GUIDING PRINCIPLES

For Agencies Serving Survivors of Human Trafficking

The Southeast Regional Human Trafficking Advisory Group
An Initiative of the Administration for Children and Families Region 4 Office
As the field of human trafficking specific services continues to grow to support the recovery and empowerment of this incredibly diverse population and their various trauma experiences, may we all recognize the value of core principles to guide our work, so that we do no harm as we come alongside victims and survivors to support and empower them.
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Guiding Principles for Agencies Serving Victims of Human Trafficking

INTRODUCTION
The Administration for Children and Families Region 4 Southeast Regional Human Trafficking Advisory Group has convened since 2016 to improve coordination and services to survivors of labor and sex trafficking. One need identified by the group was to develop a best practices framework to guide and evaluate agencies providing services to victims of human trafficking.

Different states have considered and adopted various mechanisms for improving and regulating agencies serving survivors of human trafficking. While this document is not a comprehensive survey of all state responses, we have gathered those that are readily available in order to inform our work.

WHY DO WE NEED BEST PRACTICES GUIDANCE FOR SERVICE PROVISION IN HUMAN TRAFFICKING?
While working with human trafficking survivors has some overlap with the services needed and the trauma experienced by survivors of sexual assault or domestic violence, human trafficking is a specific crime with its own challenges in regards to service needs, trauma, policy, funding, and other areas. As such, there is value in clearly identifying best practices and providing guidance for service provision as a resource for service providers, community partners, funders, and others who serve survivors of human trafficking.

HOW MIGHT THESE GUIDING PRINCIPLES BE HELPFUL TO YOU?
• You are already providing services, and want to ensure that you are including best practice standards in your work
• You want to expand your services and programming to include survivors of trafficking
• You are a funding source interested in providing funding specifically for human trafficking services, and you want to fund effective services
• You are a researcher interested in evaluating the components of best practice services for human trafficking
• You are interested in starting a program to serve survivors of human trafficking

THE MANNER AND APPROACH OF SERVICE PROVISION DIRECTLY IMPACTS THE LIVES OF SURVIVORS:
It is important to consider our approach to service provision and to evaluate our motivations for engaging in this work. If our motivation is based on improving the lives of survivors of human trafficking, then it is important to assess the ways in which we interact with survivors and facilitate services. Ensuring our efforts are empowerment-based with the goal of supporting survivors in regaining control of their lives in both big
and small ways is critical. This may include developing assertive communication skills, which helps to ensure survivors are in the “driver’s seat” by making their own choices, and feeling supported in those choices. If we value survivor strengths and empower them, we will help them gain tools to do more on their own, so they are able to succeed in meeting their goals.

Do we really want to help, and do no harm? If we aren’t carefully assessing the reasons why we provide services the way we do, and the ways we interact with survivors, it can be easy to mimic the behavior of traffickers, even unintentionally. Traffickers are master manipulators. They know how to convince victims to make life choices without considering what’s in their own best interests, but instead to focus on the best interests of the trafficker.

TRAFFICKING VICTIM POPULATIONS ARE INCREDIBLY DIVERSE:
Anyone can be a trafficking victim, so we should be prepared to serve these populations: individuals with disabilities, foreign nationals, individuals who identify as LGBTQ, children and adults, male and female, survivors of sex and/or labor trafficking, etc. It’s important to consider the implications of services specific to each of these populations. For example, if you are serving foreign national victims of trafficking, you will need a language access plan and resources for interpreter/translator services as well as immigration legal services. Trafficking victim may also be victims of other crimes as well (domestic violence, sexual assault, child abuse, etc), which further highlights the importance of a flexible approach to services that addresses the individualized experiences and needs of victims.

COMPREHENSIVE SERVICES ARE EXTENSIVE: The service needs span from the most basic, immediate needs (safety, emergency housing, language access, food, medical care) to long-term needs (therapy services, immigration relief, substance abuse treatment, case management services, long-term housing). While one agency may not provide all of these services alone, it is important to know that these services are available and to coordinate so survivors can access these services.

USE OF “VICTIM” AND “SURVIVOR” THROUGHOUT THE GUIDE: While there is a lot of difference in opinion around when to use the terms “victim” or “survivor”, this guide generally uses the language “victim” when referring to the term statutorily or in the early stages of identification or intervention. The term “survivor” is typically used otherwise, recognizing the unique space occupied by those who are no longer being victimized, but have survived. Best practice in service provision highlights individual autonomy and choice in identifying the language an individual who has exited a trafficking situation feels best describes their identity and experiences.
GUIDING PRINCIPLES | FOR AGENCIES SERVING VICTIMS AND SURVIVORS OF HUMAN TRAFFICKING

RESOURCES:

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

Office for Trafficking in Persons (OTIP): OTIP is an office in the Administration for Children and Families, and funds human trafficking training and awareness efforts, as well as victim services. OTIP offers SOAR to Health and Wellness Training for health care providers, and also funds the National Human Trafficking Training and Technical Assistance Center (NHTTAC).

Office for Victims of Crime (OVC): OVC is within the Department of Justice, Office of Justice Programs, and funds human trafficking programming throughout the United States and US territories. Most OVC funding is specific to services for victims of human trafficking. OVC also has a Training and Technical Assistance Center (OVC TTAC), which has a wealth of resources available online related to services for victims, including the OVC TTAC Task Force E-guide.

National Human Trafficking Hotline (NHTH): The NHTH (1-888-373-7888) is funded by HHS and executed by Polaris, a non-profit organization based in Washington DC. The NHTH is a 24/7 hotline for reporting human trafficking and connecting potential victims to resources. The National Hotline maintains an extensive list of trained law enforcement and service providers around the country to ensure that victims/survivors are connected to the best resources in their locality. Polaris also does a lot of work to disrupt trafficking systems and networks throughout the United States, through the development of resources, information, and response systems.

Project REACH: Project REACH is a program in the Trauma Center at the Justice Resource Institute of Boston and provides consultation and brief mental health services to survivors of human trafficking throughout the United States. Project REACH is an excellent resource for training on trauma and mental health, and also provides direct assistance, such as psychiatric evaluations, which may be helpful both in long-term service provision, as well as for legal needs, such as a visa application.


Shared Hope International: Shared Hope International is a national program, with international reach, focusing on child sex trafficking, both domestically and abroad. Shared Hope offers training annually through their JUST Conferences, in addition to developing informational resources, working on policy issues, and supporting service work. Shared Hope also addresses demand through their Demanding Justice Project, to promote demand deterrence.

New Service Organizations

If you are new to the issue of human trafficking or are considering becoming a new service provider, please consider the following:

- Are there existing task forces or coalitions in your area? If so, consider attending their meetings and joining their list serves, so you are well-informed on existing service structures, protocols, and resources in your area.

- Has a needs assessment been completed on the need for additional services for human trafficking victims and survivors in your area? This will help you to ensure that any new services created are filling a current gap and not replicating existing services, but instead leveraging what already exists in the provision of a needed service.
DEFINITIONS OF HUMAN TRAFFICKING

The TVPA defines different types of trafficking as:
- **Sex Trafficking**: Any commercial sex act on account of which anything of value (money, drugs, shelter, food, clothes, etc.) is given to or received by any person, and in which the commercial sex act is induced by the use of force, fraud, or coercion OR in which the person induced to perform the commercial sex act is under the age of 18.
- **Slavery**: A form of exploitation where people are legally considered personal property.
- **Involuntary Servitude**: A scheme, plan or pattern that causes a person to believe that if they do not enter into or continue a labor obligation or situation, they will suffer serious harm, abuse, or other negative consequences.
- **Peonage**: Peonage is involuntary servitude based upon a real or alleged indebtedness.
- **Debt Bondage**: Similar to peonage, debt bondage involves a debt that seemingly can never be paid off, forcing the victim into exploitative labor indefinitely.

HUMAN TRAFFICKING LAWS:
The crime of human trafficking involves a trafficker using force, fraud, or coercion to make an individual perform labor or engage in commercial sex. Human trafficking often involves severe violence directed at victims and is often connected to other crimes, including gang activity, drug operations, property crimes, organized criminal

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operations, and other violations of state, federal, and international law. Because of these connections, it is important to know how human trafficking laws and other criminal statutes interconnect.

**FEDERAL LEGISLATION:**

The Trafficking Victims Protection Act (TVPA) is the cornerstone of U.S. efforts to combat human trafficking. There are three main components of the TVPA—Protection, Prosecution, and Prevention—commonly called the three P’s. The TVPA provides protection to victims of trafficking and established the T visa which provides temporary immigration status to foreign national victims. The TVPA expands the crimes and penalties available to federal agents pursuing traffickers, and enhances U.S. international efforts to prevent trafficking. The TVPA mandated the creation of the Office to Monitor and Combat Trafficking within the State Department and has sponsored public awareness campaigns and coalition to help implement its policies and programs. The TVPA of 2000 and subsequent reauthorizations created a number of additional crimes and remedies and re-codified several pre-existing crimes connected with human trafficking. These offenses are generally referred to as Chapter 77 crimes because they appear in Chapter 77 of Title 18 of the U.S. Code. Chapter 77 laws are some of the main statutes federal prosecutors may use for prosecution of human trafficking offenses.

**STATE LEGISLATION:**

“Despite the continuing improvement of the federal response, there was an early recognition that individual states have a significant role to play in combating human trafficking. There was also recognition that new laws at the state level were needed to provide the foundation for states’ anti-trafficking efforts to grow. Polaris has rated all 50 states and the District of Columbia based on 10 categories of laws that are critical to establishing a basic legal framework to effectively combat human trafficking, punish traffickers, and support survivors. In the final year of our State Ratings on Human Trafficking Laws, the following analysis highlights the tremendous improvement and innovation during this time. Yet, while criminal statutes have been enacted across the United States, there is still a significant absence of laws to assist and protect victims of human trafficking. In addition, the passage of dozens of new laws now requires that states work to provide proper funding and support to ensure that these laws can be effectively implemented.

Since 2003, a number of tools have been developed to assist states in enacting anti-human trafficking laws. Polaris released the first edition of its Comprehensive Model State Law in 2004 and published subsequent editions in 2006 and in 2010. The Department of Justice also released a model law for states in 2004. Other groups released model laws or model legislative provisions for states, including the Freedom Network and the Center for Women’s Policy Studies. In 2013, the Uniform Law Commission adopted a Uniform Act on the Prevention of and Remedies for Human Trafficking. The Uniform Act was officially endorsed by the American Bar Association soon after its adoption and represented a critical step forward in providing states with the comprehensive road map necessary to establish effective criminal penalties and victim protections to fight human trafficking.”

- Polaris, “A Look Back: Building a Human Trafficking Legal Framework”

**ADDITIONAL STATE LEGISLATION RESOURCES:**


Shared Hope International, Protected Innocence Challenge, State Report Cards (2011-2017 *may issue new reports)

Northeastern University, Human Trafficking Data Collection and Reporting, State Legislation Proposals (dates unknown)

National Conference of State Legislatures, Human Trafficking Enactment Database (select by year)
GUIDING PRINCIPLES:

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<td>Prioritizing the needs and well-being of the survivor in all services.</td>
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<td>2. <strong>Empowerment/Strengths-Based</strong></td>
<td>Acknowledging and focusing on the strengths of the survivor.</td>
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<td>3. <strong>Trauma-Informed Approach</strong></td>
<td>Services are cognizant of the complex traumas of survivors and re-traumatization is minimized throughout the provision of services. Focus is on doing no harm.</td>
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<td>4. <strong>Screening</strong></td>
<td>Going through the process of determining if an individual meets the definition of a victim of human trafficking per federal law or relevant state laws. Typically involves completion of a screening tool through conversation with the potential victim.</td>
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<td>5. <strong>Religious / Spiritual Self-Determination</strong></td>
<td>Religious/spiritual issues should be included in needs assessment for survivors. There should be transparency and choice for survivors regarding participation in any faith-specific services or programming.</td>
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<td>6. <strong>Confidentiality</strong></td>
<td>Ensuring all information relating to a survivor's case is strictly confidential: when disclosure may be necessary, informed consent provided by the survivor before release of information.</td>
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<td>7. <strong>Safety</strong></td>
<td>Developing a plan to prioritize and ensure physical safety of the victim, safety of family members, and emotional safety as well as risks/benefits with taking legal action, in a collaborative manner with the victim.</td>
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<td>8. <strong>Non-Discrimination</strong></td>
<td>Providing a full extent of available services to all victims regardless of age, class, color, disability, ethnicity, family structure, gender identity, marital status, national origin, race, religion, sex, and sexual orientation.</td>
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<td>9. <strong>Culturally and Linguistically Appropriate</strong></td>
<td>Being aware and respectful of people’s unique needs based on cultural background and identity while also providing language-specific services for victims.</td>
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<td>10. <strong>Collaboration</strong></td>
<td>Developing working relationships with interdisciplinary fields in order to provide a multidisciplinary range of care for victims in an efficient manner.</td>
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<td>11. <strong>Ethics and Professionalism</strong></td>
<td>Articulating and demonstrating the knowledge and skill of one’s professional role and of the specific needs of human trafficking survivors in order to provide the highest quality of care.</td>
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<td>12. <strong>Survivor-Informed</strong></td>
<td>Incorporating the experience and expertise of survivors and engaging survivors when doing anti-trafficking work.</td>
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<td>13. <strong>Evidence-Based Interventions</strong></td>
<td>Using research and evaluation to ensure that interventions used to respond to victims/survivors are most effective.</td>
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<td>14. <strong>Staff Support and Self-Care</strong></td>
<td>Intentionally creating spaces outside of professional work that enable one to maintain stable health and prevent burn-out.</td>
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<td>15. <strong>Training for Service Providers</strong></td>
<td>Competent training that gives providers professional knowledge and skills necessary for serving specifically victims of trafficking most effectively.</td>
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**KEY TERMS AND DEFINITIONS:**

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

**Advocate/Advocacy** - Active support for a cause, person, or policy; to advocate is to speak or act on another’s behalf, to intercede; an advocate is one who engages in advocacy. Advocacy may be individual (for a person served) or social (directed at changing social systems, institutions, and broader functioning of society). The latter type of advocacy may also be called institutional advocacy or systems advocacy.²

**Confidentiality** - The rules prohibiting the disclosure of victim information. It limits the disclosure of information without the victim’s consent, and requires victim service providers to disclose any limits to confidentiality to the victim.

**Case Management** - Process of prioritizing, managing, supporting, and providing the services set forth in a victim/survivor service plan; this often includes assisting crime victims in coordinating tasks and following up with many different systems (e.g., criminal justice, civil legal systems, social services) to meet victim/survivor goals.³

**Collaboration** - Partnership between agencies and individuals committed to working together and contributing resources to obtain a common goal.⁴

**Confidentiality** - The act of protecting (i.e., not disclosing, revealing, or sharing without consent) private information relating to a person served, established through federal and state statutes and regulations, ethical principles, and program policies. Confidentiality is rarely absolute, and limitations should be fully disclosed to persons served.⁵

**Cultural Competence** - The ability of an individual or organization to interact effectively with people of different cultures. This includes drawing on knowledge of culturally based values, traditions, customs, language, and behavior to plan, implement, and evaluate service activities. Some organizations use the terms “cultural accountability” or “cultural responsiveness.”⁶

**Disability** - The Americans With Disabilities Act (“ADA”) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such an impairment, even if they do not currently have a disability. The ADA also makes it unlawful to discriminate against a person based on that person’s association with a person with a disability.⁷

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² Office for Victims of Crime, Glossary of Terms, available online at: https://www.ovc.gov/model-standards/glossary.html
³ Office for Victims of Crime, Glossary of Terms, available online at: https://www.ovc.gov/model-standards/glossary.html
⁴ Office for Victims of Crime, Glossary of Terms, available online at: https://www.ovc.gov/model-standards/glossary.html
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⁶ Office for Victims of Crime, Glossary of Terms, available online at: https://www.ovc.gov/model-standards/glossary.html
⁷ ADA National Network, available online at: https://adata.org/faq/what-definition-disability-under-ada
Diversity- Recognition of the vast array of different groups, including those of different races, ethnicities, genders, and cultures, that may have varying behaviors, attitudes, values, beliefs, rituals, traditions, languages, or histories.¹

Domestic- Refers to a victim or survivor who is a U.S. citizen or Legal Permanent Resident of the United States.

Foreign National- Refers to a victim or survivor who was not born in the United States, and who is not a Legal Permanent Resident or U.S. Citizen.

Interpreter/Interpreting- Provides oral (spoken) translation of a speaker's words from one language into; The act of rendering spoken words from one language into another.²

Language Access Plan (LAP)- An organizational document that contains a comprehensive set of policies and procedures that ensure that limited English proficient individuals will have meaningful access to that agency's programs, services, and products.³

Limited English-Proficient (LEP)- Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. Individuals with LEP may be competent in certain types of communication (e.g., speaking, understanding), but have LEP in other areas (e.g., reading, writing). Similarly, LEP designations are context-specific; an individual may possess sufficient English language skills to function in one setting, but these skills may be insufficient in other settings.⁴

Multi-Disciplinary- A planned and coordinated program of care involving two or more specializations (e.g., law enforcement and a nonprofit service organization) for the purpose of improving services as a result of their joint contributions.⁵

Privacy- Freedom from unauthorized intrusion; a victim’s right to control who has access to his or her own story and personal information.⁶

Privilege- Protected communications between certain professionals and victims as defined by statutes. Even if it is relevant to a case, a privileged communication cannot be used as evidence in court. The established privileged communications are those between wife and husband, clergy and communicant, psychotherapist and patient, physician and patient, and attorney and client. In some states, communications with domestic violence and sexual assault counselors are included.⁷

Re-Traumatization- Intense physical and psychological reactions that occur when a victim's emotional wounds are re-opened or when they anxiously anticipate the re-opening of these wounds. This distress may occur when persons are exposed to additional traumatic events or when they find themselves in situations that trigger painful memories of past traumatic events. Re-traumatization may also occur

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¹ Office for Victims of Crime, Glossary of Terms, available online at: https://www.ovc.gov/model-standards/glossary.html
³ Office for Victims of Crime, Glossary of Terms, available online at: https://www.ovc.gov/model-standards/glossary.html
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¹⁴ Office for Victims of Crime, Glossary of Terms, available online at: https://www.ovc.gov/model-standards/glossary.html
when victims re-tell their stories. Victim-centered and trauma-informed approaches are implemented in an attempt to avoid re-traumatizing victims while delivering services.\textsuperscript{15}

**Self Determination**- The act of making up one’s own mind about what to think or do without outside influence or compulsion.\textsuperscript{16}

**Survivor**- The term “survivor” refers to foreign and domestic victims of severe forms of trafficking in persons as defined by the Trafficking Victims Protection Act of 2000.

**Survivor-Informed**- A program, policy, intervention, or product that is designed, implemented, and evaluated with intentional leadership and input from victims/survivors to ensure that the program or product accurately represents the needs, interests, and perceptions of the target victim population.\textsuperscript{17}

**Translate**- The act of rendering written text from one language into another.\textsuperscript{18}

**Trauma-Informed**- Approaches delivered with an understanding of the vulnerabilities and experiences of trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. 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. Programs, services, agencies, and communities can be trauma-informed.\textsuperscript{19}

**Victim**- A person who experiences mental, physical, financial, social, emotional, or spiritual harm as the direct result of a specified crime committed on his or her person or property; family members, significant others, community members, and others impacted indirectly by the crime are regarded as “secondary” victims. The term *survivor* is also used to describe a direct victim who has survived a violent crime or a significant other who has survived a deceased crime victim. Victim assistance providers should consult state, tribal, and federal laws for statutory definitions.\textsuperscript{20}

**Victim-Centered Approach**- This approach is defined as the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner.\textsuperscript{21}

\textsuperscript{15} Office for Victims of Crime, Glossary of Terms, available online at: https://www.ovc.gov/model-standards/glossary.html
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1. **Victim-Centered Approach:**

A victim-centered approach places emphasis on a victim’s self-determination and seeks to minimize re-traumatization. This approach assists in gaining a sense of empowerment while providing information to make informed choices. A victim-centered approach is a person-centered approach.

Any agency serving victims of trafficking should strive to ensure that the individual is provided with information, services to stabilize and opportunities to seek justice in the civil and criminal justice systems. The victim’s choice, safety, and well-being should take priority in all matters and procedures. OVC describes a victim-centered approach as “placing the crime victim’s priorities, needs, and interests at the center of the work; providing non-judgemental assistance, with an emphasis on client self-determination, where appropriate, and assisting victims in making informed choices; ensuring that restoring victims’ feelings of safety and security are a priority and safeguarding against policies and practices that may inadvertently re-traumatize victims; ensuring that victim’s rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact crime victims.”

Victims and survivors should be given choice in all matters related to their access to services, in order to ensure:

- The service provider is not imitating the role or behaviors of the trafficker as services are being provided.
- The victim/survivor feels empowered and that they have control over what is happening in their life.
- All services are provided in a way that is meeting the victim/survivor where they are, based on their self-identified needs.

**EXAMPLE:** Providers may inadvertently replicate the behavior of traffickers by insisting that a victim participate in certain activities in order to obtain services, telling others about their circumstances without their informed consent, making information about them public in order to sensationalize their experience or fundraise, or by acting frustrated when a survivor is exercising their choice in a way the provider may not have chosen or agree with personally.

Safety should be paramount, and the initial issue addressed by service providers. Once a victim is safe, they are better-positioned to utilize services. If there are safety concerns, those concerns should be addressed first, before other services are provided.

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

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A visual representation of the victim-centered approach has the survivor in the center of all services, interventions, and collaborations. With this approach the survivor is engaged of all facets of care and is the central component of the care team. They lead the way and have the final say in all decisions made. Any multi-disciplinary work and collaboration on services is done only with the survivor’s consent and engagement.

A key part of the victim-centered approach is to partner with victim advocates, who should be involved at all stages of the case, from the initial report to the investigation to the prosecution. Survivors should be made aware of their rights, and those rights should be upheld through all phases of the criminal justice process. The needs of a survivor may last well beyond the resolution of a criminal case, underscoring the importance of establishing a strong connection with the victim service provider. Recognizing and celebrating successes for program participants and providing opportunities for participant feedback and evaluation are also important in ensuring ongoing victim-centered service provision.

EXAMPLE: When determining how to move forward, each agency may each have a preference regarding survivor engage with them or other systems, or specific ideas about decisions a survivor is making. A survivor-centered approach encourages and supports a survivor’s self-determination, regardless of a provider’s own personal preferences or what may be somehow “best” or more “in line” with agency procedures.

“The appearance of having time to listen and time for the person is calming and increases their confidence.... There is a lot to be said for a few simple words or expressions of positivity, kindness and recognition of what a victim has been through.”

- Trafficking Survivor Care Standards, The Human Trafficking Foundation
PROVIDING OPPORTUNITIES FOR CHOICE: A coordinated community-wide approach to services will provide survivors with different options regarding where they receive services. Offering options in regards to shelter, therapy, or case management provides more choice for survivors. Service providers may engage in victim-centered practice by simply, yet intentionally, offering choice to victims throughout the provision of services. Asking questions such as “Where would you like to meet for our appointment?” or “Would you like to sit on this couch or this chair?” or “Would you like something to drink before we begin? What would you like?” allow a survivor to practice making simple choices, use their own voice and agency, and feel heard and important. These simple questions can also help in grounding the client, if they are feeling anxious or are in crisis. By focusing on simple, physical questions related to touch or other senses, they may begin to feel more fully themselves, and more comfortable as they engage with you as the provider.

EXAMPLE: It may be risky for a survivor to stay in the same community where they were trafficked. As the provider, there are genuine concerns the survivor could be found and re-victimized. Despite these risks, the survivor may want to stay in that community because they have plans to work at a local business, their children attend a local school, or they aren’t ready for the additional change of moving to another community. The service provider should support the survivor’s choice and assist them in safety planning and helping them to feel as supported as possible, within their chosen community.

ENSURING SURVIVORS ARE FULLY INFORMED ABOUT SERVICES: When offering services the provider should describe the service with as much detail as may be helpful so that the survivor is fully informed in their decision-making regarding services. This may take more time, and the survivor may have a variety of clarifying questions, however engaging in this practice starting with the first interaction with a victim will help to ensure they know the various options available to them, and are making fully informed decisions. The survivor will feel more confident if they know their decisions are fully informed.

EXAMPLE: A survivor in need of legal services may have various options related to their attorney: an attorney who is available immediately, but will cost more; an attorney who charges substantially less, but there is a substantial waiting period before the consultation date.

ENCOURAGING PERSONAL AGENCY: While a service provider may not agree with some choices a survivor in their program is making, providers should put the survivor first by ensuring the survivor feels empowered and supported as they make their own decisions. As a service provider, we are concerned about a survivor’s safety and financial security, however we should whenever possible step back to ensure survivors are making the choices they want to make...even when we may disagree or would choose differently for ourselves. The primary role of a service provider is to offer information and to support and empower. This role does not involve making decisions on behalf of survivors or making them feel badly or second-guessing decisions they have made.

Self-Determination

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients’ right to self-determination when, in the social workers’ professional judgment, clients’ actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

- NASW Code of Ethics, National Association of Social Workers, Ethical Standard 1.02
2. EMPOWERMENT/STRENGTHS BASED:

“Empowerment is both a theory and a practice. It is also a process as well as an outcome.”

Empowerment refers to recognizing the power and self-determination of individuals rather than putting the provider in the role of “rescuer” who is making choices and decisions on behalf of the victim. The crime of trafficking takes away an individual’s sense of control and choice; all interventions should be empowering and not replicate this control. Providers should be aware of power dynamics and avoid the repeated patterns of control and coercion. Survivors are the expert in their lives and have abilities and strengths that can assist them in self-advocacy and in rebuilding their lives. Providers should ensure that victims are heard and can make choices about which decisions and resources will work for their life, recognizing that each survivor is different. Giving victims and survivors choices in each aspect of their services will help to increase their sense of empowerment. Service providers should focus on the strengths of victims and survivors, and how to highlight those strengths when developing goals. The role of the provider is to offer options and services- not to take over decision making- and to allow clients to make decisions. The goal of empowerment is to encourage victims and survivors to re-claim their voice, promote self-sufficiency, and decrease dependence on service providers. Service providers equip victims and survivors with the tools, resources, and services that will assist in decreasing their dependence on providers.

“...You should recognize that trafficking is a severe form of exploitation that violates survivors’ basic human rights. Therefore, your support should never be contingent upon their ability or willingness to cooperate with authorities and should always be offered on an informed and consensual basis with a view to respecting their human dignity and promoting their rights.”

-Trafficking Survivor Care Standards, The Human Trafficking Foundation

Service providers should seek to work in collaboration with survivors and be open to negotiation, appreciating the authenticity of the views and aspirations of survivors, although it may be challenging to assume such a conjoint position.

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24 OVC, Training for Working with Survivors of Trafficking, available at www.ovcttac.gov/traffickinglc/dsp_files.cfm (link not available to public)
Integrating Empowerment into Practice

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

- Lorraine Gutiérrez, Linnea GlenMaye, and Kate DeLois

Empowerment of survivors may be incorporated into programming through:
- Development of concrete skills for survivors
- Development of social power with survivors (building relationships, collaborating on services)
- Recognizing and building on strengths of survivors
- Use of democratic processes in working with clients (self-determination, choice)
- Involving program participants in the planning, governance, and implementation of programs
- Utilizing participatory management techniques (engaging leadership)
- Creating an organizational structure based on working in partnership with others

Supports for Empowerment:
1) Staff Development around utilizing an empowerment approach to services
2) Enhanced Collaborative Approach
   a. Peer support and intervention to model and correct when needed
3) Administrative Leadership and Support
   a. Shared value of empowerment among leadership and program staff
   b. Full commitment of leadership to making programmatic decisions based on an empowerment model

“One critical element [of empowerment] is gaining awareness of the power that exists within any individual, family, group, or community...Empowerment is a method for developing personal and interpersonal power through a process of self-awareness.”

- Lorraine Gutiérrez, Linnea GlenMaye, and Kate DeLois

The Organizational Context of Empowerment Practice: Implications for Social Work Administration
Gutierrez, Lorraine; GlenMaye, Linnea; DeLois, Kate
Social Work; March 1995; 40, 2; Research Library pg. 249
Strengths-Based Engagement with Survivors

Survival questions:
Given all the challenges you have had to grapple with, how have you managed to survive (or thrive)?
What are you thinking and feeling as you face uncertainties and trials?
What have you learned about yourself and your world during your struggles?

Support questions:
In times of difficulty what people or groups have given you special understanding, support, and guidance?
Of the people in your life who do you see as exceptional and dependable?
What associations, organizations, or groups have been especially helpful to you in the past? Do you think you can still rely on them for help and sustenance?

Exception questions:
There are times in our lives when things are going more smoothly. What is different about those moments?
In those moments when life felt better and more stable, what about the people and places in your world was distinct or different?
What parts of your world and your being would you like to recapture, reinvent, or relive?
What incidents in your life have given you special understanding, resilience, guidance, and hope?

Possibility questions:
At this moment, what do you want out of life?
How would you describe your hopes, visions, and aspirations?
What people and/or personal qualities are helping you move in these directions?
What do you like to do? What are your special talents and abilities?

Esteem questions:
When people say good things about you, what are they most likely to say?
What things have you done in your life that make you feel proud?
What events or people give you genuine pleasure?

Perspective questions:
What do you make of your current situation?
How do you understand, or what kind of sense do you make of your recent experiences, both successes and struggles?
How do you explain these to yourself, to me, or anyone else?

Change questions:
What are your ideas about how things in your life – thoughts, feelings, behavior, relationships, etc. – might change?
What has worked in the past to bring about a better life for yourself?
What do you think you should or could do now to make things more satisfying for you? Is there any way I can help?

Meaning questions:
What are the essential ideas and values of your meaning system: those things that you unreservedly believe in and value above all? Where do these beliefs come from?
What gives you a sense of purpose beyond the self?
What part does this play in your everyday life?

While these questions are not meant to be a direct protocol, they reflect the kinds of concerns and interests that may arise and direct your attention during conversations with clients to their strengths.

The Strengths Perspective in Social Work Practice
D. Saleebey, 2013
3. **TRAUMA-INFORMED APPROACH:**

Understanding how trauma affects victims of trafficking will ensure that services and communications with victims are trauma-informed and trauma-sensitive. A trauma-informed approach will consider the whole person and address past traumas also.

The service provider should have an understanding of the widespread impact of trauma, recognize the signs and symptoms of trauma, respond by integrating knowledge of trauma in policies, procedures and practices and actively work to not re-traumatize the survivor.\(^{26}\)

**SERVICE CONSIDERATIONS:** The focus of a trauma-informed approach includes safety of the survivor, trust between provider and survivor, the survivor having choice and autonomy of services, collaboration among service providers and the empowerment of survivors.\(^{27}\)

Trauma can manifest itself in various ways, such as post-traumatic stress disorder, depression, anxiety, dissociative identity disorder, among others. It is important for service providers to understand the impacts of trauma. Understanding the impact of trauma will ensure that the service provider does not trigger or re-traumatize a survivor.

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**EXAMPLE:** Trauma can cause deficits in memory because the brain is often unable to record memory in order and sequence after experiencing a traumatic event. This may be the case both in recalling past memories of trauma, such as recounting a trafficking situation, or also manifest in the present, such as having difficulty keeping track of appointments. Instead of becoming frustrated with a client for frequently missing scheduled appointments, providers should be mindful of the potential underlying causes. The provider can offer to call the client prior to an appointment to remind them or help them use a date planner to keep track of appointments. The provider can also make appointments and meetings easy to attend, by doing home visits or having the appointment scheduled directly before or after another appointment.

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\(^{26}\) [https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf]

\(^{27}\) [http://www.socialwork.career/2014/05/core-principles-of-trauma-informed-care-key-learnings-1-of-3.html]
**MENTAL HEALTH IMPACT:** Collaboration with mental health providers that are trauma-informed can be imperative to providing trauma-informed care and should be provided only with consent from the survivor. Trauma-informed service providers have a strong understanding of the experiences of the population they are serving, and work from that basic understanding. While knowing about trauma impact provides a better understanding of survivor behaviors and service needs, providers may not need to know the details of someone’s traumatic experience in order to provide “trauma-informed” services. Providers should be careful not to ask unnecessary questions about past traumas, recognizing the risk of re-triggering the trauma symptoms. Mental health providers should be in the primary role of working with survivors regarding their traumas.

Communication between the service provider and mental health provider could assist in creating an individualized case plan that will meet the comprehensive needs of the survivor in a multi-disciplinary way. A survivor may have unique needs that require the service provider to have a deeper insight into the manifestation of a particular mental health issue, in order for the provider to interact with the survivor in the most trauma-informed, helpful way. While human trafficking service providers are often familiar with the prevalence of anxiety disorder, depression, and PTSD among trafficking survivors, other disorders such as borderline personality disorder or dissociative disorder are also prevalent among human trafficking survivors, and need to be both recognized and better understood by service providers.

Service providers should strive to be flexible when working with survivors. Trauma can impact the way a survivor responds to services. They may experience difficulty sharing their story during the screening process and feel overwhelmed. They may begin to withdrawal from services due to the distress experienced as a result of sharing their trauma. Providers should be mindful of this and allow the survivor’s response to services to determine the way in which services are provided.

**EXAMPLE:** A survivor who struggles with Dissociative Identity Disorder (DID) may be particularly challenging because they may present with one identity to their therapist, perhaps even the anchor identity, while in their interactions with the case manager the survivor may present as various identities, depending on if they are in crisis or something has triggered them. Given the tremendous difficulty in understanding the nuances of DID, it may be helpful for the mental health provider and the case manager, with the consent of the survivor, to work closely and have a multidisciplinary release of information to allow them to discuss as a team the progress and service needs of the survivor.

Providers should be mindful of a client’s readiness for services. Although a survivor may initially be agreeable to services they may eventually decide that they are not ready to engage. Survivors may not voice this but rather display this by not showing up for appointments or rescheduling numerous times. It is a service provider’s responsibility to address this with the survivor and identify the underlying reason for this behavior (ie. trauma-related forgetfulness, not being ready for services, etc.)

Office space arrangement is an important consideration when working with survivors. Providers should be careful of any potential arrangement that may establish a power differential, such as the provider sitting behind a desk. If the

**EXAMPLE:** Spending a few minutes for “grounding” can assist in calming a victim or survivor. The National Criminal Justice Training Center offers a sample *Grounding Exercise* that focuses on the senses.
provider and client are separated by a desk or table, the survivor may feel as though the provider is in a position of power and has control. Thought should be given to the proximity between the provider and the survivor as well. If providers are too close to the survivor they might feel intimidated and potentially be triggered. A trauma-informed approach requires providers be aware of the potential ways in which a client might be re-traumatized and make every reasonable effort to avoid re-traumatization.

Service providers may support survivors through moments that are triggering by having sensory-based items available that are specifically designed for hypo or hyper arousal. Sensory items such as play-doh, an orange (to peel), orange-scented lotion, a stress ball, or a mint (to chew on) could all be kept in a box or on a table where meetings with clients are held, so they can easily access sensory items when needed.

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

**HOW TO DELIVER TRAUMA-INFORMED SERVICES:**

Trauma-informed services are likely to adapt and grow over time, to best align with what we know and continue to learn about trauma. Utilizing the overarching key concepts related to trauma, services should include trauma-sensitive approaches that consider the “interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety”, while also recognizing the survivor’s need to be respected, informed, connected and hopeful regarding their recovery.

Stigma around mental health may impact a survivor’s willingness to participate in treatment. Education regarding the importance of addressing trauma through mental health interventions may help not only the survivor, but also their friends and family.

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**Trauma-Related Resources**

- There are many tools for service providers on grounding, emotional regulation, self-soothing using sensory-based practices. (Sanar Wellness Institute)
- A provider may offer trauma-sensitive yoga classes for survivors (SAMHSA)
- Teaching, modeling, and encouraging mindfulness and sensory-based practices such as expressive arts or music. (Polaris, Sanar Wellness Institute)
- Providers may offer or make referrals for mental health services that are specifically designed to address complex trauma histories, such as Eye Movement Desensitization and Reprocessing (EMDR), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Dialectical Behavior Therapy (DBT), Mindfulness Based Stress Reduction (MBSR), Somatic Experiencing (SE), or Narrative Therapy.
- Common responses to Trauma and Coping Strategies (The Trauma Center)

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28 Trauma-Informed Approach and Trauma-Specific Interventions, SAMHSA, available online at https://www.samhsa.gov/nctic/trauma-interventions
Trauma Impact

While each individual’s experience of trauma may be different, it is important to understand how it can tax the individual’s coping resources and lead to the initiation of biologically driven survival strategies. Trauma may be the result of a single event (natural disaster, witnessing or experiencing a violent act) or a series of ordeals (long-term abuse).

The majority of trafficking situations are the culmination of many traumatic experiences, most of which are untreated. Trauma affects how victims see themselves ("I am helpless," "worthless"), their worldview (the world is dangerous, no one can protect me), and relationships ("I cannot trust anyone"). These beliefs affect how victims respond to services and the criminal justice system, and underscore the importance of task forces taking a trauma-informed approach, not only through service delivery but also throughout the investigation and prosecution process.

Professional training in trauma and trauma-informed care is essential and strongly encouraged as this training can transform the work...The bottom line to all interactions with a victim might look like this:

“How can I create a situation in which the victim feels safe, makes his or her own choices, and feels understood?”

Triggering Re-traumatization
Both the criminal justice and victim 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

Taking the active and often public steps necessary to cooperate in a law enforcement investigation, including interviewing with law enforcement and prosecutors numerous times, testifying in court, going through preliminary hearings, the trial, and appearing at sentencing can retraumatize the victim, even for victims willing and committed to going through this process.

It is helpful to consider the effect of trauma when a victim exhibits behavior that may seem unusual, inconsistent, or even aggressive to assist the victim in feeling more in control, less shamed, or less frightened.

Source: “Treating the Hidden Wounds: Trauma Treatment & Mental Health Recovery for Victims of Human Trafficking” by Heather J. Clawson, Ph.D., Amy Salomon, Ph.D., and Lisa Goldblatt Grace, LICSW, MPH.
Smart Tips for Building and Utilizing a Trauma-Informed Lens

- Review agency policies and procedures to identify and remove any that are potentially unsafe and harmful to trafficking victims with histories of trauma.
- Provide education and training of staff, including those working directly with trafficking victims as well as other providers in relevant systems of care.
- Screen for trauma in multiple settings.
- Ensure safety and meet basic service needs.
- Build long-term, sustaining relationships and provide opportunities for regaining valued social roles.
- Provide access to trauma-specific treatment services.
- Specific to adolescents, use group therapy to address skills development, affect regulation, interpersonal connections, and competence and resiliency building.
- Understand the role that culture plays in resiliency and the importance of community resources as potentially mediating the trauma experience, particularly for foreign-born victims. Engage survivors in programming.
- Develop alternatives to traditional therapies.
- Make peer models and supports available
- Engage survivors in programming

A trauma-informed approach begins with understanding the physical, social, and emotional impact of trauma on the individual, as well as on the professionals who help them. This includes victim-centered practices. It incorporates three elements:

1. Realizing the prevalence of trauma.
2. Recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce.
3. Responding by putting this knowledge into practice.

Source: OVC TTAC Task Force E-Guide
4. Screening:

Screening for human trafficking is an important initial component for the provision of services because federal and state laws clearly define human trafficking as a specific crime. As such, many programs and funding sources are specifically to serve human trafficking victims. A screening must be conducted in order for a determination of human trafficking to be made, which addresses the relevant elements (action, means, purpose, age of victim) and documents the information, including a determination of whether or not the screening resulted in a positive identification of human trafficking. If sufficient screening has not been done, a determination of trafficking cannot be made.

**Screening Approach:** All screening should be conducted by a trained professional, who has knowledge and experience on how to screen potential trafficking victims and trauma-informed interviewing. Potential victims should not be asked to complete a screening form themselves or self-identify as a victim by answering a question on a form, such as “Are you a victim of human trafficking?” A direct reference to “human trafficking” during the screening process is not best practice. Instead, the focus of the questions should be the underlying experiences and facts of how the potential victim was treated and what they believed to be true.

**Steps for Conducting Human Trafficking Screening:**

1. Ensure Language Access via In-Person Interpreter, or by phone (if needed)
2. Establish Rapport through Initial Conversation
3. Provide for Basic Needs of Potential Victim (culturally appropriate snacks and drinks, access to a bathroom, comfortable clothing, tissues)
4. Conduct Screening in a Safe, Private Location
5. Begin Asking Screening Questions (it is often best to NOT have a list of questions to read through)
6. Observe Condition and Behavior of Potential Victim throughout Screening
7. Listen for Potential Indicators in Narrative
8. Ask for Clarification as Needed
9. Observe Time Frame and Well-Being of Potential Victim (don’t go too long)
10. Schedule Another Time to Continue Screening (if needed)
11. Make Determination of Trafficking (yes or no) When Sufficient Information is Known

When conducting screening, service providers should be cognizant of the distinction between “wanting to know” information and “needing to know”. Providers should only have access to information that is essential for them to complete the screening (does their experience meet the definition of trafficking per the TVPA or state law?) and assist the survivor in accessing services- nothing more.

**EXAMPLE:** A service provider is conducting screening, and in the course of asking questions specific to the use of control, the individual being screened begins to provide substantial details of sexual assaults that took place. The provider should not write down those additional details that were provided, and should gently let the individual know that they don’t need to provide those details. For the purposes of the screening and for services, the important detail is the fact that there was a sexual assault.
MINIMIZING RE-TRAUMATIZATION DURING SCREENING: The screening process may be very difficult for the potential victim. In order to minimize the negative impact screening may have, first determine if you are able to access some or all of the screening information you need through other sources. For example, if the individual was referred to you by law enforcement, were you provided information already indicating that they are a victim of trafficking from the law enforcement officer, or could you request a copy of the police report? If the individual was referred by a medical professional, could you request the medical record which contains information about the trafficking that took place? Any information you already have access to will allow you to ask less questions during the screening process, so as to not further traumatize the victim. Multiple screenings should be avoided whenever possible. An identified victim may choose to sign a release of information, allowing the provider to share some information about their screening as appropriate and needed, to prevent additional screening that may do harm to the victim. (Refer to confidentiality and privacy rules regarding related restrictions and additional guidance)

Although every effort should be made to avoid multiple screenings, survivors should be informed that if they are accessing services from different providers, they may have to go through different intakes, possibly even additional screening, in order to access those different services. While this should be avoided whenever possible, and releases provided that allow information-sharing with the survivor’s informed consent, they should understand they may need to share information with other individuals when there is collaboration among various providers.

Screening and Assessment Tools

There are many screening tools available. The tools below provide a variety of options, depending on the screening needs, and have been particularly helpful to the authors and contributors of this Guide.

- Comprehensive Human Trafficking Assessment [with Questions by Type of Trafficking] (Polaris)
- Adult Screening Tool (Office of Trafficking in Persons)
- Child Trafficking Screening Tool (Georgia Cares)
- Human Trafficking Screening Tool (Florida Department of Children and Families)
- Trafficking Victim Identification Tool [for sex or labor trafficking] (VERA Institute of Justice)
- Spanish Language Human Trafficking Assessment (VERA Institute of Justice)
5. Religious/Spiritual Self-Determination:

Access to religious or spiritual services is often an important part of a survivor’s healing. Agencies should follow the survivors’ lead in engagement or participation in religious activities or practices.

**Agencies Receiving Federal Funding:** Any agency receiving federal funding must make sure not to discriminate on the basis of religion, or require engagement in certain religious activities in order to receive services. However, religious and spiritual issues should be addressed along with other issues, such as safety, as part of comprehensive case management. This can be done during an initial needs assessment, along with discussion of other needs.

*Example: Include in your intake form, or initial needs assessment, at least one question related to if the victim has a spiritual preference, or if that is something that is important to them that they would like to pursue.*

**Faith-Based Organizations:** Faith-based organizations should be transparent about any religious affiliations or programming requirements when the program is being discussed initially with a victim. Best practice is for faith-based organizations, even those who do not receive federal funding, to follow the direction and desires of the victim or survivor in regards to religious or spiritual activities.

“Avoid activities that can ostracize a victim, those that mirror the behavior of a trafficker, however unintentionally, by limiting or not offering a victim choices in the recovery process.”  

*OVC TTAC Task Force E-Guide*

Faith based agencies should ensure that services are not made contingent on participation in certain religious activities. Requiring victims to engage in mandated religious activities may inadvertently replicate the control of the trafficker.

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**Federal Guidance for Faith-Based Programs:**

d) ... Organizations, in providing services supported in whole or in part with Federal financial assistance, and in their outreach activities related to such services, should not be allowed to discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.

f) Organizations that engage in explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) must perform such activities and offer such services outside of programs that are supported with direct Federal financial assistance (including through prime awards or sub-awards), separately in time or location from any such programs or services supported with direct Federal financial assistance, and participation in any such explicitly religious activities must be voluntary for the beneficiaries of the social service program supported with such Federal financial assistance.

i) Referral to an Alternative Provider. If a beneficiary or prospective beneficiary of a social service program supported by Federal financial assistance objects to the religious character of an organization that provides services under the program, that organization shall, within a reasonable time after the date of the objection, refer the beneficiary to an alternative provider.

6. **CONFIDENTIALITY:**

Confidentiality and victim privacy should be paramount for agencies serving victims of human trafficking to ensure safety, protection of personal information, and protect against re-traumatization. The survivor has ownership of their story and the provider does not have the right to share this information without the survivor’s informed consent. Providers should recognize the power imbalance between provider and victim and how this may impact survivors and information sharing.

**INFORMED CONSENT:** Though definitions of “informed consent” vary from state to state and profession to profession, there are some common considerations, such as the survivor’s ability to understand the relevant information and previous experience making similar decisions. Please consult with an attorney and refer to your state’s guidance on informed consent for additional guidance.

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**North Carolina State Bar Statutory Rules of Professional Conduct:**

In North Carolina, a lawyer “must make reasonable efforts to ensure that the client...possesses information reasonably adequate to make an informed decision”. Ordinarily, this requires communicating to the client:

- The “facts and circumstances giving rise to the situation”,
- An explanation of the “advantages and disadvantages” of disclosing the information,
- A discussion of “options and alternatives”, and
- In some circumstances, a recommendation to seek the advice of another attorney.

Whether or not the information provided is “reasonably adequate” depends on the sophistication of the particular person who must make an informed decision, and therefore varies from client to client. The “relevant factors” to make this determination include:

- Whether the client is “experienced in legal matters generally”,
- Whether the client is “experienced in making decisions of the type involved”, and
- Whether the client is represented by an attorney in giving the consent.


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**Guidelines for Confidentiality**

Confidentiality is a set of rules prohibiting the disclosure of victim information. These rules:

- limit the disclosure of information without the victim’s consent
- require professionals working with the victim to disclose any limits to said confidentiality to the victim.

Keep in Mind:

- The concepts of informed consent and confidentiality are often new to victims.
- It is important to review documents related to these concepts on a consistent basis.
- Signed consents should be narrow in scope and time-limited.

Even when a consent form is signed, it is useful to remind the victim verbally of this fact prior to sharing a new piece of information with an outside agency. This reminds victims of their choices and control over their story and personal information, while reassuring victims that their dignity and trust is imperative to a positive, collaborative relationship.

Source: OVC TTAC Task Force E-Guide
Human trafficking victims have pronounced interests in privacy as do the organizations and task forces that serve them. For human trafficking victims, the need for autonomy and control over their body, the private details of her/his life, and the decisions that must be made relative to the crime (including whether and how to assist with a criminal prosecution of their trafficker) are often essential to recovery. Survivors are often at risk of future exploitation, prosecution for crimes (even if committed in connection with their victimization), and losing their children to child protective services or in a custody battle with the child’s father/trafficker.

**EXAMPLE:** Even if a survivor agrees to share their story publicly, they might not feel like they have a choice. A survivor may feel compelled to share their story publicly if requested by the service provider as a way of “re-paying” the provider for their help or because of cultural practices that require deference. Best practice would be for a provider not to approach a survivor about sharing their story publicly while they are still receiving services from the provider, and to be very cautious even after services have concluded since certain statutory and ethical duties might still apply. For example, certain professional licensure boards restrict a provider’s ability to ask for “testimonials” from current and former clients or others vulnerable to “undue influence”.

**LENS 1:** **Guiding Principles**
- Recognize that each survivor- and situation- is unique, and assess accordingly.
- Should I ask the survivor to share his/her story?
- Did the survivor give informed consent?

**LENS 2:** **Professional Restrictions**
- Follow professional and agency-specific processes regarding informed consent (forms, conditions, etc.)
- I don’t have informed consent. Sharing information is not permitted.

**LENS 3:** **Other Factors**
- Power differential
- Cultural differences
- Diminished capacity
- Professional humility
- Unique challenges

Source: Justice Matters North Carolina

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**The Limited Exceptions in Privacy Law:**

There are limited exceptions to confidentiality and privilege protections...Providers and law enforcement need to understand the specific rules, policies, and procedures that apply to their position within their organization. Revealing confidential information should never be done lightly and without a clear intention. Improper releases can be a violation of state or federal law and result in severe penalties, such as revocation of professional licensure.

**Signed Release:** Victims can choose to permit the release of confidential and/or privileged information. Service providers...should work to create release forms that allow limited information sharing that will be beneficial for the victim. Forms should include notification to the victim that the release can be revoked at any time and should describe the type of information to be shared and the purpose.

**Mandatory Reporting Laws:** If you are a mandatory reporter of abuse of children and vulnerable adults in your state, there is no requirement to obtain a release when reporting information. It is necessary to notify the victim at the onset of your service provision that you are a mandated reporter and what areas require a report. If you have questions about mandatory reporting, check with your supervisor or your agency’s attorney.

**State Laws Requiring a Duty to Warn:** Some states require service providers to report a client’s detailed and specific plans to harm themselves or another person to the police or the intended victim of a threat of harm. In that case, the report would be an exemption to the confidentiality requirements.

- OVC TTAC Task Force E-Guide
Sharing personal information without informed consent can be a violation of professional ethics or law by the provider and traumatizing for the victim. Confidentiality helps the victim feel safe when receiving medical attention or working with a service provider.29

Providers should clearly outline rights and responsibilities of both the victim/survivor and service provider when it comes to confidentiality to ensure the victim fully understands that a provider could be required/mandated to share information, and under what circumstances. This helps ensure that a survivor can make informed decisions about what information to share. Service providers should explain that everything discussed between the survivor and the provider will remain confidential unless it falls under a duty to report or the provider is otherwise required to disclose it, ie. by court order (subpoena).

**EXAMPLE:** A signed release of information should be on file with the service provider for any collaborative partners working with a survivor, both agencies and individuals. The release should clearly outline what information is covered by the release, and providers must insure they comply with those boundaries. Survivors should be clearly informed about the purpose of the release and providers should answer the survivor’s questions; before being requesting the survivor sign the release. Before signing an inter-agency release, the survivor and signatory agencies should be aware of each agency’s confidentiality requirements as different agencies have different requirements, and different levels of protection from mandated disclosure by subpoena. (Share information between agencies might put the client at risk.)

**THE IMPORTANCE OF PRIVACY AND CONFIDENTIALITY:**
Survivors are entitled to respect of their privacy by service providers. Providers should not post pictures, release details, or share the story of a survivor without the survivor’s informed consent. This applies to all forms of communication, whether audio or visual- from communicating with donors at fundraising events to communicating with the public via social media, from displaying photos of survivors in the provider’s office to sharing information in media interviews.

**EXAMPLE:** Instead of posting a picture of a person arriving to your organization, post a picture of the stack of donations you received to serve survivors in the program.

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**GUIDING PRINCIPLES**

**FOR AGENCIES SERVING VICTIMS AND SURVIVORS OF HUMAN TRAFFICKING**

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**SUBPOENAS**: Anticipate a subpoena, a court order to produce documents or appear in court and testify. Survivors often present with a combination of civil, criminal, and/or immigration legal issues. (For example, a trafficker or child protective services might seek custody of a survivor’s child, a survivor might have committed criminal acts related to their victimization, or a survivor might be undocumented). Opposing parties ask judges to issue subpoenas in order to obtain information they can use against the survivor in legal proceedings. Generally, if subpoenaed, a survivor’s lawyer can refuse disclosure by claiming privilege, but other providers must hand over certain documents and/or testify in court. If subpoenaed, a provider may seek representation by their own attorney, provided by their employer, to attempt to quash the subpoena or represent them in any legal proceedings.

When sharing information, providers should keep in mind that some have a strong defense to a subpoena, while other providers have weak or no defenses to a subpoena. Sharing information between providers can destroy a defense to a subpoena. For example, a survivor’s communication with their attorney is generally considered “privileged” and disclosure cannot be compelled in court proceedings. However, if the survivor or attorney shares privileged information with a third party such as a case manager or therapist, the information might no longer be considered privileged and a defense attorney or prosecutor could compel its disclosure.

**EXAMPLE**: A provider may be subpoenaed to appear for a deposition with the trafficker’s attorney, in relation to a civil lawsuit. The civil lawsuit was brought by the provider’s client, so the client may want the provider to be deposed, as the information obtained by the provider may help their case significantly. If there are safety concerns, or concerns about a deposition of the provider harming the case or the client in some way, an attorney could attempt to squash the subpoena to keep them from being deposed. If the deposition proceeds, the attorney would represent the provider at the deposition.

**The Limited Exceptions in Privacy Law (cont.):**

**Subpoenas**: Subpoenas are often used by defense attorneys to try to get confidential victim information from a victim directly or through a service provider. Recipients have a right to challenge and may be able to terminate the subpoena. Service providers should have an established policy and procedure for responding to subpoenas regarding trafficking victims.

**Warrants**: Cross-training between law enforcement and victim service providers can help both groups better understand their roles and confidentiality requirements. Using a warrant to try to force a victim service provider to breach confidentiality can have a chilling effect on many victims in a community, causing some to be afraid to talk to the victim service provider. Warrants can be challenged in court, literally putting law enforcement and service providers in an adversarial position. Often, law enforcement can get the information they need from another source, such as a neighbor, a hospital, or another party, without involving the victim. Task forces that develop protocols for information sharing are less likely to face these issues.

**Funders, researchers, evaluators, stakeholders, and others viewing non-identifying demographic and aggregate information**: Funders, researchers, and other individuals, such as stakeholders, may be allowed to see non-identifying compiled data, redacted records, policies and procedures, or a sample training victim folder, as long as it is aggregated or the victim gave specific, time-limited, written informed consent. Task forces should discuss any evaluation or research projects to ensure that all members understand the confidentiality protections in place and ensure that victim privacy is maintained. See Section on 3.2 Data Collection & Analysis.

**OVCTTAC Task Force E-Guide**
7. SAFETY:

Safety of survivors should be paramount but should be balanced with agency and empowerment. Victims are in the best position to know their safety risks, what has worked and has not worked in the past to ensure safety, and providers should be careful about taking away choices from survivors in the name of their “safety”. Providers should work closely with victims to develop safety plans that include physical safety, safety of family members, and emotional safety planning as well as risks/benefits with taking legal action. Addressing safety, safety plans, and survivor’s choice of safety may need to be the most immediate issues to address relative to other planning due to the survivor’s stress if they don’t feel safe, which may make it difficult for the survivor to focus on other services or goal-setting.

EMOTIONAL SAFETY: A survivor may experience not only physical safety concerns but also emotional. Service providers should create safety plans for all safety concerns, as needed. Safety concerns could include the fear of a trafficker finding the survivor or being physically harmed by the trafficker or their associate, being threatened with physical harm, or threats of harm to loved ones. Providers should understand that safety concerns can vary substantially, and they may encounter a safety concern that they have not yet addressed previously, as each person is motivated in different ways. Traffickers may use emotional means of controlling a victim, therefore it’s important to include as a safety issue.

EXAMPLE: A survivor may be physically separated from their trafficker, however the trafficker may continue to call or text them. The survivor and service provider can plan safe ways to respond to the communication and identify additional supports for the survivor for their emotional safety.
SAFETY OF PROVIDERS: Agencies and organizations should develop internal protocols regarding safety for staff working with victims and survivors. Providers should be aware of the safety issues while in their office, in the community, transporting clients and if there is the possibility of the provider being in contact with or physical proximity to the trafficker.

**EXAMPLE:** Service providers may meet with clients in their residence. Providers should discuss with their clients any possible risks before doing a home visit. Providers should make other staff aware of where and who they will be meeting with, as well as the time and expected length of the visit. The provider may also be prepared to text a predetermined code word to a colleague if there is a safety concern and plan to check back in with their colleague at a certain time.

SAFETY PLANNING: Due to the level of risk for possible retribution by traffickers, trauma-related risk factors, risk related to culture, substance abuse issues, and the potential for “unknown” risk or danger to present in trafficking-related situations, safety planning is an important tool for use in anticipating and taking strategic steps to prevent and reduce the risk of harm for victims and survivors. Service providers should be trained on safety planning, and utilize safety planning tools with survivors to manage risk and help ensure safety for survivors.

“Safety planning refers to formal or informal risk assessments, preparations, and contingency plans designed to increase the safety of a human trafficking victim or an individual at-risk for human trafficking, as well as any agency or individual assisting a victim.

A successful safety plan will:
1) Assess the current risk and identify current & potential safety concerns;
2) Create strategies for avoiding or reducing the threat of harm;
3) Outline concrete options for responding when safety is threatened or compromised.

Safety planning is important at various stages in a human trafficking situation – while a victim is in the situation, during the process of leaving, and once the victim has left.”

-Safety Planning and Prevention for Human Trafficking At-A-Glance, Polaris

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**Safety Planning Resources:**

- National Human Trafficking Resource Center - Safety Planning and Prevention
- Victim Rights Law Center - Safety Planning with Adult Sexual Survivors: A Guide for Advocates and Attorneys
- Rape, Abuse, and Incest National Network – Safety Planning

**The above resources are not a one-size-fits-all strategy for safety planning, nor are they a guarantee of safety for the trafficking survivor.**
SAFETY FOR FOREIGN NATIONAL VICTIMS AND THEIR FAMILIES: Immigration legal services is often one of the most important services for foreign national victims. Best practice is to assess at the outset if there is a need for immigration legal services and make a referral quickly to a qualified immigration attorney, who can provide a consultation to them. In additional to immigration relief, there may be other safety concerns related to possible deportation or the safety of family members in the home country.

Undocumented foreign nationals should be provided with a card or letter that explains that they are in the process of applying for immigration relief, with the name and phone number of their attorney, in case they are stopped by law enforcement for any reason. There should also be a statement explaining that they will not speak without an interpreter if they are not proficient in English.

Foreign nationals may also have concerns about an immigration raid or being detained or deported as a result. Safety planning in case of a raid can be very important to the physical and mental health of a foreign national victim and can be provided to them by their service provider or immigration attorney. Providing information about how to respond in the case of a raid, is incredibly valuable information to have in advance of a raid happening.

EXAMPLE: When a survivor is undocumented, it is important to provide “Know Your Rights Information” and refer the survivor to an immigration attorney. Additional safety planning can be done using a “Family Plan” or “Raid Preparedness Checklist” to help the family plan in case themselves or a family member is picked up and detained for immigration reasons.

- Maxwell Street Legal Clinic (documents available in English and Spanish)

In some cases, the family members of a foreign national victim are at risk of harm in their home country. An immigration attorney is a valuable tool in addressing those concerns through immigration relief for those family members as well. An additional resource that may potentially assist the family while still in their home country is the International Organization for Migration. Family reunification may be a priority in those cases, but can be time-consuming and resource intensive. Collaboration is often vital.

Additional Resource Links for Immigrant Rights, Safety, and Family Reunification:

- United We Dream
- Catholic Legal Immigration Network (CLINIC)
- International Organization for Migration, Counter-Trafficking and Protection Unit
8. NON-DISCRIMINATION:

Non-discrimination is a core principle and value that should be embedded in both policy and culture at agencies serving victims and survivors of human trafficking. Victims from marginalized groups may be at higher risk for being trafficked, and programs should work to ensure that all obstacles to service delivery are removed. Policies, signage and activities should reflect principles of non-discrimination. Programs should follow all relevant federal, state and local non-discrimination laws and should take steps to ensure that staff are trained appropriately and survivors are aware of non-discrimination policies and their rights under such policies.

The following section provides more in-depth information regarding three areas of non-discrimination in federal law: language access, disability access and services to LGBTQ individuals under the Violence Against Women Act. This is not an exhaustive list of all non-discrimination laws or vulnerable, protected populations.

LANGUAGE ACCESS: Federal laws particularly applicable to language access include Title VI of the Civil Rights Act of 1964, and the Title VI regulations prohibiting discrimination based on national origin. Additionally, Executive Order 13166 “Improving Access to Services for Persons with Limited English Proficiency” requires federal agencies to examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services to LEP persons can have meaningful agencies will provide meaningful access consistent with, and without unduly burdening, the fundamental mission of the agency. The Executive Order also requires that federal agencies work to ensure that recipients of federal financial assistance provide meaningful access to LEP applicants and beneficiaries.

To assist federal agencies in carrying out these responsibilities, the U.S. Dept. of Justice has issued a Policy Guidance Document, “Enforcement of Title VI of the Civil Rights Act of 1964- National Origin Discrimination Against Persons with Limited English Proficiency” (LEP Guidance). This LEP Guidance sets forth the compliance standards that recipients of Federal financial assistance must follow to ensure that their programs and activities normally provided in English are accessible to LEP person and thus do not discriminate on the basis of national origin in violation of Title VI’s prohibition against national origin discrimination. 30

Sample Language Access General Policy Statement:

“It is the policy of this agency to provide timely meaningful access for LEP persons to all agency programs and activities. All personnel shall provide free language assistance services to LEP individuals whom they encounter or whenever an LEP person requests language assistance services. All personnel will inform members of the public that language assistance services are available free of charge to LEP persons and that the agency will provide these services to them.”

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

ACCESS FOR INDIVIDUALS WITH A DISABILITY: Agencies covered by the Americans with Disability Act should ensure that services are accessible to persons with physical and intellectual disabilities. Even agencies not covered by the ADA should be accessible, given that human trafficking affects all communities, including people with disabilities. Persons with disabilities comprise an estimated 15% of the world’s population, and they deserve special attention in addressing the crime of human trafficking.31

EXAMPLE: An individual on the autism spectrum may not recognize when they are being recruited by a potential trafficker, due in part to challenges they may experience regarding attention to, and interpretation of, social interactions.

A DISABILITY MAY BE A RISK FACTOR FOR BEING TRAFFICKED: Traffickers may target victims to exploit their disability for profit. The stigma and marginalization of a person with disabilities creates a particular vulnerability. The commonly held view that persons with disabilities are not sexually active or may not be knowledgeable of healthy sexual relationships or consent, increases the risk of sex trafficking for persons with disabilities.

“The very factors that challenge people living with disabilities to take an active role in their communities are the same ones that make them attractive to traffickers.”
-World Vision

LACK OF EQUAL TREATMENT BY GOVERNMENT AGENCIES MAY INCREASE VULNERABILITY:
Societal barriers limit the access of persons with disabilities to systems of justice. Lack of training of police, prosecutors, and judges on how to accommodate persons with disabilities (through, for example, sign language interpreters, plain language, and physical access) can leave victims with disabilities unable to provide effective statements and report the abuse they have endured. Where schools fail to accommodate students with disabilities, high drop-out rates leave them on the streets and at much higher risk of being trafficked in forced begging or other criminal activities.32

EXAMPLE: “The Violence Against Women Reauthorization Act of 2013 added a civil rights provision that applies to all OVW grants issued in FY2014 or after. This provision prohibits recipients of OVW awards from excluding or denying benefits to or discriminating against any person on the basis of actual or perceived race, color, religion, national origin, sex gender identity, sexual orientation, or disability in any program or activity funded in whole or in part by OVW. The recipient acknowledges that it will comply with this provision. The recipient also agrees to ensure that any subrecipients (“subgrantees”) at any tier will comply with this provision.”
- Department of Justice Grant Solicitation Special Condition (2016)

32 U.S. Department of State, Trafficking in Persons Report 2014, p.10
VICTIMS WITH DISABILITIES MAY NOT SEEK SERVICES DUE TO BARRIERS. The physical and attitudinal barriers that confront people with disabilities may further hamper the ability of victims with disabilities to receive the assistance they require and are entitled to. Exploitation involving individuals with disabilities may be under identified due to communication barriers, and lack of identification of vulnerabilities specific to a particular disability.

EXAMPLE: If an individual with a physical disability requiring use of a wheelchair must navigate equipment, such as a lift, in order to enter a building, this may deter them from seeking services at that physical location, due to needing additional assistance to operate the equipment or being unsure how to operate the lift.

HUMAN TRAFFICKING AND RESULTING TRAUMA MAY BE A CAUSE OF DISABILITY. Even in instances in which victims of trafficking do not have disabilities initially, the experience of being trafficked substantially increases the risk of victims acquiring temporary or permanent disabilities as a result of physical and psychological trauma. Providers should assess for disability in the intake process, and be prepared to offer support and resources, either in house or through referrals, in regards to trauma-related disabilities.

ACCESS FOR INDIVIDUALS WHO IDENTIFY AS LGBTQ: There are several areas of federal guidance regarding non-discrimination based on gender identity and sexual orientation. While some federal policy is specific to housing or employment, other federal agencies are in the process of determining if these policies should be adopted across the board. Movement Advancement Project provides maps specific to locations and issues regarding LGBTQ access and non-discrimination. In addition, many states and local governments may have Fairness Ordinances requiring non-discrimination at those levels.

BEST PRACTICE TIPS FOR INCLUSIVE INTERVENTION:

- Do not make assumptions about a person’s abilities based on his/her appearance. Ask the person what support they need from you.
- Use inclusive language. Let the person direct you in regards to how they identify, and their preferences regarding language choice and identity.
- Be patient and respectful. Address the guilt and shame that the individual may have. Try to give the person back control and choices. Give information about safety and who to call for assistance in the future.
- Be concrete when communicating with people with cognitive disabilities. Ask “who” “what” and “when’ questions rather than “how” and “why” questions. Break instructions into small steps. Use pictures, drawings or dolls to demonstrate what you are trying to communicate. Ask for understanding before moving on.
- Use a competent, independent interpreter. Be aware that a caregiver or guardian could be connected to traffickers and is not competent to give unbiased interpretation.
- Involve disability rights advocates in task forces and other anti-trafficking efforts, including outreach, training and awareness raising events.
GUIDING PRINCIPLES | FOR AGENCIES SERVING VICTIMS AND SURVIVORS OF HUMAN TRAFFICKING

9. CULTURALLY AND LINGUISTICALLY APPROPRIATE:

Each human trafficking case, and each victim, has unique needs. Individuals should be treated with respect and compassion, and in a culturally and linguistically appropriate manner. Victims from underserved groups, including but not limited to LGBTQ victims, victims from rural areas, immigrants, and members of indigenous groups should be given appropriate services and support.

CULTURAL COMPETENCE: Cultural competence requires continuous effort to gain knowledge and understanding, not only about a victim’s specific culture, but also the broader nuances of cultural differences and interaction across cultures. This is not limited to languages, but includes cultural norms, symbols, strengths, and mannerisms. The combination of a person’s values and beliefs are central to their functioning and cooperation in the recovery process. Professionals working with victims who identify with specific cultures should strive to be knowledgeable of those cultural attributes. However, because victims come from diverse backgrounds, cultural competency also requires collaboration and expertise from other professionals who focus on specific cultures and can provide those resources. Service providers should understand that while cultural competence is not so much a goal that can be obtained, it is an important concept to work towards and utilize as a lens in working with culturally diverse populations.

“Cultural Competence requires that organizations have:
A defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally; have the capacity to
1) value diversity
2) conduct self-assessment
3) manage the dynamics of difference
4) acquire and institutionalize cultural knowledge, and
5) adapt to the diversity and cultural contexts of individuals, families, and communities they serve.”

-National Center for Cultural Competence-

Language Access and Federal Law

Providers have legal obligations to establish language access plans and offer access to interpreters.

Title VI of the Civil Rights Act of 1964 prohibits recipients of federal financial assistance from discriminating based on national origin by, among other things, failing to provide meaningful language access to individuals who have LEP.

In addition, many state and local ordinances mandate language access, and task forces need to comply with such requirements. It is important for task forces to plan how they will ensure that trafficking victims with LEP can properly access services and can accurately and safely report their cases to law enforcement.

It is particularly important to develop language access plans that detail how to access interpreters. Aside from legal obligations, it is important that the information gleaned from trafficking survivors and other witnesses is obtained through a neutral interpreter so that there can be no confusion (or later arguments) that the information obtained was inaccurate because of biased interpretation.

Developing a language access plan beyond a telephonic language line is important. While telephonic language lines are helpful and useful, they limit the ability of the interpreter to assess facial and body language as well as connect with the trafficking survivor using nonverbal cues to facilitate the most accurate form of interpretation.

-OVC TTAC Task Force E-Guide-
CULTURAL HUMILITY: Cultural competence has the potential to do harm when professionals take on the role of expert without the consideration of a victim’s specific needs that are unique to their personality and background, despite what is common in their culture. Because of this, and the impossibility of being competent in all cultural backgrounds, it is imperative that this skill work alongside cultural humility. Cultural humility approaches victims with understanding, while cultural competency reflects knowledge. Professionals must be aware of their limitations in terms of knowledge and be willing to listen and understand the victim as an expert on her or his own life and cultural background. To be culturally humble also requires that service providers recognize their own cultural biases, being aware of the influence of culture in one’s own life in order to effectively learn, communicate, serve, and do no harm to victims.33

“The cultural humility deals with understanding, whereas cultural competence reflects knowledge.”

-Van Wormer and Besthorn

THE BASICS: Terminology and language are important tools, and can cause damage when not used properly, particularly when it comes to terminology related to a person’s identity- their basic sense of self. Service providers are responsible for having basic knowledge about terms and their proper use before they are able to engage in culturally appropriate service provision, as well as following each client’s guidance in regards to the terminology and language with which they personally self-identify.

<table>
<thead>
<tr>
<th>Term Definition</th>
<th>Culture</th>
<th>Ethnicity</th>
<th>Race</th>
<th>Nationality</th>
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</thead>
<tbody>
<tr>
<td>Example</td>
<td>LGBTQ, Middle Eastern, American, Filipin*</td>
<td>Italian American, Irish, British, Hispanic or Latinx, Jewish, Filipin*</td>
<td>African American, Asian, Pacific Islander, Alaska Native, Native American, White/Caucasian</td>
<td>Chinese, Mexican, Filipin*</td>
</tr>
<tr>
<td>Influences</td>
<td>Not based on appearance; Socially acquired; dynamic; can change/self-identified</td>
<td>May be identified by physical appearance, beliefs, or practices. Has Biological origins; also a social construct / Self-Identified</td>
<td>Both biological and a social construct</td>
<td>Determined by location of birth or place of citizenship. Geography, Legality</td>
</tr>
</tbody>
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*may use “Filipino”, “Filipina”, “Filipin@”, or “Filipinx”- depending on cultural preference, gender identity, (non)binary terminology

LANGUAGE SPECIFIC TO CULTURE: Service providers must be cautious to use language that is culturally aware and culturally sensitive. When service providers are mindful about the specific words used with victims and survivors, and make the effort to be language-informed and sensitive, not only does it assist in building rapport with survivors, it can increase a survivor’s sense of personal value and esteem. Intentional training and research may be needed to ensure language is current and the most accepted.

“The words we use to talk about lesbian, gay, bisexual, and transgender people and issues can have a powerful impact on our conversations. The right words can help open people’s hearts and minds, while other words can create distance or confusion.”

-Allys Guide to Terminology

Cultural Awareness and Social Diversity

(a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(b) Social workers should have a knowledge base of their clients’ cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability.

(d) Social workers who provide electronic social work services should be aware of cultural and socioeconomic differences among clients and how they may use electronic technology. Social workers should assess cultural, environmental, economic, mental or physical ability, linguistic, and other issues that may affect the delivery or use of these services.

- NASW Code of Ethics, National Association of Social Workers, Ethical Standard 1.05

Cultural Competency and Language Access Resources:

- Futures without Violence Cultural Handbook
- VAWNet Resources (a National Resource Center on Domestic Violence Project):
  - Native American and Alaskan Village Communities
  - Serving Trans and Non-Binary Survivors
  - Immigrant Women and Domestic Violence
- Ally’s Guide to Terminology
- Breaking Barrier’s (Polaris)
10. Collaboration:

A team approach is best for empowering victims of human trafficking given the broad scope of needs and the important roles played by various agencies. While each provider has a valuable role to fill, no one agency can provide for all of the needs of the victim without collaboration. Services providers can help to empower victims by assisting with the coordination of services, with their informed consent and participation. A lack of coordination and collaboration may do harm to the victim, restricting or limiting services, safety, overall well-being, and access to justice.

**EXAMPLE: Law enforcement and service providers may collaborate on law enforcement actions.**

Multiple agencies may plan together a response process that allows for service providers to speak with potential victims, provide screening, and link potential victims with resources. Additionally, law enforcement may encounter a potential victim in seemingly unrelated investigations, and therefore contact service providers with whom they already have a collaborative partnership.

Service providers collaborating on behalf of a survivor should describe potential collaborations in advance, letting the survivor know what information may need to be shared, and if the collaboration will be multi-disciplinary in nature, to ensure the survivor can make an informed choice regarding utilizing potential collaborations. The survivor should be at the center of the collaborative team and all decisions should be with the survivor’s choice and self-determination in mind. Collaborative providers should, along with the survivor, communicate regularly (if concerned parties have a signed consent or release of information from the survivor), to ensure appropriate delivery of services, no duplication of services, and no triangulation or conflicting services is occurring.

**EXAMPLE: A collaborative team including the survivor, case manager, therapist, and shelter advocate may meet once a month to ensure services continue to be appropriate and that everyone is on the same page. These meetings allow for needed changes in service deliver to be discussed and implemented as a team. The team may occasionally communicate by phone or e-mail also when a meeting is not possible.**

**COLLABORATION AMONG MULTI-DISCIPLINARY TEAMS AND TASK FORCES:** A multi-disciplinary team can provide a unique way for community members, law enforcement, social service agencies, judges and others to work together on cases and in the community. The multi-disciplinary team should be a comprehensive approach in addressing the needs of survivors. These teams will need to sign a confidentiality agreement if any cases are discussed. When working together, these teams can identify and coordinate needed services on behalf of victims and survivors. Interdisciplinary collaboration allows the survivor a spectrum of care from a variety of professionals.

A task force may consist of community members, social service agencies, healthcare professionals, law enforcement, prosecutors and other attorneys, survivors and other interested parties. A task force is often a collaboration at the community level that amplifies efforts, increases capacity, raises awareness and assists in data collection and sharing. Task forces may identify issues and concerns affecting survivors...
and develop a plan of action to meet the identified gaps and needs. Task forces often highlight how agencies and the community can work together as well as identify gaps in services and response.

**EXAMPLE:** A domestic violence shelter providing emergency housing to a survivor is unable to provide case management and therapy services. Shelter staff may reach out to an agency that does provide those services, and the two agencies begin a collaboration on the case, with the survivor’s consent. They clearly define the roles and responsibilities of each agency and meet together regularly as a team to assess service needs and leverage services.

**RESPONSE PROTOCOLS:** A response protocol for new reports and victim-specific needs is a demonstration of organized response and is necessary for quick and efficient access to services for victims. Collaborative partners are an important component in the response and service delivery, as well as in the creation of the protocols themselves. Protocols should include contacts and services for the different points of intersection with the trafficking, specific circumstances of the victim, and various victim groups or demographics.

Response protocol development should thoughtfully and meaningfully engage those who are best positioned to actively respond and assist victims, while being cautious to protect reporting details and personally identifying information of potential victims by not over-sharing information with groups and individuals who are not well-positioned to engage in response.

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**Collaboration Resources:**

- **Balancing Collaboration, Confidentiality, and Privilege in Human Trafficking Cases**: a webinar, coordinated by OVC TTAC, which explores strategies for promoting collaboration while protecting confidentiality
- **South Carolina Human Trafficking Task Force 2017 Annual Report**
11. ETHICS AND PROFESSIONALISM:

Those providing services to victims of human trafficking should have the necessary depth of knowledge, skills, experience and understanding of their role to work with this vulnerable population. Service providers should have both the knowledge and skill set to provide direct services as well as the specific knowledge of the needs of human trafficking survivors. Service providers are in a primary role working directly with the survivor and in collaboration with other service providers and law enforcement. Having background, training and understanding of one’s role will help to ensure the best response to the victim.

KNOW YOUR ROLE: Service providers must have a clear understanding of their role and be able to articulate what their role encompasses both to the survivor and to other professionals. As a service provider, you are also an advocate for the victim or survivor you are serving. Therefore, the work you are doing on their behalf and alongside them, must keep them in the center and have their safety and choice at the forefront. Additionally, service providers should make their role clear to other professionals and the community. It is not uncommon for other professionals to encourage and even try to compel a service provider or advocate to engage in activities outside of their role, or to engage in ethically questionable practices that may do harm to victims.

EXAMPLE: Law enforcement is working with the service provider to plan an upcoming law enforcement action. Law enforcement invites community volunteers and advocates to be present in the hotel room where the potential victims will be screened, as a training opportunity for them. The service provider should clearly inform law enforcement that a hotel room during an active law enforcement action is not the proper place to provide training on screening to volunteers and community advocates. It would be a violation of confidentiality and generally poor practice, to allow others in a room where potential victims are being screened. The service provider should clarify this, and firmly advocate in the best interest of the potential victims. It may be helpful to have an MOU or Protocol with law enforcement in advance, outlining the responsibilities of each organizations, including ethical guidelines such as privacy and confidentiality for victims and survivors.

Are you well-positioned to be a service provider for trafficking victims and survivors? If your role is training and awareness only, then build partnerships with service providers. Appropriate professional training and experience is needed to engage in direct service work with victims and survivors of trafficking.

Working within the boundaries of your expertise: Be clear on what your role is, and what it is not. Collaborative with other service providers, advocacy organizations, mental health experts, medical professionals, legal experts, etc. as needed to provide the support a victim needs.

Survivor advocates in direct service provision: Survivors have a special expertise given their experiences. For all professionals engaged in direct service work there is tremendous value in being a healthy place regarding personal traumas. Mentors may be helpful in providing guidance you as a survivor advocate. Training and education related to direct service work helps to provide the tools needed to work with other survivors, all of whom will have different experiences.
**IMAGE USE:** Common images used to portray human trafficking include chains, physical violence, abuse, bar codes, suitcases or jars with a human inside, and other images related to violence, confinement, or injuries. The media will often use images and language to sensationalize the issue and gain more widespread interest in their story. Service providers should seek to not sensationalize human trafficking, and instead utilize imagery that doesn’t reinforce false narratives or stereotypes.

**LANGUAGE:** The language used by service providers is incredibly important, as it directly impacts both the survivors engaged in services, as well as other community partners and the larger community. Using intentional language, that is thoughtful of the impact the exact words or implied meaning of the words, may have on others is important to consider. While law enforcement and prosecutors may be restricted to certain legal language, service providers have both the freedom and responsibility to utilize language that considers the impact on those they serve, as well as the larger community.

- Using the word “rescue” in regards to separating a victim from their trafficking situation places the service provider in the power-heavy role of “rescuer”, while implying that the victim has less power.
- Words related to “innocence” or the “loss of innocence” may be perceived as victim-blaming, or that there should be shame on behalf of the victim for the abuse they have endured, such that their “innocence” is a question.
- Possessive language such as “my victim” or “our girls” creates a dynamic of a power position, or perceived control, on the part of the individuals using the language, who are likely in a helper role. This could replicate the behavior and language of traffickers, showing their possession and control over victims.
- Foreign national victims and survivors who do not have a legal immigration status should not be referred to as “illegals”, “aliens”, “illegal immigrants”. Appropriate, victim-considerate language would be to refer to them with person-first language, such as “a __________ (Chinese) national who is undocumented” or “a foreign national who is undocumented”. It can also be appropriate to refer to their status as “undocumented”.

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**Example:** "Victim” and “Survivor”

"The term “victim” has legal implications within the criminal justice process and generally means an individual who has suffered harm as a result of criminal conduct. “Victims” also have particular rights within the criminal justice process. Federal law enforcement agencies often use the term “victim” as part of their official duties. “Survivor” is a term used by many in the services field to recognize the strength it takes to continue on a journey toward healing in the aftermath of a traumatic experience...both terms are intended to honor those who have suffered, or are suffering, the effects of being trafficked."

*Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States, 2013-2017*
**ACCURATE STATISTICS AND CITED SOURCES:** Accuracy in data related to human trafficking has been a challenge in the field for many years. However, there are now many reputable organizations and ethically-conducted studies that provide a myriad of data and statistics on human trafficking prevalence, cases, trends, etc. As a service provider, it’s important that your materials and presentations include accurate statistics and information from reputable sources. Please cite those sources, and refrain from repeating statistics that have an unknown origin or may sensationalize the issue.

It’s also important to know and cite the limitations of data, for example explaining qualifiers about exactly what is or is not included in the data, the dates when the data was collected, etc. Caution should be utilized around the conflation of statistics. For example, including sex workers who were not identified as trafficking victims as part of the total number of victims, or including victims of labor exploitation who were not identified as labor trafficking victims in the total number of victims reported. Both examples inflate the number of victims reported, when in actuality they shouldn’t be included as part of that specific data set.

**RELIABLE SOURCES FOR HUMAN TRAFFICKING DATA AND STATISTICS**

- Polaris Project
- Office for Trafficking in Persons
- U.S. Department of State: Annual Trafficking in Person Report
- U.S. Department of Justice: Attorney General’s Annual Report on Human Trafficking
- International Labor Organization
- United Nations Office on Drugs and Crime

**ACCURACY IN SERVICE DESCRIPTION:** There are many different types of human trafficking services programs. Some specialize in a specific service area (housing, mental health, legal services), while others specialize in serving certain populations (foreign nationals, adult females, LGBTQ youth). When describing or discussing services, be transparent and accurate in the types of services provided, any associated costs
for services, the demographic population served, possible wait times, if the program has an expertise in human trafficking or primarily serves a different population, possible length of services, etc.

**EXAMPLE:** The transitional shelter is free for the first two months, but after that each resident must pay $200 monthly for rent. Community partners and potential residents should know that there is an expectation to pay for the services, how much the cost will be, and if there are exceptions to paying those costs.

**COMMUNICATION WITH MEDIA:** Talking with reporters or journalists can be one of the most daunting tasks related to raising awareness about human trafficking. When approached by a member of the press for an interview keep in mind that your primary role is as a service provider and advocate. Communicating with the press through this lens will be helpful in determining how to respond to questions and what your general commentary ought to be. Providers should ensure they are following their agency’s policies and procedures in regards to communicating with the media and exercise caution in regards to cases that have open criminal or civil cases.

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**BEST PRACTICE TIPS FOR COMMUNICATING WITH MEDIA:**

1) Before speaking with a media representative who is requesting an interview, it may help to do a bit of research into their reporting to determine if you feel comfortable with THEM being the person with whom you interview, by seeing the quality of their work, and how they cover difficult topics. You can always say no to the interview. Sending some statistics and information via e-mail could be done in lieu of an interview if you are not comfortable with providing an interview to them.

2) Have 2-3 main points ready before talking with the media. No matter what question you are asked, speak only to those points.

3) Do not comment on specific cases. Instead speak to more general issues related to your 2-3 points.

4) When requested by media to provide them contact with a survivor, only connect media with survivor advocates who are public already and do not makes requests to survivors who are currently accessing your services. Connect first with the survivor to request permission.

5) Provide the National Hotline Number, or your local hotline number, as a resource.

6) Remember that even though you aren’t holding the microphone you do have complete control over what YOU will say. If you need a minute to think before responding, it is best to pause or ask them to repeat the question while you consider the most appropriate response.

7) A great follow-up for media, is to send a fact sheet or other information via e-mail. Sending a written document for reference relieves you of the burden of remembering exact statistics and sources. Plus, the media contact will learn even more if they read what you sent them.

8) Request a copy of the article or news report. If something is erroneous, request a correction.
ONLINE PRESENCE AND SOCIAL MEDIA: Many service providers have some degree of presence on websites and/or social media, whether professionally or personally. This can be a challenging space to navigate as a provider, given the emergence of trends and sensationalized nature of topics, immediacy of certain requests or issues that arise, and one’s emotional connectedness to the topic of human trafficking in particular.

Confidentiality and privacy of victims and survivors should be a primary consideration and concern. If any personally identifiable information, including demographic information or photos, is made public on social media, there could be immediate and irreversible risk to the victim, as it is impossible to control who might access that information and what they might do as a result to harm the victim.

Additionally, when stories or articles are posted by community partners, the press, or family and friends, a service provider should not comment on those postings in a way that would indicate any personal involvement in that specific case, or with those victims. Giving some indication of personal involvement could put both the victim and the provider at risk of harm, in addition to violating the privacy and confidentiality of the victim.

Competence
(a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

(c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps to ensure the competence of their work and to protect clients from harm.

(d) Social workers who use technology in the provision of social work services should ensure that they have the necessary knowledge and skills to provide such services in a competent manner. This includes an understanding of the special communication challenges when using technology and the ability to implement strategies to address these challenges.

(e) Social workers who use technology in providing social work services should comply with the laws governing technology and social work practice in the jurisdiction in which they are regulated and located and, as applicable, in the jurisdiction in which the client is located.

- NASW Code of Ethics, National Association of Social Workers

GUIDING PRINCIPLES | FOR AGENCIES SERVING VICTIMS AND SURVIVORS OF HUMAN TRAFFICKING

Recommendations for Safe and Ethical Social Media Use for Service Providers

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

2. Practitioners should become familiar with the privacy settings on their personally controlled social media sites and adjust them so as to limit undesired access by clients to personal information. Practitioners might also want to disguise themselves online through the use of pseudonyms.

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

4. One way to help control the information a client might find is to create a professional website with relevant links, and to possibly purchase a domain name, both of which would help to reduce misrepresentation online, while also providing an avenue through which to bring in potential clients. There are now websites such as www.wix.com or www.weebly.com that enable those with little to no web development experience to easily develop a site.

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

### 12. **Survivor Informed:**

Service providers should ensure that human trafficking programming is survivor-informed. It is survivors who have experienced trafficking, and have first-hand knowledge of trafficker’s methods, the vulnerabilities and specific exploitations of victims, how they could be reached with information during their trafficking experience, and they bring the voice of survivors to trainings and other awareness efforts. Survivors have a specific expertise, valuable knowledge and insight, which providers should utilize and incorporate into programming.

**Survivor Engagement:** There are a variety of ways that survivors may inform services. Providers should determine which methods for survivor engagement would best work within the structures and purposes of their programming, while ensuring that programming is survivor-informed in a variety of ways. Survivor-engagement should not be limited to only one method, or one survivor on staff, as if there is a “token”-like nature to engagement. Survivor engagement should be purposeful, meaningful, and non-exploitative.  

*These categorical breakdowns are not exclusive, as survivors should be considered for any position for which they qualify*

Providers should have a policy related to survivor engagement, establishing guidelines internally for their work with survivors in informing programming. Policies should address issues such as: at what point former clients may be engaged and in what ways, boundaries related to survivors telling their story, guidance ensuring survivors choose how they will be identified in public, and compensation, among other things. Above all, survivor engagement must be ethical and approached in a manner that keeps in mind the well-being of the survivor and the purposes of the service program.

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EXAMPLE: The Kentucky Office of the Attorney General created a Survivors Council of survivors of crime, including trafficking survivors, to advise and assist the Office of the Attorney General on matters related to victims of crime. This includes, but is not limited to, awareness initiatives, training efforts, publications, policy, and legislative initiatives. Its purpose is to ensure that these efforts are victim-centered and response to the needs of diverse victims. The Council has participated in training and awareness events and issues an annual report with recommendations for the state on how to become more victim-centered.

“Meaningful survivor input helps case managers, service providers, and others conducting outreach, public awareness, coalition building, or other related activities to human trafficking understand how trauma affects the recovery of those impacted by human trafficking and how to effectively [meet their needs]. These efforts are intended to prevent instances of revictimization…”

– Survivor-Informed Practice Recommendations, 2017 Human Trafficking Leadership Academy

CONSIDERATIONS FOR EMPLOYMENT OF SURVIVORS: Trafficking survivors often need and want jobs, in a variety of fields, including in the area of trafficking-specific programs. As such, programs should seek to employ survivors such that the best interests of both the program and the survivor are at the forefront, ensuring a good fit between the experience, knowledge, and skill sets of the survivor and the organization. Keep in mind that positions filled by survivors don’t necessarily need to have “survivor” in the title of the position. Survivors should be considered for any position in a program, including management positions, based on their meeting the qualifications for a specific position. Encouraging survivors to apply could be accomplished by simply adding on the job notice “trafficking survivors encouraged to apply”. Programs may need to also explore with Human Resources developing a process to provide trauma response and support if an employed survivor is triggered at work or needs on-going therapy, with assistance from the employer. Background check considerations may also need to be addressed.

The trafficking experience of the survivor alone is not sufficient for a survivor to be employed with a trafficking service organization. Each survivor must also have sufficient educational background, healing and support specific to their trauma, and other necessary skills to work within the dimensions of a specific position as an employee. This is in the best interest of the survivor, the organization, and those being served.

COMPENSATION FOR SURVIVORS: When survivors are asked to inform services or practice based on their experience as a trafficking survivor, whether as an employee or contractor, survivors should be compensated for their time and work. Policies developed related to survivor engagement and compensation should address details such as: what qualifies as client feedback versus conducting and evaluation of program outcomes; protocols for working with community partners requesting access to program participants for a research study; and policies specific to confidentiality and anonymity in research participation. Terms of compensation should be determined in advance, addressed initially by
the service organization (the survivor should not have to bring up the issue of compensation), and agreements on the terms of compensation should be made in writing whenever possible, through contracts or invoices. Any gifts provided to survivors to show appreciation for their assistance should be provided in addition to other compensation, not in place of compensation. Funding should be sought for compensating survivors by providers in advance of engaging with survivors.

COLLABORATION WITH SURVIVOR-LED PROGRAMS: Providers should seek out opportunities to support and collaborate with programs that are survivor-led. This includes inviting and encouraging survivor-led programs to attend task force and coalition meetings. Unity is important to foster, but also difficult to achieve among service providers. As such, it’s important to determine to what extent programs can work together when unity is challenging. Survivors who are in positions of leadership or influence in organizations should recognize the tremendous opportunity and responsibility they have to lead the way in regards to ethical engagement with survivors, including other survivor-led organizations. It’s important to keep in mind, however, that survivor-led organizations are not the only legitimate service provider organizations. Smart practice is that programs are survivor-informed, which may include, but is not exclusively, survivor-led programs.

As with any community collaboration, there may be differences in core values, philosophies, and program strategies. It’s important to identify the extent to which each agency can partner with and support the other’s program and client population. MOU’s may be a helpful tool for clarifying each organization’s role.

EXAMPLE: The Bakhita Empowerment Initiative at Catholic Charities of Louisville coordinates My Life My Choice groups throughout Kentucky, utilizing their survivor-informed curriculum and survivor-led training developed by the Justice Resource Institute of Boston. All group participants are gifted a “Survivor Guide to Leaving”, created by survivors through GEMS (Girls Education and Mentoring Services) in New York City.

Survivor Leadership Programs:

Survivor Alliance  |  Rebecca Bender Initiative  |  National Survivor Network  

Center for Combating Human Trafficking at Wichita State University

Survivor Leadership Network of San Diego  |  GEMS Survivor Leadership Institute

ETHICAL PRACTICE STANDARDS FOR ALL PROGRAMS: Service providers are expected to engage in ethical practices across the board and do no harm in regards to the services and support they provide to program participants. If a service provider recognizes that a survivor-led organization is not engaged in ethical practices, efforts should be made to provide support and resources, if possible and appropriate, to assist with aligning those services to best practice standards that do no harm. If this is not possible, and if efforts have been made but to no avail, providers should not feel compelled to collaborate with or
support a survivor-led program that is doing harm and is not engaged in ethical practice. On the contrary, the service provider is obligated to speak up and ensure they are not supporting unethical, harmful practice, even if it’s survivor-led, as they would with a program that is not survivor-led. Survivor-led programs engaged in unethical practices harm not only their program participants, but cause additional harm to the larger community and the movement of survivor-engagement in human trafficking programming.

“A survivor-informed practice includes meaningful input from a diverse community of survivors at all stages of a program or project, including development, implementation and evaluation.”

-Survivor-Informed Practice Recommendations, 2017 Human Trafficking Leadership Academy

TRAINING AND SUPPORT FOR SURVIVORS: Service providers who are engaging with survivors should ensure survivors have the training, support, and information they need to be as prepared and informed as possible, in advance and throughout their engagement with the program. This may involve attending conferences together to increase knowledge, setting up classes related to media and public speaking, or going through survivor-specific training (National Survivor Network, Rebecca Bender’s Elevate Academy).

As with other paid staff or volunteers, survivors identified as such in professional settings, should receive supervision and support from program staff when they are engaging in informing services.

EXAMPLE: If a service provider, advocacy organization, or coalition requests a survivor to speak at an event, they should make arrangements in advance for the survivor to determine if they will accept the invitation to speak, the boundaries related to the content of their public comments (ideally not recounting their trafficking experience), arrange for monetary compensation for the survivor engagement, and be physically present at the event to provide support to the survivor as they are making their public remarks. If the survivor appears to be triggered or have a trauma-response while their public comments are being made, they should be supported and provided assistance in ending their comments early, in a trauma-informed way, and assisted with stepping out of the public eye. If it’s anticipated that making the public comments may be difficult for the survivor, the survivor’s therapist may be arranged in advance to be at the event, with the survivor’s consent, to provide additional support.

HONORING BOUNDARIES: Not all survivors want to, or should be, engaged in human trafficking programming as contractors, staff, or survivor-leaders. Some survivors want to just move on, and not engage in informing programs. Their boundaries should be honored. Some survivors may want to inform programming only in ways that allow them to stay “under the radar”, such as anonymously informing research or program evaluation. Their boundaries should be honored. Survivor advocates and leaders may not want to tell their trafficking story, but instead focus on their freedom, their work, and other aspects of their lives. Their boundaries should be honored. Additionally, providers should come alongside them recognizing the support, training, and resources needed to be a public advocate and leader, and offer to assist with that support, as appropriate and needed. If a survivor advocate or leader does not have the training and support they need to engage in that way, and does not wish to pursue the training and support they would need, the boundaries that places on their engagement as a survivor leader or advocate should also be honored.
**Survivor-Informed Best Practice Recommendations**

1. Grantees should continuously and appropriately access survivor expertise at all appropriate stages throughout program development, implementation, and evaluation.

2. Grantees should incorporate diverse human trafficking survivor perspectives (sex and labor trafficking survivors, adult and minor survivors, LGBTQ survivors, and foreign-national and domestic survivors) and integrate best practices among other parallel movements, including domestic violence, sexual assault, and labor exploitation, when appropriate.

3. A strengths-based approach should be used to determine appropriate places and levels of engagement for survivors within an organization or project. Such an approach should consider survivors’ expertise and strengths; length of time out of their trafficking situation; training on trauma-informed, victim-centered, and survivor-informed practices; and effective management of the survivor’s triggers. This approach should also consider organizational or project need, along with the organization’s capacity to appropriately support the survivor.

- **Survivor-Informed Practice Recommendations, 2017 Human Trafficking Leadership Academy**
13. **Evidence-based Interventions:**

While human trafficking programming is no longer in its first years of existence, there remains a lack of evaluated, validated programming, particularly in comparison to fields such as child abuse, sexual assault, and domestic violence. There has been work done on policy, service structures, best practice standards, data collection, research, and evaluation in previous years, however it is not sufficient to address the diverse programmatic, data-related, or policy-specific needs around human trafficking issues. Programs continue to learn how to improve on previous structures, and new programs continue to develop to fill gaps and specialize in the field, moving the needle forward even more to ensure the greatest positive outcomes and impact for communities and individuals. Programs should intentionally utilize existing resources and interventions that evidence has shown to be effective. Similarly, programs should move away from interventions and techniques that evidence has shown to not be effective. Providers should seek to engage in ongoing data collection and evaluation to analyze the effectiveness of their programs and services.

*A program, practice, or intervention is evidence-based when its effectiveness has been determined by causal evidence, generally obtained through one or more impact evaluation.*

- *Office for Victims of Crime*

**Existing Evidence-based Interventions and Gaps:** There are a number of existing evidence-based intervention strategies and tools, which service providers may choose to utilize. These include program development and intervention strategies, prevention education curriculums, and screening tools. There continue to be gaps in regards to prevention education curriculums for males and intervention strategies for demand reduction. The existing gaps provide opportunities for programs and researchers to conduct evaluations and study the effectiveness of new curriculums or strategies, while at the same time presenting a challenge for programs who would like to adopt evidence-based strategies now.

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<td>Evidence-Based Practices for Effective Community Coalitions</td>
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**Guiding Principles | For Agencies Serving Victims and Survivors of Human Trafficking**
14. **Support and Self Care for Professional Staff:**

Self-care for service providers is one of the most valuable methods of ensuring staff are healthy themselves and enables staff to continue providing the challenging and intensive services that victims and survivors need and deserve. Support for direct service staff should be an agency priority and must be modeled by supervisors and supported by organizational leadership. Supervisors are key to modeling and providing opportunities for program staff to engage in self care regularly. A flexible work environment, with regularly support from supervisors may play a key role in the ability for staff to manage their stress and maintain an overall state of health and well-being.

**Establishing and Maintaining Boundaries:** Setting and maintaining boundaries is one of the most helpful tools for a service provider to utilize in order to promote a healthy work environment for themselves, their coworkers, and the survivors they serve. Service providers should establish healthy boundaries with one another and maintain relationships with family and friends outside of the workplace as well. Providers should also be intentional and firm in establishing and maintaining relationships with clients and former clients. Social media can make this particularly challenging. A victim may not understand professional boundaries, and may also find it challenging to establish healthy relationship boundaries personally. Therefore, boundary setting must often be initially modeled and structured by the service provider.

**Example:** It is best practice to not connect with victims and survivors you are currently serving through social media. Being connected through social media can easily blur the relationship and boundaries initially established, and can quickly encourage a dual-relationship, as opposed to a clearly delineated relationship of provider-client. Once those boundaries have been blurred, it can be incredibly difficult to establish healthy boundaries again afterwards.

**Conflicts of Interest**

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

- **NASW Code of Ethics**, National Association of Social Workers, Standard 1.06
**GUIDING PRINCIPLES FOR AGENCIES SERVING VICTIMS AND SURVIVORS OF HUMAN TRAFFICKING**

**UTILIZE AGENCY POLICIES AND PROCEDURES TO ASSIST IN SELF-CARE:** Read through your organization’s policies and procedures and determine if there are policies that may be utilized to assist service providers with balancing their emotionally and physically taxing jobs to promote self-care among staff.

- Could sick days be utilized for mental health/wellness days?
- Is there flexibility in staff hours and work locations that would allow for working from home, taking comp time after working long hours, or changing daily work hours to better accommodate home responsibilities?
- Is there a wellness program available through agency health insurance that could assist with staff accessing counseling?
- Could the staff take a retreat together to promote healthy work relationships and rest, while also providing some training and support for self-care?

**INCORPORATE AND PRIORITIZE SELF CARE AS A TRAINING TOPIC:** Encourage direct service staff to participate in trainings and workshops that discuss aspects of self-care. Let staff know that self-care is a priority, and that it is encouraged for them to attend workshops at conferences related to self-care. Model self-care by allowing time in staff and program meetings to provide for the physical and emotional needs of staff. This could be done by simply having a staff meeting at a local coffee shop instead of the office, by serving lunch during the staff meeting, or by including a short self-care exercise in the agenda for the meeting.

**INITIATE AND ENCOURAGE CONVERSATIONS RELATED TO SELF-AWARENESS:** There are many ways to increase self-awareness. Reading books on the topic, taking online quizzes, or having conversations with trusted friends, family, or colleagues. Consider utilizing a tool, such as the Enneagram, and spending time discussing it with your colleagues (it can also be a helpful tool for clients). As we become more awareness of why we are the way we are, and why we react the way we do to certain events and circumstances, we are better able to regulate our reactions, be healthier versions of ourselves, and interact more positively with others.

**EXAMPLE: Self Awareness Activity**

List the first 3 answers that come to mind for each of these questions:

- What motivates me?
- What makes me angry?
- What causes stress for me?
- What makes me afraid?
- When do I feel the most content or happy?

“Self-awareness is the accurate appraisal and understanding of your abilities and preferences and their implications for your behavior and their impact on others.”

- Adrien Furnham, PhD., Psychology Today
15. Training for Providers:

Service providers require training and expertise, similar in nature to the very specific expertise required by law enforcement and other criminal justice professionals. This expertise allows providers to coordinate a variety of services efficiently to best serve victims. Service providers have an opportunity and responsibility to bring this expertise to the field, to inform this collaborative, multidisciplinary work. Responding to needs for services and providing case management and advocacy to support victims and survivors is hard work, and it is resource intensive. Training and expertise regarding best practice service provision with victims and survivors are key factors in a provider’s ability to effectively respond to cases of human trafficking.

Staff Background: Individuals who are working as staff in human trafficking programs must have the necessary background and experience to do the specific work for which they are being hired. As such, the program must first be clear on which staff roles will engage directly with victims, and in what ways, versus staff roles that are strictly public awareness and training.

Staff Training Components:

- Human trafficking facts & information
- Victim groups and demographics
- Trauma-informed interviewing & screening
- Trauma-informed practice
- Best practice case management
- Utilizing interpreters
- Self-care; handling organizational grief & toxic stress
- Boundaries
- Time management
- Tools for self-awareness
- Victim-centered approach
- Identification and response
- Confidentiality and privacy
- Safety planning
- Community collaboration and networking
- Internal services in one’s own program
- Elective Trainings (role or population specific)
Final Considerations:

Organizational Capacity: Services providers should ensure they have the organizational capacity needed to provide services to victims of human trafficking. Capacity issues relate to organizational structure, as well as agency policies and practices, and staff education and expertise. Structural capacity issues to consider include: agency governance and non-profit status (501c-3).

Adherence to Guiding Principles as Funding Consideration: In some cases, state legislation or funding certification policies outline requirements related to adherence to guiding principles specific to the provision of services, in order for an agency to be considered a qualified service provider for human trafficking-specific services.

Acknowledgement of Other Resources: There are many service providers engaged in best practices services to trafficking victims and survivors. As such, there are many additional resources available in addition to those mentioned in this Guide. We have attempted to highlight and provide access to some of those resources, with the understanding that there are others available, and that additional resources will continue to be developed.

Guiding Principles May Change Over Time: While the core principles may remain consistent over time, some values and specific guidance may evolve as we continue to learn about the dynamics of human trafficking-specific victimization, as programming becomes more survivor-informed, and with the emergence of additional research and evidence-based practice.

Best Practice Guidance Resources:

- Florida Statewide Promising Best Practice Guidelines to Support a Continuum of Services for Victims of Commercial Sexual Exploitation (CSE) and Sex Trafficking
- Georgia’s Child Sexual Abuse & Exploitation Prevention Technical Assistance Resource Guide
- Ohio Human Trafficking Commission Standards for Service to Trafficked Persons
- Safe Horizon: 14 Principles to Support Human Trafficking Victims
# APPENDIX A:

Guiding Principle References

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<td><a href="https://freedomnetworkusa.org/">https://freedomnetworkusa.org/</a></td>
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<td>Shared Hope International</td>
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<td><strong>A-B. STATE LEGISLATION RESOURCES</strong></td>
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<td><strong>A-C. KEY TERMS &amp; DEFINITIONS</strong></td>
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<tr>
<td>a. OVC glossary</td>
<td>OVC</td>
<td><a href="https://www.ovc.gov/model-standards/glossary.html">https://www.ovc.gov/model-standards/glossary.html</a></td>
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<td>b. Mental grounding exercise example</td>
<td>National Criminal Justice Training Center (NCJTC)</td>
<td><a href="https://ncjtc-static.fvtc.edu/resources/RS0006553.jpeg">https://ncjtc-static.fvtc.edu/resources/RS0006553.jpeg</a></td>
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<td>c. Strengths based questions and approach to practice</td>
<td>Substance Abuse and Mental Health Services Administration (SAMHSA)</td>
<td><a href="https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf">https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf</a></td>
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<td>b. Core principles of trauma-informed care</td>
<td>Maxine Harris &amp; Roger D. Fallot</td>
<td>Using trauma theory to design service systems. New directions in mental health services(2001), Jossey-Bass, N89</td>
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<td>d. Professional training in trauma and trauma informed care/ Triggering re-traumatization/ Smart tips for building and utilizing a trauma informed lens in your task force</td>
<td>SAMHSA</td>
<td><a href="https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/key_terms.html">https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/key_terms.html</a></td>
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<td>g. A useful guide to facilitate an understanding of complex trauma reactions and to integrate awareness into direct service of survivors of human trafficking.</td>
<td>OVC TTAC</td>
<td><a href="https://www.ovcttac.gov/views/TrainingMaterials/dspOnline_VATOnline.cfm">https://www.ovcttac.gov/views/TrainingMaterials/dspOnline_VATOnline.cfm</a></td>
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<td>Georgia Cares</td>
<td><a href="www.gacares.org/ckfinder/userfiles/files/Screening%20Tool.pdf">www.gacares.org/ckfinder/userfiles/files/Screening%20Tool.pdf</a></td>
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<td>Justice Matters North Carolina</td>
<td><a href="https://www.justicemattersnc.org/">https://www.justicemattersnc.org/</a></td>
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<td>c. Safety planning for individuals who are being harmed</td>
<td>Rape, Abuse, and Incest National Network (RAINN)</td>
<td><a href="https://www.rainn.org/articles/safety-planning">https://www.rainn.org/articles/safety-planning</a></td>
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<td>d. Family Plan, Raid Prep, and Rights Information</td>
<td>Kentucky Equal Justice Center; Maxwell Street Legal Clinic</td>
<td><a href="http://maxlegalaid.kyequaljustice.org">http://maxlegalaid.kyequaljustice.org</a></td>
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<td>e. Guide to safe information sharing in regards to victims</td>
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<td>f. Resources and Information regarding rights for foreign nationals</td>
<td>United We Dream</td>
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<td>e. Webinar series</td>
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<td><a href="https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/resources-45-victim-populations/">https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/resources-45-victim-populations/</a></td>
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<td>f. Victim Populations Resources</td>
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<td>b. Various definitions of cultural competency</td>
<td>National Center for Cultural Competence</td>
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<td>d. An ally’s guide to terminology when talking about LGBT people and equality</td>
<td>Movement Advancement Project (MAP)</td>
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<td>e. Explanation of LGBTQ terms</td>
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<td>f. Resources for professional translators</td>
<td>The Translation Company</td>
<td><a href="https://thetranslationcompany.com/resources.htm">https://thetranslationcompany.com/resources.htm</a></td>
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<td>g. A series of messaging guides for talking about LGBT issues</td>
<td>MAP</td>
<td><a href="http://www.lgbtmap.org/messaging-guides">www.lgbtmap.org/messaging-guides</a></td>
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<td>b.</td>
<td>Reliable sources for statistics</td>
<td><a href="https://polarisproject.org/initiatives">https://polarisproject.org/initiatives</a></td>
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<td>c.</td>
<td>Resources and data</td>
<td><a href="https://www.acf.hhs.gov/otip/resource-library/search">https://www.acf.hhs.gov/otip/resource-library/search</a></td>
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<td>Annual TIP Report</td>
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### A-12. SURVIVOR-INFORMED

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<td>e.</td>
<td>Training and support for survivor leaders</td>
<td><a href="https://nationalssurvivornetwork.org/">https://nationalssurvivornetwork.org/</a></td>
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<td>g.</td>
<td>Support for Sexual Assault Survivors</td>
<td><a href="https://www.thesurvivoralliance.com/">https://www.thesurvivoralliance.com/</a></td>
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### A-13. EVIDENCE-BASED PRACTICE

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<td>Database of Evidence-Based research</td>
<td><a href="http://www.crimesolutions.gov">www.crimesolutions.gov</a></td>
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<td>b.</td>
<td>Database of Evidence-Based programming</td>
<td><a href="https://www.prepp.samhsa.gov/landing.aspx">https://www.prepp.samhsa.gov/landing.aspx</a></td>
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<tr>
<td>a. Personality identification tool for self-awareness and further self-care</td>
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<td>a. Trauma-Informed Supervision Webinar Series</td>
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<td>b. Interacting with Traumatized Clients: From Knowledge to Practice (Handout)</td>
<td>NCJTC</td>
<td><a href="https://ncjtc-static.fvtc.edu/resources/RS00006542.pdf">https://ncjtc-static.fvtc.edu/resources/RS00006542.pdf</a></td>
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# APPENDIX B:
Guiding Principle Example Documents

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### B-1. Safety

#### A) Rights Cards (English and Spanish)

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<tr>
<th>RIGHTS CARD</th>
<th>TARJETA DE DERECHOS</th>
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<td>I am giving you this card because I do not wish to speak to you or have any further contact with you. I choose to exercise my right to remain silent and to refuse to answer your questions. If you arrest me, I will continue to exercise my right to remain silent and to refuse to answer your questions. I want to speak with a lawyer before answering your questions. I want to contact this attorney or organization: Telephone number:</td>
<td>Le estoy dando esta tarjeta porque no deseo hablar con usted o tener cualquier otro contacto con usted. Yo elijo ejercer mi derecho a guardar silencio y negarme a responder a sus preguntas. Si me arrestan, seguiré ejerciendo mi derecho a guardar silencio y a negarme a responder sus preguntas. Quiero hablar con un abogado antes de responder a cualquier preguntas. Quiero contactar este abogado u organización: Teléfono:</td>
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</table>
B-2. Support and Self-care for Professional Staff

A) Self-Awareness Worksheet Activity

Source: Shannon Boyd, 2017
B-2. Support and Self-care for Professional Staff

B) The Enneagram

An Overview of the Enneagram and Personality

As you think about your personality, which of the following nine roles fits you best most of the time? Or, to put it differently, if you were to describe yourself in a few words, which of the following word clusters would come closest?

*The Enneagram with Riso-Hudson Type Names

These one-word descriptors can be expanded into four-word sets of traits. Keep in mind that these are merely highlights and do not represent the full spectrum of each type:

1. Type One is principled, purposeful, self-controlled, and perfectionistic.
2. Type Two is generous, demonstrative, people-pleasing, and possessive.
3. Type Three is adaptable, excelling, driven, and image-conscious.
4. Type Four is expressive, dramatic, self-absorbed, and temperamentally.
5. Type Five is perceptive, innovative, secretive, and isolated.
6. Type Six is engaging, responsible, anxious, and suspicious.
7. Type Seven is spontaneous, versatile, acquisitive, and scattered.
8. Type Eight is self-confident, decisive, willful, and confrontational.
9. Type Nine is receptive, reassuring, complacent, and resigned.

If taken properly the Riso-Hudson Enneagram Type Indicator (RHETI version 2.5) will identify your basic personality type for you.

Source: The Enneagram Institute
B-3. Survivor Informed

A) Life Coach Job Description

JOB DESCRIPTION

JOB TITLE: LIFE COACH

PRIMARY RESPONSIBILITY:
The Life Coach provides mentoring, support and advocacy to clients that have at been identified as being a survivor of commercial sexual exploitation. The Life coach also assists clients by teaching them how to navigate the behavioral health service system to achieve resiliency and recovery as defined by the client, as well as, independent living skills.

EXAMPLES OF ACTUAL FUNCTIONS:
(Note: The examples of work as listed in this class specification are not necessarily descriptive of any position in the class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to the position).

1. Serve as client advocate in program/agency activities.
2. Provide support to clients by using personal and professional life experience(s).
3. Advocate for and support clients in a caring and respectful manner.
4. Serve as a role model for clients.
5. Support clients in identifying needs that can be met through flexible funding.
6. Assist clients to identify and build natural supports as well as self-advocacy and self-efficacy skills.
7. Help clients identify strengths and recognize successes to promote self-esteem and empowerment.

OTHER DUTIES:
1. Attend all trainings, as mandated by the agency
2. Ability to solve problems and interpret a variety of instructions furnished on written, oral, diagram or schedule form.
3. Speak effectively before groups of family, youth, staff and community events.
4. Ability to articulate wellness/recovery focused value and principles.
5. Adaptability, cultural sensitivity, and understanding of the mental health and co-occurring population.
6. Availability to work flexible hours and some holidays and weekends.

MINIMUM REQUIREMENTS:
1. High School Diploma/GED and at least six months relevant experience.
2. Basic computer skills.
3. Ability to read, write and speak English
4. Continue personal education through staff development and training each year (i.e. WRAP, Peer Specialist, and Leadership).

PERFORMANCE STANDARDS:
1. Reports demonstrate compliance with attendance and work schedule.
2. Tasks assigned were followed through in a timely manner, as instructed by supervisor.
3. No complaints from clients, team members and/or external agencies evidence that services rendered were performed professionally and efficiently.
4. Training requirements were met or there is evidence of continuing education to achieve this requirement.

Source: Florida Department of Children and Families
B-4. Training for Providers

A) Standards for Working with Human Trafficking Survivors

Qualifications for Community-Based Victim Advocates
Working with Human Trafficking Survivors

I. Fully Certified Community-Based Victim Advocate Requirements

A fully certified community-based victim advocate is someone who is an active advocate already working in the field, who has already completed a minimum of 140 experiential direct services hours, and 60 hours of basic advocate training (which includes the following subject areas: Victim Topics [15hrs], Advocate Skills [15hrs], System Agency Response [15hrs], and Electives [15hrs]).

REQUIRED COURSES/TOPICS (five hours total):

▪ Colorado Human Trafficking 101 (120 minutes)

▪ Community-Based Victim Advocates and the Human Trafficking Survivor: This course must cover understanding service needs of human trafficking survivors, providing intensive case management, understanding challenges to service delivery, and utilizing local resources.

▪ Applying Trauma-Informed Care to Human Trafficking Cases

ELECTIVE COURSES/TOPICS
(at least five out of the seven content areas for a minimum of 10 hours)

▪ Human Trafficking in Rural Communities

▪ Overview of Labor Trafficking Cases

▪ Gang Involvement in Human Trafficking

▪ Child Trafficking

▪ Immigration Relief for Trafficking Survivors

▪ The Intersection Between Domestic Violence, Sexual Assault, and Child Sex Abuse and Human Trafficking

▪ The Importance of Collaboration in Human Trafficking Cases

Source: Colorado Human Trafficking Council, Standards for Working with Human Trafficking Survivors, Community-Based Advocate, 2016
B-4. Training for Providers

B) Advanced Core Competencies

Advanced Core Competencies

Targeted Audience: Agencies, organizations, and service providers that specialize in serving and working with children and youth who have experienced or are at-risk of experiencing commercial sexual exploitation or sex trafficking.

Specialized Working Knowledge of:
1. Strategies to engage and effectively communicate with youth who have been sex trafficked.
2. Terms and definitions common to different forms of commercial sexual exploitation and sex trafficking, including terms used by youth.
3. Multiple entry points to commercial sexual exploitation and sex trafficking, which includes recruitment by pimps or bottoms, getting survival needs met, encouragement by peers, and solicitation by adults for sexual contact.
4. Youth experiences while sexually exploited and sex trafficked, including experiencing repeated traumatic events and day-to-day realities.
5. The varied experiences and forms of commercial sexual exploitation and sex trafficking of youth.
6. The exit process for youth who are or have been commercially sexually exploited and sex trafficked.
7. Reducing stigma and judgment of staff towards youth being served by programs, in addition to helping youth handle potential stigma from family, friends, and the community.
8. Common family reactions to commercial sexual exploitation and sex trafficking and how to provide support and education to family members.
9. Safety planning and harm reduction, including but not limited to assistance in terminating or managing relationships with people who have or could harm them.
10. Importance to keep program details and location private and safe, in addition to active plans that abide by this working knowledge.
11. Prevention of youth running away from home or placements.
12. Recruitment methods utilized and a specific plan to interrupt recruitment within programs, placements, or other services.

Source: Advanced Core Competencies, Wisconsin Anti-Human Trafficking Task Force, 2017
SELF-ASSESSMENT

A Companion Resource to: Guiding Principles for Agencies Serving Survivors of Human Trafficking
Primary Authors:

Marissa Castellanos, M.S.W., Bakhita Empowerment Initiative, Catholic Charities of Louisville

Gretchen Hunt, J.D., Office of Victim Advocacy, Kentucky Office of the Attorney General

Acknowledgements:

Katie Porritt, M.S.W., Bakhita Empowerment Initiative, Catholic Charities of Louisville

The authors of this Self-Assessment are available for training and technical assistance to providers on the Guiding Principles and how to utilize the tool for your agency, community, state, or region. The authors may be contacted via e-mail:

Marissa Castellanos: mcastellanos@archlou.org
Gretchen Hunt: gretchen.hunt@ky.gov

The electronic version of the complete Guiding Principles for Agencies Serving Survivors of Human Trafficking and the electronic version of the Self-Assessment: A Companion Resource to the Guiding Principles for Agencies Serving Survivors of Human Trafficking are available for download at www.bakhitaempowerment.org

Publication: May 2019
Self-Assessment | INTRODUCTION

PURPOSE:
The Guiding Principles Self-Assessment is intended to provide a clear visual of your agency’s implementation of the 15 guiding principles. The motivation behind this assessment is to begin to understand how your agency’s current policies/procedures and practices compare to these guiding standards, rather than how you would prefer your agency compares. Personal honesty and a critical eye are required for this assessment to be its most helpful.

GUIDANCE ON TAKING THE SELF-ASSESSMENT:
This self-assessment is broken down into the 15 guiding principles – 1 per page. On each page is a Likert-scale table with both broad implementation concepts as well as concrete practice questions. These questions are intended to be a starting point – providing examples of questions one may ask themselves as they continue assessing their agency’s compliance to the principles – but is not comprehensive of all policies/procedures or practices to consider when assessing this principle.

Once you have answered the questions, total your numbers and write that number in the ‘Total Score’ box. Each of the 15 principles will have a total score, which will then need to be copied into the ‘Final Results’ table on the last page of this assessment.

Next is a question assessing whether your agency’s current policies/procedures and actual practices are sufficient in regard to the specific principle, or if they need more improvement. These are boxes you simply mark. (Ask yourself questions such as: Does my agency have a policy/procedure related to this guiding principle? Does my agency practice this guiding principle? Does my agency have a policy regarding this principle but do not utilize it in practice? Does my agency have practices that align with this guiding principle but no written policies/procedures regarding it? Additional comments may be provided to clarify your answers.)

Finally, each page has a comments section and two open-ended questions provided to allow you to begin the process of thinking pragmatically about how to address any gaps you notice during your assessment of this guiding principle.

After you have completed all 15 guiding principle assessments, the final page provides a visual representation of your agency’s score in relation to a perfect score (84) on all 15 principles. Please remember to be kind to yourself and your agency – everyone always has room for improvement!

After you have your total score, choose 3 guiding principles that you believe need to be prioritized by your agency as the most pressing and in need of improvement.

From these three top principles, chose one that will be your central issue of focus when you return to your agency. Provide for yourself three time-sensitive, concrete objectives that you may complete to address your central issue. Challenge yourself by committing to a timeline, specific next steps, and ways to involve others within your agency to address the primary issue you identified.

Thank you for participating in this self-assessment process!
Self-Assessment | Guiding Principle 1: **VICTIM-CENTERED APPROACH**

Instructions: Answer these questions based on *actual, current* practices (as opposed to theoretical practice standards) within your agency.

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<td><strong>Never</strong></td>
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1. Agency staff are trained in a victim-centered response to clients.
2. Does your agency prioritize client needs, adjusting policies and procedures as needed to adequately address client needs?
3. Does your agency have a client’s rights and responsibilities form that outlines client restrictions, limitations, or activity-specific requirements before they agree to engage in services?
4. Does your agency encourage participants to choose their own goals?
5. Are clients regularly involved in or aware of all work done on their behalf to achieve their goals?
6. Does your agency continue to support client goals even when they do not align with recommendations from agency staff?
7. Do case meetings or multidisciplinary team meetings include the client as a participant?

**Total Score:**

Assess below how your agency applies written policies/procedures and actual practice specific to this guiding principle:

- **Written policies/procedures:**
  - Needs Substantial Improvement: [ ]
  - Effectively Implementing: [ ]

- **Practice/implementation:**
  - Needs Substantial Improvement: [ ]
  - Effectively Implementing: [ ]

**Comments:**

What do you identify as needing the most improvement in your agency in regards to this guiding principle?

What next step(s) will you take to improve your agency’s approach to this guiding principle?
# Self-Assessment | Guiding Principle 2: **Empowerment/Strengths-Based Approach**

Instructions: Answer these questions based on _actual, current_ practices (as opposed to theoretical practice standards) within your agency.

<table>
<thead>
<tr>
<th>1. My agency/program highlights client strengths during the intake process.</th>
<th>1 Never</th>
<th>2 Rarely</th>
<th>3 Sometimes</th>
<th>4 Often</th>
<th>5 Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. My agency/program intentionally asks clients for their opinion, offers choices regarding service plans, and respects client agency and choice foremost.</td>
<td>1 Never</td>
<td>2 Rarely</td>
<td>3 Sometimes</td>
<td>4 Often</td>
<td>5 Always</td>
</tr>
<tr>
<td>3. My agency/program provides opportunities for client to increase their skill sets, building on their strengths and interests.</td>
<td>1 Never</td>
<td>2 Rarely</td>
<td>3 Sometimes</td>
<td>4 Often</td>
<td>5 Always</td>
</tr>
<tr>
<td>4. The tone/relationship between program staff and clients is of partnership, of working together, as opposed to a “service provider v/s recipient of services” or “rescuer-rescued” power dynamic.</td>
<td>1 Never</td>
<td>2 Rarely</td>
<td>3 Sometimes</td>
<td>4 Often</td>
<td>5 Always</td>
</tr>
<tr>
<td>5. Staff are trained in an empowerment and strength-based approach of working with survivors.</td>
<td>1 Never</td>
<td>2 Rarely</td>
<td>3 Sometimes</td>
<td>4 Often</td>
<td>5 Always</td>
</tr>
<tr>
<td>6. Program staff are cognizant of the readiness for an individual to engage in services, and follow the survivor’s lead regarding service engagement.</td>
<td>1 Never</td>
<td>2 Rarely</td>
<td>3 Sometimes</td>
<td>4 Often</td>
<td>5 Always</td>
</tr>
</tbody>
</table>

**Total Score:**

Assess below how your agency applies written policies/procedures and actual practice specific to this guiding principle:

- **Written policies/procedures:**
  - Needs Substantial Improvement: ☐
  - Effectively Implementing: ☐

- **Practice/implementation:**
  - Needs Substantial Improvement: ☐
  - Effectively Implementing: ☐

Comments:

What do you identify as needing the most improvement in your agency in regards to this guiding principle?

What next step(s) will you take to improve your agency’s approach to this guiding principle?
Self-Assessment | Guiding Principle 3: **TRAUMA-INFORMED APPROACH**

Instructions: Answer these questions based on *actual, current* practices (as opposed to theoretical practice standards) within your agency.

<table>
<thead>
<tr>
<th></th>
<th>1 Never</th>
<th>2 Rarely</th>
<th>3 Sometimes</th>
<th>4 Often</th>
<th>5 Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Staff are trained in the principles of trauma-informed work with survivors.</td>
<td></td>
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<tr>
<td>2. Program staff know how to utilize trauma-informed grounding techniques and utilize them as needed with clients.</td>
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<tr>
<td>3. The agency intentionally creates physical space that is welcoming and trauma informed.</td>
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<tr>
<td>4. The space used by clients is free of human trafficking/victim language or images related to captivity or rescue.</td>
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<tr>
<td>5. Program staff collaborate with mental health professionals to ensure the broad range of client needs are addressed appropriately.</td>
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<td></td>
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</tr>
</tbody>
</table>

**Total Score:**

Assess below how your agency applies written policies/procedures and actual practice specific to this guiding principle:

- **Needs Substantial Improvement**
- **Effectively Implementing**

**Written policies/procedures:**

**Practice/implementation:**

**Comments:**

What do you identify as needing the most improvement in your agency in regards to this guiding principle?

What next step(s) will you take to improve your agency’s approach to this guiding principle?
Self-Assessment | Guiding Principle 4: **SCREENING**

**Instructions:** Answer these questions based on *actual, current* practices (as opposed to theoretical practice standards) within your agency.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My agency/program utilizes a validated screening tool to identify trafficking experiences in an individual’s background.</td>
<td></td>
<td></td>
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<tr>
<td>2. The screening tool utilized by my agency/program screens for both sex and labor trafficking.</td>
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<tr>
<td>3. During the screening process, the well-being of each potential victim takes precedence over other areas of focus (time, resources, etc.).</td>
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<tr>
<td>4. My agency/program has a protocol/procedure/practice in place no matter the outcome of a screening, to ensure each individual accesses the services they need.</td>
<td></td>
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<tr>
<td>5. My agency/program is able to provide screening for any potential victim, inclusive of all cultures and languages.</td>
<td></td>
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<tr>
<td>6. The process by which screening is provided is appropriate for each situation and intentionally seeks to avoid additional trauma for potential victims.</td>
<td></td>
<td></td>
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<tr>
<td>7. Staff receive training on how to implement screening tool(s).</td>
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</tbody>
</table>

**Total Score:**

Assess below how your agency applies written policies/procedures and actual practice specific to this guiding principle:

- **Written policies/procedures:** Needs Substantial Improvement ☐ | Effectively Implementing ☐
- **Practice/implementation:** ☐ | ☐

**Comments:**

What do you identify as needing the most improvement in your agency in regards to this guiding principle?

What next step(s) will you take to improve your agency’s approach to this guiding principle?
### Self-Assessment | Guiding Principle 5: **Religious / Spiritual Self-Determination**

Instructions: Answer these questions based on *actual, current* practices (as opposed to theoretical practice standards) within your agency.

<table>
<thead>
<tr>
<th></th>
<th>1 Never</th>
<th>2 Rarely</th>
<th>3 Sometimes</th>
<th>4 Often</th>
<th>5 Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Each potential client is aware of any religious or spiritual requirements before making a decision to participate in the program.</td>
<td></td>
<td></td>
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<tr>
<td>2. The client intake process includes questions regarding a religious or spiritual preference of each individual.</td>
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<tr>
<td>3. My program/agency is respectful of each individual’s religious/spiritual preferences in language and practice.</td>
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<tr>
<td>4. My agency has a non-discrimination policy that includes non-discrimination on the basis of religion.</td>
<td></td>
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<tr>
<td>5. Staff are trained in maintaining appropriate boundaries with clients in regards to their own religious and spiritual beliefs.</td>
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</tbody>
</table>

**Total Score:** [ ]

Assess below how your agency applies written policies/procedures and actual practice specific to this guiding principle:

- **Needs Substantial Improvement:**
- **Effectively Implementing:**

<table>
<thead>
<tr>
<th></th>
<th>Needs Substantial Improvement</th>
<th>Effectively Implementing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written policies/procedures:</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Practice/implementation:</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Comments:**

What do you identify as needing the most improvement in your agency in regards to this guiding principle?

What next step(s) will you take to improve your agency’s approach to this guiding principle?

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**GUIDING PRINCIPLES | FOR AGENCIES SERVING VICTIMS AND SURVIVORS OF HUMAN TRAFFICKING**
### Self-Assessment | Guiding Principle 6: CONFIDENTIALITY

**Instructions:** Answer these questions based on *actual, current* practices (as opposed to theoretical practice standards) within your agency.

<table>
<thead>
<tr>
<th></th>
<th>1 Never</th>
<th>2 Rarely</th>
<th>3 Sometimes</th>
<th>4 Often</th>
<th>5 Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My agency follows a written policy and procedure that informs clients of their rights to privacy, confidentiality, and informed consent.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. My agency/program is careful to protect confidentiality and privacy of clients in printed materials, social media posting, and training and outreach efforts.</td>
<td></td>
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<tr>
<td>3. Clients are required to signed information disclosure forms before identifying information is shared about them with other agencies.</td>
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<tr>
<td>4. My agency informs clients about mandatory reporting requirements prior to service provision or during intake.</td>
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<tr>
<td>5. My agency follows a policy/procedure that provides clear guidelines/restrictions related to engaging current clients in public-facing ways.</td>
<td></td>
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<tr>
<td>6. My agency/program staff are provided training, support, and oversight regarding privacy, confidentiality, and informed consent.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Total Score:**

Assess below how your agency applies written policies/procedures and actual practice specific to this guiding principle:

- **Written policies/procedures:**
  - Needs Substantial Improvement: □
  - Effectively Implementing: □

- **Practice/implementation:**
  - Needs Substantial Improvement: □
  - Effectively Implementing: □

**Comments:**

What do you identify as needing the most improvement in your agency in regards to this guiding principle?

What next step(s) will you take to improve your agency’s approach to this guiding principle?
## Self-Assessment | Guiding Principle 7: SAFETY

Instructions: Answer these questions based on *actual, current* practices (as opposed to theoretical practice standards) within your agency.

<table>
<thead>
<tr>
<th>1. My agency has a policy that addresses safety planning, which is followed by staff.</th>
<th>1 Never</th>
<th>2 Rarely</th>
<th>3 Sometimes</th>
<th>4 Often</th>
<th>5 Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. My agency conducts safety planning with clients.</td>
<td></td>
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</tr>
<tr>
<td>3 Safety planning includes physical, emotional and technological safety concerns.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>4. Agency/program staff receive training on safety planning and crisis intervention.</td>
<td></td>
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</tr>
<tr>
<td>5. Safety planning policies and procedures are culturally appropriate for the population being served.</td>
<td></td>
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</tr>
</tbody>
</table>

**Total Score:** 

Assess below how your agency applies written policies/procedures and actual practice specific to this guiding principle:

- **Written policies/procedures:** Needs Substantial Improvement
- **Practice/implementation:** Effectively Implementing

Comments:

What do you identify as needing the most improvement in your agency in regards to this guiding principle?

What next step(s) will you take to improve your agency’s approach to this guiding principle?
### Self-Assessment | Guiding Principle 8: NON-DISCRIMINATION

Instructions: Answer these questions based on *actual, current* practices (as opposed to theoretical practice standards) within your agency.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
</tbody>
</table>

1. My agency provides equal access to services to individuals with limited English proficiency pursuant to Title VI of the Civil Rights Act of 1964.

2. My agency has a written language access policy that is implemented by program staff.

3. My agency uses independent, qualified interpreters or translators, and/or utilizes appropriate bilingual staff.

4. The client intake process includes questions specifically related to accommodation needs, including languages access and disabilities.

5. Agency/program staff are provided training on non-discrimination, including use of inclusive language.

**Total Score:**

Assess below how your agency applies written policies/procedures and actual practice specific to this guiding principle:

**Needs Substantial Improvement** | **Effectively Implementing:**
---|---
Written policies/procedures: | ❑ | ❑
Practice/implementation: | ❑ | ❑

Comments:

What do you identify as needing the most improvement in your agency in regards to this guiding principle?

What next step(s) will you take to improve your agency’s approach to this guiding principle?

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**GUIDING PRINCIPLES | FOR AGENCIES SERVING VICTIMS AND SURVIVORS OF HUMAN TRAFFICKING**
## Self-Assessment | Guiding Principle 9: **Culturally and Linguistically Appropriate**

Instructions: Answer these questions based on *actual, current* practices (as opposed to theoretical practice standards) within your agency.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>1. My agency provides training to staff on cultural competency, diversity, language access, and cultural humility.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. My agency collaborates with organizations and individuals who specialize in specific cultural groups/issues.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. My agency has a policy on cultural accommodations, including but not limited to clothing and dietary requirements.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4. My agency utilizes contract interpreters, has trained bilingual staff, and/or utilizes a language line to ensure language access for anyone seeking services.</td>
<td></td>
<td></td>
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<tr>
<td>5. My agency has a Limited English Proficiency policy (LEP)</td>
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</tbody>
</table>

Assess below how your agency applies written policies/procedures and actual practice specific to this guiding principle:

<table>
<thead>
<tr>
<th>Written policies/procedures:</th>
<th>Needs Substantial Improvement</th>
<th>Effectively Implementing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice/implementation:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

What do you identify as needing the most improvement in your agency in regards to this guiding principle?

What next step(s) will you take to improve your agency’s approach to this guiding principle?
## Self-Assessment | Guiding Principle 10: **COLLABORATION**

Instructions: Answer these questions based on *actual, current* practices (as opposed to theoretical practice standards) within your agency.

<table>
<thead>
<tr>
<th>Guiding Principle 10: COLLABORATION</th>
<th>1 Never</th>
<th>2 Rarely</th>
<th>3 Sometimes</th>
<th>4 Often</th>
<th>5 Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My agency/program establishes MOUs with other organizations outlining the collaborative agreement and responsibilities of each party.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. My agency/program is careful to only collaborate with agencies/programs engaged in ethical work with victims/survivors.</td>
<td></td>
<td></td>
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<tr>
<td>3. My agency/program participates regularly in multi-disciplinary team meetings/coalitions to ensure collaboration among professionals across disciplines.</td>
<td></td>
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<tr>
<td>4. Multi-disciplinary meetings/discussions about a specific case are inclusive of the client, when appropriate.</td>
<td></td>
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<tr>
<td>5. My agency/program utilizes established multidisciplinary response protocols.</td>
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<td></td>
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</tbody>
</table>

**Total Score:**

Assess below how your agency applies written policies/procedures and actual practice specific to this guiding principle:

- **Written policies/procedures:**
  - Needs Substantial Improvement
  - Effectively Implementing:

- **Practice/implementation:**
  - Needs Substantial Improvement
  - Effectively Implementing:

**Comments:**

What do you identify as needing the most improvement in your agency in regards to this guiding principle?

What next step(s) will you take to improve your agency’s approach to this guiding principle?

---

**GUIDING PRINCIPLES | FOR AGENCIES SERVING VICTIMS AND SURVIVORS OF HUMAN TRAFFICKING**
## Self-Assessment | Guiding Principle 11: **ETHICS AND PROFESSIONALISM**

Instructions: Answer these questions based on *actual, current* practices (as opposed to theoretical practice standards) within your agency.

<table>
<thead>
<tr>
<th></th>
<th>1 Never</th>
<th>2 Rarely</th>
<th>3 Sometimes</th>
<th>4 Often</th>
<th>5 Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My agency utilizes job descriptions that clearly outline each staff position, associated tasks, and responsibilities.</td>
<td></td>
<td></td>
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<tr>
<td>2. My agency/program intentionally uses images that do not reinforce false narratives or sensationalize human trafficking.</td>
<td></td>
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<tr>
<td>3. Agency practice and training supports thoughtful, intentional language when describing programmatic work and the populations being served.</td>
<td></td>
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<tr>
<td>4. Programmatic training and resources utilize statistics from reliable sources that are well-cited.</td>
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<tr>
<td>5. Service descriptions utilized in the community and internally with clients accurately reflect available services.</td>
<td></td>
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<tr>
<td>6. Agency/programmatic interactions with the media/social media honor client confidentiality and privacy.</td>
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</tbody>
</table>

Total Score: [ ]

Assess below how your agency applies written policies/procedures and actual practice specific to this guiding principle:

- Written policies/procedures: [ ] Needs Substantial Improvement [ ] Effectively Implementing:
- Practice/implementation: [ ] Needs Substantial Improvement [ ] Effectively Implementing:

Comments:

What do you identify as needing the most improvement in your agency in regards to this guiding principle?

What next step(s) will you take to improve your agency’s approach to this guiding principle?
## Self-Assessment | Guiding Principle 12: **Survivor-Informed**

Instructions: Answer these questions based on *actual, current* practices (as opposed to theoretical practice standards) within your agency.

<table>
<thead>
<tr>
<th>Guiding Principle 12: Survivor-Informed</th>
<th>1 Never</th>
<th>2 Rarely</th>
<th>3 Sometimes</th>
<th>4 Often</th>
<th>5 Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Policies and procedures are implemented to ensure survivors who are public-facing on behalf of the agency are no longer actively engaged in receiving services from the agency.</td>
<td></td>
<td></td>
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<tr>
<td>2. Agency intentionally requests feedback on services from program participants.</td>
<td></td>
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<tr>
<td>3. Survivors are provided opportunities to formally engage in programmatic work.</td>
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<tr>
<td>4. Survivors utilized to inform programming or engage in work on behalf of the program are compensated monetarily for their work.</td>
<td></td>
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</tr>
<tr>
<td>5. The agency/program is intentional about collaborating with survivor-led programs engaged in ethical practice.</td>
<td></td>
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</tr>
<tr>
<td>6. The agency/program intentionally engages in non-exploitative interactions with survivors.</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Total Score:**

Assess below how your agency applies written policies/procedures and actual practice specific to this guiding principle:

**Written policies/procedures:**

- [ ] Needs Substantial Improvement
- [ ] Effectively Implementing:

**Practice/implementation:**

- [ ]

**Comments:**

What do you identify as needing the most improvement in your agency in regards to this guiding principle?

What next step(s) will you take to improve your agency’s approach to this guiding principle?
## Self-Assessment | Guiding Principle 13: **EVIDENCE-BASED INTERVENTIONS**

Instructions: Answer these questions based on *actual, current* practices (as opposed to theoretical practice standards) within your agency.

<table>
<thead>
<tr>
<th>Guiding Principle 13: Evidence-Based Interventions</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My agency/program refers to and utilizes model standards in program development and implementation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Evidence-based practices are utilized following the guidelines provided in their development and evaluation.</td>
<td></td>
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<tr>
<td>3. My agency/program uses evidence-based training or prevention curriculums.</td>
<td></td>
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<td>4. The agency/program utilizes validated screening tools/assessments.</td>
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<tr>
<td>5. My agency collaborates with researchers to evaluate practice.</td>
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</tbody>
</table>

**Total Score:**

Assess below how your agency applies written policies/procedures and actual practice specific to this guiding principle:

- **Written policies/procedures:**
  - Needs Substantial Improvement: [ ]
  - Effectively Implementing: [ ]

- **Practice/implementation:**
  - Needs Substantial Improvement: [ ]
  - Effectively Implementing: [ ]

**Comments:**

What do you identify as needing the most improvement in your agency in regards to this guiding principle?

What next step(s) will you take to improve your agency’s approach to this guiding principle?
# Self-Assessment | Guiding Principle 14: **STAFF SUPPORT AND SELF-CARE**

Instructions: Answer these questions based on *actual, current* practices (as opposed to theoretical practice standards) within your agency.

<table>
<thead>
<tr>
<th>Guiding Principle 14: S. Support and Self-Care</th>
<th>1 Never</th>
<th>2 Rarely</th>
<th>3 Sometimes</th>
<th>4 Often</th>
<th>5 Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The agency utilizes a conflict of interest policy.</td>
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<tr>
<td>2. Staff are encouraged by agency leadership, through policy and practice, to engage in self-care.</td>
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<td>3. Training is provided to staff on self-care practices.</td>
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<td>4. Boundaries are addressed in programmatic policies and procedures.</td>
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<tr>
<td>5. Self-awareness, mindfulness, and emotional intelligence practices are intentionally included in staff events as appropriate (i.e. meetings, trainings, staff retreats, etc.)</td>
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</tbody>
</table>

Total Score: __________

Assess below how your agency applies written policies/procedures and actual practice specific to this guiding principle:

- **Written policies/procedures:** Needs Substantial Improvement: [ ] Effectively Implementing: [ ]
- **Practice/implementation:** Needs Substantial Improvement: [ ] Effectively Implementing: [ ]

Comments:

What do you identify as needing the most improvement in your agency in regards to this guiding principle?

What next step(s) will you take to improve your agency’s approach to this guiding principle?
Self-Assessment | Guiding Principle 15: Training for Service Providers

Instructions: Answer these questions based on actual, current practices (as opposed to theoretical practice standards) within your agency.

1. Agency policies and procedures include training topics and requirements for staff.
2. My agency has required training that is provided to staff upon hire, specific to their role.
3. Staff are encouraged to engage in on-going professional development specific to their role, needs, skills, and interests.
4. Hired staff have appropriate background and expertise specific to their work, per agency job descriptions and policies.
5. Survivors are encouraged to apply for any position within the agency for which they are qualified, based on education and experience.
6. My agency has required training for all volunteers, including survivors.

Total Score: [Blank]

Assess below how your agency applies written policies/procedures and actual practice specific to this guiding principle:

Needs Substantial Improvement

Successfully Implementing:

Written policies/procedures:

Practice/implementation:

Comments:

What do you identify as needing the most improvement in your agency in regards to this guiding principle?

What next step(s) will you take to improve your agency’s approach to this guiding principle?
## Self-Assessment | TOTAL SCORE AND ACTION PLAN

<table>
<thead>
<tr>
<th>1. Victim-Centered Approach</th>
<th>1. What are your top three principles that you believe your agency could improve upon?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Empowerment/Strengths-Based Approach</td>
<td>2. What guiding principle do you determine to be your agency’s central issue to be addressed?</td>
</tr>
<tr>
<td>3. Trauma-Informed Approach</td>
<td>3. What are three specific objectives you will address specific to your agency’s central issue? What sort of timeline or anticipated completion date can you provide for these objectives? What are some ways you can collaborate with others within your agency to achieve these objectives?</td>
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<tr>
<td>4. Screening</td>
<td>1.</td>
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<td>5. Religious/Spiritual Self-Determination</td>
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<td>6. Confidentiality</td>
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<td>7. Safety</td>
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<td>8. Non-Discrimination</td>
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<td>9. Culturally and Linguistically Appropriate</td>
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<td>10. Collaboration</td>
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<td>11. Ethics and Professionalism</td>
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<td>12. Survivor-Informed</td>
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<td>13. Evidence-Based Interventions</td>
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<tr>
<td>14. Staff Support and Self-Care</td>
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<tr>
<td>15. Training for Service Providers</td>
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<tr>
<td>Total Score:</td>
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</tbody>
</table>

### Total Score: __________________________

Date for Completion: __________________________