date: _____
Assessment 3 date: _____

The list of services is comprehensive, as are the needs of many adults and children who have experienced labour and/or sex trafficking. Most facilities are not able to provide all of these services on-site. Therefore, it is important to consider your referral network, as well as your own facility. When rating the service provided be sure to take into account whether it is affordable, reliably available, accessible and acceptable to trafficked persons. Use a scale of 1-5 to rate the quality of the service (1=service available but with many limitations; 5=excellent and accessible service). If a service is not available, mark "N/A" in the grid box. For example, if a dental clinic is located 3 hours away by bus and charges fees for service, most trafficked persons will not access it and you would mark "N/A" in the grid box for dental care.

N/A	1	2	3	4	5
Not available	Very limited service				Excellent service

Medical Services

	Assessment 1 Rate N/A or 1-5	Assessment 2 Rate N/A or 1-5	Assessment 3 Rate N/A or 1-5
Comprehensive history/physical examination to assess general health, presence of injury, untreated conditions, infections, etc.			
Assessment and treatment of traumatic injuries (violence or work-related)			
Laboratory testing for malnutrition, vitamin deficiencies, lead levels, common chronic disease conditions (e.g. diabetes mellitus) and infections (e.g. tuberculosis (TB))			
Dental exam			
Brief mental health screen (assess for suicidality, and other psychiatric emergencies)			
Sexual assault forensic examination (and forensic evidence collection)			
Sexually transmitted infection (STI) testing			

Human Immunodeficiency Virus (HIV) testing			
Treatment for STI/HIV			
Pregnancy testing			
Emergency contraception			
Condoms			
Treatment of non-sexually transmitted infections (e.g. TB, scabies, malaria) and common chronic disease conditions			
Substance abuse assessment and treatment (alcohol, drugs)			
Health education (e.g. hygiene, diet, preventive health; sexual and reproductive health,)			
Family planning (contraception, termination of pregnancy)			
General primary and preventive care (immunizations, developmental assessment (child), screening for high-risk behavior, etc.)			
Prenatal care			
Specialty medical care (e.g. surgery, cardiology, rehab for amputations)			
Follow-up medical care after discharge (primary and specialty care)			
Ongoing dental care			
Primary medical care for children of trafficked persons			

Mental Health Services

	Assessment 1 *Rate N/A or 1-5*	Assessment 2 *Rate N/A or 1-5*	Assessment 3 *Rate N/A or 1-5*
Comprehensive mental health assessment (including suicidality, trauma-related symptoms)			
Individual mental health therapy If Yes, please list type of therapy: _____ _____			
Group mental health therapy If Yes, please list type of therapy: _____ _____			
Family mental health counseling/therapy/education If Yes, please list type of therapy: _____ _____			
Peer support groups			
Psychiatric medications			
Traditional faith-based healing methods, rituals, cleansing ceremonies			
Drama therapy/role-play empowerment			
Art therapy			
Dance movement therapy			
Music therapy			
Play therapy			
Meditation, yoga, and/or mind-body therapy			
Experiential therapy			
Education (e.g., on trauma, healthy relationships, stigma, grief and loss, abuse, co-dependency, substance abuse, Stockholm syndrome, exploitation, etc.)			
Substance abuse rehabilitation services			
Other mental health therapy (please list type): _____			
Case-management			

General Staff Training

Have staff members received training on:

	Assessment 1			Assessment 2			Assessment 3		
	Yes	*No*	*N/A*	*Yes*	*No*	*N/A*	*Yes*	*No*	*N/A*
Human trafficking (e.g. definitions, dynamics, risk factors, common indicators, health impact)?									
Identification, care and referrals for trafficked persons?									
Impact of trauma and methods of trauma-informed care?									
Human rights-based/client-centered approach to care?									
Working with children?									
Local, national, and international laws regarding human trafficking?									
Laws, including local, national, and international laws regarding the provision of health/behavioral health care?									
Cultural competence and common cultural beliefs/practices?									

Based on your responses, how would you rate the adequacy of the training your staff have received on issues relevant to human trafficking?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____   Rating for Assessment 2: _____   Rating for Assessment 3: _____

Mental Health Staff

	Assessment 1			Assessment 2			Assessment 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Do you have designated mental health staff (those with specific, formal training in providing mental health services; this could include a counselor, social worker, psychologist, etc, with specific responsibilities to provide mental health services to trafficked persons)?									
If you have mental health staff, have they received adequate training specific for treating traumatized and trafficked persons?									
If you have mental health staff, do they receive regular supervision by an experienced clinician?									
If you have mental health staff, do they incorporate culturally relevant approaches in treatment as appropriate (e.g. recognized traditional healers)?									
If you have mental health staff, does at least one staff member have an advanced degree signifying training in counseling (e.g., equivalent of Master's, PhD)?									

Based on your responses, how would you rate the effectiveness of your mental health staff in working with trafficked persons?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____   Rating for Assessment 2: _____   Rating for Assessment 3: _____

Vicarious Trauma

	Assessment 1			Assessment 2			Assessment 3		
	Yes	*No*	*N/A*	*Yes*	*No*	*N/A*	*Yes*	*No*	*N/A*
Are staff members trained on vicarious trauma?									
Are support mechanisms in place to manage vicarious trauma (e.g., counseling, de-briefing, days off, paid or unpaid leave)?									

Based on your responses, how would you rate the facility's ability to recognize and address vicarious trauma?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____   Rating for Assessment 2: _____   Rating for Assessment 3: _____

Cultural Competence

	Assessment 1			Assessment 2			Assessment 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Have your staff been trained on cultural competence and common cultural beliefs and practices?									
Does the facility have access to additional support outside the organization to increase awareness of cultural differences in care (e.g. access to village elders, refugee organizations, etc.)									

Based on your responses, how would you rate the cultural competence of the facility?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____   Rating for Assessment 2: _____   Rating for Assessment 3: _____

Policies and Practices
Protocol

	Assessment 1			Assessment 2			Assessment 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Does the facility have a protocol to respond to suspected human trafficking cases?									
If the facility has a protocol, is it periodically reviewed and updated?									
If the facility has a protocol, is it regularly followed by staff?									
If the facility has a protocol, are staff trained on its use?									

Based on your responses, how would you rate the facility's ability to recognize and respond to suspected human trafficking cases?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____ Rating for Assessment 2: _____ Rating for Assessment 3: _____

Community Network

	Assessment 1			Assessment 2			Assessment 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Does the facility have easily accessible, up-to-date lists of relevant external agencies that can provide social, legal, health, mental health, educational/vocational, and immigration resources to trafficked patients/clients?									
For non-shelter facilities, do they have working partnerships with transitional housing and shelters in the community to which they can refer trafficked persons (which are appropriate for client/patient needs, e.g. extended stay, male/female/transgender accommodations)?									
Does the facility have working partnerships with police to whom you can refer trafficked persons?									
Does the facility have working partnerships with lawyers to whom you can refer trafficked persons?									
Does the facility have working partnerships with child service organizations to which you can refer trafficked persons?									

Does the facility have working partnerships with substance abuse rehabilitation centers to which you can refer trafficked persons?									
Does the facility have working partnerships with educational/vocational services to which you can refer trafficked persons?									
Does the facility have a procedure for staff to provide direct assistance to trafficked persons when making a referral to a community organization?									
Is a case-manager available to assist trafficked persons through the process of accessing services and support?									

Based on your responses, how would you rate the strength of the facility's relationships with outside community organizations that can address non-health needs of trafficked persons?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____   Rating for Assessment 2: _____   Rating for Assessment 3: _____

Accessibility

	Assessment 1			Assessment 2			Assessment 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Is public transportation available to and from the facility or referral facilities?									
Is there 24/7 availability of services, or an option for referral when your facility, or a network provider's facility is closed?									
Is there emergency availability of your services or those of your network organization(s)?									
Are providers available for trafficked patients/clients with severe, chronic mental health issues (either at the facility or another local facility)?									
Are providers readily available for trafficked patients/clients requiring medical specialty care (either at the facility or another local facility)?									

Based on your responses, how would you rate the accessibility of the facility by the trafficked population?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____   Rating for Assessment 2: _____   Rating for Assessment 3: _____

Privacy/Confidentiality

	Assessment 1			Assessment 2			Assessment 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Is there a protocol in place to ensure confidentiality?									
Have your staff received training on confidentiality issues?									
Is there a protocol in place to ensure patient/client privacy?									
Have staff received training on privacy issues?									
Is there a procedure to address questions and fears of staff regarding patient/client confidentiality issues?									

Based on your responses, how would you rate the strength of privacy and confidentiality procedures for trafficked persons?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____ Rating for Assessment 2: _____ Rating for Assessment 3: _____

Safety

	Assessment 1			Assessment 2			Assessment 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Is there a protocol in place to assess and ensure the safety of trafficked persons?									
Is there a protocol in place to assess and ensure the safety of staff?									
Does the facility have adequate safety measures in the environment (e.g. buzzers, deadbolts, alarm systems)?									
If compliant with facility policy, is there a private, safe place to talk with the trafficked person, outside the presence of a possible trafficker who accompanies them?									
Are there safe strategies for discretely providing information to trafficked persons who may be in danger (e.g. small slips of paper with hotline number, to be hidden in shoe)?									
Are there rules about being alone with a patient/client?									

Based on your responses, how would you rate the facility's ability to safely handle suspected human trafficking cases?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____   Rating for Assessment 2: _____   Rating for Assessment 3: _____

Staff Professional Conduct

	Assessment 1			Assessment 2			Assessment 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Does the facility have a policy regarding appropriate and ethical behavior between staff and patients/clients (that addresses child protection, discrimination, harassment; inclusion/exclusion; bias)?									
Does the facility have a policy to notify leadership of concerns regarding staff behavior?									
Are there clear protocols in place for addressing staff misbehavior?									

Based on your responses, how would you rate the practices in place at the facility to prevent and address problematic behavior by staff toward patients/clients?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____   Rating for Assessment 2: _____   Rating for Assessment 3: _____

Communication

General Communication

	Assessment 1			Assessment 2			Assessment 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Are adequate resources in place to help trafficked persons find their way from one place to another at the facility (e.g. signage, maps, information desks, directions)?									
Do staff members routinely communicate options to trafficked persons regarding risks and benefits of testing, medications and treatment?									
Do staff members routinely provide information about external services and referrals to trafficked persons?									
Do staff members routinely encourage shared decision-making?									
Do staff members routinely provide information about patient/client rights and responsibilities?									
Does the facility provide trafficked persons with information about making complaints when they experience problems?									
Do your staff members routinely discuss cost of care and payment options/policies with trafficked persons, as applicable?									
When discussing the above with patients/clients, do your staff members use language that is appropriate for differing levels of literacy, developmental abilities and varying patient/client age?									

Based on your responses, how would you rate the ability of the facility to communicate necessary information to patients/clients?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____   Rating for Assessment 2: _____   Rating for Assessment 3: _____

Interpreter Resources

	Assessment 1			Assessment 2			Assessment 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Is there an adequate number of interpreters (on-site or off-site)?									
If needed, are interpreters available 24 hours per day, every day?									
Is there an adequate range of languages covered by interpreters?									
Are interpreters trained on trauma?									
Are interpreters trained on human trafficking?									
Are interpreters trained on cultural competency?									
Are interpreters trained on privacy and confidentiality?									
Are written materials for trafficked persons translated into foreign languages commonly encountered in the health setting?									

Based on your responses, how would you rate the facility's capacity to provide translation to non-native speaking trafficked persons?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____   Rating for Assessment 2: _____   Rating for Assessment 3: _____

Client/Patient Populations

Children (under 18 years of age)

Have your staff received training on:	Assessment 1			Assessment 2			Assessment 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
A child's ability and right to voice their opinions, appropriate to developmental stage?									
Issues of child consent and involvement of guardian as appropriate/required?									
The effect of development on child's behavior, ability to answer questions, participate in care-planning, etc.?									
Strategies for interacting with children of differing ages/developmental stages?									
Physical and genital exam techniques and diagnostic test considerations unique to children?									
Conducting a basic developmental assessment?									
Potential laws on mandatory reporting of suspected trafficking/exploitation and other laws relevant to trafficked children?									

Based on your responses, how would you rate your services for minors?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____   Rating for Assessment 2: _____   Rating for Assessment 3: _____

Females

	Assessment 1			Assessment 2			Assessment 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Do staff members demonstrate sensitivity and an awareness of gender bias and gender-based violence?									
When appropriate, do staff discuss sexual reproductive health and rights with trafficked persons?									
Do staff members demonstrate sensitivity to issues of cultural stigmatization regarding loss of virginity, 'prostitution', giving birth to children out of wedlock, etc.?									
Do staff members demonstrate an awareness of the unique needs of females who have been trafficked?									

Based on your responses, how would you rate your services for girls/women?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____   Rating for Assessment 2: _____   Rating for Assessment 3: _____

Males

	Assessment 1			Assessment 2			Assessment 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Have your staff received training in sensitivity and awareness of males as victims of labor and sex trafficking and/or sexual violence?									
Do your staff members demonstrate awareness of and males as victims of exploitation and sensitivity to issues of cultural stigmatization?									
Do your staff members demonstrate an awareness of the unique needs of males who have been trafficked and how service delivery may differ from that provided to females?									

Based on your responses, how would you rate your services for boys/men?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____   Rating for Assessment 2: _____   Rating for Assessment 3: _____

LGBTQ

	Assessment 1			Assessment 2			Assessment 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Have your staff received training in sensitivity and awareness of LGBTQ persons as victims of labor and sex trafficking and/or sexual violence?									
Do your staff members demonstrate awareness of LGBTQ as victims of exploitation and sensitivity to issues of cultural stigmatization regarding LGBTQ persons?									
Do your staff members demonstrate an awareness of the unique needs of LGBTQ persons who have been trafficked, including potential challenges related to laws surrounding sexual minority status?									

Based on your responses, how would you rate your services for lesbian/gay/bisexual/transgender/queer/questioning (LGBTQ) clients/patients?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____   Rating for Assessment 2: _____   Rating for Assessment 3: _____

Ethnic/religious/cultural minorities and foreign persons

	Assessment 1			Assessment 2			Assessment 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Have your staff received training in sensitivity and awareness of foreign clients/patients and those of ethnic/religious/cultural minority status as victims of human trafficking and/or sexual violence?									
Does your staff demonstrate sensitivity to issues of cultural stigmatization, potential bias and discrimination regarding foreign clients/patients and those of ethnic/religious/cultural minority status?									
Does your staff demonstrate an awareness of the unique needs and/or language barriers of foreign clients/patients and those of ethnic/religious/cultural minority status who have been trafficked?									
Does your staff understand the legal implications of filing reports for foreign-born trafficked persons?									

Based on your responses, how would you rate your services for foreign-born trafficked persons?

1	2	3	4	5	N/A
Very weak	Somewhat weak	Moderate	Somewhat strong	Very strong	(Don't know)

Rating for Assessment 1: _____   Rating for Assessment 2: _____   Rating for Assessment 3: _____

Community Service Resource List for Trafficked Persons

Professional Interpreters			
List most common languages needed	Language	Name of Interpreter/Service	Contact Information

Anti-Trafficking Service Organizations			
Type of Organization/Service	Name of Organization/Service	Contact Information	Hours of operation
Local service organizations			
National anti-trafficking organizations			
International anti-trafficking organizations	International Organization for Migration	https://www.iom.int/	
	International Justice Mission	https://www.ijm.org/	
	Partners in Health	https://www.pih.org/countries	
	Terre des Hommes	https://www.tdh.ch/en	
	Other International anti-trafficking organizations		

Hotlines			
Type of Organization/Service	Name of Organization/ Service	Contact Information	Hours of operation
Anti-Trafficking Hotline			
Suicide Hotline			
Child Hotline			
Family Violence			
Missing Persons			

Shelters/Housing			
Type of Organization/Service	Name of Organization/ Service	Contact Information	Length of Stay Permitted
Children's shelter			
Adult shelter for trafficked persons			
Other Adult shelter (e.g. domestic violence; homeless)			
Shelter for Males			
Shelter for Transgender youth/adults			
Migrant and Refugee shelter			
Food organizations			

Health and Mental Health Services			
Type of Organization/Service	Name of Organization/ Service	Contact Information	Hours of operation
Local hospital			
Children's hospital			
Trauma center			
Health clinic for trafficked persons			
Migrant/Refugee clinic			
Pediatrics clinic			
Reproductive health clinic and outreach services			
Termination of pregnancy services (where legalized)			
Free health clinic			
Substance abuse rehabilitation center (drugs, alcohol)			
Mobile clinic, outreach services			
Obstetrics and Gynecology			
Psychiatric hospital			
Mental health clinic for trafficked persons			
General mental health clinic			
Children's mental health clinic			

Therapists, counselors, psychologists			
Traditional healers			

Related Service Organizations			
Type of Organization/Service	Name of Organization/ Service	Contact Information	Hours of operation
Migrant/Refugee organizations			
Family violence organizations			
LGBTQ organizations			
Vulnerable children organizations			
Rights organizations (e.g. child, women, labour, human rights)			

Legal and Immigration Services			
Type of Organization/Service	Name of Organization/ Service	Contact Information	Hours of operation
Legal aid organizations			
Immigration lawyers			
Migrant/Refugee organizations			

Law Enforcement & Government Agencies			
Type of Organization/Service	Name of Organization/ Service	Contact Information	Hours of operation
Local police/law enforcement			
Anti-trafficking police unit			
Child crime police unit			
Sexual crime and/or domestic violence unit			
State or national law enforcement			
International law enforcement (e.g. Interpol)			
Dept or Ministry of Labour			
Children's social services			
National anti-trafficking center			
Dept/Ministry of women and children			
Dept/Ministry of housing			
Dept/Ministry of immigration			

Embassy and Consular Offices			
Type of Organization/Service	Name of Organization/ Service	Contact Information	Hours of operation
Embassy/Consular offices for most common populations of trafficked persons			
International Organizations			
Name of Organization/Service	Website	Contact Information	
UNICEF	https://www.unicef.org/		
International Labour Organization	https://www.ilo.org/		
United Nations Office on Drugs and Crime	https://www.unodc.org/		
United Nations High Commissioner for Human Rights	https://www.ohchr.org/EN/pages/home.aspx		
UN Refugee Agency (UNHCR)	http://www.unhcr.org/en-us/		
World Health Organization	www.who.int/		
Save the Children	https://www.savethechildren.net/		
Other International Agencies			

RECOMMENDATIONS AND RESOURCES

RECOMMENDATIONS & RESOURCES

Developing & Improving Health Care Services for Trafficked Persons: A How-To Guide

Based on the outcome of the self-assessment, the following recommendations should be considered and resources used when working to improve a facility's healthcare service delivery to trafficked persons. This section reflects the order and organization of the self-assessment tool to support convenient reference. Staff and stakeholders will need to decide which recommendations are feasible and desirable for the organization and its partners. Efforts should be viewed as a work in progress, with improvements to be accomplished over time.

Services Available

Medical Services

Medical needs of trafficked persons will vary individually and over time. Most facilities do not provide all of the services listed below, so it is important to have the ability to refer persons to other facilities in the community or within a large city.

Medical Services for Trafficked Persons

Table 5: Initial Medical Evaluation

- Initial medical evaluation (Comprehensive history/physical examination to assess general health, presence of injury, untreated conditions, infections, psychiatric emergencies, etc.)
- General primary and preventive care (immunizations, developmental assessment
- (child), screening for high-risk behavior, etc.)
- Sexual assault forensic examination (and forensic evidence collection)
- Health education (e.g. hygiene, diet, preventive health; sexual and reproductive health)
- Assessment and treatment of traumatic injuries

- Family planning (contraception, termination of pregnancy)
- Laboratory testing: general
- Condoms
- Sexually transmitted infection (STI) testing/treatment
- Dental exam and ongoing care
- Human Immunodeficiency Virus (HIV) testing
- Specialty medical care (e.g. surgery, cardiology, rehabilitation for amputations)
- HIV treatment (chronic)
- Prenatal care
- Emergency contraception
- Primary medical care for children of trafficked persons
- Substance abuse assessment/treatment

When developing or improving medical services for trafficked persons, keep in mind the following:

Consider all persons in need of medical care: trafficked children and adults, and the offspring of trafficked persons.

Map community and national health resources so all staff know where services may be obtained, and how to refer trafficked persons to these organizations (see below). This is particularly helpful if the facility lacks services in substance abuse treatment, laboratory testing, specialty medical or psychiatric care, primary health care, pediatric care, dental care and prenatal care.

Determine whether or not your community/jurisdiction requires **forensic examinations** to be conducted at a specific facility, such as a government hospital.

Identify which facilities offer immediate/emergency care for the newly identified trafficked person (e.g. an initial evaluation) which offer ongoing care, and which offer both.

Identify which facilities offer services to **trafficked persons who are not formally (officially) identified as trafficked.**

Document accessibility (geographic accessibility, how easily client can reach locale), acceptability (extent client is comfortable with provider and vice versa), affordability (client's ability and willingness to pay for services) and availability (extent provider has resources to meet client needs) when considering how well the facility meets the needs of trafficked persons.

Identify a brief mental health screen designed to identify trafficked persons who may be suicidal and/or in need of emergency treatment for other reasons (e.g. psychosis). These persons may need immediate, specialized psychiatric care.

Identify any medicines that are not available (especially in children's doses) or medicines that are not culturally acceptable. Determine if there are other agencies/facilities in the community that carry the needed medications, or if there are alternative, effective medications available. Be sensitive to the cost of medications and contraception. Explore options for providing low-cost or no-cost treatment.

Investigate possible funders who could provide medications and/or contraception (e.g. pharmaceutical companies).

Design easy-to-read written **materials about medications**, including explanations of the risks and benefits, and the cost.

Create simple, easy-to-read written materials regarding basic hygiene, preventive health, sleep and diet recommendations as well as guidance on reproductive health, and contraception options. These will need to be translated to languages common among trafficked persons attending the facility, and staff will need to be able to summarize the content of materials when trafficked persons are illiterate. The latter may require interpreters.

Consider how the facility may ensure ongoing health care when the trafficked person is re-patriated. Are there NGO's in the home country that can ensure health needs are met? How can medical staff in the target facility communicate the ongoing health needs of the trafficked person to the next healthcare provider (maintaining confidentiality and privacy as appropriate)? Doing so likely will require a protocol and designated person(s) assigned the task of organizing follow up care (case management).

Resources

– Schwarz, C. Unruh, E., Cronin, K., Evans-Simpson, S., Britton, H., & Ramaswamy, M. (2016). Human Trafficking Identification and Service Provision in the Medical and Social Service Sectors. Health Hum Rights,18(1), 181 – 192.
– HEAL Trafficking and Hope for Justice's Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings. Available at https://healtrafficking.org/2017/06/new-heal-trafficking-and-hope-for-justices-protocol-toolkit-for-developing-a-response-to-victims-of-human-trafficking-in-health-care-settings/.
– World Health Organization and United Nations Office on Drugs and Crime. Strengthening the medico-legal response to sexual violence, 2015. Available at https://www.who.int/reproductivehealth/publications/violence/medico-legal-response/en/.

Mental Health Services

Mental health services, those designed to address the psychological well-being of persons, may *encompass* a wide range of strategies (see Table 6). Above all, services should be culturally appropriate and tailored to the individual needs of trafficked persons. Attention should be paid to possible intense cultural stigma associated with mental health issues, which may prevent trafficked persons from seeking services, or families and communities from accepting those who participate in services. Depending on the cultural diversity within the population being served, the variety of services needed will differ, as will the types of services offered. Combinations of treatment strategies may be employed and appropriate strategies may shift over time as trafficked persons move through the recovery phase.

Table 6: Mental Health Services for Trafficked Persons

- Comprehensive mental health assessment (including suicidality, trauma-related symptoms)
- Individual mental health therapy
- Group mental health counseling/therapy
- Support groups
- Family mental health counseling/therapy/education
- Psychiatric medications
- Traditional faith-based healing methods, rituals, cleansing ceremonies
- Drama therapy/role-play empowerment
- Art therapy
- Dance movement therapy
- Music therapy
- Play therapy
- Meditation, yoga, and/or mind-body therapy
- Experiential therapy
- Education (e.g., on trauma, healthy relationships, stigma, grief and loss, abuse, co-dependency, substance abuse, Stockholm syndrome, exploitation, etc.)
- Substance abuse rehabilitation services
- Case-management

When developing or improving mental health services for trafficked persons, keep in mind the following:

Avoid assuming that all trafficked persons (or all of those within a specific cultural/ethnic/religious group) will respond positively to the same treatment strategies. **There are important individual variations to consider.**

Over time, the most effective methods of facilitating the emotional well-being of a given person may change. For example, initially a trafficked person may be quite hesitant to participate in group therapy, but over time and as trust is built, they may find this type of interaction very helpful.

Cultural issues of stigma surrounding mental health problems as well as surrounding human trafficking (especially sex trafficking) need to be addressed with trafficked persons and their families.

Mental health services are best provided as an integrated component of a holistic treatment approach. Consideration must be given to social, legal, immigration and economic issues faced by trafficked persons, as well as cultural issues at the individual, family and community levels. Integrating traditional healing practices and beliefs into psychological care may be beneficial to some trafficked persons.

Education regarding the common effects of trauma, and the ways trafficked persons commonly manage their stress, as well as possible feelings of blame, guilt or shame may be very helpful to trafficked persons and their families, as may information regarding the manipulation and exploitation inherent in human trafficking. Such information may relieve some of the anxiety trafficked persons feel about their own feelings and behavior, and may allow those close to them to more fully understand what the trafficked person is experiencing and better respond in a supportive manner. Additionally, education about the "Stockholm effect" (identification with the trafficker/pimp) is often very helpful to begin to break the tie of that relationship. Helping family and community members understand their own feelings and reactions to the trafficked person's experiences may be helpful, as may exploring cultural stigmatization and its impact on targeted persons.

Resources

– Walsh R, Shapiro, S. The meeting of meditative disciplines and western psychology: A mutually enriching dialogue. American Psychologist, 2006;61;227-239. Available at:
– http://sites.uci.edu/mindfulhs/files/2014/03/Walsh-Shapiro-2006.pdf.
– Chung RC. Cultural perspectives on child trafficking, human rights and social justice: A model for psychologists. Counselling Psych Quarterly. 2009;22(1):85-96. Available at: https://www.tandfonline.com/doi/abs/10.1080/09515070902761230.
– Bryant RA, Njenga FG. Cultural sensitivity: making trauma assessment and treatment plans culturally relevant. J Clin Psychiatry;67, Suppl 2; 74-79. Available at www.ncbi.nlm.nih.gov/pubmed/16602819.
– Substance Abuse and Mental Health Services Administration. Trauma-informed approach and trauma-specific interventions. Available at: http://www.samhsa.gov/nctic/trauma-interventions. Accessed May 22, 2016.
– Substance Abuse and Mental Health Services Administration. SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration;2014.
– Oram S, Stockl H, Busza J, Howard LM, Zimmerman C. (2012). Prevalence and risk of violence and the physical, mental, and sexual health problems associated with human trafficking: systematic review. PLoS Med, 12(9).

– Doherty, S., Oram, S., Siriwardhana, C., & Abas, M. (2016). Suitability of measurements used to assess mental health outcomes in men and women trafficked for sexual and labour exploitation: A systematic review. Lancet Psychiatry, 3(5), 464-71

– Ottisova, L., Hemmings, S., Howard, L. M., Zimmerman, C., & Oram, S. (2016). Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: An updated systematic review. Epidemiology and Psychiatric Sciences, 1-25.

– Contreras, P. M., Kallivayalil, D., & Herman, J. L. (2017). Psychotherapy in the aftermath of human trafficking: Working through the consequences of psychological coercion. Women & Therapy, 40, 1-2, 31-54. doi: 10.1080/02703149.2016.1205908

– Zimmerman, C., Hossain, M., Yun, K., Roche, B., Morison, L., Watts, C. (2006). Stolen Smiles: The Physical & Psychological Health Consequences of Women and Adolescents Trafficked in Europe. London School of Hygiene and Tropical Medicine.

General Staff Training

In order to adequately meet the health care needs of trafficked populations, staff must be trained to understand what trafficking is and how it works, to identify labour and sex-trafficked persons and those at risk for trafficking, and to deliver methods of care particularly relevant to these populations (e.g., trauma-informed, human rights-based, and/or client-centered approaches to care). Training may be administered in person or electronically (e.g. webinar or self-paced computer-based modules). ALL staff with the potential to interact with trafficked populations, not just physicians, psychologists and nurses should receive training. The following suggestions are helpful to keep in mind:

All staff should receive training on local, national, and international **laws regarding human trafficking.**

All staff should receive training on local, national, and international **laws** regarding the provision of medical and behavioral health care.

All staff should receive training on **cultural competence and sensitivity**, as well as common cultural beliefs and practices adopted by trafficked populations who receive services at the facility.

All staff should receive specific training on identifying and referring trafficked persons for services. Training includes the concepts of client/patient empowerment and participation in decision-making, victim-centred care, and instruction on the practice of 'warm hand-offs' to referral agencies. Staff should learn about the reporting processes dictated by national law, national referral mechanisms and child protection systems.

All staff interacting with trafficked children should receive **specific training on how to work with vulnerable and trafficked children.**

All staff, but particularly those delivering direct care to trafficked persons, should receive specific training on the **trauma-informed approach to care.**

All staff, but particularly those delivering direct care to trafficked persons, should receive specific training on **human rights-based and/or client-centered approaches to care.**

Ideally **training should be repeated regularly**, and supplemented by continuing support and supervision by leaders and qualified staff.

Implement strategies to **monitor and evaluate** the training of staff.

It is helpful to **have a 'champion'** among your staff who encourages training and provides follow up support, supervision, and guidance.

If on-site training is not feasible, **obtain online materials or offer webinar opportunities to staff.**

Resources

- International Organization for Migration (2009). Caring for Trafficked Persons: Guidance for Health Providers. 231 pages. Geneva, Switzerland: International Organization for Migration. Retrieved from http://publications.iom.int/books/caringtraffickedpersonsguidancehealthproviders
- International Organization for Migration (2012) [editors]. Caring for trafficked persons: guidance for health providers. Training: facilitator's guide. 124 pages. Geneva, Switzerland: International Organization for Migration. Retrieved from http://publications.iom.int/bookstore/free/CFTP_GuideEnglish_9Jan2013.pdf
- World Health Organization ethical and safety recommendations for interviewing trafficked women, 2003: http://www.who.int/mip/2003/other_documents/en/Ethical_Safety-GWH.pdf
- Strengthening the medico-legal response to sexual violence, 2015. Available at: https://www.unodc.org/documents/publications/WHO_RHR_15.24_eng.pdf
- Substance Abuse and Mental Health Services Administration (SAMHSA): SAMHSA's concept of trauma and guidance for a trauma-informed approach, 2014: https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf.
- Child sex trafficking and commercial sexual exploitation: Health care needs of victims, American Academy of Pediatrics, 2015. Available at: http://pediatrics.aappublications.org/content/pediatrics/135/3/566.full.pdf.
- Responding to children and adolescents who have been sexually abused, WHO, 2017. Available at: http://apps.who.int/iris/bitstream/handle/10665/259270/9789241550147-eng.pdf?sequence=1.
- International Centre for Missing and Exploited Children: www.icmec.org
- Institute on Healthcare and Human Trafficking: www.vIHHT.org
- HEAL Trafficking: www.healtrafficking.org
- Trauma-focused cognitive behavioral therapy: https://tfcbt.musc.edu
- Responding to children and adolescents who have been sexually abused: WHO guidelines: http://apps.who.int/iris/bitstream/handle/10665/259270/9789241550147-eng.pdf;jsessionid=80BF1D038419C104E33170A86AC74A12?sequence=1
- Trauma Support South Africa: http://www.traumasupportsa.co.za
- Trauma Information Pages: http://www.trauma-pages.org
- UNICEF, Understanding Child Trafficking: https://www.unicef.org/protection/Textbook_1.pdf
- United Nations Office on Drugs and Crime: https://www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html
- International Organization for Migration, Human Trafficking Training Courses: https://cpduk.co.uk/directory/profile/international-organization-for-migration-iom
- Handbook for the Protection of Internally Displaced Persons: http://www.unhcr.org/4794b4322.pdf
- Human Trafficking Task Force e-Guide, Human Trafficking Laws: https://www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/14-human-trafficking-laws
- Human Trafficking Task Force e-Guide, Supporting Victims: https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims
- Ahn R, Alpert E.J, Purcell G, et al. (2013).Human trafficking: review of educational resources for health professionals. Am J Prev Med, 44, 283.
- Grace, A. M., Ahn, R., Konstantopoulos, W. M. (2014). Integrating Curricula on Human Trafficking Into Medical Education and Residency Training.". JAMA Pediatrics, 168(9), 793-794.
- Ross, C., Dimitrova, S., Howard, L.M., et al. (2015). Human trafficking and health: a cross-sectional survey of NHS professionals' contact with victims of human trafficking. BMJ Open, 5(8). doi:10.1136/bmjopen-2015- 008682.
- WHO's contribution to the World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance: Health and freedom from discrimination. Health & Human Rights Publication Series, Issue No 2. Available at http://apps.who.int/iris/bitstream/handle/10665/66891/WHO_SDE_HDE_HHR_01.2.pdf?sequence=1.

Mental Health Staff

In many, if not most, areas of the world, there is a paucity of persons trained to provide psychological care to trafficked persons. Increasingly, efforts are being made to identify appropriate strategies to enable non-professionals to deliver services that improve the emotional well-being of trafficked persons in a way that acknowledges the impact of trauma. These services may take many forms, depending on the cultural practices and individual needs of trafficked persons. "Western" methods of treatment (e.g. 'talk therapies') should not be assumed to be appropriate for all trafficked persons. Recommendations to improve the quality of mental health care to trafficked persons include the following:

Ensure regular, repeated staff training on trauma and the basic trauma-informed approach to interacting with trafficked persons.

Ensure specific training on assessing and responding to suicidality and homicidality.

Supplement training of those delivering mental health services of any type with **ongoing support and supervision** by qualified persons, and continuing education (this need not be 'on-site' supervision, but may employ teleconferencing and online mentoring with experts located elsewhere in the country, region or the globe).

Implement strategies to **monitor the training** of staff, and the application by staff of learned material into their practice. Training materials need to be reviewed and updated regularly.

Vicarious trauma is common among mental health professionals treating traumatized persons. **Implement strategies for provider self-care.**

Build relationships with traditional healers, and others who are influential in the healing process within cultures represented by your trafficked population.

Provide regular evaluation of and feedback to staff (via observation, survey, test, etc.).

Implement a variety of **culturally appropriate strategies** to support a holistic approach to mental health and well-being (e.g. art-based therapy, dance-movement therapy, meditation, yoga, Western behavioral health therapies).

Arrange for cross-training with traditional healers and others, and ongoing collaboration with these healers in care of trafficked persons, as appropriate.

Explore video-conferencing and other **mechanisms for long-distance supervision** and second opinions regarding mental health assessment and treatment issues.

Join a national or international network that allows access to mental health resources on human trafficking and trauma, and to various treatment strategies.

Build relationships with universities or colleges that have programs in psychology, counseling, social work, or other treatment approaches (e.g. dance-movement therapy; art therapy) to collaborate and share resources.

Resources

- World Health Organization ethical and safety recommendations for interviewing trafficked women, 2003: Available at: http://www.who.int/mip/2003/other_documents/en/Ethical_Safety-GWH.pdf
- Substance Abuse and Mental Health Services Administration (SAMHSA): SAMHSA's concept of trauma and guidance for a trauma-informed approach, 2014: Available at: https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf.
- Trauma-focused cognitive behavioral therapy: Available at: https://tfcbt.musc.edu
- Hom, K. A., & Woods, S. J. (2013). Trauma and Its Aftermath for Commercially Sexually Exploited Women as Told by Front-Line Service Providers. Issues in Mental Health Nursing, 34(2), 75-81
- McGuinness, T. M., & Newby, A. (2012). Human trafficking: what psychiatric nurses should know to help children and adolescents. Journal of Psychosocial Nursing and Mental Health Services, 50(4). https://doi.org/10.3928/027936952012030703
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- Coverdale, J., Beresin, E. V., Louie, A. K., Balon, R., & Roberts, L. W. (2015). Human trafficking and psychiatric education: A call to action. Academic Psychiatry, 40(1), 119-123. http://dx.doi.org/10.1007/s40596-015-0462-
- Thomas, S.P. (2013). How can psychiatric nurses respond to the global pandemic of sex trafficking? Issues of Mental Health Nursing. 34(6):385. doi: 10.3109/01612840.2013.792169.
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Vicarious Trauma (VT)

Providers and staff working with trafficked populations may experience vicarious trauma from hearing trafficked persons' stories and witnessing the pain, fear, and terror that trafficked persons have endured. In order to address this, you may find it helpful to incorporate the following recommendations:

Provide staff training on VT to raise awareness of these issues.

Provide support mechanisms for staff (e.g. initiate specific discussions of VT at staff meetings; have supervisors who understand VT; incorporate flexibility around productivity requirements).

Encourage organizational attitudes that allow staff to talk about VT.

Educate families of staff about VT so they understand and can be supportive.

Encourage staff to **adopt self-care strategies** to minimize VT.

Resources

- American Counseling Association: https://www.counseling.org/docs/trauma-disaster/fact-sheet-9---vicarious-trauma.pdf
- Vicarious Trauma Toolkit: https://vtt.ovc.ojp.gov/what-is-vicarious-trauma
- U.S. Department of State: https://www.state.gov/documents/organization/272972.pdf

Cultural Competence

Trafficked persons often suffer from cultural discrimination or bias because of their trafficking experience and/or their status as a cultural "outsider." Additional challenges may arise from within-culture biases related to gender, sexual orientation, age, race/ethnicity, geographic location and other factors. Providers and staff who demonstrate the ability to understand, communicate with, and effectively interact with people across a range of cultures and experiences will be more likely to care effectively for trafficked persons. The following suggestions may be helpful to improve cultural competence in your organization:

Provide regular, repeated staff training on cultural issues, including but not limited to:

> **Cultural bias**/discrimination related to mental health issues (that staff and/or patients/clients or families may harbor).

> **Religious**/faith-based practices, values and moral underpinnings that staff and/or patients/clients or families may harbor that will influence acceptance of medical care and mental health services.

> **Cultural meanings** of LGBTQ terms in the relevant languages, and cultural attitudes toward LGBTQ persons that are present in the dominant cultures encountered by staff.

> **Health-related cultural beliefs**/practices in dominant cultures encountered by staff.

Implement strategies to **monitor the training of staff, and the application by staff of learned material into their practice**. Training materials should be reviewed and updated periodically.

Create an atmosphere where staff can ask questions about culture that creates understanding and tolerance and decreases ignorance and stereotypes. Identify particular staff who are specifically designated as safe to approach with questions.

Provide staff with handouts that summarize key points of cultures and subcultures that are relevant to your patient/client population.

Make available research on specific ethnic/religious/political/cultural minorities and human trafficking.

Monitor for bias/discrimination and enforce a zero-tolerance policy.

Ensure a system is in place to address breaches of conduct by staff.

Ensure a system is in place for staff/patients/clients/visitors to provide feedback and call attention to concerns related to cultural discrimination, bias or inadequate care.

Resources

– Addressing the Complexities of Language and Culture in Human Trafficking-Involved Cases: http://www.htcourts.org/wp-content/uploads/Ch-9_140725_NACM_Guide_OnlineV_v04.pdf
– Chung RC. Cultural perspectives on child trafficking, human rights and social justice: A model for psychologists. Counselling Psych Quarterly. 2009;22(1):85-96. Available at: https://www.tandfonline.com/doi/abs/10.1080/09515070902761230.
– WHO's contribution to the World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance: Health and freedom from discrimination. Health & Human Rights Publication Series, Issue No 2. Available at http://apps.who.int/iris/bitstream/handle/10665/66891/WHO_SDE_HDE_HHR_01.2.pdf?sequence=1.

Policies and Practices

Protocol

To improve the facility's ability to identify and serve trafficked persons, it is helpful to have a protocol (a set of formal guidelines) in place. Encourage a multidisciplinary team approach to writing your protocol. Include trafficked persons, administrators, clinicians, frontline staff, and representatives from outside agencies on your writing committee. The following are recommendations to support effective development and implementation:

Identify someone in the facility to serve as a 'champion' to encourage protocol development, implementation and compliance. There always should be at least one person driving the initiative forward and maintaining momentum.

Conduct comprehensive training of <u>all</u> staff regarding use of the protocol; ensure new staff are trained. Periodic re-training is also indicated.

Ensure that the protocol is easily accessible to staff; create short lists containing specific information (e.g. common potential indicators of trafficking; a list of community contacts for services). Flow diagrams (algorithms) should be helpful and easy-to-read.

Design a strategy for monitoring compliance with the protocol and evaluating its applicability. This might entail periodic review of trafficked persons' charts, staff surveys, trafficked person surveys or observation of staff practice.

Ensure regular, periodic review and updating of the protocol and associated training curricula.

Regularly update the list of community referral agencies and their contact information.

Ensure that staff understand their mandatory reporting responsibilities (who to call and under what circumstances), as well as the consequences of reporting (especially if corruption exists in external institutions).

Establish an emergency staff contact for answering legal questions, and troubleshooting protocol issues.

Obtain support for the protocol from top administrators of the facility

Establish a method of obtaining ongoing input and feedback from staff and from trafficked persons (ex., anonymous comment box; trafficked person surveys, surveys of key external stakeholders) (Shelters may also survey their clients about the quality of care received at the referral network facility).

Develop a plan for sustainability of the facility's human trafficking response and ongoing compliance with the protocol. Take into account staff turnover and the transition of staff to different roles (including the protocol 'champion').

The level of detail of the protocol may vary, but for *facilities serving the general population (e.g. those who are trafficked and those who are not, such as a hospital or clinic),* it typically includes the following. You may find it helpful to adapt an existing protocol.

- Definitions of all types of human trafficking and relevant laws.
- Risk factors for human trafficking.
- Potential types and indicators of human trafficking (during period of exploitation and afterwards).
- Common adverse health effects of labour and sex trafficking (physical, sexual, mental health, behavioral).
- Trauma-informed questions to ask to assess risk of trafficking.
- Trauma-informed physical exam and diagnostic evaluation (for a medical facility).
- Guidelines to address potential safety issues (e.g. trafficker present at facility; trafficked person feeling psychologically or physically unsafe).
- Legal and mandatory reporting requirements relevant to your country/region/organization and contact information for police and child protection agency.
- Potential community referrals for trafficked persons to receive services (based on mapping of available community resources).
- Guidance on appropriate documentation in medical/mental health records.
- Confidentiality and privacy practices (legal requirements, organizational requirements).
- Guidance on addressing confidentiality issues when communicating with the media or external agencies.

For organizations *that specifically serve formally identified trafficked persons (e.g. shelter),* the protocol may include a variety of services provided by the organization, but should specifically address:
- Common adverse health effects (physical, sexual, mental health, behavioral).
- A trauma-informed approach to care.
- Procedures for obtaining the initial medical evaluation and ongoing medical care (who accompanies client if traveling outside shelter, when and where evaluation occurs; what evaluation entails; procedures for information-sharing with medical institution; processes for obtaining medications and follow-up, etc.).
- Procedures for conducting the initial mental health assessment and subsequent treatment (as appropriate) (e.g. who conducts assessment, what assessment tools are used; when assessment occurs, procedures for responding to crises such as acute suicidality and homicidality, etc.).

Resources
– World Health Organization and United Nations Office on Drugs and Crime. Strengthening the medico-legal response to sexual violence, 2015. Available at https://www.who.int/reproductivehealth/publications/violence/medico-legal-response/en/.
– International Organization for Migration (2009). Caring for Trafficked Persons: Guidance for Health Providers. 231 pages. Geneva, Switzerland: International Organization for Migration. Available at http://publications.iom.int/books/caringtraffickedpersonsguidancehealthproviders
– Baldwin, S.B., Barrows, J., Stoklosa, H. (2017). Protocol Toolkit for Developing a Response to Victims of Human Trafficking. HEAL Trafficking and Hope for Justice. 44 p. Available at https://healtrafficking.org/2017/06/new-heal-trafficking-and-hope-for-justices-protocol-toolkit-for-developing-a-response-to-victims-of-human-trafficking-in-health-care-settings

- Children's Healthcare of Atlanta Clinical Practice Guidelines for Assessment and Treatment of Potential Victims of Child Sex Trafficking and Commercial Sexual Exploitation, 2015. Available at https://www.choa.org/~/media/files/Childrens/medical-professionals/physician-resources/cpc/institute-resources/choa-clinical-practice-guidelines.pdf?la=en
- National Human Trafficking Resource Center (NHTRC) (n.d.). Framework for a human trafficking protocol in healthcare settings. Retrieved from https://humantraffickinghotline.org/resources/framework-human-trafficking-protocol-healthcare-settings
- WHO's contribution to the World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance: Health and freedom from discrimination. Health & Human Rights Publication Series, Issue No 2. Available at http://apps.who.int/iris/bitstream/handle/10665/66891/WHO_SDE_HDE_HHR_01.2.pdf?sequence=1.
- Surtees R. Ethical principles in the re/integration of trafficked persons: Experiences from the Balkans. Nexus Institute, 2013. Available at https://nexushumantrafficking.files.wordpress.com/2015/02/ethical-principles-for-the-reintegration-of-trafficked-persons.pdf.

Community Network

When establishing your protocol, be sure to involve your community network. No individual or organization can provide all of the necessary services to trafficked persons. It is critical to embrace a multidisciplinary, collaborative approach to serving this vulnerable population. This requires detailed knowledge of local service providers from state and civil society, their availability, and the scope and quality of their services. These providers and organizations form your community network. Trafficked persons may be overwhelmed with their situation so to ensure their needs are met, referrals to partner agencies need to be managed carefully. A 'warm hand-off' is preferred, whereby a provider personally contacts the referral agency on behalf of the trafficked person to set up an appointment (assuming permission has been granted by the trafficked person as appropriate), OR provides support while the trafficked person contacts the referral agency from the facility. The following recommendations may prove helpful:

Conduct a mapping of community service providers; regularly review this list, evaluate agency/organization services and update the list. Feedback from trafficked persons about the services they received is extremely helpful in determining which organizations should remain on the list.

Actively **build and maintain relationships** with community service providers when possible (meet with state agency and NGO representatives; invite them to your staff meetings, visit the agencies and NGO's).

For service organizations, **clarify services available, hours of operation, and eligibility criteria** including legal status, age, gender, nationality, etc. Gather written information about these organizations and make it available to trafficked persons.

Consider how a trafficked person might experience the community services (think about the organizations' services from the perspective of the trafficked person).

Establish a way to **determine if the trafficked person followed up** with the referral.

Establish a process with each agency for making reports/referrals, ideally using a 'warm hand-off,' as above. Processes should be consistent with current legislation, national referral mechanisms and child protection systems.

Investigate ways of combining resources to help trafficked persons with transportation to agencies.

Establish a case manager or patient/client navigator to be in charge of making sure the trafficked person receives services; the case manager is part of a comprehensive, multidisciplinary, multi-organization case management system.

Establish memoranda of understanding (MOUs) with outside agencies to address confidentiality, information-sharing, referral processes, etc.

Ensure that all staff have training about confidentiality and the need for informed consent to make referrals.

Resources

– International Organization for Migration (2009). Caring for Trafficked Persons: Guidance for Health Providers. 231 pages. Geneva, Switzerland: International Organization for Migration. Available at http://publications.iom.int/books/caringtraffickedpersonsguidancehealthproviders

- International Organization for Migration (2012). Caring for Trafficked Persons: Guidance for Health Providers. Training: facilitator's guide. 124 pages. Available at http://publications.iom.int/books/caringtraffickedpersonsguidancehealthproviders
- Baldwin, S.B., Barrows, J., Stoklosa, H. (2017). Protocol Toolkit for Developing a Response to Victims of Human Trafficking. HEAL Trafficking and Hope for Justice. 44 p. Available at https://healtrafficking.org/2017/06/new-heal-trafficking-and-hope-for-justices-protocol-toolkit-for-developing-a-response-to-victims-of-human-trafficking-in-health-care-settings
- Children's Healthcare of Atlanta Clinical Practice Guidelines for Assessment and Treatment of Potential Victims of Child Sex Trafficking and Commercial Sexual Exploitation, 2015. Available at https://www.choa.org/~/media/files/Childrens/medical-professionals/physician-resources/cpc/institute-resources/choa-clinical-practice-guidelines.pdf?la=en
- NHS toolkit for starting a conversation with children. Available at http://notjustathought.org.uk
- Surtees R. Ethical principles in the re/integration of trafficked persons: Experiences from the Balkans. Nexus Institute, 2013. Available at https://nexushumantrafficking.files.wordpress.com/2015/02/ethical-principles-for-the-reintegration-of-trafficked-persons.pdf.
- Chang, K., Lee, K., Park, T., Sy, E., & Quach, T. (2015). Using a clinic-based screening tool for primary care providers to identify commercially sexually exploited children. Journal of Applied Research on Children, 6 (1), article 6.
- Genesee County Medical Society (2015). Human Trafficking Victim Identification Toolkit for Physicians and Other Medical Professionals. Available at https://gcms.org/Bulletins/2015_10_01%20-%20Human%20Trafficking%20Victim%20Identification%20Toolkit.pdf
- National Human Trafficking Resource Center (NHTRC) (n.d.). Framework for a human trafficking protocol in healthcare settings. Available at https://humantraffickinghotline.org/resources/framework-human-trafficking-protocol-healthcare-settings
- Schwarz, C. Unruh, E., Cronin, K., Evans-Simpson, S., Britton, H., & Ramaswamy, M. (2016). Human Trafficking Identification and Service Provision in the Medical and Social Service Sectors Health Hum Rights,18(1), 181–192
- Sy, E. et al. (2016). Responding to commercially sexually exploited children (CSEC): A Community Health Center's Journey towards Creating a Primary Care Clinical CSEC Screening Tool in the United States. International Journal of Social Science Studies,4 (60), 45-51.
- Burke, M., McCauley, H. L., Rackow, A., Orsini, B., Simunovic, B., & Miller, E. (2015). Implementing a Coordinated Care Model for Sex Trafficked Minors in Smaller Cities. Journal of Applied Research on Children: Informing Policy for Children at Risk, 6(1).
- Sy, E. et al. (2016). Responding to Commercially Sexually Exploited Children (CSEC): A Community Health Center's Journey towards Creating a Primary Care Clinical CSEC Screening Tool in the United States. International Journal of Social Science Studies,4 (60), 45-51.
- Wisconsin Anti-Human Trafficking Task Force (2017). Guidelines for an Effective Coordinated Community Response to Sex Trafficking of Youth. Available at https://dcf.wisconsin.gov/files/aht/pdf/ahttf/effective-community-response.pdf
- Surtees R. Listening to victims: Experiences of identification, return and assistance in South-Eastern Europe. International Centre for Migration Policy Development, 2007. Available at https://nexushumantrafficking.files.wordpress.com/2015/03/listening-to-victims.pdf.

Accessibility

Access to health care is critical for promoting and maintaining health. Trafficked persons' ability to access services is often particularly constrained because their freedom is limited, they may only be able to seek help during times when health services are closed, they may not be able to afford transportation, and/or they live far from health care organizations and other resources. To increase the accessibility of your organization by trafficked populations, consider incorporating the following:

Be aware of common times of day in which trafficked persons are likely to seek care.

Be aware that the need to be at work and make money is a common barrier to care, and **attempt to address/alleviate long wait times** within your organization accordingly.

Be aware that **clients may need to travel many hours** and/or may not be able to afford public transportation, which may limit the utilization of services.

Utilize an on-call service system, in which staff are on call and may need to come in from home, in order to respond to demand during times when your organization is closed.

Increase the availability of **after-hours care.**

Develop outreach efforts in your local community (e.g., mobile clinics) in order to improve access by trafficked populations.

If your organization is primarily run on an appointment-only schedule, **establish walk-in hours.**

Re-arrange staff and interpreter distribution to accommodate hours during which trafficked persons are most likely to seek care.

Partner with other organizations to increase availability of services (e.g., split hours that each facility is open; divvy up services provided; share an after-hours facility).

Discuss with community stakeholders and/or funders ways to support patient/client travel and expanded business hours.

Prioritize suspected or known trafficked persons during triage to decrease long wait times and maximize the likelihood of receiving care (or negotiate with your referral organization to do this)

Resources

– Supporting the reintegration of trafficked persons: A guidebook for the Greater Mekong Sub-Region (2017): https://nexushumantrafficking.files.wordpress.com/2017/04/final-reintegration-guidebook-gms.pdf

Privacy/Confidentiality

Privacy and confidentiality are essential to the safety and well-being of trafficked persons and need to be maintained at all levels of interaction with trafficked persons, staff and others, consonant with the law.

Ensure that every staff member is trained on privacy and confidentiality procedures (trainings should be required and repeated, supported by continuing supervision).

Have evaluation and monitoring strategies in place to ensure the quality of training and compliance by staff.

Ideally **have a champion** at the facility who encourages training and follow up support.

Resources

- International Organization for Migration (2009). Caring for Trafficked Persons: Guidance for Health Providers. 231 pages. Geneva, Switzerland: International Organization for Migration. Available at http://publications.iom.int/books/caringtraffickedpersonsguidancehealthproviders
- Baldwin, S.B., Barrows, J., Stoklosa, H. (2017). Protocol Toolkit for Developing a Response to Victims of Human Trafficking. HEAL Trafficking and Hope for Justice. 44 p. Available at https://healtrafficking.org/2017/06/new-heal-trafficking-and-hope-for-justices-protocol-toolkit-for-developing-a-response-to-victims-of-human-trafficking-in-health-care-settings
- World Health Organization and United Nations Office on Drugs and Crime. Strengthening the medico-legal response to sexual violence, 2015. Available at https://www.who.int/reproductivehealth/publications/violence/medico-legal-response/en/.
- World Health Organization ethical and safety recommendations for interviewing trafficked women, 2003: http://www.who.int/mip/2003/other_documents/en/Ethical_Safety-GWH.pdf

Safety

It is critically important to consider the physical and psychological safety of trafficked persons, other clients/patients and staff. A trafficker may or may not accompany a trafficked person to the facility, but regardless, the latter may have very real fears of retaliation by the trafficker.

Be thoughtful of anxiety and fears of staff and of trafficked persons and take steps to address them.

Create specific protocols to handle crisis situations as well as 'routine' situations of trafficked persons presenting for care.

Ensure the facility has a private room to use for consultation (e.g. exam room, staff office). The room should be warm, comfortable, 'client/patient-friendly'; should have a door that closes, and walls that prevent people from easily overhearing conversations.

Ensure all staff are aware of procedures for safety, and periodically practice 'crisis responses'.

Develop a fact sheet for 'staying safe' to be posted in the facility.

Identify ways to **provide trafficked persons with resource information in a discrete manner** that does not place them in danger (e.g., small pieces of paper to slip in shoes; hotline number written on a bus ticket, posters so that clients/patients can memorize needed phone numbers without disclosing their trafficking status if they're not yet ready).

Resources

- There are a variety of resources to help ensure physical safety, although many are not feasible in all settings. They include:
  - Real-time location systems (that track staff location), with silent alarms that notify nearby staff when person is in distress (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3408320/).
  - Card swipes
  - Flagging potentially violent patients/clients/visitors
  - Locked areas
  - Security cameras
  - Security personnel
  - Panic buttons
  - A method for calling police
  - A code word to signal a dangerous situation
- Guidelines for managing workplace violence: https://www.jointcommission.org/assets/1/18/SEA_59_Workplace_violence_4_13_18_FINAL.pdf
- Preventing workplace violence: https://www.osha.gov/dsg/hospitals/workplace_violence.html
- Operation Safe Workplace: https://www.jointcommission.org/assets/1/6/Aria_Workplace_Safety.pdf
- 10 tips for de-escalation of aggressive behavior: https://www.jointcommission.org/assets/1/6/CPI-s-Top-10-De-Escalation-Tips_revised-01-18-17.pdf

Staff Professional Conduct

A very common and major barrier to accessing high-quality medical and mental health care involves facility staff exhibiting bias and discrimination toward trafficked persons. This hostility and censure violate basic human rights and discourage persons from seeking critically needed care. It is imperative that facilities serving trafficked persons develop and enforce guidelines for staff to ensure humane treatment, with a zero-tolerance policy regarding bias/discrimination.

Develop a 'whistle-blower' policy that:

Requires staff to report unprofessional conduct

Outlines the proper procedure for reporting, and consequences for misconduct

Includes provisions to **ensure the safety of the person reporting** the conduct

Ensures fair treatment of all involved

Requires each staff member to read and sign off on it annually

Develop a staff code of conduct and require each staff member to read and sign off on it annually and/or develop other accountability measures.

Ensure that a system is in place for staff/trafficked persons/external stakeholders to provide feedback and call attention to concerns related to problematic staff behavior.

Resources

– WHO's contribution to the World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance: Health and freedom from discrimination. Health & Human Rights Publication Series, Issue No 2. Available at http://apps.who.int/iris/bitstream/handle/10665/66891/WHO_SDE_HDE_HHR_01.2.pdf?sequence=1.
– Surtees R. Ethical principles in the re/integration of trafficked persons: Experiences from the Balkans. Nexus Institute, 2013. Available at https://nexushumantrafficking.files.wordpress.com/2015/02/ethical-principles-for-the-reintegration-of-trafficked-persons.pdf.

Communication

General Communication

Trafficked persons, like all clients/patients, benefit from effective communication by the providers and staff working with them and within the healthcare organizations serving them. The following suggestions will help improve your organization's ability to communicate clearly with trafficked persons:

Ensure that all written materials and signage are translated into languages relevant to your population, and tailored to different ages and stages of development, as well as to illiterate clients/patients.

Improve the signage in the facility and/or implement creative ways of delineating routes through the facility.

Develop a written list of patient/client rights and post them so that they are easily visible in waiting and exam rooms.

Place **placards with hotline information** prominently in staff areas and waiting rooms.

Conduct mapping exercises to determine existing services and their locations within the community.

Explore using social media, text, instant-messaging and email as methods of communication with patients/clients and families, as long as safety and confidentiality can be ensured.

Have existing written materials, including patient/client handouts **analyzed for grade level of readability.**

Develop and require training on rights-based, trauma-informed care, resilience, and strength-based approaches to care.

Use both verbal and written approaches to explaining procedures, tests, and treatments, and use plain language.

Educate staff on the cost of tests and treatments so that they can communicate this to patients/clients and families served by your organization.

Resources

– National Child Advocacy Center fact sheets on child maltreatment: http://www.nationalcac.org/prevention-fact-sheets/
– Human Trafficking Task Force e-Guide, Overcoming Language Barriers: https://www.ovcttac.gov/taskforceguide/eguide/3-operating-a-task-force/34-addressing-common-operational-challenges/overcoming-language-barriers

Interpreters

If providers and staff do not understand the language or dialect a patient speaks, their ability to meet his/her healthcare needs is severely diminished. The presence and utilization of interpreters may help to facilitate understanding and communication between staff and trafficked persons within the healthcare setting. However, depending on circumstances it may also inhibit a client/patient from disclosing sensitive information. The following suggestions may be helpful:

If on-site interpreters are not available, **consider using phone interpreters** when feasible.

Utilize online translation services for written materials (to ensure accuracy, back-translation is also advised).

Translate signage in your facility into multiple languages, as is relevant to your patient/client population. Realize that some clients/patients may be illiterate.

Take in to account dialectical and social class differences in language when hiring interpreters.

Provide training to interpreters on **human trafficking, the trauma-informed approach to care, cultural issues, confidentiality, and privacy.**

Provide training to interpreters on **developmental considerations** relevant to interpreting for children.

Have evaluation and monitoring strategies in place to ensure quality of training and compliance by staff.

Ensure that interpreters understand the literacy levels of your patients/clients.

Provide debriefings and/or emotional support for interpreters to alleviate vicarious trauma.

Resources

– Human Trafficking Task Force e-Guide, Overcoming Language Barriers: https://www.ovcttac.gov/taskforceguide/eguide/3-operating-a-task-force/34-addressing-common-operational-challenges/overcoming-language-barriers/
– Human Trafficking Task Force e-Guide, Interpreters: https://www.ovcttac.gov/taskforceguide/eguide/3-operating-a-task-force/34-addressing-common-operational-challenges/interpreters

Client/Patient Populations

While human trafficking occurs in all populations, medical and mental health services may not be available to all groups, or may need to be obtained from a variety of organizations/agencies. For example, some facilities may not provide pediatric care, while others may not serve boys/men or may be poorly equipped to serve the unique needs of transgender youth and adults. When assessing a facility's services, it is important to consider the special circumstances of individual groups.

Children

Persons under the age of 18 years have unique needs related to their age, their role within the family and community, their legal and social status, their stages of social, emotional, cognitive, and physical development, and other factors.

Differences in pre-pubertal vs. pubertal stages of development have implications for the healthcare response to trafficking (e.g. interview techniques, exam techniques, diagnostic evaluation and treatment strategies). Age differences must be considered in determining mental health assessment and treatment strategies, as well.

The facility should **ensure that all communication, including written materials, are developmentally appropriate** (e.g., may involve visual representations).

Medical and mental health staff need training to include:

Basic child rights (per the U.N. Convention on the Rights of the Child), particularly the child's right to voice their opinions, appropriate to developmental stage and consonant with national child protection systems.

Knowledge that the guardian of a child could be the trafficker, or someone complicit in the child's exploitation who knowingly works against the child's best interests.

Knowledge that per the U.N. Palermo protocol, **child trafficking does not require the presence of force/fraud/coercion**, though national laws may vary regarding this requirement.

Risk factors for human trafficking that are particularly important in children (lack of life experience, immature brain, easily manipulated, accustomed to obeying adults, etc.).

Information on the relevant laws and policies surrounding consent to examine and treat a minor in the absence of the guardian, mandatory reporting laws, state procedures for child protection, etc..

Developmental differences in a child's behavior, reactions to trauma, ability to answer questions and to participate in care-planning, etc..

Strategies for interacting with children of differing ages/developmental stages (building rapport, asking questions in nonleading manner, encouraging participation in health care visit, etc.).

Physical and genital exam techniques and diagnostic **test considerations unique to children**.

Medical and developmental **conditions common among malnourished** or otherwise deprived children.

How to conduct a basic developmental assessment.

Resources

- United Nations Convention on the Rights of the Child
- Human Trafficking Task Force e-Guide, Minors and Adolescents: https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/45-victim-populations/minors-adolescents
- Human Trafficking Task Force e-Guide, Foreign National Minors: https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/45-victim-populations/minors-adolescents/foreign-national-minors
- Love 146 (international organization combatting child trafficking, with major focus on boys, transgender youth) : https://love146.org/research/
- Caring for boys affected by sexual violence: https://familyforeverychild.org/report/caring-for-boys-affected-by-sexual-violence/
- Advancing children's rights and equality for girls in over 75 countries: https://plan-international.orgBurke, M., McCauley, H. L., Rackow, A., Orsini, B., Simunovic, B., & Miller, E. (2015). Implementing a Coordinated Care Model for Sex Trafficked Minors in Smaller Cities. Journal of Applied Research on Children: Informing Policy for Children at Risk, 6(1)
- Child sex trafficking and commercial sexual exploitation: Health care needs of victims, American Academy of Pediatrics, 2015. Available at: http://pediatrics.aappublications.org/content/pediatrics/135/3/566.full.pdf.
- Responding to children and adolescents who have been sexually abused, WHO, 2017. Available at: http://apps.who.int/iris/bitstream/handle/10665/259270/9789241550147-eng.pdf?sequence=1.
- International Centre for Missing and Exploited Children: www.icmec.org
- UNICEF, Understanding Child Trafficking: https://www.unicef.org/protection/Textbook_1.pdf
- Institute on Healthcare and Human Trafficking: www.vIHHT.org
- HEAL Trafficking: www.healtrafficking.org
- Brown, T.R., Powell, C., Pelletier, A. L. (2015). Physicians must be vigilant for sex trafficking in unaccompanied minors. American Family Physician, 15(10), 674-6.
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- Macias-Konstantopoulos, Wendy, L.; Munroe, D., Purcell, G., Tester, K., Burke, T. F., & Ahn, Roy (2015). The commercial sexual exploitation and sex trafficking of minors in the Boston metropolitan area: experiences and challenges faced by front-line providers and other stakeholders. Journal of Applied Research on Children: Informing Policy for Children at Risk, 6(1).
- Armstrong, S. (2017). Instruments to identify commercially sexually exploited children: feasibility of use in an emergency department setting. Pediatric Emergency Care, 33(12):794-799. doi: 10.1097/PEC.0000000000001020.
- Chang, K., Lee, K., Park, T., Sy, E., & Quach, T. (2015). Using a clinic-based screening tool for primary care providers to identify commercially sexually exploited children. Journal of Applied Research on Children, 6 (1), article 6.
- Surtees R. What's home? (Re)integrating children born of trafficking. Women & Therapy, 2017;40;73-100.
- Surtees R. Other forms of trafficking in minors: Articulating victim profiles and conceptualizing interventions. Nexus Institute, 2005. Available at https://childhub.org/en/system/tdf/library/attachments/593_62_EN_original_0.pdf?file=1&type=node&id=7406.

Females

Develop and implement **staff training on gender-based violence and discrimination**; how cultural beliefs and gender bias increase the risk of human trafficking of women and girls; common recruitment techniques used primarily with females, etc.

Provide **staff training on cultural competency around gender**, sexual and reproductive issues

Implement **strategies to monitor the training of staff**, and the application by staff of learned material into their practice. Training materials need to be reviewed and updated periodically.

Make efforts to have **representation of genders among staff** so trafficked persons are able to choose the gender of their provider.

Have written materials that are **non-text-based** (for young children and those who are illiterate).

Offer anticipatory guidance on
- Reproductive issues (menstruation, STI's, HIV condom negotiation, contraception, pregnancy)
- Harm reduction strategies
- Information on diet and hygiene
- Information on preventive primary care.

Consider the medical and mental health needs of children of trafficked persons (primary care, immunizations, developmental assessments, nutritional assessments, potentially counseling regarding trauma in their lives).

Resources

- Free coursera 'e' courses https://www.coursera.org/lecture/womens-health-human-rights/introduction-to-sex-work-and-sex-trafficking-iyNTI
- Confronting Gender Based Violence: Global Lessons for Healthcare Workers (https://www.coursera.org/learn/gender-based-violence)
- UNODC, E4J University Module Series: Integrity and Ethics, Module 9: Gender Dimensions of Ethics: Ethics of Care and Feminism. Available at http://www.unodc.org/e4j/en/integrity-ethics/module-9/key-issues/ethics-of-care.html.
- International Organization for Migration (2009). Caring for Trafficked Persons: Guidance for Health Providers. 231 pages. Geneva, Switzerland: International Organization for Migration. Retrieved from http://publications.iom.int/books/caringtraffickedpersonsguidancehealthproviders
- World Health Organization ethical and safety recommendations for interviewing trafficked women, 2003:
- Institute on Healthcare and Human Trafficking: www.vIHHT.org
- HEAL Trafficking: www.healtrafficking.org
- Warnath S. Examining the intersection between trafficking in persons and domestic violence. Nexus Institute and USAID, 2007. Available at https://nexushumantrafficking.files.wordpress.com/2015/03/trafficking-domestic-violence-intersection.pdf.

Males

Develop and implement regular and repeated training for staff regarding trafficking of males for labour and sex.

Raise awareness of particular shame/stigma associated with:
- sex trafficking among males,
- victimization in labour trafficking, including incurring additional debt for family, and being seen by community as unable to support family.

Raise awareness that not all men having sex with men (MSM) are gay.

Understand that one cannot assume risk factors, and trafficking experiences are the same for males vs females, or for labour vs sex trafficking.

Implement strategies **to monitor the training of staff**, and the application by staff of learned material into their practice. Training materials need to be reviewed and updated periodically.

Make efforts to **have representation of genders among staff** so patients/clients are able to choose the gender of their provider.

Offer counseling to males about male physiologic sexual response (for example, it is common for men to get a penile erection during an assault and this in no way implies 'consent').

Offer anticipatory guidance to trafficked persons on:
- Diet and hygiene,
- Preventive primary care,
- Reproductive issues (STI, HIV, condom negotiation, contraception),
- Harm reduction strategies,

Ensure that décor of surroundings (waiting room, offices) is **not strictly feminine.**

Have written materials that are non-text-based (for those who are illiterate in the dominant language).

Resources

– Male Survivors Partnership: consortium of organizations serving male survivors of sexual violence: http://www.malesurvivor.co.uk/about-us/
– Quality standards for services supporting male victims/survivors of sexual violence: http://www.malesurvivor.co.uk/male-service-standards/ (fill out brief form to download standards)
– Supporting the reintegration of trafficked persons: A guidebook for the Greater Mekong Sub-Region (2017): https://nexushumantrafficking.files.wordpress.com/2017/04/final-reintegration-guidebook-gms.pdf
– Human Trafficking Task Force e-Guide, Male Victims: https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/45-victim-populations/male-victims
– Davis J, Miles G. "They didn't help me; they shamed me." A baseline study on the vulnerabilities of street-involved boys to sexual exploitation in Manila, Philippines; 2015. Available at https://1at4ct3uffpw1uzzmu191368-wpengine.netdna-ssl.com/wp-content/uploads/2016/01/They-Shamed-Me-.pdf.
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– Moynihan M, Mitchell K, Pitcher C, Havaek F, Ferguson M, Saewyc E. A systematic review of the state of the literature on sexually exploited boys internationally/ Child Abuse & Neglect, 2018;76;440-451.
– Surtees R. IOM global database thematic research series: Trafficking of men-A trend less considered: The case of Belarus and Ukraine. 2008. Nexus Institute. Available at https://nexushumantrafficking.files.wordpress.com/2015/03/trafficking-in-men-the-case-of-belarus-ukraine-surtees-2008.pdf.
– Surtees R. Trafficked men as unwilling victims. St. Antony's International Review, 2008;4:16-36(21). Available at https://www.ingentaconnect.com/content/stair/stair/2008/00000004/00000001/art00003.

LGBTQ

Develop and implement periodic staff training to **ensure staff understand LGBTQ terms (make a glossary available),** and are aware of the differences among the terms, the stigma associated with sexual minority status; risk factors for trafficking that are unique to LGBTQ persons, and unique needs in aftercare.

Request patient/client's preferred pronouns.

Implement strategies to **monitor the training of staff**, and application by staff of learned material into their practice. Training materials need to be reviewed and updated periodically.

Offer anticipatory guidance to LGBTQ trafficked persons regarding reproductive issues (menstruation, STIs, HIV, condom negotiation, contraception, pregnancy), risks/benefits/options for hormone and surgical treatment, as well as harm reduction strategies, information on hygiene and diet, etc.

Identify at least one provider who has experience serving LGBTQ youth, and working with gender and sexuality issues.

Have inclusive signage to acknowledge transgender persons.

Make patient/client forms gender-neutral.

Resources

- Toolkit for integrating LGBT rights activities into programming in the E & E region
  https://www.usaid.gov/sites/default/files/documents/1863/LGBT%20Toolkit%20092414.pdf)
- Human Rights Campaign, Glossary of Terms: https://www.hrc.org/resources/glossary-of-terms
- Amnesty USA (n.d.). LGBT Glossary. Available at https://www.amnestyusa.org/pdfs/toolkit_LGBTglossary.pdf
- Dane County Medical Society (2015). LGBT-Friendliness Kit for Primary Care Physicians. UW School of Medicine and Public Health. Available at: http://uwmedstudents.com/wp-content/uploads/2015/08/LGBT-Friendliness-Kit_easyduplex_ver-1.5.pdf
- LGBT Resource Center (2015). LGBTQI Terminology. University of South California. Retrieved from https://lgbtrc.usc.edu/files/2015/05/LGBT-Terminology.pdf
- National LGBT Health Education Center (2016). Glossary of LGBT Terms for Health Care Teams. Boston, MA: Fenway Institute. Retrieved from https://www.lgbthealtheducation.org/wp-content/uploads/LGBT-Glossary_March2016.pdf
- Polaris (2015). Breaking Barriers: Improving Services for LGBTQ Human Trafficking Victims. A Top Ten List for Service Providers and Criminal Justice Professionals. Retrieved from https://polarisproject.org/sites/default/files/breaking-barriers-lgbtq-services.pdf
- Trans@MIT. (2015). Allies Toolkit. Useful Terminology about Trans and Gender Variant People. University of South California: LGBT Resource Center. Retrieved from https://lgbtrc.usc.edu/files/2015/05/Transgender-Terminology.pdf
- Human Trafficking Task Force e-Guide, LGBTQ Victims: https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/45-victim-populations/lgbtq-victims

Ethnic/Religious/Political/Cultural Minorities and Foreign Persons

Provide periodic training on cultural competency for major populations seen at the facility.

Involve the trafficked person in care decisions and consider incorporating cultural healing practices into care.

Ensure that patient/client forms and written resources are translated into the languages most commonly encountered among the trafficked persons seeking care at the facility, taking into account that trafficked persons may be illiterate in their own language.

Design easy-to-understand, culturally appropriate information sheets that address culturally sensitive issues that may be difficult for trafficked persons to discuss; ensure these are available in languages commonly used by the trafficked populations served at the facility.

Ask the trafficked person how they view their health, their situation, and what they think would be appropriate treatment? How do they view the medications, treatments and other recommendations you propose? This cultural information is useful to the provider as they work with the trafficked person to devise a care plan.

Address signage in the facility, with non-text directions or translated signage appropriate for the trafficked populations most commonly encountered at the facility. Anticipate that linguistic differences may create extra difficulties when navigating the facility. Consider creative ways to guide trafficked persons through the facility (e.g. footprints painted on the floor guiding a person to the destination).

Anticipate interpreter needs and have a plan in place to engage the services of a professional interpreter. Do not allow the companion of a trafficked person to interpret for you since this may not be safe and may not guarantee accuracy in interpretation (exceptions may exist wherein the facility has specified arrangements with a service agency such that the agency brings a qualified and trusted interpreter with the trafficked person). Ensure that the interpreter is not from the same village/immediate area as the trafficked person as this may inhibit the latter and make it difficult to build trust.

Implement strategies to monitor the training of staff, and the application by staff of learned material into their practice. Training materials need to be reviewed and updated periodically.

Additional recommendations for foreign persons:

- Be aware of reputable outside agencies that provide services to foreign populations regardless of documentation status.
- Provide staff training and guidance regarding laws addressing the health delivery pathway (access to care) for foreign and/or undocumented trafficked persons; differential legal status; reporting processes and consequences (what happens if you report a foreign and/or undocumented person and fears trafficked persons may have regarding this); costs of care, etc..
- Identify agencies and organizations in the community that provide services to refugees, asylum seekers, and undocumented individuals, including foreign victims of trafficking and other crimes. Interpretation, legal services, immigration assistance, housing, communication with family in the home country, and language classes are important needs that require assistance for persons who have been trafficked from another country.

Resources

– Macy, R. J., & Johns, N. (2011). Aftercare Services for International Sex Trafficking Survivors: Informing U.S. Service and Program Development in an Emerging Practice Area. Casey Rubenstein, University of North Carolina. Retrieved from Retrieved from https://pdfs.semanticscholar.org/6a96/d526e7c3b8d1b8e03f9fd76f63de8e606fc2.pdf

– Human Trafficking Task Force e-Guide, Foreign National Victims: https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/45-victim-populations/foreign-national-victims

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