



Mindful

Continuing Education

Human Trafficking, Identification, Intervention, and Treatment in the Healthcare Setting



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Introduction

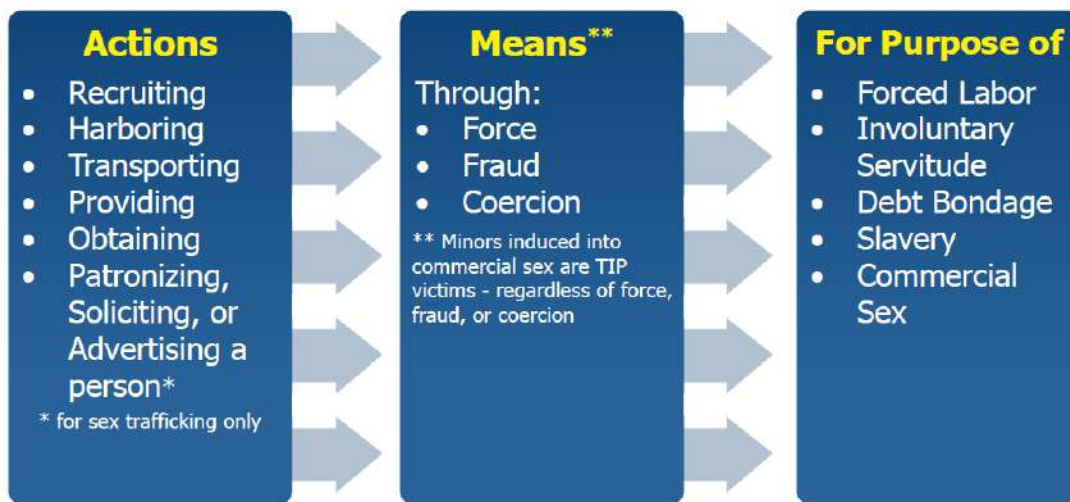
The United Nations (2000) describes human trafficking as a human rights violation. Human trafficking is a crime that involves the use of force, fraud, or coercion to obtain some type of labor or commercial sex act for exploitation. (Department of Homeland Security, 2022). Trafficking of individuals for labor and sexual exploitation violates our basic human rights and is a major global public health problem. All health care providers have a duty to be able to recognize and intervene if someone is being trafficked.

Section 1: Understanding Human Trafficking

Section 1 Keywords: definition, sex trafficking, labor trafficking, venues, human smuggling

Human trafficking is defined in the United Nations Palermo Protocol (2000), although the interpretation of the definition varies among countries. The United States Trafficking Victims Protection Act (2000) and its subsequent reauthorizations recognize and define two primary forms of human trafficking: “sex trafficking is the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age” and “forced labor is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.” Human trafficking has permeated throughout America as a major operation in every state in the United States, even rural areas (Kometiani & Farmer, 2020).

How Trafficking in Persons Occurs



Source: (<https://ctip.defense.gov/What-is-TIP/>)

The A-M-P Model

Polaris (2023) describes how the Action-Means-Purpose (AMP) Model can help understand the federal law. Human trafficking occurs when a perpetrator, often referred to as a trafficker, takes an **Action** (induces, recruits, harbors, transports, provides) and then employs the **Means** of force, fraud, or coercion for the **Purpose** of compelling the victim to provide commercial sex acts (sex trafficking) or labor/services (labor trafficking). At a minimum, one element from each column must be present to establish a potential situation of human trafficking. Combating Trafficking in Persons. (n.d.) provides some examples of force, fraud, and coercion drawn from actual cases. Please note that these examples do not comprise an all-inclusive list.

Force

- Physical assault, such as being hit, kicked, punched, stabbed, strangled, burned, shot, raped
- Confinement, such as being locked in a room or closet, handcuffed, tied up, bound, or otherwise physically prevented from moving or leaving a situation
- Drugging a person to incapacitate them

Fraud

- False promises of a better job, good pay, new life in the U.S., better circumstances for one's family
- Use of fraudulent travel documents such as passports or visas
- False advertising
- Physical Coercion
- Putting a gun to someone's head
- Holding a person at knifepoint
- Threatening to hit or hurt someone

Psychological Coercion

- Threats or intimidation against the victim or victim's family, including threats to physically harm a loved one
- Blackmail (such as threatening to release nude photos of a person)
- Threats of deportation or sending someone to jail

- Showing a person a dead body and intimating that if the person doesn't cooperate, they will end up the same way

Human Trafficking Types and Venues

Human trafficking has many types and can be found in different venues in the United States. There are multiple industries that have overt and hidden human trafficking operations. These are high-risk sectors in which victims are most frequently found. The United Nations Office on Drugs and Crime (2022) reports exploitation in the sex, entertainment, and hospitality industries and as domestic workers or in forced marriages. Victims are forced to work in factories, on construction sites, or in the agricultural sector without pay or with an inadequate salary, living in fear of violence and often in inhumane conditions. Some victims are tricked or coerced into having their organs removed. Children are forced to serve as soldiers or to commit crimes for the benefit of the criminals. Traffickers present themselves as the only solution and method of survival, providing their victims with shelter and trust before abusing them with manipulation, threats, and abandonment. The traffickers will continuously dominate and exploit victims through abuse, rape, forced addiction to drugs, and violence (Kometiani & Farmer, 2020).

Transnational Organized Crime Groups

Not every trafficker is an individual person. There are criminals who use trafficking to exploit others, range from organized criminals to individuals that operate on their own. There are also others who operate in local gangs or small groups when the opportunity arises. The bigger organized criminal groups are most likely involved in other serious crimes, such as drug and gun trafficking, online exploitation, as well as legal corruption and the bribery of officials. When organized criminal groups are involved, many more victims are trafficked, often for

longer periods, across wider distances, and with more violence. Sex trafficking victims are immersed in a social ecology that is linked with other deleterious factors such as crime, drug abuse, and poverty (Levine, 2017). These factors independently have a negative impact on physical and mental health.

Human Trafficking vs. Human Smuggling

Many people get human trafficking and human smuggling confused. A special report by the Immigration and Customs Enforcement (ICE) (2017) indicates that Human trafficking involves exploiting people for forced labor or sexual exploitation, while human smuggling involves providing a service to people who want to enter a foreign country illegally. Trafficking does not require crossing international or state borders. Human trafficking does not require the consent of the victims, while human smuggling does. Trafficking victims may be deceived, coerced, or kidnapped into the situation. Human trafficking can occur within or across borders, while human smuggling is always transnational. Trafficking involves ongoing exploitation at the destination, while smuggling ends upon arrival.

Prevalence of Human Trafficking Victims

Accurately measuring the prevalence of human trafficking is difficult due to cases being underreported and undetected. There is not a centralized database to collect accurate numbers of victims. Many government and non-government agencies use their databases or tracking systems, which leads to both gaps and double counting of identified victims. Although there are gaps in identification, women and children are predominately those who experience human trafficking (Greenbaum, 2014). Research on individuals experiencing trafficking, especially child victims, is limited because of the complexity of identification.

Prevalence data are inconsistent in this population because of (a) the different sex trafficked populations that have been studied, (b) the differing definitions of mental illness, and (c) the variability in the quality of work (Levine, 2017).

The majority of those who are targeted and trafficked are children or adolescents, mainly young girls (Levine, 2017). High levels of psychological stress are associated with neurochemical and structural changes in the brain. This is highly alarming as evidence suggests that young children are extremely vulnerable and susceptible to severe and continuous stress responses and may suffer developmentally because of the trauma to their still-developing brain. This may lead to unresolved issues of trauma and underdevelopment of the brain in the future. The fight for survival as a young child often results in developmental gaps at the stages of development the trauma occurred (Levine, 2017; Palines et al., 2020). There are fundamental developmental stages that help children build self-confidence and trust in their competence that is grossly hindered by trauma and causes uncertainty about survivor's abilities and insecure self-image that will persevere throughout adulthood.

According to Levine (2017), factors that increase a person's vulnerability to being trafficked are insecure attachments, a lack of resources, and a community-wide desensitization to the sexualization of young girls. Children or adolescents who are in unstable home situations (homelessness, runaways, victims of kidnapping, or living in foster care) are also more likely to be trafficked and sexually exploited (Greenbaum, 2014). After exiting trafficking, survivors may still feel as though they are not being heard and are, in fact, being purposefully silenced by their abuser, family, community, and society (Palines et al., 2020). Often, survivors feel a sense of being re-victimized even after they have returned home due to their community's inadequate responses. Survivors report instances such as feeling socially stigmatized, looked down upon, and viewed as sex workers, inhibiting their ability to return safely to their communities (Levine, 2017). Survivors of

sexual abuse will often experience feelings of secretiveness, anger, betrayal of trust, fear, and shame. These feelings may last through adulthood (Cristobal, 2018). Survivors may also be fearful for the safety of themselves and their families, and some may worry about deportation (Enlow, et al., 2013). The traumatic experiences can also affect their memory and ability to recall the details or chronology of events after they are rescued. This dissociation of the mind affects the mind-body relationship, causing survivors to be unable to describe physical sensations and leading to severe psychological disorders (Cristobal, 2018). The shame experienced can keep individuals stuck in the exploitation of human trafficking.

Section 2: Identifying the Warning Signs of Victims of Human Trafficking in Health Care Settings

Section 2 Keywords: vulnerability factors, red flags, culture, diversity, warning signs

Vulnerability Factors

Many factors can make a child or adult vulnerable to human trafficking at the individual, family, community, and societal levels that can lead to exploitation. These can be related to dysfunctions at home, social environment, socioeconomic disparities, past or current crime involvement, and technology factors. According to Polaris (2020), traffickers prey on individuals with health vulnerabilities such as physical disabilities, mental health diagnoses, substance use concerns, or intellectual/developmental disabilities. Childhood abuse or neglect, children in the foster care and juvenile justice systems, runaway and homeless youth, and victims of violence also increase vulnerability to being trafficked. These potential victims

can be targeted due to social and political discrimination, prejudice, and their ability to access their government benefits.

Traffickers may even offer alleged therapeutic care, residential care, or substance use rehab services to entice individuals into exploitation. Recruiters may also target residential drug rehabilitation centers or behavioral and mental health clinics looking for these vulnerable populations. Substance use and existing drug debts are also used to coerce victims into the sex trade or various forms of labor. Being the object of trafficking may become a major theme of the survivor's identity and role in society, resulting in psychological susceptibility to further human trafficking, causing a cycle of abuse and pain (Kometiani & Farmer, 2020).

Cultural Awareness and Diversity Factors

Victims of human trafficking can be anyone. There is no wrong or right type of victim. Individuals can be of any race, color, nationality, disability, religion, age, gender, sexual orientation, gender identity, socioeconomic status, education level, or citizenship status. *The Combating Trafficking in Persons*. (n.d.) identifies associated vulnerabilities with trafficking victims from underserved communities.

- Poverty or economic hardship
- Political instability or armed conflict
- Natural disasters
- Migrant workers
- Undocumented immigrants
- Racial, ethnic, and other minorities, specifically people of color

- American Indians, Alaska Natives, Native Hawaiians, Pacific Islanders, and other Indigenous peoples of North America
- Physical or cognitive disabilities
- Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+) individuals

Warning Signs

A variety of “red flags” can be warning signs or indicators of trafficking. The examples listed here are not a definitive list, nor will every individual present with the same signs. It is encouraged to not look for only the overt physical signs. Some warning signs and symptoms should trigger further concern.

The National Human Trafficking Training and Technical Assistance Center (2022) identifies three types of red flags:

Physical Red Flags

- Untreated or undertreated workplace injuries
- Bruising and burns
- Exposure to toxic chemicals
- Respiratory issues
- Multiple pregnancies/terminations
- Physical impacts of long-term trauma
- Frequent treatment for sexually transmitted infections and injuries
- Physical and sexual abuse
- Communicable and noncommunicable diseases (e.g., TB, hepatitis)

- Substance use
- Dental issues
- Tattoos, burns, or scarring to indicate branding

Behavioral Red Flags

- Confusing or contradicting stories
- Inability to focus or concentrate
- Unaware of location, age, time
- Protects the person who hurt them, minimizes abuse
- Guilt and shame about the experience
- Reserved/avoiding interaction or providing limited information
- Psychological trauma
- Depression and anxiety disorders
- Sexual acting out in children and young adolescents
- Knowledge and behavior outside of the typical range for age
- Fear of appointments taking longer than expected
- Reporting the need to update spouse, friend, or significant other

Environmental Red Flags

- Accompanied by another person who answers for them, preventing them from speaking freely
- Constantly accompanied by a person who will not leave them alone

- In school settings, changes in behavior, students no longer coming to school when they should, wearing the wrong clothing based on the season
- Living at work or living in overcrowded locations
- Not allowed to take adequate breaks, eat, or drink at work
- Recruited for different work than currently doing
- Minors experiencing homelessness and/or not living with relatives or foster parents (i.e., living in a motel, living with non-relatives who are several years older)
- Sexual harassment at work

Healthcare Settings

Many victims will visit different clinical settings during their exploitation. The health consequences can be wide-ranging, including mental health. Acute and chronic medical concerns. Polaris (2020) indicates a provider might encounter a victim anywhere, including:

- Primary Care
- Mental Health
- Reproductive health clinics (OB/GYN)
- Abortion clinics
- Substance use disorder treatment centers
- Detox clinics
- Emergency departments

- Dental offices

Health care facilities are especially important for identifying potential victims of sex trafficking (Levine, 2017) because medical assistance is often necessary to keep a sexually exploited person working. Greenbaum & Bodrick (2017) used cross-sectional emergency room data to identify six key questions to identify a person who is at risk of being sex-trafficked;

1. Is there a previous history of drug and/or alcohol use?
2. Has the youth ever run away from home?
3. Has the youth ever been involved with law enforcement?
4. Has the youth ever broken a bone, had a traumatic loss of consciousness, or sustained a significant wound?
5. Has the youth ever had a sexually transmitted infection?
6. Does the youth have a history of sexual activity with more than 5 partners?

Score: When the patient has four or more positive responses, the positive predictive value for being sexually exploited is 88%, and the negative predictive value is 88% (Greenbaum & Bodrick, 2017).

There are other indicators in a healthcare facility that a person may be being sex trafficked. For example, sex trafficking victims are often accompanied by a female accomplice of the pimp called a “Bottom.” This is to ensure that she does not attempt to escape; the Bottom will control the victim's money and papers. Also, sex trafficked victims can be vulnerable to Stockholm syndrome when they identify romantically with their pimps (Levine, 2017). If a healthcare provider identifies that a patient is being sex trafficked, the patient likely has mental health concerns.

The following general recommendations facilitate the immediate interaction with the victim:

- The victim needs to be separated from an accompanying person (e.g., Bottom, trafficker, or pimp).
- It is important to talk directly to the victim, if necessary, using an interpreter.
- Questions should be asked to ascertain whether the victim is independent (e.g., has self-control over her money, belongings, and identity papers).
- It is important to immediately assess the patient's mental status, particularly with risk for self-harm and physical safety, in order to ascertain the urgency for intervention.
- Protective services and law enforcement should be contacted (if a minor or vulnerable adult only).

Domestic Workers

Polaris (2023) indicates that the nature of the work itself, the economics and demographics of power and powerlessness, and historical and cultural biases all play a role in making domestic workers particularly vulnerable to certain kinds of employment abuse, exploitation, and labor trafficking. In the United States, domestic workers are mostly women and girls ages 13 and 14. As well as a significant number of them are immigrants or foreign-born. United States citizens who are domestic workers are more likely to be older adults and also more likely to be from minority communities. Many domestic workers have low literacy levels and are in situations of recent economic hardship. All of these demographic factors translate into a lack of bargaining power or leverage in the workplace, which in turn translates to vulnerability to exploitation and trafficking. That

vulnerability is exacerbated by the structure of most relationships between employers and domestic workers.

Polaris (2023) indicates that a subset of domestic workers are matched with employers through formal processes via employment agencies and have a more formal relationship as they are actually directly employed by the agency. However, most use informal, word-of-mouth referrals or, increasingly, online channels to promote their services and find employment. That means they likely have little verifiable information about what they are getting into when they choose to work for a particular employer. For domestic workers, sociological and historical factors also play a role.

All of these cultural and historical factors are exacerbated because domestic work, by its very definition, takes place in homes where potential traffickers have every expectation of privacy. Domestic workers rarely have colleagues who share their day-to-day experiences and can corroborate reports of abuse. Nor are there code inspectors or similarly situated government officials who are responsible for ensuring the workplace is adhering to health, safety, and licensing regulations. Additionally, many domestic workers live in the houses of their employers. This creates an environment in which the worker may be isolated and have few opportunities to reach out for help (Polaris, 2023).

The domestic worker is greatly compromised in an environment without clearly delineated job responsibilities. A contract will allow for the specification of the expected assignments for a position. For all the workers, 24 percent reported that they were assigned tasks beyond their verbally agreed upon job description. Among those with a written contract, 19 percent of the workers reported a breach of contract regarding their responsibilities. With the power imbalance existing between domestic workers and their employers, 74 percent reported that they could not decline taking on additional work when told to do so (Polaris, 2023).

Defined job responsibilities serve as guidelines for determining what hours of employment will be required to perform the assignments. For the average domestic worker, the hours of employment are arbitrary, especially in the absence of a contract. Even with contracts, workers reported that the terms regarding hours of work and schedules were violated routinely (Polaris, 2023).

Human Trafficking Versus Labor Exploitation

The Trafficking Victims Protection Act of 2000²⁵ (TVPA) defines labor trafficking as “the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage or slavery. (22 USC§7102)”²⁶ When an individual through any of these actions (induce, recruit, harbor, transport, provide, or obtain) engages a domestic worker for the purpose of (labor or services) but retains them through the means (force, fraud, or coercion), the individual is a labor trafficker, regardless of any other role they hold, and the domestic worker is a labor trafficking victim. A crucial distinction between labor exploitation and labor trafficking is that in a labor exploitation situation, an individual can expect to walk away from a non-ideal work environment without the expectation of undue harm. Studies identify domestic work as a leading venue for labor trafficking, ²⁷ in which the victims are predominantly female

Commercial Sexual Exploitation

Consensual commercial sex is different from sex trafficking. United Against Human Trafficking’s article by Alexander (2020) advises both involve a commercial sex act; however, sex trafficking involves an adult doing so against their will as a result of force, fraud, or coercion, with no element of choice. Consensual commercial sex is also known as “sex work” or “consensual prostitution.” Those providing

commercial sex know they have options, such as the choice to participate or not. They can negotiate terms such as price or receipt of something of value. Able to have choices in participation. Please note that children cannot legally consent to commercial sex acts. Therefore, the elements of force, fraud, or coercion are not required to be present in situations involving children.

Child sex trafficking, sexual abuse, and commercial sexual exploitation of children (CSEC) are considered major public health problems (Greenbaum, 2017). It is a known risk factor that children experiencing sexual abuse or sexual assault are at risk for further exploitation, including child sex trafficking (Franchino-Olsen, 2021). Children can be groomed from a young age by family members, peers, community members, or online predators. Predators use promises of love, money, attention, acceptance, jobs, acting/modeling opportunities, drugs, or other incentives to seduce their targets (Estes & Weiner, 2001).

Potential indicators of CSEC may be associated with the children's presentation, historical factors, or physical findings. Research conducted by Reid et al. (2017) of 913 juvenile justice-involved boys and girls in Florida studied Adverse Childhood Experiences (ACE) composite scores. It identified that 6 ACEs indicative of child maltreatment were more prevalent among children who had human trafficking abuse reports. Sexual abuse was the strongest predictor of human trafficking. The odds of human trafficking were 2.52 times greater for girls who experienced sexual abuse, and there was an 8.21 times greater risk for boys who had histories of sexual abuse. Results found that CSEC can also be a factor that leads to human trafficking exploitation as an adult.

Mental Health Concerns of CSEC

CSEC exposes individuals to a variety of traumatic experiences. Some children may already have mental health concerns prior to their CSEC or trafficking experience

as adults. Several studies found an association between some negative mental health state and later victimization in CSEC and domestic minor sex trafficking (Cole & Sprang, 2015; Reid & Piquero, 2014).

Regardless of age, mental health consequences may include depression with suicide attempts, self-harm, flashbacks, nightmares, insomnia and other sleep problems, anxiety disorders, hypervigilance, self-blame, helplessness, anger and rage control problems, dissociative disorders, posttraumatic stress disorder, and other comorbid conditions. The most common diagnoses for victims of trafficking are PTSD, panic disorder, and major depressive disorder (Oram, 2015). Common feelings that arise are anxiety, guilt, shame, lack of self-worth, feeling trapped, addictive behaviors, anger, inability to love others, irritability, self-mutilation, and loss of faith and religious beliefs (Kometiani & Farmer, 2020). Each of these disorders presents several implications for further research on prevention and treatment to decrease long-term functional impairments. Human trafficking exposes individuals to traumatic experiences where effective interventions are needed for the treatment of trauma symptoms.

Section 3: Developing Protocols in a Health Care Setting

Section 3 keywords: protocols, policies, screening, safety plans, trauma-informed, privacy, HIPAA, mandatory reporting,

Protocols in a Health Care Setting

The worst thing that could happen is for an agency to be ill-prepared when a human trafficking victim presents to an agency for services. It is common for agencies to add to their existing victims of crime protocols or policies. The U.S.

Department of Health and Human Services (HHS), Administration for Children and Families, Office on Trafficking in Persons (OTIP), National Human Trafficking Training and Technical Assistance Center (2018) suggest that agencies create specific internal policies and protocols to guide implementation. Leverage community resources by partnering with other sectors, disciplines, and systems of care. Ensure that policies and procedures include language interpreter services, in addition to other culturally relevant information. Certain aspects of the screening protocol should be adapted to accommodate the particular needs of specific individuals or populations served by the organization. Screeners should remain nonjudgmental and encourage empowerment and autonomy by allowing the client/patient to make their own choices. The HEAL Protocols Initiative fosters collaboration to standardize evidence-based protocols for the identification, care, and referral of survivors of human trafficking in health care settings. They can be accessed at <https://healtrafficking.org/protocols-committee/>. They provide expert guidance and sample protocols for agencies. The following are steps to creating agency protocol:

Step 1: Design human trafficking protocol for healthcare setting:

- a. Meet with the institution's privacy officer to learn your institution's policy for protected health information (PHI), HIPAA, and relevant reporting procedures and documentation germane to human trafficking victims.
- b. Know your state's mandatory reporting requirements. Familiarize yourself with your local human trafficking-trained law enforcement, child protective services, and the other authorities to whom you may be required to report.
- c. Understand the services available to potential victims of trafficking in your area, including shelter, medical care, substance use disorder treatment, and mental health services.

- d. Organize a team of multidisciplinary healthcare and community stakeholders.
- e. Meet with administration and stakeholders to create the protocol. Harmonize the protocol with existing protocols for other forms of interpersonal violence, including child abuse, sexual assault, and domestic violence.

Step 2: Train staff on human trafficking, trauma-informed care, and the protocol; consider simulation cases as part of interactive training.

Step 3: Display posters or public information that will encourage health care professionals' awareness of human trafficking and the presence of the human trafficking protocol.

Step 4: Evaluate and modify the protocol based on data collected, patient outcomes, stakeholder feedback & changes in laws and policies.

Screening for Human Trafficking

There is currently not one universal screening tool for the identification of human trafficking victims in a health care setting. *Treating the Hidden Wounds: Trauma Treatment and Mental Health Recovery for Victims of Human Trafficking (2018)* states that identification is the first and necessary step in assuring victims get the help they need. In some cases, providers may be reluctant to ask sensitive questions early on in the relationship-building process; however, not raising those questions at all can be more detrimental. For victims of sex trafficking, culturally sensitive screening that incorporates multiple references to sexual abuse has been considered beneficial in reframing the abuse and shifting responsibility to the perpetrators. Staff who conduct these screenings will need adequate skills, supervision, and support.

Below are screening tools that have been developed. Please note that some agencies may have developed their own tools that are not listed.

- **Adult Human Trafficking Screening Tool and Guide:** A toolkit and a screening tool to use in identifying adults who you suspect may have experienced sex or labor trafficking. [Adult Human Trafficking Screening Tool and Guide \(hhs.gov\)](https://www.hhs.gov/trafficking/screening-tool-and-guide/)
- **Commercial Sexual Exploitation-Identification Tool (CSE-IT):** The CSE-IT is an identification tool that does not involve structured questioning of clients. Instead, it outlines 48 factors for collecting information and assessing while speaking with the client and accessing other sources of information. It is to be used by a wide range of professionals who work with the youth. <https://www.westcoastcc.org/cse-it/>
- **Human Trafficking and Assessment Measure (HTIAM-14):** The HTIAM-14 is designed for use with youth who are experiencing homelessness. This tool has 14 categories of questions (some with sub-questions) and has been validated in a population of 18–23-year-olds. <https://humantraffickinghotline.org/resources/homelessness-survival-sex-and-human-trafficking-experienced-youth-covenant-house-new-york>
- **Quick Youth Indicators for Trafficking (QYIT):** The QYIT allows social service providers to quickly detect and serve young adults experiencing homelessness who have been victims of labor and/or sex trafficking. <https://www.sciencedirect.com/science/article/pii/S0190740918307540>
- **Short Screen for Child Sex Trafficking (SSCST):** The SSCST is a rapid screen designed for healthcare settings that consists of 6 questions regarding risk factors for commercial sexual exploitation. Youth screening positive are identified as at-risk and the clinician then follows up on the positive

responses with open-ended questions to assess the level of concern for exploitation. The tool has been evaluated with adolescents ages 11-17 years, primarily those born or residing in the U.S., in emergency departments, teen clinics, and child advocacy centers. <https://www.choa.org/-/media/Files/Childrens/medical-services/child-protection/cst-screen-with-explanation-and-criteria.docx?la=en&hash=A9D296796EB81643D5B0E1AACF5FFF0F630F932D>

- **Trafficking Victim Identification Tool (TVIT):** The TVIT has two versions (validated for adults): the 'short' screen with 16 questions and the full version with 39. The English and Spanish versions of the tool can be used by victim service providers and law enforcement when faced with someone who may be a victim of sex and/or labor trafficking. <https://www.vera.org/publications/out-of-the-shadows-identification-of-victims-of-human-trafficking>

Overcoming Language Barriers

It is essential that a trained interpreter should be provided to every victim who does not speak English. The interpreter should also be trained in trauma-informed human trafficking information. The interpreter should be considered "neutral" and not a member of the victim's family or third party. Further guidance on interpreters and overcoming language barriers can be accessed through the Office for Victims of Crime Training and Technical Assistance Center's Human Trafficking Task Force e-guide:

<https://www.ovcttac.gov/taskforceguide/eguide/5-building-strong-cases/53-victim-interview-preparation/working-with-interpreters/>

Supportive Services

According to SAMHSA (2014), individual 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. Trauma is any experience that overwhelms one's ability to cope. It's important to recognize the impact trauma may have on the individuals you work with because the goal is not to re-traumatize.

There are many people who can experience a traumatic event and can continue on with their lives without negative symptoms. There are others who will have more difficulty and experience traumatic stress reactions. Research published in the Resources Specific to Victims of Human Trafficking by the Administration for Children and Families (n.d.) has indicated that with appropriate support and intervention, people can overcome health problems. It occurs because of violence and traumatic experiences, including human trafficking. However, most people are without these services and support. Trauma increases the risk of mental and substance use disorders and chronic diseases. However, service systems are increasing their understanding of the pervasiveness of trauma and its connections to physical and behavioral health and well-being. This propelled a growing number of organizations and service systems to explore ways to make their services more responsive to people who have experienced trauma.

All services should utilize a trauma-informed care approach. The Office for Victims of Crime Training and Technical Assistance Center's Human Trafficking Task Force e-guide (2024) defines trauma-informed services that are delivered with an understanding of the vulnerabilities and experiences of trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others

and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on restoring the survivor's feelings of safety, choice, and control.

The four elements of the trauma-informed approach include:

- **Realizing** the prevalence of trauma.
- **Recognizing** how trauma affects all individuals involved with the program, organization, or system, including its workforce.
- **Responding** by putting this knowledge into practice.
- **Resisting** means to actively seek to resist re-traumatization of victims you serve.

Key Concept: Trauma-informed Care

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

Unfortunately, criminal justice and social services systems can inadvertently re-traumatize.

Key triggers to re-traumatization include:

- Feeling a lack of control
- Experiencing unexpected change
- Feeling threatened or attacked

- Feeling vulnerable or frightened
- Feeling shame

Instead, **trauma-informed responses** should include:

- Feeling empowered and in control
- The feeling of having agency, choice, and collaboration
- Feeling physically safe
- Building trust and transparency
- Releasing shame by providing cultural, linguistic, and gender-appropriate services

Additional training on trauma-informed care can be accessed at [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)

Needs Assessment

Human trafficking victims have a range of needs based on age and circumstances. The Office for Victims of Crime Training and Technical Assistance Center's Human Trafficking Task Force e-guide (2024) identifies that emergency needs should be addressed first, as well as safety planning. The needs assessment is not a static step but rather an ongoing process of engagement. As one set of needs is met, another may be identified.

Needs of victims of human trafficking may include:

- Case management and/or victim advocacy
- Childcare, transportation, and/or public assistance benefits
- Food, clothing, and hygiene items

- Crime victims' rights and benefits
- Cultural and/or religious/spiritual community support
- Dental, medical, substance abuse, and/or mental health care (emergency and long-term)
- Disability assistance
- Education/GED classes or financial literacy
- English as a Second Language (ESL) classes
- Family contact/reunification
- Identification documents
- Job preparation and placement
- Legal representation (immigration, criminal, civil)
- Repatriation assistance (survivors of trafficking who voluntarily wish to return home out of the country)
- Housing (emergency, transitional, permanent)
- Sexual assault or domestic violence services
- Translation and interpretation

Safety Planning

Safety planning can be written in a formal template, or it can just be a verbal discussion. Sometimes, it would be too dangerous to give the victim something in writing. Even providing the National Human Trafficking Hotline number may be too risky. The Office for Victims of Crime Training and Technical Assistance

Center's Human Trafficking Task Force e-guide (2024) states that it is not uncommon for victims to express the desire to return to their trafficker. Discussing a safety plan is even more important in this situation.

The safety and well-being of the victim are the primary concern of the victim service provider. Service providers convey pertinent information to victims so that they can make informed choices about services they wish to obtain, working with law enforcement, legal and immigration remedies, peer support resources, and much more. While respecting the victim's right to make choices about their life, working together with health care or service providers can help ensure that victims make informed decisions. **Remember:** safety should be defined by the victim, with support from the health care or service provider.

The Adult Human Trafficking Screening Tool and Guide (2018) advises that safety planning involves helping individuals anticipate and plan for potentially increasing levels of danger before, during, or after leaving a dangerous situation. A successful safety plan for victims of human trafficking or those at risk will:

- Assess the current risk and identify current and potential safety concerns
- Create strategies for avoiding or reducing the threat of harm
- Outline concrete options for responding when safety is threatened or compromised

Assess the Current Risk

When a high level of perceived danger exists, the referral process may include providing your client/patient with the option of involving law enforcement, relocating to a safe shelter, and/or accessing court advocacy/assistance for pursuing a protective order or other legal remedy. Since client/patient confidentiality is a high priority, law enforcement should only be engaged with the

consent of the client/patient. Identify multiple options to meet the diverse safety needs of your client/patient while you plan your referral process.

Strategies to Reduce the Threat of Harm

Helping a victim of human trafficking or someone at risk of trafficking requires thoughtful planning to keep them from harm. Strategies should be concrete and based on the individual's situation and used at their discretion. A trauma-informed approach means empowering the individual to make their own decisions, including those within a safety plan. While it may be hard to understand, your client/patient may return to the trafficker or to their place of exploitation.

Help your patient/client plan for their safety in this situation:

If their location is unknown to them, help them identify where they are; encourage them to look at their surroundings and addresses on buildings or landmarks if they are unsure where they are staying.

- Develop a strategy to use during violent episodes, and try to avoid “dangerous” rooms (i.e., the kitchen where knives are located or rooms where guns may be held).
- Plan and memorize an escape route. If safe to do so, practice this route and have an alternative plan should the route be blocked.
- Keep copies of any important documents in a safe place, along with any necessities, such as medicine, that they can grab quickly.

Be aware that even after being away from the trafficking situation, an individual may still face real or perceived threats from the trafficker. Individuals with a history of trafficking should also have a safety planning discussion and be provided with information on local and national resources. Do not become frustrated if

your client/patient does not utilize the safety plan. Let your patient/client know that they can return to your program for additional support.

Options for Responding When Safety is Threatened

Providing services to clients/patients comes with some risks to service providers. Human trafficking is a dangerous industry. Traffickers can and do retaliate against those who testify against them.

The International Organization for Migration (2007) provides the following guidelines for ensuring your safety when interacting with clients/patients at risk of or experiencing human trafficking:

- Conducting risk assessments and having a risk management plan is the responsibility of every service delivery organization. The risk assessment should be reviewed on at least a monthly basis or more often in high-risk situations.
- Always alert one other colleague of your location while conducting the screening. Have them check on you periodically.
- If screenings are conducted away from the office, always have two staff members present.
- Always remain aware of your immediate surroundings and situation, particularly when meetings take place at a neutral location.
- Always be aware of who may be within earshot when interviewing a client/patient.
- Use careful techniques when disposing of or filing personal identification information. Never allow confidential data to leave the office, and have

secure mechanisms (passwords, locking file cabinets) available to secure confidential data.

Please note: Be aware of your own safety- do not attempt to confront traffickers who may be accompanying the client. Instead, they report to local police, the National Human Trafficking Hotline (**1-888-373-7888**), or the Department of Homeland Security Tip line (**1-866-347-2423**).

Once a victim has been identified, a mental health plan needs to be formulated. The communication style with the patient must be open, trustworthy, safe, reliable, confidential, consistent, reassuring, knowledgeable, and non-judgmental (Levine, 2017). Early mental health intervention is important as psychiatric issues can be life-threatening (e.g., suicidal ideation). Underlying psychiatric disorders, alcohol and drug abuse need to be treated. In general, medications should be used only for specific psychiatric indications. General health evaluation is necessary, too. This can include gynecological examinations and screening for sexually transmitted diseases (Levine, 2017). The legal (e.g., guardianship) and immigration status of the patient must be established; specific visas exist to protect human trafficking victims. Social workers are critical to help identify the resources for safe housing. These can be commonly found in protected shelters (human trafficking or domestic violence), use of hotel vouchers, or mental health facilities.

Mandatory Reporting

The federal government and each of the 50 United States have different laws regarding mandatory reporting obligations. Sometimes, there is confusion about which patients should or must be reported and to whom vary from state to state and are often not congruent with federal law obligations. In addition, an increasing number of states impose education requirements for health care

providers related to human trafficking. Jones Day, HEAL Trafficking, and the American Hospitals Association compiled a tool that summarizes

applicable laws on the following topics: reporting of child abuse, reporting of sex and/or labor trafficking, and required regulation of anti-trafficking education of health care providers. In the minority of states that require reporting of adult (rather than child) trafficking victims. The tool can be accessed at <https://www.aha.org/guidesreports/2021-01-08-legal-requirements-reporting-and-education-human-trafficking-and-health>

Privacy and Documentation

The Office for Victims of Crime Training and Technical Assistance Center's Human Trafficking Task Force e-guide (2024) indicates that some professionals have hesitated to report potential cases of trafficking due to fears of violating the rules of the Health Insurance Portability and Accountability Act, or HIPAA. HIPAA was written to protect individual confidentiality but was never designed to prevent the reporting of trauma and crimes. The [HIPAA Privacy Rule](#) permits the reporting of injury or abuse if certain conditions are met, including disclosure by [covered entities](#). Further, even where specific permission to report injury or abuse does not apply if an adult authorizes a particular disclosure of information, HIPAA requires only that the disclosure be limited to the terms of the authorization. ***Human trafficking can be reported without divulging individually identifiable information.*** For example, you could report the gender and age of the individual and the type of trafficking but not the date of service.

In addition to HIPAA considerations, you should also take into account your responsibility as a mandated reporter and your obligations to protect individual privacy. Those working with Native communities also need to be aware of tribal, state, and/or federal reporting requirements.

HEAL Trafficking created [Human Trafficking and HIPAA What the Health Care Professional Needs to Know.pdf \(healtrafficking.org\)](#)The health care professional is covered by HIPAA and is permitted to disclose protected health information (PHI) in the case of a suspected human trafficking victim under the following conditions:

1. With the patient's permission or
2. If the patient does not give permission, then reporting is only permitted under specific exclusions or exemptions defined by HIPAA:
 - a. Mandated reporting: HIPAA allows reporting if state law specifically mandates disclosure for suspected trafficking of a minor, such as in Colorado or Massachusetts (see mandatory reporting question) or where human trafficking falls under child abuse-mandated reporting laws. When such reporting is mandated, the reporting must be made only to the legal entity authorized to receive these reports and should include a disclosure of only the information required under mandated reporting laws.
 - b. Imminent danger of patient or staff: The health care professional is directed to make decisions in "good faith" and may disclose PHI when "it is felt to be necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public" ([DHHS, 2013b, p. 94](#)).

Section 4: Treating the Mental Health Needs of Human Trafficking Survivors

Section 4 Keywords: trauma, treatment, mental health, evidenced-based practices, complementary health, peers

Trauma Treatment

There is a big difference between being trauma-informed and a therapist who is trained in trauma, specifically evidenced-based practices. “Trauma-informed care” and “Trauma treatment” are sometimes used interchangeably; both provide care for people exposed to traumatic stress. Trauma-Informed Care and Trauma-Specific Services: A Comprehensive Approach to Trauma Intervention (2014) indicates trauma-specific services are clinical interventions, whereas trauma-informed care addresses organizational culture and practice. Trauma-specific services are clinical interventions that are designed to address trauma-related symptoms and Post Traumatic Stress Disorder (PTSD) directly in individuals and groups. It requires advanced counseling training, and many therapists are trained in evidence-based practices specifically for the treatment of Post Traumatic Stress Disorder. In contrast, trauma-informed care is defined as a universal framework that requires changes to the practices, policies, and culture of an entire organization so that all staff have the awareness, knowledge, and skills needed to support trauma survivors. It incorporates key trauma principles into the organizational culture. This matters because ‘trauma-informed care’ is not treatment but could confuse many because it implies treatment due to the word ‘care.’ Using this term as a broad brush has the potential of misleading some clients into understanding there is a specific trauma treatment involved.

It can be difficult for human trafficking survivors to recognize that they need therapy. Survivors often have difficulty in trusting other people, particularly those who are in positions of authority, such as a therapist. Often, survivors operate in a 'survival mode' to avoid thinking about their past or present situation. Often referenced as "being number," Just like other trauma survivors, many trafficking survivors may find it difficult to talk about their symptoms. The thought that talking about it means they are re-living it. That might happen, and that's where a trained trauma therapist also needs to have training in grounding techniques and to know when to stop processing for that session. It can be many years before survivors are able to talk about their past for them to be able to engage effectively in trauma-focused therapy.

There is not one particular evidence-based trauma treatment for human trafficking survivors. Instead, therapists utilize current evidence-based treatments to address trauma symptoms. In *Treating the Hidden Wounds: Trauma Treatment and Mental Health Recovery for Victims of Human Trafficking* (2018) identifies there is limited availability and access to appropriate mental health services. Issues of affordability and access to services, as well as the responsiveness of those services to the complex needs of survivors, are common issues identified by service providers. Providers uniformly point to access to mental health services as a significant challenge for both international and domestic victims.

For the United States minor victims, barriers to accessing mental health services are linked primarily to the issues of confidentiality and concerns that someone will find out what has happened to them, lack of identification documents, lack of insurance, and system-related jurisdictional issues (*Treating the Hidden Wounds: Trauma Treatment and Mental Health Recovery for Victims of Human Trafficking*, 2018). Requirements to report minors to child protective services, however, do not necessarily result in access to treatment. If a parent or legal guardian does

not inflict the abuse, the case is often seen as outside the jurisdiction of the system. In such cases, the minors fall through the cracks and do not receive the services they need. However, there are still challenges even if a youth has health insurance or is served under the child welfare system. Most providers note that referral sources for mental health treatment or counseling are limited for youth, as well as for adults (Treating the Hidden Wounds: Trauma Treatment and Mental Health Recovery for Victims of Human Trafficking, 2018).

Mak (2023) did a scoping review of psychosocial interventions to improve the mental health of survivors of human trafficking. Their findings were based on several different interventions that drew upon theories of trauma recovery, post-traumatic growth theory, developmental traumatology resilience theory, and positive youth development theory. The following evidenced-based trauma treatments can be effective with survivors of human trafficking.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

The National Therapist Certification Program describes Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. Research shows that Trauma-Focused Cognitive Behavioral Therapy successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple, and complex trauma experiences. Trauma-Focused Cognitive Behavioral Therapy is a psychosocial treatment of 8–24 sessions designed to treat PTSD and related emotional and behavioral problems in children and adolescents. Additional training on Trauma-Focused Cognitive Behavioral Therapy can be found at www.tfcbt.org. There have been studies (Mak, 2023) that indicate that TF-CBT is therapeutic with youth victims of human trafficking.

Cognitive Processing Therapy (CPT)

The Department of Veteran Affairs (2023) describes Cognitive Processing Therapy as an adaptation of the evidence-based therapy known as cognitive behavioral therapy (CBT) used by clinicians to help clients explore recovery from Post Traumatic Stress Disorder and related conditions. Cognitive Processing Therapy is a manualized, 12-session cognitive behavioral treatment for Post Traumatic Stress Disorder that offers an alternative to purely exposure-based interventions. To date, there have not been any studies conducted related to Cognitive Processing Therapy with human trafficking victims. Additional training on Cognitive Processing Therapy can be accessed at https://www.ptsd.va.gov/professional/continuing_ed/cognitive_processing_therapy101.asp.

Present-Centered Therapy

The Center for Deployment Psychology (2024) describes Present-Centered Therapy (PCT) as a time-limited treatment for Post Traumatic Stress Disorder that focuses on increasing adaptive responses to current life stressors and difficulties that are directly or indirectly related to trauma or Post Traumatic Stress Disorder symptoms. PCT is facilitated by psychoeducation about Post Traumatic Stress Disorder symptoms and an emphasis on identifying how these symptoms may influence and/or interact with current emotions and difficulties. Present-Centered Therapy also encourages problem-solving, helping the patient to articulate the nature of the problem and to think about ways of responding. As part of this process, Present-Centered Therapy relies heavily on engaging the patient's strengths and prior experiences. To date, there have not been studies conducted related to Presented-Centered Therapy with human trafficking victims. Additional training on Present-Centered Therapy can be accessed at <https://deploymentpsych.org/Present-Centered-Therapy-Archive>.

Mindfulness-Based Stress Reduction (MBSR)

The Department of Veteran Affairs (2023) describes Mindfulness-Based Stress Reduction (M.B.S.R.) as a 9-lesson evidence-based program offering secular, intensive mindfulness training to assist people with stress, anxiety, depression, and pain. Mindfulness training is a practical approach that trains attention, allowing people to cultivate awareness and to have more choices. Mindfulness-Based Stress Reduction training uses a combination of mindfulness meditation, body awareness, yoga, and exploration of patterns of behavior, thinking, feeling, and action. Mindfulness can be understood as the non-judgmental acceptance and “open-hearted” investigation of present-moment experiences. Mindfulness-Based Stress Reduction training includes awareness of body sensations, internal mental states, thoughts, emotions, impulses, and memories. Additional training on Mindfulness-Based Stress Reduction can be accessed at https://www.mindfulleader.org/mbsr-training?msclkid=1ff24f43baf01c14b273293b9a7d1d23&utm_source=bing&utm_medium=cpc&utm_campaign=S%20%7C%20MBSR%20Training&utm_term=mindfulness%20based%20stress%20reduction%20program&utm_content=mbsr%20program.

Eye Movement Desensitization and Reprocessing Therapy (EMDR)

Eye Movement Desensitization and Reprocessing therapy is an evidence-based approach to the treatment of Post Traumatic Stress Disorder and many other presenting problems like depression and anxiety (Shapiro, 2014). It combines imaginal exposure, cognitive reframing, and bilateral stimulation (BLS) through rapid eye movements. Shapiro (1989) originally developed a standard procedure that she called Eye Movement Desensitization to treat traumatic memories in adults with Post Traumatic Stress Disorder. In 1991, she changed the name to Eye Movement Desensitization and Reprocessing (EMDR) to reflect the insights and cognitive changes that occurred during treatment and to identify the information

processing theory that she developed to explain the treatment effects. Additional training on EMDR can be found at <https://www.emdria.org/emdr-training/>

Eye Movement Desensitization and Reprocessing Therapy (EMDR) and human trafficking

The works of Greenwald (2004), Lovett (1999), and Tinker (1999) introduced EMDR treatment for children during psychotherapy. There is limited research on EMDR with children who have experienced human trafficking. In a scoping review of the literature, there do not appear to be any studies specifically addressing the effectiveness of utilizing virtual EMDR with children who have experienced human trafficking. Authors Oren and Meignant (2022), in their book *Advances in Online Therapy*, recommend the use of online EMDR therapy to follow the standard EMDR therapy protocol with all clients (children, adults, ongoing clients, or new clients) who are appropriately assessed. They conclude that online EMDR therapy is as effective as in-person EMDR therapy.

Identifying the treatment options for children and adults who have experienced human trafficking requires an in-depth understanding of the complex symptoms of Post Traumatic Stress Disorder. Virtual options for treatment should remain available to meet the needs of the victims. Exploring the efficacy of face-to-face vs. virtual treatment modality is needed.

Mobile Applications for the application of EMDR

Eye Movement Desensitization and Reprocessing Therapy have been associated with technology since its earliest description as a behavioral technique (Shapiro, 1989). Various devices, including mobile applications (apps), have been created to assist with bilateral saccadic eye movements. Mobile apps have also been developed to complete EMDR online. However, once the app is open to public use, there are concerns related to the lack of regulatory guidelines and safety and

outside the scope of protections from the Health Insurance Portability and Accountability Act (HIPAA).

Marotta-Walters et al. (2018) did a scoping review of mobile applications for facilitating EMDR treatment. They evaluated 12 apps to determine their purpose, potential benefits, and risks when used by clients and/or clinicians. In addition, the Eye Movement Desensitization and Reprocessing Therapy International Association (EMDRIA) Board of Directors created a task force and published a report (2020) that specifically addresses professional practice and guidelines, ethical considerations, and overarching issues for EMDR therapy delivered by virtual means. The task group has found no research to support or refute the efficacy of EMDR therapy through virtual means.

Training is needed to increase awareness and to ensure the mental health needs of those who have experienced human trafficking are met. Advanced training in treatment options for those experiencing human trafficking is essential. EMDR should only be conducted by professionals who have received accredited EMDR therapy training with suggested additional training in EMDR delivered via telehealth. Develop telehealth safety features to mitigate risk and address crises during sessions. Despite having a structured protocol, EMDR therapy remains a highly relational process. This is essential, especially when developing trust with survivors of human trafficking. It is important to consider other psychotherapies and treatment needs based on the individual survivor. Physical and psychological stabilization must take place prior to EMDR. Stabilization resources can include addressing basic needs like health and housing, as well as medical care, including detox from substance use. Psychological stabilization might include a phased approach to treatment prior to starting EMDR therapy. Other evidence-based practices for the treatment of trauma should be considered as an alternative to manage symptoms effectively.

Treating the Hidden Wounds: Trauma Treatment and Mental Health Recovery for Victims of Human Trafficking (2018) identifies key characteristics of a skilled social worker working with trauma survivors:

- Understands that certain survivor behaviors are a response to trauma;
- Is knowledgeable regarding the mental health [and substance abuse] effects of violence and, in particular, sexual violence;
- Is skilled and knowledgeable regarding trauma and trauma treatment;
- Is able to provide culturally competent services and seeks supervision regarding cultural issues;
- Is responsive to emergency mental health issues of clients

Measurements

The National Center for PTSD's Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) for adults and the children version (CAPS-CA-5) can be administered (Weathers, Blake, et al., 2013) to determine the diagnosis of PTSD. The scale measures the 20 *DSM-5* PTSD symptoms. It targets the onset and duration of symptoms, subjective distress, and the impact of symptoms on social and occupational functioning. Additional measurements can be used at baseline depending on the symptoms that were reported. Including the Generalized Anxiety Disorder 7-item (GAD-7), Mood Disorder Questionnaire (MDQ), Patient Health Questionnaire 9 (PHQ-9), and the Dissociative Experiences Scale – II.

The self-reported PTSD Checklist for DSM-5, the PCL-5 (Weathers, Litz, et al., 2013), is a 20-question Likert scale that is the primary measurement used in different research studies. Participants will respond to each of the measures in which they were bothered by each symptom described in a single-item question

used as a 5-point Likert scale (0= “not at all” to 4=“extremely”). Symptom changes and improvements in psychosocial functioning can be assessed through pre- and post-assessments or other evidenced-based measurements.

Complementary and Integrative Health Practices

The Department of Veteran Affairs (2023) recognizes the use of complementary and integrative health (CIH) practices is widespread for the management of mental health problems, including post-traumatic stress disorder (PTSD). In the United States, complementary and integrative health practices refer to health care that brings conventional and complementary practices together in a coordinated way, emphasizing the treatment of the whole person. The term "complementary" refers to the application of non-conventional techniques in combination with conventional approaches. Some individuals choose exclusively nonconventional or "alternative" strategies for managing their PTSD symptoms.

Acupuncture

The Department of Veteran Affairs (2023) identifies acupuncture as a technique that is part of a larger system of care often referred to as Traditional Chinese Medicine. The Huangdi Neijing, also known as the Yellow Emperor’s Inner Classic, dates to approximately the second century BCE and is one of the oldest known medical texts with references to acupuncture. Trained practitioners stimulate specific points on the body, commonly by inserting thin needles into the skin with the intention of restoring and balancing the qi or energy of the mind and body and promoting health. It instructs that the techniques of acupuncture are a practice in which needles are applied to the skin by a trained practitioner for therapeutic effects. Some states, including Michigan and Florida, have now required licensed Acupuncturists to receive continuing education training as part of their license renewal requirements. According to Mak (2023), different

outpatient and residential treatment programs for human trafficking victims have included acupuncture practice in their rehabilitation programs. In a review of standards, there are multiple agencies that offer training in acupuncture. Each state has its own license or certification requirements. Additional information can be located at <https://www.nccaom.org/certification/becoming-certified/>

Transcendental Meditation (TM®)

Transcendental Meditation is a universal technique. Transcendental Meditation for Women (2024) describes during the Transcendental Meditation technique, the mind and body gain deep, restorative rest and a much deeper than ordinary relaxation. This is indicated by indicators, including reduced cortisol and plasma lactate. These are major indicators of stress. The healing rest gained in each sitting of the Transcendental Meditation technique allows emotional, mental, and physical stress to wash away and improve overall health, well-being, and behavior. Transcendental Meditation involves focusing on a silently used sound called a mantra and is practiced for 15-20 minutes twice per day.

More than 400 peer-reviewed studies and scientific reviews have shown that regular transcendental meditation practice leads to a wide range of personal benefits such as decreased anxiety and depression, improved memory and clearer thinking, reduced high blood pressure, decreased illness, longer lifespan, and more harmonious relationships (Transcendental Meditation for Women, 2024). Additional training can be found at [TM Women | Transcendental Meditation for Women \(tm-women.org\)](https://tm-women.org). This is an organization that specializes in offering Transcendental Meditation to women and girls and has worked with trauma survivors, including human trafficking victims.

Trauma-Informed Mindfulness

Withers (2024) describes trauma-informed mindfulness as a tailored mindfulness practice that takes into consideration the unique needs of trauma survivors who may have difficulty practicing meditation because of triggers like certain sounds, smells, or emotions. Traditional mindfulness practices can sometimes actually leave trauma survivors feeling overwhelmed and distressed, even exacerbating some symptoms. In meditation, for example, the breath is usually a common point from which to start to stabilize the mind, as it is connected to the sympathetic nervous system. However, for trauma survivors, focusing on their breath may be triggering. Trauma-informed mindfulness equips survivors with the ability to face difficult experiences through techniques such as grounding, anchoring, and self-regulation techniques. Survivors feel more power and control over their bodies by learning to be more aware of their physical responses to triggers. In addition to meditation, other mindfulness techniques can include observing objects, colors, or the space around them and listening attentively to music. Additional training can be located at <https://www.health.harvard.edu/mind-and-mood/positive-psychology-harnessing-the-power-of-happiness-mindfulness-and-inner-strength>

Yoga

Yoga involves a set of physical, mental, and spiritual practices to create a connection between mind and body. In the U.S., practices vary greatly in terms of the degree of emphasis on each of these components. Strategies, such as the use of invitational language and the absence of hands-on adjustments, have been developed to improve the experience of those with exposure to trauma (Department of Veteran Affairs, 2023).

There is limited research into the practice of yoga benefiting in the recovery of trauma specific to human trafficking victims. Instead, different yoga teachers have

become certified in trauma-informed yoga and educated on specifics to the healing of those who have experienced human trafficking.

Withers (2024) references trauma-informed yoga as a tailored approach that differs from typical yoga by focusing on the feeling of embodiment when practicing poses rather than the technicality of the poses themselves. Practicing certain yoga poses can be triggering for survivors of physical trauma, specifically sexual trauma. But over time, feeling a sense of grounding to help trauma survivors connect with their body and mind can be very powerful in helping survivors reclaim agency and control over their bodies. When trauma survivors live in a chronic “fight, flight, or freeze” state, it can interfere with the body’s ability to restore a calm state of balance. Trauma-informed yoga aims to activate the parasympathetic nervous system, which is responsible for the body’s rest and relaxation response.

Equine Therapy

Arabi (2022) indicates that equine-assisted psychotherapy is a form of therapy that incorporates horses. It is an experiential treatment where participants partner with horses in mental health treatment. A licensed mental health therapist and an equine specialist collaborate to supervise and lead these sessions. According to researchers, the most standardized approach by the Equine Assisted Growth and Learning Association focuses on unmounted, on-the-ground activities, which do not usually include horse riding. There are certified therapists who utilize equine therapy with survivors of human trafficking, domestic violence, and sexual assault. For additional training or to locate an equine-assisted psychotherapy program, you can review the Equine Assisted Growth and Learning Association: <https://www.eagala.org/>

Expressive Arts Through Dance and Movement Therapy

The American Dance Therapy Association (2018) describes dance/movement therapy as the psychotherapeutic use of movement as a process that furthers the individual's emotional, cognitive, physical, and social integration. Dance/movement therapy is a unique form of therapy because it places the integration of the body into psychotherapy at the forefront. Fewer studies have been conducted involving the use of dance/movement therapy with survivors of trafficking. dance/movement therapy is vital to treatment because of its focus on integrating the body with the mind.

Expressive Arts Through Art Therapy

Liu et al. (2021) define art therapy as a comprehensive treatment that uses psychotherapy and artistic creation processes, such as drama, music, dance movements, and drawing, to promote health and well-being. In addition, art therapy is a non-verbal intervention that can aid mental disorders affecting people across all ages through the intermediary of art. As an expression therapy, it can bring many benefits, such as encouraging communication and expressing emotions, promoting emotional catharsis and experiencing positive emotions, increasing positive behaviors, and improving the quality of life of patients and their self-esteem. The art creation process of art therapy provides a medium through which different realities, attitudes, and feelings can be expressed, examined, and tried. It enables individuals to use art to express themselves creatively.

Kometiani (2020), in their book, *Art Therapy Treatment with Sex Trafficking Survivors*, explains that art therapy facilitates emotional catharsis, a personal sense of worth and empowerment through making choices; supports connection to others and the inner self; resolves trauma, grief, and shame; and provides hope for the future and recovery. Art therapy is an effective, engaging, and non-verbal

treatment to provide healing support to sex trafficking survivors and for the advocates who work with them.

Peer Models and Survivor-centered Services

Treating the Hidden Wounds: Trauma Treatment and Mental Health Recovery for Victims of Human Trafficking (2018) advises that given the challenges for trafficking victims in developing trusting relationships with professionals, there was a wide acceptance among providers that successful programs need to incorporate peer-to-peer counseling and support among their core components. Particularly for victims of human trafficking, where shame promotes secrecy, individuals can be most comfortable with peers who understand and have lived their own struggles. Both service providers and victims highlight the critical importance of non-judgmental, empathic peer support that allows trauma victims to successfully make the transition to a new life. Furthermore, peer-led services can reduce or remove the cultural and language barriers that can get in the way of successful recovery. Structured peer support additionally offers the opportunity for survivors to develop a new identity as valued and responsible members of a community.

Multiple agencies have started developing programs for victims of human trafficking that engage survivors in services. This includes peer counselors assisting in program decision-making, development of agency protocols, peers providing group mentoring, and support group leaders. Peers are often individuals who graduated from the program. Interviews with survivors suggest that, when they are ready, involving them in the care of others can be beneficial to both the survivors and the victims they work with. Other programs have formed communities of survivors to serve as peer groups to assist other victims in rebuilding their sense of personal efficacy. Part of the success of these groups

involves allowing the victims to set the agenda for meetings and focus on what is most important to them, which has included computer training, language classes, ethnic celebrations, and writing plays about their experiences (Treating the Hidden Wounds: Trauma Treatment and Mental Health Recovery for Victims of Human Trafficking 2018).

Section 5: Ethics, Legal Needs, and Prevention Services

Section 5 Keywords: ethics, research, legal, law, prevention

Need for Further Research and Ethics

Survivors of human trafficking can live in a persistent state of feeling of no power and control over their lives. They may constantly struggle to feel safe or secure. Many authors have indicated that even though survivors undergo so much suffering and hopelessness, there are few sufficient methods in place to help them recover and heal (Kometiani & Farmer, 2020). Those who survive sex and labor trafficking are already victims of coercion and may present as an ethical issue. Thus, obtaining informed consent is especially complex. Clinical trials are needed to understand how best to treat mental illness in human trafficking victims.

Related to research ethics, victims who are currently being exploited there will need to make a declaration of intent to withdraw the research subject from human trafficking. It is important to avoid, in the research process, re-stigmatizing a person as a victim of sex trafficking, labor trafficking, or prostitution. Caution is necessary to prevent coercing survivors to engage in consent. When a health worker asks a survivor to participate in a research project, it is difficult to avoid a

sense of implicit coercion (Levine, 2017). There is limited research on EMDR with children who have experienced human trafficking. In a scoping review of the literature, there do not appear to be any studies specifically addressing the effectiveness of utilizing virtual EMDR with children who have experienced human trafficking. Unfortunately, very few evidence-based treatment programs are effective, grounded in research, and replicable.

Ethical Language Use

The Office for Victims of Crime Training and Technical Assistance Center's Human Trafficking Task Force e-guide (2024) encourages ethical use of language when talking to those who have experienced human trafficking. Terms within the sex trafficking arena are loaded; "prostitutes," "commercially sexually exploited," and a variety of other terms have different connotations, and the use of one over another can either help build rapport or create barriers in establishing rapport with a potential victim. Likewise, references to "slavery" or the term "human trafficking" itself should be used with caution. The word "trafficking" unfortunately implies movement, which is not an element of most human trafficking offenses. The word "slavery" often conjures up images of physical rather than psychological restraints, and physical control may or may not be a part of the prosecutor's evidence (e.g., the offenders did not use "chains" to control their victims). Accurately describing acts and language describing these acts matters in human trafficking cases when attempting to prosecute a trafficker. The use of trauma-informed language is critical, and it is encouraged to ask the trafficking victim how they would like to be addressed. It is also important to mirror the language used.

Legal Needs

The Office for Victims of Crime Training and Technical Assistance Center's Human Trafficking Task Force e-guide (2024) advises that the Victims of Crime Act (VOCA) [crime victim compensation](#) programs are available in every state and territory and reimburse victims for such crime-related expenses as medical costs, mental health counseling, funeral and burial costs, and lost wages or loss of support. Both U.S. citizens/legal permanent residents and foreign national victims are eligible; however, there are limitations based on residency, reporting of the crime, and time elapsed since the crime occurred.

The Office for Victims of Crime Training and Technical Assistance Center's Human Trafficking Task Force e-guide (2024) further indicates that federal victims' rights laws, most state victims' rights laws, and Constitutional rights allow for victims to be represented by an attorney. Many victims will have civil or immigration attorneys who will ask to be present at the victim interviews. Victims' attorneys and law enforcement should work together so that information can be gathered from the victim in an appropriate way. Investigators and prosecutors should know the respective state and federal rules on victims' rights. When actions are subsequently filed in other parallel criminal, civil, immigration, family law, and other legal proceedings, this information can be consistent and will not impeach the victim's credibility nor impact the integrity of the criminal case.

The Office for Victims of Crime Training and Technical Assistance Center's Human Trafficking Task Force e-guide (2024) recognizes that victim's fear of law enforcement is common because many foreign national and U.S. citizen victims may have had negative experiences with law enforcement and consequently are afraid to trust and cooperate with them. Moreover, traffickers often use the fear of law enforcement to control victims, setting up law enforcement as the adversary.

Prevention

Prevention of human trafficking starts in childhood. According to Estes R., & Weiner N., (2001) efforts at protecting children from sexual exploitation must emphasize prevention as the first priority.

Recommendations:

- A lead Federal agency, or consortium of such agencies, be given primary responsibility for protecting children from the sexual exploitation of children;
- Sexually offending adults and juveniles must be given the unequivocal message that “it is not okay” to sexually molest children;
- Children must be empowered to report incidents of illicit sexual contact to law enforcement and human service authorities;
- Local and state human service and law enforcement agencies must have access to the resources needed to investigate fully all reported cases of child sexual abuse and child sexual assault;
- Local and state human service and law enforcement agencies must have access to the resources needed to adequately supervise all cases of substantiated or indicated child sexual abuse over the long term;
- Local and state human service and law enforcement agencies must have the resources needed to assist runaway, throwaway, and homeless youth from becoming victims of child sexual exploitation;
- Local and state human service and law enforcement agencies must have access to resources needed to serve transient runaway and homeless youth who enter their communities;

- States and other jurisdictions must have access to the resources needed to cooperate fully with one another in monitoring the presence, location, and activities of convicted child sexual offenders;
- Parents, schools, child advocacy organizations, and youth groups need to work together in developing and disseminating messages related to the protection of children from sexual exploitation;
- Public media, but especially television networks and the movie and music industries, share a heavy responsibility for disseminating age-appropriate and accurate messages concerning the nature, extent, and seriousness of child sexual exploitation in contemporary American society.

Prevention efforts have started with addressing the porn industry and other public media areas that target vulnerable children. Polaris (2023) compiled population-specific prevention tips for homeless youth and the LGBTQ+ community. The following recommendations are prevention advocacy steps for homeless youth:

- **Improve access to social and community services**

Vulnerable youth, including immigrant youth, face significant barriers to achieving stable housing. This could be because they are recently out of the foster or criminal justice system, do not speak English, lack a strong familial or social network, or are discriminated against by landlords. To reduce their vulnerability, access to strong community services such as housing placement assistance, financial education, and employment assistance is needed.

- **Improve supply, access to, and quality of current housing**

There is not enough emergency or affordable housing to serve the community. In addition to creating new housing, relaxed leasing requirements, such as only having to prove income and not immigration

status or credit score, can help vulnerable youth achieve housing stability. For youth coming out of the foster care or juvenile justice system, improved access to and quality of follow-on services that provide employment coaching and housing guidance are also important to gaining stability.

- **Pass stronger legislation that protects families and youth**

Stronger legislation such as anti-discrimination policies, eviction moratoriums, rent control, and just cause eviction policies will help families and youth achieve housing instability. Housing and leasing laws can be improved to prioritize the health and safety of children and families, not landlords

The following recommendations are prevention advocacy steps for the LGBTQ+ community:

- **Build an LGBTQ+ center or organization in your community**

This center should include employment services, such as assistance for skills development and job placement, and legal services with emphasis on housing and employment law, and legal services for immigrants. The center should be trauma-informed about the LGBTQ+ unique needs and educated on human trafficking.

- **Revamp and expand current housing services**

There may be section 8 voucher programs in the state. These can be made more secure by shifting the existing motel options to accommodations that are in safer locations. Expansion of housing programs, such as tiny house communities or housing conversion, could also greatly benefit larger cities with a strong LGBTQ+ community.

- **Improve and expand education resources for LGBTQ+ youth**

Encourage area high schools to have sex education classes with curriculums that include training on healthy sexual relationships, setting boundaries, red flags in conversations, and recognizing trafficking. Resources should include counseling services, which should be provided by therapists who have training and expertise in serving the LGBTQIA+ community needs, as well as staff educated in human trafficking awareness and prevention.

Preventing abuse, exploitation, and trafficking and creating a culture in which domestic workers are paid an adequate wage for the work that they do, work in a safe and healthy environment, have easily accessible recourse should something go wrong, and are treated with the respect they deserve for doing jobs that have significant economic value and inherent dignity.

Section 6: Local and National Community Resources for Supporting and Reporting the Suspected Victims of Human Trafficking

Section 6 keywords: resources, reporting

- For local referrals, call or review the website of the [National Human Trafficking Resource Center](#). The hotline is a multilingual, toll-free, 24-hour anti-trafficking hotline at **888-373-7888**.
- Direct referrals or signs can also be made to [Polaris](#) via text message to **BeFree (233733)**.
- Futures Without Violence's [Compendium of State Statutes and Policies on Domestic Violence and Health Care](#) that includes state-specific requirements.

- VictimLaw's [searchable database](#) of victims' rights legal provisions includes federal, state, and territorial statutes. It also has tribal laws, state constitutional amendments, court rules, administrative code provisions, and summaries of related court decisions and attorney general opinions.

Conclusion

Human trafficking victims suffer from a complex variety of physical, mental health, and social issues that require social workers to not only engage the individual in treatment but also to act as an advocate within the community. The numerous concerns faced by human trafficking survivors range from navigating the legal system, coping with physical and emotional trauma, addressing substance abuse, addressing family and stigma, and the ability to reintegrate into daily work and life. Human trafficking victims have wide-ranging needs but might find it difficult to accept help based on fears installed by their traffickers. Social workers providing services to a human trafficking survivor should develop wide-ranging resources of assessments, treatment, case management, support, advocacy, and referrals. Social workers need to consider recovery as an extensive process that should focus not just on mental health treatment but also on physical health, basic needs, and career support. This requires social workers to have advanced human trafficking knowledge in the recovery process. Focusing on the human trafficking survivor's strengths allows them to identify their own qualities of self-protection and resiliency. This, in return, empowers their recovery process. This empowerment also acknowledges the need for human trafficking survivors to have ongoing access to support networks and resources to facilitate long-term recovery.

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