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# CORE COMPETENCIES FOR HUMAN TRAFFICKING RESPONSE IN HEALTH CARE AND BEHAVIORAL HEALTH SYSTEMS

National Human Trafficking Training
and Technical Assistance Center

ADMINISTRATION FOR CHILDREN & FAMILIES
Office on Trafficking in Persons

NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER

International Centre FOR MISSING & EXPLOITED CHILDREN

National Association of Pediatric Nurse Practitioners℠

HEAL TRAFFICKING

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**Dear Health Care and Behavioral Health Practitioners,**

Three years ago, we identified the need to develop a set of core competencies to help guide health systems to more adequately support individuals who may be at risk of trafficking or individuals who have experienced trafficking. At that time, we never imagined publishing these core competencies during a pandemic. Although the complexities and challenges in health systems across the world are greater than ever, we believe these core competencies could not be more timely. In fact, the pandemic may cause even greater risk to individuals who are already at risk of trafficking or to individuals who have experienced trafficking.

As we describe in these core competencies, these individuals may also experience other types of victimization, making it even more critical that our health systems are appropriately responding to this population's potential needs. We've outlined in detail which actions individuals, organizations, researchers, and educators need to take to provide these individuals with proper care and attention. To increase the feasibility and implementation of these core competencies, we:

- **Used a comprehensive approach**—standardizing necessary skills and providing an aspirational framework for institutions, systems, and individuals
- **Focused on trauma-informed care**—including the explicit discussion of disclosure not being the primary goal
- **Organized information by competencies and group**—separating out information by main and core competencies, along with information for each group (organization, individual, researcher, education)
- **Tailored content to those with baseline knowledge**—defining the baseline knowledge all providers should have and presenting it in a way that is relevant for a broad population of exploited and victimized groups

We recognize the variation across health systems, including size, staffing, and resources, and we recommend that each organization reflects on the following while reviewing the core competencies:

- **Levels of investment.** The implementation process is different with each health system, and those in charge of implementation should identify ways to address leadership buy-in, resources allocation/funding, and bandwidth (especially during a pandemic).
- **Resource capacity.** The competencies are robust, and each health system should determine if its organization can implement all of the competencies or if it should take a tiered adaptation approach.
- **Current staff knowledge.** While we expect providers to understand the main concepts presented throughout these core competencies, some terms may be unfamiliar (such as trauma informed and survivor informed) or suggest a need for additional training on related or overlapping issues (such as complex trauma, LGBTQ+ health care needs, motivational interviewing, domestic violence, intimate partner violence, and commercial sexual exploitation of children).

We are grateful to share this resource with you and look forward to seeing the positive progress our collective health system continues to make in service of individuals who have experienced trafficking or individuals who are at risk of trafficking. Please reach out with any questions. Thank you for your support.

In partnership,

U.S. Department of Health and Human Services, Office on Trafficking in Persons
U.S. Department of Health and Human Services, SOAR Coordinating Group
HEAL Trafficking
International Centre for Missing & Exploited Children
National Association of Pediatric Nurse Practitioners
National Human Trafficking Training and Technical Assistance Center

# EXECUTIVE SUMMARY

The U.S. Department of Health and Human Services (HHS) Office on Trafficking in Persons (OTIP) and the SOAR Coordinating Group, HEAL Trafficking (HEAL), the National Association of Pediatric Nurse Practitioners (NAPNAP), and the International Centre for Missing & Exploited Children (ICMEC) collaborated to develop core competencies for health care and behavioral health practitioners (HCPs) in human trafficking identification, response, and service provision that is grounded in a public health approach. OTIP funded the National Human Trafficking Training and Technical Assistance Center (NHTTAC) to facilitate and contribute to the collaborative development process of these core competencies designed to improve outcomes for individuals who have experienced trafficking and individuals who are at risk of trafficking. Through empowering health and behavioral health systems, the competencies support a transformation of these systems, using an effective, evidence-based, trauma-informed, and culturally responsive approach to trafficking.

These core competencies pinpoint skill sets HCPs should acquire to identify, respond to, and serve individuals who have experienced trafficking and individuals who are at risk of trafficking. These core competencies will also help NHTTAC identify gaps in knowledge or skills in the field and provide applicable and relevant training and technical assistance in those areas. The competencies rely on empirical and applied research and the knowledge and expertise of OTIP, the SOAR Coordinating Group, HEAL, ICMEC, NAPNAP, and experts with lived experience in human trafficking.

The core competencies for human trafficking should be integrated systemically across health care and behavioral health systems and are directed toward four distinct, yet potentially overlapping groups, including:

- **Individuals:** All health care and behavioral health professionals
- **Organizations:** All health care organizations, facilities, clinics, practices, offices, and institutions
- **Researchers:** All academic scholars engaged in research on trafficking, including those who work in evidence-based quality improvement
- **Educators:** All those who educate HCPs

Successful adoption of these core competencies at the organizational level will most likely require:

- Leadership buy-in, dissemination, and commitment to funding
- A diverse and inclusive task force that involves staff and experts with lived experience to develop an implementation plan
- A systemwide approach and workforce development planning
- Curricular development and training delivery
- Integration of the competencies into job descriptions, role responsibilities, policies, and procedures
- Supervision, assessment, monitoring, and evaluation of implementation

**Six core competencies and one universal competency to guide the subsequent competencies are detailed at length in this report:**

| | |
|---|---|
| UNIVERSAL COMPETENCY<br>**TRAUMA-INFORMED APPROACH** | Use a trauma- and survivor-informed, culturally responsive approach |
| COMPETENCY 1<br>**NATURE AND EPIDEMIOLOGY** | Understand the nature and epidemiology of trafficking. |
| COMPETENCY 2<br>**RISK** | Evaluate and identify the risk of trafficking. |
| COMPETENCY 3<br>**NEEDS EVALUATION** | Evaluate the needs of individuals who have experienced trafficking or individuals who are at risk of trafficking. |
| COMPETENCY 4<br>**PATIENT-CENTERED CARE** | Provide patient-centered care. |
| COMPETENCY 5<br>**LEGAL/ETHICAL STANDARDS** | Use legal and ethical standards. |
| COMPETENCY 6<br>**PREVENTION** | Integrate trafficking prevention strategies into clinical practice and systems of care. |

Every member of the organization (HCPs, case managers, leadership, front office staff, security, etc.) plays a role in responding to and actively advocating on behalf of individuals who have experienced trafficking and individuals who are at risk of trafficking. HCPs, organizations, researchers, and educators are encouraged to promote the adoption of these core competencies in their own practices and institutions as well as nationally.

# INTRODUCTION

The U.S. Department of Health and Human Services (HHS) Office on Trafficking in Persons (OTIP) and the SOAR Coordinating Group, HEAL Trafficking (HEAL), the National Association of Pediatric Nurse Practitioners (NAPNAP), and the International Centre for Missing & Exploited Children (ICMEC) collaborated to develop core competencies for health care and behavioral health practitioners (HCPs) in human trafficking identification, response, and service provision that is grounded in a public health approach. OTIP funded the National Human Trafficking Training and Technical Assistance Center (NHTTAC) to facilitate and contribute to the collaborative development process of these core competencies designed to improve outcomes for individuals who have experienced trafficking and individuals who are at risk of trafficking. Through empowering health and behavioral health systems, the competencies support a transformation of these systems, using an effective, evidence-based, trauma-informed, and culturally responsive approach to trafficking.

## Goals of Human Trafficking Core Competencies

The goal of the core competencies is to clarify the skill sets needed for HCPs to identify, respond to, and serve individuals who have experienced trafficking and individuals who are at risk of trafficking with trauma-informed, culturally responsive, and patient-centered principles. These core competencies are designed to help HCPs and organizations in the identification, response, and provision of services to potential and identified individuals who have experienced trafficking and at-risk populations through diverse partnerships, delivery of specialized training and resources, and rigorous training evaluation.

## Vision Statement

To improve outcomes for individuals who have experienced trafficking and individuals who are at risk of trafficking through empowering health and behavioral health systems, the competencies support a transformation of these systems using an effective, evidence-based, trauma-informed, and culturally responsive approach to human trafficking.

## Core Competency Defined

The purpose of a core competency is to provide guidance in "assessing workforce knowledge and skills, identifying training needs, developing workforce development and training plans, crafting job descriptions, and conducting performance evaluations."[1] Core competencies comprise skills needed for professionals to most effectively conduct their work. Core competencies help organizations and networks understand baseline skill sets required for HCPs in their field to guide professional development through a standard method of evaluating staff performance. Based on gaps frequently identified by HCPs, core competencies can also help identify training needs for organizations or networks. Additionally, core competencies are dynamic because they are reviewed and revised continually to reflect changes in a discipline or field (e.g., changes due to new research or evidence-based practices).[2]

### A NOTE ON LANGUAGE

For precision and standardization of the language used in the core competencies, we used the following terms throughout:

- **HCPs:** All health care and behavioral health professionals, including individuals, organizations/systems, and educational and research institutions
- **Staff:** All employees of a health care institution, including HCPs, social services, administration, translators, security, and housekeeping services
- **Patient or client:** All individuals served by HCPs

The following terms are used for clarification purposes. Individuals with experience in trafficking situations should always be empowered to select the language that best reflects them.

- **Victim:** An individual who is currently experiencing trafficking, used solely when referring to laws or statutes that provide protections or resources
- **Expert with lived experience:** An individual with lived experience of trafficking who is working professionally to transform the responses available to patients/clients who are experiencing trafficking or who are at risk of trafficking

[1] Council on Linkages Between Academia and Public Health Practice. (2014). *Core competencies for public health professionals*. www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf

[2] Ibid.

## Trafficking Defined

The federal Trafficking Victims Protection Act defines "severe forms of trafficking in persons" in the following ways:

> ***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 the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.*[3]
>
> ***Labor trafficking*** *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 purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery.*[4]

One aspect of the federal definition of trafficking is the requirement of "force, fraud, or coercion" to compel an adult or child to perform labor or to induce an adult to perform a commercial sex act. Force, fraud, or coercion is not a required element for children under the age of 18 years induced into a commercial sex act.

> ***Force*** *can involve the use of physical restraint or serious physical harm. Physical violence, including rape, beatings, and physical confinement, is often employed as a means to control victims, especially during the early stages of victimization when the trafficker breaks down the victim's resistance.*
>
> ***Fraud*** *involves false promises regarding employment, wages, working conditions, or other matters. For example, individuals might travel to another country under the promise of well-paying work at a farm or factory only to find themselves manipulated into forced labor. Others might reply to advertisements promising modeling, nanny, or service industry jobs overseas but be forced into commercial sex once they arrive at their destination.*
>
> ***Coercion*** *can involve threats of serious harm to or physical restraint against any person such as threatening to report someone to immigration for deportation or threatening harm to family members and/or loved ones.*

At the foundation of any HCP's knowledge of trafficking must be an understanding of these three elements that constitute the legal definition of trafficking. The federal definition may differ from local definitions established by states, tribes, and municipalities. Also, the landscape of human trafficking is ever changing, and legal definitions may not be inclusive of the different ways in which human trafficking manifests. It is important for all staff employed in health care settings to be aware of the federal definition and relevant state, tribal, and local laws in conjunction with local context learned from experts with lived experience in human trafficking and the ever-evolving evidence base to inform the ways HCPs meaningfully deliver care to individuals who have experienced trafficking or individuals who are at risk of trafficking.

[3] Trafficking Victims Protection Act, 22 U.S.C. § 7102 (2000).

[4] Ibid.

**Reminder:** Any commercial sex act involving a minor (i.e., an individual under age 18) is considered sex trafficking, regardless of the presence of the force, fraud, or coercion "means" listed above. Child sex trafficking does not require the presence of a third party (e.g., a trafficker), and soliciting of a minor for commercial sex is a form of trafficking. By law, a minor cannot consent to commercial sexual exploitation. Therefore, a minor engaged in "survival sex," in which they exchange sex for anything of value, including food, shelter, or material goods, is considered trafficking by federal law. Child sex trafficking is a form of child abuse and child sexual abuse.

## Guiding Principles

These **evidence-informed** core competencies for health care and behavioral health systems are rooted in a **public health approach**—a framework for understanding and responding to the root causes of violence, including human trafficking—with the ultimate goal of **prevention**. Applying the public health approach to trafficking, these core competencies focus on **trauma-informed** and **patient-centered practices** that best serve the needs of individuals who have experienced trafficking, individuals who are at risk of trafficking, and their families. This includes recognizing (1) the likely trauma experienced by individuals who have experienced trafficking and its direct impact on their health outcomes and (2) the importance of their **agency and empowerment** in health care and behavioral health settings in the decision-making process. For this reason, these core competencies suggest that while **identification** of exploitation among patients or clients assist HCPs in providing appropriate care, disclosure is not the primary goal because **addressing the overall health** of the patient or client is always the priority. This requires recognizing that both **current and past trauma and victimization** are relevant to providing adequate care. This also requires acknowledging that **at-risk patients** or clients deserve comprehensive preventive measures and that **whole families** are often affected by the trafficking experience of any individual member of the family. A **multidisciplinary approach** facilitates coordinated interprofessional care and could prevent unnecessary re-traumatization.

A trauma-informed practice also requires that HCPs recognize that they bring their own conscious and unconscious **biases** to their interactions with patients or clients and that they may themselves have prior trauma. They may also experience **vicarious and secondary trauma** while working with patients or clients who have experienced trafficking. **Self-awareness, self-care practices,** and **additional mental health support** for HCPs could strengthen the provider's trauma-informed responses. HCPs should be prepared to make **appropriate referrals in the patient's best interest** for services that address the complex needs of individuals who have experienced trafficking and their families. HCPs should also be aware of and transparent about the **potential advantages and harms associated with both mandatory reporting and enforcement agency involvement**. Health care organizations should **proactively build relationships** with community partners, pro bono legal services, and trained law enforcement agents who have a reputation for trauma-informed and culturally responsive approaches to individuals who have experienced trafficking in cases that require mandatory reporting.

**Access to quality health care** can play a major role in helping individuals who have experienced trafficking access justice. For health care systems to adequately address the needs of their patients and clients who are experiencing trafficking or who are at risk of trafficking, these core competencies must **be integrated into a systemwide response** that is **attentive to all forms of labor and sex trafficking**. This means that all recommendations for **curricular or training modifications must be applied universally** across all levels, disciplines, and roles with specific responses at the forefront of curricular design. All staff in every unit should be trained to recognize trafficking, even as HCPs are provided specialized training for assessment, intervention, care, and referrals. These efforts to **develop policies, programs, and trainings**—as well as the **evidence-based research** that supports it—must be supported by **adequate funding**. The **expertise of experts with lived experience** should be integrated into every aspect of the institutional development of trafficking response. HCPs and organizations could leverage memberships in professional associations and networks to **advocate** for consistent application of core competencies at state, regional, and national levels.

## Core Competencies Development Process

Although the field of public health has existed for many decades, research on human trafficking is relatively new. Human trafficking is a form of violence that intersects with risk factors for other forms of violence, including sexual assault, intimate partner violence, and child abuse. However, human trafficking is a complex issue that requires HCPs to develop additional knowledge and skill sets. Due to the relative newness of the field and the complexity of professional skill sets, previously no consistent standard for health care core competencies existed for human trafficking prevention and response. The Academy on Violence and Abuse published a report that could be used in relation to trafficking, but it was not specific to trafficking.[5] Currently, there are only two examples of human trafficking-specific core competencies: one developed by the Ohio Human Trafficking Task Force[6] and another developed by the Child Welfare Council CSEC Action Team;[7] however, neither of these focus specifically on competencies relevant to HCPs nor has their effectiveness been evaluated.

OTIP funded the development of these core competencies in response to multiple stakeholder engagements, including discussions at the 2018 National Health and Human Trafficking Symposium.[8] In order to develop an evidence-based set of core competencies on human trafficking specifically directed at HCPs and health care organizations, researchers, and educators, NHTTAC conducted the following modified Delphi process:[9]

| | |
|---|---|
| **Spring 2017** | Literature Review on Existing Human Trafficking Core Competencies and Other Examples of Core Competencies in Related Fields |
| **September 2017** | Host Public Health Core Competencies Convening |
| **March 2018** | Kickoff Writing Team Convening to Develop Primary Goals and Outline |
| **April 2018–July 2020** | Draft Core Competencies |
| **July–August 2020** | Circulate Draft Core Competencies for Socialization and Peer Review by HCPs |
| **October–December 2020** | Peer Review by Experts With Lived Experience of Human Trafficking |
| **February 2021** | Formal Launch and Dissemination of Final Core Competencies |
| **2021 and Beyond** | Adoption by Professional Bodies, Systems, and Institutions |

[5] Ambuel, B., Trent, K., Lenahan, P., Cronholm, P., Downing, D., Jelley, M.,...Block, R. (2011). *Competencies needed by health professionals for addressing exposure to violence and abuse in patient care.* Academy on Violence and Abuse.

[6] Ohio Human Trafficking Commission. (2017). *Standards of service for trafficked persons.* https://www.ohioattorneygeneral.gov/Files/Publications-Files/Publications-for-Victims/Standards-of-Service-for-Trafficked-Persons

[7] California Department of Social Services Child Welfare Council CSEC Action Team. (2015). *Core competencies for serving commercially sexually exploited children (CSEC).* https://youthlaw.org/wp-content/uploads/2015/05/Core-Competencies-for-Serving-CSEC.pdf

[8] U.S. Department of Health and Human Services, Health and Human Trafficking Symposium. https://www.acf.hhs.gov/otip/partnerships/hhs-symposium

[9] Rand Corporation. (1962). *An experimental application of the Delphi Method to the use of experts (pp. 1–2).* https://www.rand.org/content/dam/rand/pubs/research_memoranda/2009/RM727.1.pdf

## Who Should Use the Core Competencies

Core competencies for human trafficking should be integrated systemically. To encourage acceptance at every level, the core competencies are directed toward four (potentially overlapping) groups, including:

- **Individuals:** All HCPs
- **Organizations:** All health care organizations, facilities, clinics, practices, offices, and institutions
- **Researchers:** All academic scholars engaged in research on trafficking, including those who work in evidence-based quality improvement
- **Educators:** All those who educate HCPs

Health systems are highly individualized, and not all of these core competencies will apply to every HCP or organization. Individuals, organizations, researchers, and educators should review and explore these competencies to determine which ones apply to their unique health care setting—even if they are not aware of previously serving individuals who have experienced trafficking. This proactive approach will help ensure that when individuals who have experienced trafficking do seek care, they are served most effectively and appropriately—regardless of what care they seek. The core competencies can also benefit organizational care for individuals at high risk of trafficking and enhance community prevention efforts.

Human trafficking lies within a broad spectrum of exploitation, violence, and abuse. These competencies focus on the risk of trafficking and are designed to address the broad health and behavioral health needs of individuals who are identified as potentially having experienced exploitation. However, all interventions must be individualized to the patient's particular experiences and needs. These competencies are intentionally broad, minimum standards expected of individuals and organizations; however, they are not a prescriptive approach that provides concrete recommendations for specific interventions.

HCPs, organizations, researchers, and educators are encouraged to promote the adoption of these core competencies in their own practices and institutions as well as nationally to actively advocate on behalf of individuals who have experienced trafficking.

### Public health approach

Adapted from Chang, K. & Hang, R. (2017). *Public health approach to preventing human trafficking.* HEAL Trafficking. https://healtrafficking.org/resources/public-health-approach-to-preventing-human-trafficking/

## Core Competencies for Human Trafficking Response in Health Systems

**UNIVERSAL COMPETENCY**

Use a trauma- and survivor-informed, culturally responsive approach.

- **A.** Trauma-Informed Care
- **B.** Lived Experience Expertise and Leadership
- **C.** Culturally Responsive

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**COMPETENCY 1**

Understand the nature and epidemiology of trafficking.

- **A.** Nature and Scope of Trafficking
- **B.** Trafficking and Social Determinants of Health

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**COMPETENCY 2**

Evaluate and identify the risk of trafficking.

- **A.** Indicators of Trafficking
- **B.** Evidence-Informed Assessment of Risk

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**COMPETENCY 3**

Evaluate the needs of individuals who have experienced trafficking or individuals who are at risk of trafficking.

- **A.** Needs Assessment
- **B.** Plan of Action
- **C.** Practice Within Scope and Community Referrals

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**COMPETENCY 4**

Provide patient-centered care.

- **A.** Patient-Centered Approach
- **B.** Resiliency-Focused Care
- **C.** "No Wrong Door" Access to Diverse Health Services

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**COMPETENCY 5**

Use legal and ethical standards.

- **A.** Mandatory Reporting Responsibilities
- **B.** Legal Rights
- **C.** HIPAA and Patient Consent Compliance
- **D.** Documentation Considerations

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**COMPETENCY 6**

Integrate trafficking prevention strategies into clinical practice and systems of care.

- **A.** Primary Prevention: Preventing Any Trafficking
- **B.** Secondary Prevention: Risk Reduction
- **C.** Tertiary Prevention: Prevention of Re-Trafficking

# UNIVERSAL COMPETENCY

*Use a trauma- and survivor-informed, culturally responsive approach.*

The universal competency is the foundation of all the core competencies. The concepts of trauma-informed care, survivor-informed practice, and culturally responsive approaches should support all interactions with patients or clients and should apply to all initiatives developed by institutions, research agendas, or educational programs. Trauma-informed care puts at the forefront patient safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues.[10]

All practices and guidelines in health care settings should be guided by feedback and research conducted not only about individuals who have experienced trafficking but also by and in conversation with those individuals, including experts and researchers with lived experience. Patient needs vary, as do preferred methods of interacting with HCPs, and this understanding of the diversity of needs among patients is integral to providing appropriate care. A culturally responsive HCP or health care environment meets clients "where they are" and with as much culturally informed practice as possible and adopts a posture of constant learning. Cultures encompass the beliefs, practices, and social formations of groups—whether based in race, ethnicity, socioeconomic status, geography, ability, language, religion, gender, sexuality, or any other social formation or identity deemed significant to the patient. Every engagement with a patient who is at risk of trafficking should be guided by these approaches, and health care institutions should ensure that these principles are universally trained for and applied across all fields, specialties, and units.

This universal competency serves as an umbrella framework for the core competencies. While each competency is important and should be adopted across health systems, all work with individuals who are at risk of trafficking should be trauma informed, survivor centered, and culturally responsive. Each competency provides greater depth on specific aspects of care for individuals at risk of trafficking.

### 6 guiding principles to a trauma-informed approach

Centers for Disease Control. (2020, September 17). *6 guiding principles to a trauma-informed approach* [Infographic]. https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

[10] Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

***Trauma-informed care*** *involves recognizing that any person could have experienced trauma and this could be impacting their current decisions, actions, and health behaviors. With this recognition, providers practicing a trauma-informed approach assess for stress/trauma* ***without the goal of explicit disclosure****, actively try not to re-traumatize patients, and educate and empower patients to build resiliency and mitigate the health effects of trauma.*

## Sub-Competencies

### A. TRAUMA-INFORMED CARE

| | |
|---|---|
| **INDIVIDUAL** | • Apply key principles of trauma-informed care into work with patients or clients who have experienced trafficking, patients or clients who are at risk of trafficking, and affected family members.<br>• Attend to building trust and rapport with patients who have experienced trafficking or patients who are at risk of trafficking.<br>• Understand that trafficking is inclusive of a wide spectrum of potentially overlapping abuses, exploitation, violence, and trauma.<br>• Recognize that racial, cultural, historical, and other inequities and marginalization can exacerbate trauma.<br>• Apply knowledge of trauma to understanding patient or client reticence to disclose trafficking.<br>• Avoid demeaning or accusatory language such as “child prostitute” or “illegal alien.”<br>• Acknowledge potential impacts of secondary exposure to trauma and seek trauma-informed supervision and support to prevent and address signs of vicarious trauma and burnout. |
| **ORGANIZATION/ INSTITUTION** | • Provide ongoing training and regularly assess staff’s capacity to demonstrate a trauma-informed approach when interacting with individuals at risk of trafficking.<br>• Integrate trauma-informed and bias-reduction approaches into intake and screening protocols.<br>• Implement informed consent policy for all aspects of care.<br>• Establish an agencywide commitment to trauma-informed care and its principles (i.e., safety, trustworthiness, choice, collaboration, and empowerment); engage in regular self-assessment; and adapt policies, principles, and practices to reflect a trauma-informed approach to service delivery.<br>• Create a supportive environment and promote employee wellness in the agency; take proactive steps to preserve the emotional and psychological welfare of frontline professionals working with clients and patients at risk of trafficking, including providing adequate training and supervision related to vicarious and secondary trauma. |
| **RESEARCH** | • Evaluate effectiveness of trauma-informed approaches to individuals served in health care settings who are at risk of trafficking. Explore out-of-the-box approaches to gain access to hard-to-reach populations.<br>• Conduct multidisciplinary research that identifies health disparities among different populations, evaluate holistic treatments, and create an evidence base for innovative modalities for care for individuals with lived experience of all forms of trafficking.<br>• Identify patient/client and caregiver barriers to disclosure of trafficking to further build an evidence-based approach to trauma-informed screening.<br>• Identify common trauma-related impacts of anti-trafficking work on professionals and evaluate prevention and early intervention practices for addressing vicarious and secondary trauma. |
| **EDUCATION** | • Provide education on evidence-based best practices for trauma-informed approaches to assessing the risk of trafficking.<br>• Integrate ongoing supervision of students and evaluative measurements of learner mastery of clinical competency in providing trauma-informed care.<br>• Provide education on vicarious and secondary trauma and methods to prevent and address impacts on providers. |

## B. LIVED EXPERIENCE EXPERTISE AND LEADERSHIP

| | |
|---|---|
| **INDIVIDUAL** | • Understand that patients are the experts of their own experiences and needs and actively use strategies to integrate their input into all decisions for care.<br>• Recognize that individuals who have experienced trafficking have expertise that extends beyond their experience of exploitation.<br>• Be aware that experiences, perspectives, and needs of individuals who have experienced trafficking vary tremendously, so that input from leaders with a diversity of lived experiences will best inform an HCP's clinical practice.<br>• Understand that identifying publicly as a "survivor" or "victim" for individuals with lived experience is a choice, and mirroring the language used by patients is a key component to survivor-informed and patient-centered care. |
| **ORGANIZATION/ INSTITUTION** | • Develop a lived experience expertise/leadership strategy to ensure all programs, policies, and procedures are survivor informed; prioritize recruitment of experts with lived experience who have diverse trafficking experiences.<br>• Engage patient feedback (through surveys, focus groups, advisory boards, etc.) about the medical and behavioral health needs of patients/clients who have experienced trafficking, policies/ programs, and appropriate service delivery; when possible, engage leaders/researchers with lived experience.<br>• Use findings from patient feedback to improve health care delivery. |
| **RESEARCH** | • Conduct collaborative, community-based research in partnership with experts with lived experience.<br>• Engage experts with lived experience in research efforts from design to delivery. |
| **EDUCATION** | • Engage diverse lived experience expertise in the development and delivery of educational materials on trafficking. |

## C. CULTURALLY RESPONSIVE

### INDIVIDUAL

- Demonstrate understanding of potential cultural factors influencing health care professional/patient or client interactions and take steps to overcome cultural barriers with sensitivity and respect.
- Seek and use knowledge about the major cultures represented in the local patient or client population as it pertains to medical and behavioral health beliefs and practices.
- Demonstrate cultural humility, adaptability, and responsiveness to patients from different cultures, nationalities, gender identities, sexual orientations, races, ethnic and religious groups, abilities, and geographic locations.
- Be aware of and counter aspects of privilege, explicit and implicit bias, or discrimination that may negatively impact patient/client interactions, health care practices, and decisions related to referrals and resources.

### ORGANIZATION/ INSTITUTION

- Implement a cultural responsiveness and implicit bias training program for staff in all areas; provide supplemental resources and refresher training.
- Include culturally responsive behaviors in clinical performance evaluations.
- Engage professional, trauma-informed interpreters who are not from the same community as the individual; avoid using a family member (especially children) or accompanying adult as a translator.
- Provide trafficking resources and awareness materials that reflect all types of trafficking and in all languages prevalent among the patient or client population.
- Implement a zero-tolerance approach to bias/discrimination toward patients and establish a safe method in which staff, patients, and families can report concerns.
- Develop and implement hiring plans at all levels that reflect diversity and representation from the local patient or client population.

### RESEARCH

- Expand the evidence base for culturally specific aspects of trafficking, including risk, resiliency, and relevant cultural beliefs and practices about victimization, health manifestations, and appropriate treatment.
- Expand research opportunities for culturally specific treatment and traditional healing modalities.
- Conduct research to explore systemic biases in the health sector that impact individuals who have experienced trafficking and develop and test strategies to overcome these biases.

### EDUCATION

- Educate HCPs to care for individuals who have experienced trafficking using cultural and linguistic responsiveness.

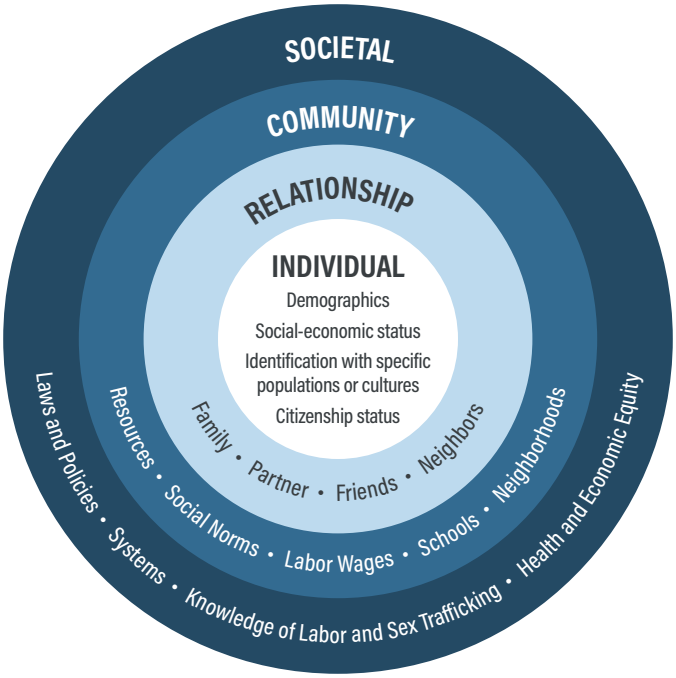
# CORE COMPETENCY 1

*Understand the nature and epidemiology of trafficking.*

Human trafficking is a crime that affects individuals of all ages, races, nationalities, genders, and sexual orientations, and it can occur in nearly any situation of labor, licit or illicit.

HCPs, organizations, and academic institutions should be equipped to prevent and respond to the needs of individuals who have experienced trafficking through education on the legal definitions of trafficking, the pervasiveness of trafficking both locally and nationally, the diversity in experiences of the individuals experiencing trafficking, and the potential physical and mental health implications of trafficking. HCPs should maintain up-to-date knowledge of federal and state trafficking definitions and policies. All HCPs should have a balanced understanding of labor and sexual exploitation, using a social determinants of health lens that provides a context for risk and protective factors of trafficking. Prevalence of trafficking in the United States is difficult to determine, and recent research on the current state of knowledge on the nature and scope of trafficking is limited. Additional research is still needed to enhance and expand the public health approach to trafficking.

**Social-ecological model**




Centers for Disease Control and Prevention. (n.d.) *The social-ecological model: A framework for prevention.* https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html

## Sub-Competencies

### A. NATURE AND SCOPE OF TRAFFICKING

| | |
|---|---|
| **INDIVIDUAL** | • Recognize the scope of exploitive activities that constitute both labor and sex trafficking.<br>• Define sex and labor trafficking; differentiate severe forms of sex trafficking from commercial sex, severe forms of labor trafficking from labor exploitation, human trafficking from human smuggling; and recognize their possible intersections.<br>• Understand and apply federal and state definitions of trafficking to accurately identify situations that may be trafficking. |
| **ORGANIZATION/ INSTITUTION** | • Provide role-specific training to all staff on federal and relevant state definitions of trafficking and on the scope of exploitive activities that constitute labor and sex trafficking. |
| **RESEARCH** | • Invest equitably in research that further informs the understanding of the scope of both labor and sex trafficking, while clearly articulating any limitations. |
| **EDUCATION** | • Integrate information on the definitions, nature, and scope of trafficking into the curriculum at all academic levels and in all health care fields.<br>• Use appropriate evidence-based terms and concepts in all educational materials. |

### B. TRAFFICKING AND SOCIAL DETERMINANTS OF HEALTH

| | |
|---|---|
| **INDIVIDUAL** | • Identify economic, cultural, and social contexts that contribute to the risk of trafficking, including adverse childhood experiences (ACEs), economic pressures, racial inequities, homelessness, migration, marginalization, mental illness, and cognitive and developmental disabilities.<br>• Apply knowledge of a social determinants of health approach to cases of trafficking.<br>• Recognize the cross-generational effects of exploitation and trafficking among patients. |
| **ORGANIZATION/ INSTITUTION** | • Integrate a social determinants of health approach into all staff training and policies, including information on the relationship between ACEs, socioeconomic challenges, and risk/protective factors of trafficking. |
| **RESEARCH** | • Design and evaluate research that identifies evidence of the relationship between social determinants of health, ACEs, socioeconomic challenges, migration, risk/protective factors, and resiliency. |
| **EDUCATION** | • Integrate a social determinants of health approach into curriculum at all academic levels, focusing on evidence of the social and economic contexts in which trafficking occurs.<br>• Illustrate the intersectionality of social determinants of health for individuals at risk of trafficking through case studies. |

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# CORE COMPETENCY 2

*Evaluate and identify the risk of trafficking.*

Individuals who have experienced trafficking and individuals at risk of trafficking frequently access health care and behavioral health services at all points along the outpatient to inpatient spectrum. Research suggests that potential indicators of trafficking include physical, historical, behavioral, and environmental indicators. While a list of indicators should not on its own serve as a diagnostic tool, HCPs should be trained to identify potential medical, behavioral, and contextual indicators of trafficking. This should be based on existing research and with input from local experts with lived experience, community-based organizations, and law enforcement to reflect local nuances. HCPs should also recognize that an absence of factors does not necessarily rule out the possibility of trafficking. Trained HCPs should be on staff in all health care and behavioral health settings to formally and accurately assess the possibility of trafficking, and identify the appropriate response to trafficking in patients or clients, using evidence-based and validated tools suitable for the population served whenever possible. Organizations and academic institutions must integrate trauma-informed, evidence-based screening and assessment into their policies, procedures, and curriculum.

## DISCLOSURE IS NOT THE GOAL.

Children and adults at risk of trafficking share many of the same needs as those who have experienced trafficking. To appropriately offer services to both groups, HCPs working in all health care and behavioral health environments need the knowledge and skills to identify patients at risk of exploitation—definitive evidence of trafficking is not necessary. It is critical that all HCPs recognize that **disclosure is not the goal**; rather, the primary goal is to provide excellent care to all patients. Trafficking experiences can often be obscured, sometimes by the urgent health needs presented by the patient or client. At other times, this happens because it is misidentified as other forms of violence (such as sexual assault, worksite injury, or domestic violence) or because the perpetrator is difficult to identify (e.g., a family member or an intimate partner). Individuals are often reticent to disclose trafficking experiences due to shame, stigma, fear of deportation, and previous negative experiences with law enforcement. At the same time, HCPs are unlikely to identify it due to unconscious bias, judgment, lack of knowledge, or concern as to what happens next, if identified. When applying a trauma-informed approach, all HCPs, organizations, and academic institutions should have the capacity to recognize indicators that would suggest a patient or client may have experienced trafficking.

***Screen for Risk***

*Health care institutions should adopt evidence-based tools that have been evaluated for reliability and validity. Using tools that screen for* ***risk factors*** *associated with trafficking victimization offers dual benefits. Instead of using tools designed to determine if trafficking has actually occurred, screening for risk allows HCPs to explore and address root causes of trafficking and offer resources that may assist in interrupting existing exploitation and minimize adverse impacts (primary and secondary prevention). Identifying specific risk allows HCPs to do the following:*

- *Tailor recommendations to target vulnerabilities of patients at risk of trafficking.*
- *Inform safety and treatment plans that reduce future risk and prevent recurrence for individuals who are experiencing trafficking.*
- *Encourage discussion of risk and prevention education when patients are reticent to disclose.*

*As part of their evaluation and treatment of patients, HCPs are expected to ask personal questions about health and patient behaviors. This could be advantageous because—if implemented using a trauma-informed, culturally sensitive approach—the screening for risk factors may encourage patients to discuss their fears, concerns, and needs.*

## Sub-Competencies

### A. INDICATORS OF TRAFFICKING

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|---|---|
| **INDIVIDUAL** | • Detect existence of presenting indicators (“red flags”) of trafficking in patients or clients.<br>• Demonstrate the ability to develop rapport, build trust, and facilitate conversations with patients/clients when encountering indicators. |
| **ORGANIZATION/ INSTITUTION** | • Train and regularly update all staff on potential indicators of trafficking.<br>• Make information on trafficking available to all patients/clients. |
| **RESEARCH** | • Develop and disseminate an evidence-based list of potential indicators and screening tools for all populations affected by trafficking.<br>• Evaluate the reliability and validity of screening tools. |
| **EDUCATION** | • Implement evidence-based curricula that supports students at all academic levels to recognize potential indicators of trafficking.<br>• Conduct training simulations of interactions with patients or clients who have experienced trafficking and present indicators of trafficking, including those who do not disclose. |

## B. EVIDENCE-INFORMED ASSESSMENT OF RISK

| | |
|---|---|
| **INDIVIDUAL** | • Refer patients or clients who present with potential indicators of trafficking to appropriate personnel for assessment.<br>• For those who are trained to assess trafficking only:<br>– Educate the patient on confidentiality, privacy, and mandatory reporting requirements before conducting an assessment and empower patient autonomy to share only what they feel safe sharing.<br>– Use evidence-based or evidence-informed tools to assess the risk of trafficking. |
| **ORGANIZATION/ INSTITUTION** | • Create a setting for the patient that supports confidentiality and is trauma informed and culturally and linguistically appropriate.<br>• Determine and train appropriate personnel to conduct assessments of trafficking when indicators have been recognized.<br>• Establish a systemwide policy to see patients alone and conduct assessment only when alone with patient.<br>• Develop and implement a protocol for conducting assessments that limits assessments to appointed personnel. |
| **RESEARCH** | • Evaluate existing tools—including universal education and within a range of health and behavioral health settings for all forms of trafficking—for individuals who have experienced trafficking.<br>• Develop more robust tools to identify lesser identified populations.<br>• Solicit feedback from experts with lived experience about the effectiveness of various approaches to screening/early intervention. |
| **EDUCATION** | • Using evidence-based tools, develop specialized, trauma-informed, and patient- or client-centered training for HCPs who will be conducting assessments. |

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# CORE COMPETENCY 3

*Evaluate the needs of individuals who have experienced trafficking or individuals who are at risk of trafficking.*

Medical/behavioral health needs and other personal, basic, or supportive service needs will vary for each individual who has experienced trafficking, who is experiencing trafficking, or who is at risk of trafficking. Providing a safe environment that is open, nonjudgmental, and empowering will prioritize patients' needs and encourage readiness for support.

HCPs should engage the patient or client in shared decision-making processes that are developmentally appropriate, empowering the patient or client to make informed decisions about their treatment, safety, and referrals.

HCPs should remain within the scope of clinical practice when providing care, while being knowledgeable about other internal and community support services. Organizations should generate policies and procedures, assess and develop community referrals, and promote a framework to improve trauma-informed care to individuals who have experienced trafficking or individuals who are at risk of trafficking. Academic institutions should incorporate evaluation skills in educational programs that will prepare HCPs to provide adequate care to individuals affected by trafficking.

### Multidisciplinary teams approach

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## Sub-Competencies

### A. NEEDS ASSESSMENT

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|---|---|
| **INDIVIDUAL** | • Understand the common and varied needs of individuals who have experienced trafficking, individuals who are at risk of trafficking, and their families.<br>• Conduct individualized needs assessments with all patients or clients identified as individuals who have experienced trafficking or individuals who are at risk of trafficking.<br>• Conduct safety planning with all patients or clients identified as individuals who are at risk of trafficking; give particular consideration to the context of trafficking, including potential familial abusers or traffickers. |
| **ORGANIZATION/ INSTITUTION** | • Train and supervise relevant personnel to conduct individual needs assessments for patients or clients identified as individuals who have experienced trafficking or individuals who are at risk of trafficking.<br>• Create protocols for crisis intervention for emergent situations involving patients identified as individuals who are at risk of trafficking, including individual patient mental health crises and risk associated with potential for trafficker interference in the health care setting. |
| **RESEARCH** | • Identify the short- and long-term health care needs most prevalent among individuals who are at risk of trafficking, individuals who are experiencing trafficking, individuals who have experienced trafficking, and their families.<br>• Develop, validate, and rigorously evaluate needs assessment tools specific to individuals who have experienced trafficking or individuals who are at risk of trafficking.<br>• Evaluate and modify tools for use with varied populations. |
| **EDUCATION** | • Incorporate case studies into health care trainings that encourage individualized needs assessment and navigation of varied health and behavioral health (and other) needs of individuals who have experienced trafficking.<br>• Develop and conduct training simulations of individualized needs assessments for individuals who have experienced trafficking. |

## B. PLAN OF ACTION

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|---|---|
| **INDIVIDUAL** | • Create, in collaboration with patient/client and colleagues, an individualized plan of action specific to the patient's or client's needs with consideration to age, developmental level, cultural and linguistic context, citizenship, family, ACEs and social determinants of health.<br>• Apply a strengths-based approach in planning with the patient, emphasizing existing protective factors and resiliency to support patient outcomes.<br>• Use shared decision-making processes to empower the patient or client to express their needs and preferences (as developmentally appropriate). |
| **ORGANIZATION/ INSTITUTION** | • Integrate into organizational protocols the clearly articulated responsibilities of staff in responding to individuals who present with potential indicators.<br>• Create policies and procedures that ease access and lower barriers for those identified as individuals who have experienced trafficking or individuals who are at risk of trafficking for in-network medical and behavioral health referrals.<br>• Ensure that a dynamic directory of service providers and local/regional/national resources is maintained and easily available to HCPs.<br>• Conduct patient/client service coordination in institutional and (where possible) community multidisciplinary teams to ensure streamlined service delivery and avoid re-traumatization of patients or clients. |
| **RESEARCH** | • Expand research, in partnership with experts with lived experience, on the needs of individuals who have experienced trafficking, the effectiveness of the trauma-informed approach to shared decision making among individuals who have experienced trafficking, and the impact of multidisciplinary team collaboration for case management. |
| **EDUCATION** | • Educate HCPs on safety planning, shared decision-making processes, and multidisciplinary collaboration with community service professionals informed by experts with lived experience. |

## C. PRACTICE WITHIN SCOPE AND COMMUNITY REFERRALS

| | |
|---|---|
| **INDIVIDUAL** | • Understand and remain within the appropriate scope of practice for their role and license.<br>• Determine appropriate culturally responsive referrals, in collaboration with patient or client, using knowledge of available institutional, community, regional and national resources. |
| **ORGANIZATION/ INSTITUTION** | • Assess and develop relationships with community service providers, experts with lived experience, and government agencies.<br>• Create a dynamic directory of available services and include processes for community referrals in the organizational policy/procedure for human trafficking. |
| **RESEARCH** | • Investigate the effectiveness of community collaboration and referrals.<br>• Identify strengths and gaps in the community support network for individuals with lived experience. |
| **EDUCATION** | • Conduct site visits for trainees to community service providers who work with individuals who have experienced trafficking.<br>• Invite experts with lived experience and community service providers to present at grand rounds, clinical team meetings, and other group educational opportunities. |

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# CORE COMPETENCY 4

*Provide patient-centered care.*

A survivor-informed, strengths-/resiliency-focused approach must be used when treating patients who have experienced trafficking and patients who are at risk of trafficking. It is especially important to take this approach into account when assessing the level of risk. HCPs should avoid the inclination to primarily pursue a patient or client disclosure of trafficking. At the individual and organizations levels, HCPs need to treat suspected trafficking cases as health emergencies that require trauma-informed care, incorporating this practice into policies, procedures, design of work environments, and the ethos of the clinical community. Academic institutions need to supplement current research on risk and protective factors for exploitation and build an evidence base for a patient-centered response to trafficking that has the resiliency of affected patients at its foundation. They need to prioritize efforts to determine optimal methods of interacting with patients or clients who have experienced trafficking and patients or clients who are at risk of trafficking. This needs to be done in the physical and behavioral health care settings to overcome barriers to providing accessible and appropriate care—not only for the patient or client but also for their entire family.

Human trafficking cases may be encountered in all health care and behavioral health settings, including private, general, outpatient, and specialist practices (e.g., pediatrician, endocrinologist, plastic surgeons). Individuals who have experienced trafficking seek not only emergency medical care but also care for long-term health issues. For this reason, all HCPs should be prepared to identify and respond to individuals who have experienced trafficking.

### Patient-centered interviewing

## Sub-Competencies

### A. PATIENT-CENTERED APPROACH

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|---|---|
| **INDIVIDUAL** | • Use age-appropriate and developmentally appropriate shared decision-making strategies applying a "stages of change" framework for collaboratively determining a patient care plan; receive informed consent for all tests and treatment to ensure the patient's right to self-determination.<br>• Offer information about potential treatments/services (including potential risks and benefits) through methods that are understandable to the patient/client (e.g., through various modalities, different languages, information adapted based on developmental level).<br>• Prioritize patient or client safety and well-being (over disclosure) while delivering care.<br>• Identify events that indicate a potential need for security and/or law enforcement response, considerations for patient or client safety and confidentiality, mandatory reporting requirements, and potential harms, including those particular to undocumented patients, people of color, or those engaged in grey or informal economies.<br>• Understand mental and physical health needs of families of individuals who have experienced trafficking as integral to care and well-being and offer familial support and referrals as appropriate. |
| **ORGANIZATION/ INSTITUTION** | • Create safety procedures for all patients or clients who are identified as individuals who have experienced trafficking, including separation methods for examining patients who might be accompanied by their traffickers.<br>• Ensure clear policies and procedures for staff to assess when a need for security and/or law enforcement response may be necessary, considerations for patient or client safety and confidentiality, mandatory reporting requirements, and potential harms, including those particular to undocumented patients, people of color, or individuals engaged in grey or informal economies.<br>• Diversify access and engagement with patients through non-clinical aspects of care (e.g., translation/interpretation, transportation, coverage, mobile/remote health, telehealth).<br>• Use feedback mechanisms (surveys, focus groups, etc.) to gather patient input on various modalities of care.<br>• Conduct case review on patient outcomes with staff and multidisciplinary partners involved in case coordination.<br>• Ensure providers have the baseline knowledge/training they need to properly support and address trafficking, including PTSD and motivational interviewing. |
| **RESEARCH** | • Evaluate the impact and outcomes of treatment modalities for individuals who have experienced trafficking and the variability between different demographics and types of trafficking.<br>• Evaluate impact of multidisciplinary teams and coordinated care programs as practices for responding to patients who have experienced trafficking.<br>• Research multigenerational outcomes for individuals who have experienced trafficking.<br>• Evaluate peer-to-peer support mechanisms. |
| **EDUCATION** | • Educate HCPs in promising practices in physical and behavioral health treatments for individuals who have experienced trafficking or individuals who are at risk of trafficking.<br>• Educate HCPs about patient-centered care, as applied to trafficking. |

## B. RESILIENCY-FOCUSED CARE

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|---|---|
| **INDIVIDUAL** | • Integrate knowledge about protective factors against trafficking and resiliency of individuals who have experienced trafficking into treatment plans.<br>• Work collaboratively with patients or clients to identify and develop protective or resiliency factors. |
| **ORGANIZATION/ INSTITUTION** | • Integrate resiliency into guidelines for addressing the needs of patients or clients who have experienced trafficking and their families. |
| **RESEARCH** | • Identify health pathways to enhancing resilience of individuals who have experienced trafficking.<br>• Research resilience factors that improve physical and mental health recovery after trafficking. |
| **EDUCATION** | • Educate HCPs to identify resiliency factors in individuals who have experienced trafficking, understand the recovery process, and use a recovery-focused approach to providing care for this population. |

## C. "NO WRONG DOOR" ACCESS TO DIVERSE HEALTH SERVICES

| | |
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| **INDIVIDUAL** | • Detect cases of all types of trafficking in diverse health care settings and specialties.<br>• Establish professional partnerships across public and private, inpatient and outpatient, rural and urban institutions providing primary or specialty care. |
| **ORGANIZATION/ INSTITUTION** | • Institute a "no wrong door" policy that recognizes the potential for individuals who have experienced trafficking and their families to access care across diverse specialties.<br>• Lower all identified barriers to accessing general and specialized care for individuals who have experienced trafficking.<br>• Design and implement protocols to ensure appropriate referrals. |
| **RESEARCH** | • Measure health care system engagement with diverse health service sites among individuals who have experienced trafficking.<br>• Evaluate evidence-based referral protocols in the clinical setting across public and private, inpatient and outpatient, rural and urban health systems providing primary or specialty care. |
| **EDUCATION** | • Integrate case studies of individuals who have experienced trafficking who engage in health care settings that have not historically been associated with identification of trafficking, such as substance use treatment centers, dental offices, or migrant health clinics. |

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# CORE COMPETENCY 5

*Use legal and ethical standards.*

There are unique legal and ethical considerations that HCPs should consider when working with individuals who have experienced trafficking. Those considerations vary depending on each person's needs and circumstance as well as on federal, state, tribal, and local laws and protocols. HCPs and organizations should be aware of federal reporting requirements and the laws in their states that affect the way they care for individuals who have been experienced trafficking, including laws about minors' consent, privacy, and mandated reporting. To avoid doing harm while adequately addressing safety concerns, individuals and HCPs should have a clear understanding of the Healthcare Insurance Portability and Accountability Act (HIPAA), exceptions to HIPAA that allow HCPs to address safety needs, and ways to address patient or client safety and privacy in record documentation.

> Because individuals who have experienced trafficking often have significant legal needs (including those potentially associated with coerced criminality that results from their victimization), HCPs and organizations caring for them also need to be aware of the legal rights of individuals who have experienced trafficking.

There may also be unique ethical concerns that exist when working at the interface of the legal and health care systems, including potential opportunities and harms associated with connecting individuals who have experienced trafficking to enforcement agencies. Organizations and academic institutions should prepare both trainees and employees to work at this interface with appropriate training on the legal and ethical considerations for working with this population and build collaborative connections with enforcement agencies and legal service providers to support referrals that prioritize patient autonomy and choice.

## Sub-Competencies

### A. MANDATORY REPORTING RESPONSIBILITIES

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|---|---|
| **INDIVIDUAL** | • Understand and comply with state and federal requirements for mandated reporting of adults and minors who are identified as individuals who have experienced trafficking or individuals who are at risk of trafficking, treating child trafficking as a form of child abuse.<br>• Understand that mandatory reporting laws may be a risk for individuals who are undocumented, forced to commit a crime as part of their trafficking, or for those who might otherwise fear unequal protection due to race or other status; administer a safety assessment to determine level of risk in conjunction with all reporting.<br>• Be transparent and explicit with all patients or clients, regardless of age, about mandatory reporting, discussing the possibility before asking sensitive questions (when possible) and discussing the act of reporting with the patient or client once the decision has been made.<br>• Advocate for the needs of the individual who has experienced trafficking when making a mandatory report, focusing on the status of the patient or client as a victim.<br>• Recognize that reporting may affect the patient–HCP relationship. |
| **ORGANIZATION/ INSTITUTION** | • Conduct required, regular trainings on updated federal, state, tribal, and local requirements related to mandatory reporting of trafficking.<br>• Develop partnerships with appropriate, trusted, and properly trained law enforcement or protective services representatives who will respond to mandatory reporting calls.<br>• Create policies for patients' rights protection within the institution in compliance with federal- or state-mandated law enforcement reporting and require adult patient consent before law enforcement contact if there is no mandatory reporting requirement.<br>• Identify organizations that can provide prompt immigration assistance for foreign nationals who may have experienced trafficking and their families. |
| **RESEARCH** | • Investigate the impact of mandatory reporting laws on patient–HCP relationships, safety, service provision, immigration status, and legal response. |
| **EDUCATION** | • Provide clear education and guidance on reporting guidelines and appropriate avenues for reporting.<br>• Define trafficking of children as a form of child abuse in all educational programs. |

## B. LEGAL RIGHTS

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|---|---|
| **INDIVIDUAL** | • Provide information on labor, immigrant, and victim rights and community resources to individuals who have experienced trafficking and individuals who are at risk of trafficking.<br>• Recognize the opportunities and harms potentially associated with connecting patients or clients to enforcement agencies, including for patient–HCP relationship and trust.<br>• Understand state laws related to patient rights, consent for services, and confidentiality to ensure that patients (including minors) understand the services to be provided and can give consent. |
| **ORGANIZATION/ INSTITUTION** | • Provide relevant staff with training and resources related to protection of legal rights and connection to services for legal remedies for individuals who have experienced trafficking, including issues about civil claims and restitution, vacating and expunging criminal records, family law, victim/witness advocacy, identity theft, and immigration.<br>• Establish working relationships with relevant law enforcement professionals and advocates for individuals who have experienced trafficking to help facilitate protection of patients' rights.<br>• Offer to connect foreign nationals who have experienced trafficking with service organizations that can provide pro bono legal services and immigration services promptly. |
| **RESEARCH** | • Evaluate the effectiveness of outreach strategies and rights awareness campaigns and materials. |
| **EDUCATION** | • Integrate unit on labor, immigrant, and victims' rights into ethics courses.<br>• Demonstrate that learners are aware of the various legal rights of individuals who have experienced trafficking, including their immigration rights, rights as victims of a variety of crimes, forced criminality, labor rights, and civil rights. |

## C. HIPAA AND PATIENT CONSENT COMPLIANCE

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|---|---|
| **INDIVIDUAL** | • Apply patient consent laws and HIPAA regulations (with relevant state exceptions) to all encounters with individuals who have experienced trafficking. |
| **ORGANIZATION/ INSTITUTION** | • Conduct mandatory, regular trainings on HIPAA regulations and patient consent laws, with special attention to consent laws specific to the care of minor or unattended youth. |
| **RESEARCH** | • Conduct research on challenges related to the HCP–patient relationship, guardianship, HIPAA, and consent with minors who have experienced trafficking (e.g., role of Child Protective Services system in navigating complex trafficking-related systems), informed by youth perspectives. |
| **EDUCATION** | • Prepare learners with an understanding of patient consent laws and HIPAA (and exceptions), so that they can provide appropriate care for individuals who have experienced trafficking while ensuring safety of patients, HCPs, and staff. |

## D. DOCUMENTATION CONSIDERATIONS

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|---|---|
| **INDIVIDUAL** | • Discuss health record documentation with patients, respecting their right to privacy while balancing this with the need to provide information for continuity of care and for legal disclosures if subpoenaed.<br>• Provide documentation in the record that meet standard guidelines on the level of detail with appropriate billing and diagnostic codes for those identified as individuals who have experienced trafficking or individuals who are at risk of trafficking. |
| **ORGANIZATION/ INSTITUTION** | • Provide all staff with guidance on discussing health record documentation and ICD-10 coding with patients and how to use the institutional confidentiality measures (e.g., "masked" areas of a report, separate charts).<br>• Design and implement confidentiality measures for health record documentation that maximize the safety and confidentiality of patients, while including important clinical information. This includes consideration of information in the electronic record, online patient portal, intake and discharge paperwork, billing and insurance information, and the response by the medical records department to subpoenas and other court requests.<br>• Provide special consideration to confidentiality of minor patients with respect to parent or guardian access to information. |
| **RESEARCH** | • Conduct studies of data collected through ICD-10 code reports.<br>• Research the prevalence of health care provider reporting of trafficking through ICD-10 codes, identifying barriers to the application of ICD-10 codes by providers.<br>• Research system outcomes of ICD-10 code reporting and data confidentiality mechanisms. |
| **EDUCATION** | • Educate students to document cases of trafficking in an objective, trauma-informed way, with consideration for legal and institutional implications of reporting.<br>• Incorporate information into health and behavioral health training curricula on confidentiality and privacy measures individuals and institutions can adopt to maximize safety and confidentiality.<br>• Include discussions and exercises addressing ethical, legal, and clinical issues relevant to health record documentation of sensitive information, including possible risk to patients or clients. |

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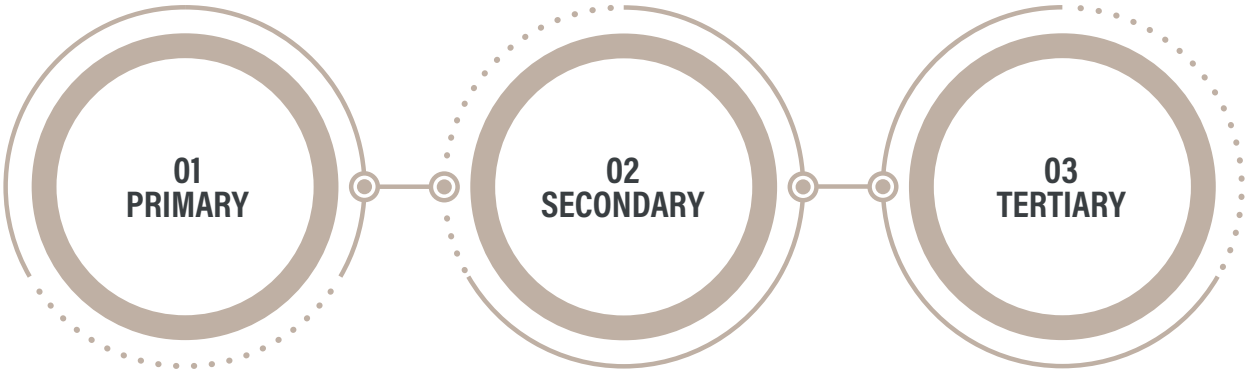
# CORE COMPETENCY 6

*Integrate trafficking prevention strategies into clinical practice and systems of care.*

HCPs should understand their role in the prevention of human trafficking and implement strategies for primary, secondary, and tertiary prevention using a public health approach. Individuals and organizations should collaborate to design and implement clinical initiatives and educational programs and advocate for policy and legislation that prioritizes prevention of human trafficking. There is a need for rigorous scientific research into modifiable risk and protective factors that can inform development of prevention programs, eliminate health disparities, promote health care accessibility, and increase affordability and equity at the individual, family, community, and societal levels. Education of professionals should include evidence-based, trauma-informed, and culturally responsive trafficking training on all forms of trafficking prevention, including the intersectionality between trafficking and other forms of exploitation, interpersonal violence, and awareness and prevention of vicarious and secondary trauma.

**PREVENTION SHOULD BE PART OF ANY PUBLIC HEALTH STRATEGY TO ADDRESS HUMAN TRAFFICKING.**

### Three levels of prevention




Primary prevention **stops violence before** it occurs.

Secondary prevention provides an **immediate response** to violence as it occurs.

Tertiary prevention activities are **long-term responses** that occur in the aftermatch of violence.

## Sub-Competencies

### A. PRIMARY PREVENTION: PREVENTING ANY TRAFFICKING

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|---|---|
| **INDIVIDUAL** | • Integrate concepts of nurturing and attachment, knowledge of parenting and child development, parental and child resilience, supportive adults, and social and emotional competence of children into anticipatory guidance and psychoeducation in pediatric or young adult settings.<br>• Routinely screen for risk of various forms of exploitation including trafficking, domestic violence or child abuse, as well as ACES and the social determinants of health.<br>• Offer education and resources to patients and clients on healthy relationships, internet safety, labor rights, and potential indicators of exploitation.<br>• Connect at risk patients and clients to community resources that address risk factors for trafficking victimization and perpetration, identify protective factors, and promote resiliency for the individual and their family. |
| **ORGANIZATION/ INSTITUTION** | • Train staff and providers on how to offer education to all patients about the connection between violence and their health and engage them in strategies to promote wellness and safety and connect with community resources. Ensure staff have the capacity to offer resources that address ACES and the social determinants to prevent trafficking.<br>• Establish standards for anticipatory guidance and psychoeducation, including adult populations, on the intersections between other forms of violence (e.g., domestic violence, child abuse) and risk of trafficking.<br>• Train HCPs on harms associated with ACES and intergenerational trauma to support prevention of trafficking, including among adult populations.<br>• Assure an institutional environment free of human trafficking by establishing policies, procedures, and best practices addressing risks of trafficking in procurement of services or goods supporting the health care setting.<br>• Establish partnerships with community-based resources that provide services designed to improve social determinants of health (housing stability, employment/job training, education, etc.) that reduce risk to trafficking. |
| **RESEARCH** | • Identify health disparities and social determinants of health specific to trafficking prevention and identify prevention opportunities based on those findings.<br>• Research the intersectionality of other forms of exploitation, such as domestic violence or child abuse, as a risk factor of human trafficking.<br>• Evaluate the efficacy of prevention programming. |
| **EDUCATION** | • Integrate into the curriculum trafficking prevention efforts that target social determinants of health.<br>• Promote improved health care quality, accessibility, affordability, and equity as routes to trafficking prevention. |

## B. SECONDARY PREVENTION: RISK REDUCTION

### INDIVIDUAL

- Apply concepts of risk reduction to all interactions with individuals who have experienced trafficking or are currently experiencing trafficking, or other forms of exploitation.
- Offer anticipatory guidance, psychoeducation, and resources to patients or clients who present with any indicators of trafficking in any health setting or to any member of staff, including guidance that addresses any other historical, intergenerational, or collective trauma that may further impact a patient or client.
- Make referrals to services that use risk reduction approaches and that address social determinants of health.

### ORGANIZATION/ INSTITUTION

- Train all health care staff in basic principles of anticipatory guidance so that they may help reduce harm for patients or clients who have experienced trafficking or are at risk of trafficking, and other forms of exploitation.
- Integrate trafficking prevention advocacy efforts into all wellness or preventive programming.
- Provide HCPs with up-to-date information on the local context of trafficking in their communities, informed by experts with lived experience.
- Ensure HCPs have easy access to a list of community, state, and national resources to address vulnerability factors identified in patients or clients who have experienced trafficking (e.g., refugee support organizations, intimate partner violence shelters, food banks, childcare, transportation to improve access to the services), including resources that use risk reduction models of care.

### RESEARCH

- Research risk reduction strategies for individuals engaged in affected industries, including illicit trades such as the sex and drug trades, and individuals working in occupational sectors at high risk for labor trafficking conditions.
- Research industries affected by trafficking at the community level.
- Evaluate risk reduction programs for applicability to individuals who have experienced trafficking.
- Evaluate outcomes of risk reduction programs that specifically target individuals who have experienced trafficking.

### EDUCATION

- Incorporate education on risk reduction models into curricula on trafficking.
- Integrate into curriculum the intersectionality between trafficking and other forms of violence, informed by experts with lived experience.

## C. TERTIARY PREVENTION: PREVENTION OF RE-TRAFFICKING

| | |
|---|---|
| **INDIVIDUAL** | • Include strategies for long-term, sustainable care in health and behavioral health planning with patients or clients who have experienced trafficking and their families.<br>• Connect identified individuals to appropriate social services for long-term care, interpersonal trauma, and treatment for substance use disorders, as appropriate.<br>• Address protective factors and resiliency strategies with patients to reduce re-trafficking. |
| **ORGANIZATION/ INSTITUTION** | • Invest in long-term health care and behavioral health strategies for identified patients who have experienced trafficking and their families.<br>• Adopt a multidisciplinary team approach to health care and behavioral health for patients who have experienced trafficking and their families to ensure that their long-term recovery is sustainable. |
| **RESEARCH** | • Research the long-term, holistic recovery needs and health care/well-being outcomes of individuals who have experienced trafficking and their families, informed by experts with lived experience.<br>• Evaluate the effectiveness of aftercare and support services for patients or clients who have experienced trafficking. |
| **EDUCATION** | • Educate HCPs in the long-term recovery needs of patients who have experienced trafficking and their families, grounded in a resiliency model, and informed by experts with lived experience. |

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# ADDITIONAL RESOURCES

## Trauma-Informed Care

- A Trauma Lens for Systems Change
- Building a Trauma-Informed Workforce
- Helping Patients Cope With a Traumatic Event
- The Missouri Model: A Developmental Framework for Trauma-Informed Approaches
- PEARR Tool: Trauma-Informed Approach to Victim Assistance in Health Care Settings
- Promising Practices: An Overview of Trauma-Informed Therapeutic Support for Survivors of All Forms of Human Trafficking
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
- Trauma Center at Justice Resource Institute
- Trauma-Informed Approach and Trauma-Specific Interventions
- Trauma Symptom Check-list 33 and 40 (TSC-33 and TSC-40)

## Health and Wellness

- Adult Human Trafficking Screening Toolkit and Guide
- CUES: An Evidence-Based Intervention
- Human Trafficking Response Program Shared Learnings Manual
- Improving Health Care Services for Trafficked Persons: The Complete Toolkit
- Map of Office on Trafficking in Persons (OTIP) Program Grantees
- Pretesting a Human Trafficking Screening Tool in the Child Welfare and Runaway and Homeless Youth Systems
- Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings
- State & Territory Profiles: Efforts to Combat Human Trafficking
- Victim Service Provider Intake & Needs Assessment

## Culturally and Linguistically Appropriate Services

- A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities
- Attaining Health Equity
- Breaking Silence: Interpreting for Victim Services
- Building Culturally Competent Organizations
- CLAS Standards Implementation Tips
- The Cultural and Linguistic Competence Health Practitioner Assessment (CLCHPA)
- A Guide for Understanding, Supporting, and Affirming LGBTQI2-S Children, Youth, and Families
- Engaging Survivors of Human Trafficking
- Health Equity Framework
- Human Trafficking Data Collection Project
- Improving Cultural Competence: A Treatment Improvement Protocol
- Interpreters in Human Trafficking Task Force e-Guide: Strengthening Collaborative Responses
- Language Identification Flashcard
- Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs
- LGBT Youth Resources
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
- National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice
- Raising Awareness: Cultural Competency and Ethical Care Working with the LGBTQI Populations
- The Road to Resilience
- Self-Assessments
- Standards and Indicators for Cultural Competence in Social Work Practice
- Toolkit for Building Survivor-Informed Organizations