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## HHS-Funded Public Health Research on Human Trafficking, 2004–2019 Information Memorandum

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- TO:** ACF anti-trafficking grantees, organizations assisting populations at high risk for human trafficking, policymakers, researchers, and other interested parties.
- SUBJECT:** This Information Memorandum (IM) highlights the U.S. Department of Health and Human Services' (HHS) contributions to human trafficking research, gaps in evidence, and open access policies.
- REFERENCES:** Trafficking Victims Protection Act of 2000 (P.L. 106-386), as reauthorized in 2003, 2005, 2008; National Defense Authorization Act of 2013 (P.L. 112-239); Preventing Sex Trafficking and Strengthening Families Act of 2013 (P.L. 113-183); Justice for Victims of Trafficking Act of 2015 (P.L. 114-22); Abolish Human Trafficking Act of 2017 (P.L. 115-392); Trafficking Victims Protection Act of 2017 (P.L. 115-393); SOAR to Health and Wellness Act of 2017 (P.L. 115-398); and Frederick Douglass Trafficking Victims Protection Reauthorization Act of 2017.
- PURPOSE:** This IM summarizes human trafficking research funded by HHS published in peer-reviewed journals, amplifies the need for additional research and possible research topics, and promotes the adoption of open access policies for federally funded research.
- BACKGROUND:** The Trafficking Victims Protection Act of 2000 (TVPA) authorized the Secretary of Health and Human Services to conduct research on domestic and international trafficking. Since the implementation of the TVPA, HHS, along with the U.S. Departments of Justice, Labor, and State and the U.S. Agency for International Development, have made significant contributions to the growth of anti-trafficking research.

### Federally-Funded Anti-Trafficking Research

Federal agencies like the U.S. Department of Health and Human Services (HHS), Department of Justice (DOJ), Department of Labor (DOL), Department of State (DOS), and the United States Agency for International Development (USAID) fund research to assess the economic causes and consequences of human trafficking, the effectiveness of federally funded programs and

initiatives, the relationship between trafficking and global health risks like infectious diseases, and the prevalence of human trafficking (22 U.S.C. § 7109a). Since 2001, the U.S. government has funded research on the commercial sexual exploitation of children, human trafficking prevention efforts within at-risk populations, identification tools and strategies, service needs and barriers for victims, best practices for service delivery and engagement, the relationship between sex trafficking and infectious disease, strategies to address demand, prevalence estimates, and social determinants of health.

While early research focused on the sex trafficking experiences and service needs of women and children — particularly in an international context — the body of research has grown to include studies of human trafficking within the U.S., labor trafficking experiences and risks, and the needs of marginalized populations experiencing and at risk for exploitation. Each agency carries out research that aligns with their mission statement and role in combating human trafficking. Research links and a list of research reports funded by the U.S. government is available on the Department of State’s [website](#).

## HHS Advances Anti-Trafficking Research

To support the federal strategy to combat human trafficking, HHS funds public awareness campaigns, training and technical assistance, victim services, and research to identify risk factors, develop interventions, and inform anti-trafficking strategies. HHS funded research on human trafficking contributing to at least 34 publications in peer-reviewed journals from 2004 to 2019.

The National Institutes of Health (NIH), the primary biomedical and public health research arm of HHS, funds research and makes the findings available, free of charge, through PubMed Central.<sup>1</sup> PubMed Central is a digital archive of federally funded research and a valuable resource for anti-trafficking research. While the Public Access Policy ensures that everyone has access to the published results of NIH-funded research through PubMed Central, other federal agencies and operating divisions can submit their peer-reviewed manuscripts as well.<sup>2</sup>

Both the NIH and the Centers for Disease Control and Prevention (CDC) have funded studies to advance anti-trafficking research and improve the well-being of survivors. NIH- and CDC-funded research papers published on PubMed Central date back to 2004 and include the following topics:

- Identification and screening strategies
- Service needs and treatment options
- Risk factors
- Policies to address human trafficking

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<sup>1</sup> The NIH Public Access Policy requires scientists who receive NIH funding to submit their peer-reviewed journal manuscripts to PubMed Central, a digital archive of federally funded research. For additional information, visit the NIH [website](#).

<sup>2</sup> For additional information on publishing funded research papers to PubMed Central, visit the NIH [website](#).

## Human Trafficking Identification and Screening Strategies

Existing research acknowledges that addressing human trafficking begins with screening for and identifying victimization in order to implement interventions and treatment. Through NIH, HHS has researched the role of health care providers in combating human trafficking and assessed tools designed to screen for this form of exploitation.

Individuals experiencing labor and sex trafficking receive treatment from health care providers for infections, physical ailments, and mental health concerns that often develop as a result of their victimization.<sup>3</sup> Therefore, health care professionals are in a unique position to identify exploitation and inform their patients about resources available them.

There is a demonstrated need for trainings, tools, and protocols that prepare health care professionals not only to identify a patient who may be experiencing human trafficking but also to respond with appropriate resources and treatment plans.<sup>4</sup> Accredited trainings, such as the [Stop, Observe, Ask, Respond \(SOAR\) to Health and Wellness](#) training for health and human service professionals, and the recently developed [ICD-10 codes](#) on suspected and confirmed human trafficking are critical resources to improve the identification, safety, and continuity of care for patients who may be experiencing exploitation.<sup>5</sup>

Screening tools such as the Human Trafficking Screening Tool (HTST), developed by the Urban Institute and tested in collaboration with HHS' Assistant Secretary for Planning and Evaluation (ASPE) and the Administration for Children and Families' (ACF) Children's Bureau, Family and Youth Services Bureau, Office on Trafficking in Persons, and Office of Planning, Research, and Evaluation, aid professionals in identifying labor and sexual exploitation in at-risk populations such as youth experiencing homelessness or involved in the child welfare system.<sup>6</sup> While the HTST was not designed to be administered in a health care setting, several tools have been created for use within these environments and could be implemented in anti-trafficking protocols within health care systems.<sup>7</sup> Screening tools are an important resource to identify human trafficking, but they must be accompanied by trauma-informed response protocols that address the needs of those experiencing exploitation.

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<sup>3</sup> Dovydaite T. (2010). Human trafficking: the role of the health care provider. *Journal of Midwifery & Women's Health*, 55(5), 462–467. doi:10.1016/j.jmwh.2009.12.017

<sup>4</sup> Katsanis, S. H., Huang, E., Young, A., Grant, V., Warner, E., Larson, S., & Wagner, J. K. (2019). Caring for trafficked and unidentified patients in the EHR shadows: Shining a light by sharing the data. *PLOS ONE*, 14(3), e0213766. doi:10.1371/journal.pone.0213766

<sup>5</sup> Katsanis, S., et al. (2019).

<sup>6</sup> Mostajabian, S., Santa Maria, D., Wiemann, C., Newlin, E., & Bocchini, C. (2019). Identifying Sexual and Labor Exploitation among Sheltered Youth Experiencing Homelessness: A Comparison of Screening Methods. *International Journal of Environmental Research and Public Health*, 16(3), 363. doi:10.3390/ijerph16030363

<sup>7</sup> Mostajabian, S., et al. (2019).

## Service Needs and Treatment Options for Survivors

For those at risk of or experiencing sexual or labor exploitation, barriers to accessing needed care include concerns about confidentiality, stigmatization, and the quality of services they will receive.<sup>8</sup> It is important for health care and other service providers to develop rapport and trust with their patients to engage these high-risk populations and gain a full understanding of their needs.

Co-locating mental health with primary care services in clinics and incorporating peer or survivor mentoring into service delivery may improve engagement in care among youth who are experiencing commercial sexual exploitation.<sup>9</sup> Improving youth participation and ownership of their health care is critical; studies have shown that those who have experienced commercial sexual exploitation have high rates of violence-related injuries, injection drug use, infections, malnutrition, mental health concerns, and untreated chronic medical conditions.<sup>10</sup>

Additional research is needed to identify effective treatment options and approaches for youth who experience commercial sexual exploitation and other high-risk populations. However, existing research points to cognitive behavioral therapy, dialectical behavioral therapy, and multisystemic therapy as treatment modalities that show promise if adapted for these populations.<sup>11</sup> All treatment options must account for the diverse and intersecting needs of clients, including life skills building and family reunification or engagement, along with more traditional needs such as mental health and substance use treatment.

Studies of youth involved in specialty courts for commercial sexual exploitation have revealed high rates of mental health and substance use disorders along with high proportions of hospitalizations related to their psychological trauma.<sup>12</sup> Access to and engagement in quality mental health and substance use treatment could weaken the relationship between youth and their traffickers and reduce their risk of revictimization.

Caregivers are additional allies who can help erode the trauma bond between youth and traffickers by modeling healthy relationship principles to youth and participating in their

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<sup>8</sup> Ijadi-Maghsoodi, R., Bath, E., Cook, M., Textor, L., & Barnert, E. (2018). Commercially sexually exploited youths' health care experiences, barriers, and recommendations: A qualitative analysis. *Child Abuse & Neglect, 76*, 334–341. doi:10.1016/j.chiabu.2017.11.002

<sup>9</sup> Ijadi-Maghsoodi, R., et al. (2018).

<sup>10</sup> Ijadi-Maghsoodi, R., Cook, M., Barnert, E. S., Gaboian, S., & Bath, E. (2016). Understanding and Responding to the Needs of Commercially Sexually Exploited Youth: Recommendations for the Mental Health Provider. *Child and Adolescent Psychiatric Clinics of North America, 25*(1), 107–122. doi:10.1016/j.chc.2015.08.007

<sup>11</sup> Ijadi-Maghsoodi, R., et al. (2016).

<sup>12</sup> Cook, M. C., Barnert, E., Ijadi-Maghsoodi, R., Ports, K., & Bath, E. (2018). Exploring Mental Health and Substance use Treatment Needs of Commercially Sexually Exploited Youth Participating in a Specialty Juvenile Court. *Behavioral Medicine, 44*(3), 242–249. doi:10.1080/08964289.2018.1432552

treatment and safety planning.<sup>13</sup> Caregivers and youth alike should engage in treatment to identify the youth’s trauma reminders and responses and practice behavioral strategies to mitigate maladaptive coping behaviors such as running away.<sup>14</sup> Just as multiple factors increase an individual’s risk for exploitation, maladaptive coping behaviors must be addressed during treatment to improve overall well-being.

## Environmental Conditions and the Risk for Unhealthy Outcomes

As the principal agency tasked with protecting the health of Americans and delivering essential human services, HHS funds research on social, economic, and environmental conditions that influence health risks and outcomes, commonly referred to as the social determinants of health. Thus, the effect of the social determinants of health on an individual’s risk for experiencing sex or labor exploitation is an established theme in research funded by the CDC and NIH.

Several HHS operating divisions have published research regarding the experiences and health outcomes of communities at risk of exploitation, risk factors for human trafficking, and health outcomes associated with trafficking. While this information memorandum focuses on HHS-funded research that led to publication in peer-reviewed journals, it should be noted that other operating divisions such as [ASPE](#) and ACF’s [Office of Planning, Research, and Evaluation \(OPRE\)](#) have published reports examining service delivery strategies to victims of human trafficking, needs and barriers, and the intersection between human trafficking and child welfare.

### *Communities at Risk for Exploitation*

The CDC has funded four studies of communities at high risk for sex and labor exploitation, including unaccompanied children migrating from Central America, women engaged in the commercial sex industry, migrant farmworkers, and restavèks — children who are domestic servants in Haiti.

Children living, working, or migrating without their parents experienced high rates of violence — 70% of the children working as domestic servants in the Haiti study experienced physical violence<sup>15</sup> while 72% of the Salvadoran children in a study conducted by the United Nations High Commission for Refugees reported leaving their home country after experiencing severe harm.<sup>16</sup> These adverse childhood experiences may lead or contribute to

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<sup>13</sup> Cohen, J. A., Mannarino, A. P., & Kinnish, K. (2017). Trauma-Focused Cognitive Behavioral Therapy for Commercially Sexually Exploited Youth. *Journal of Child & Adolescent Trauma*, 10(2), 175–185. doi:10.1007/s40653-015-0073-9

<sup>14</sup> Cohen, J.A., et al. (2017).

<sup>15</sup> Gilbert, L., Reza, A., Mercy, J., Lea, V., Lee, J., Xu, L., ... Domercant, J. W. (2018). The experience of violence against children in domestic servitude in Haiti: Results from the Violence against Children Survey, Haiti 2012. *Child Abuse & Neglect*, 76, 184–193. doi:10.1016/j.chiabu.2017.10.014

<sup>16</sup> Estefan, L. F., Ports, K. A., & Hipp, T. (2017). Unaccompanied Children Migrating from Central America: Public Health Implications for Violence Prevention and Intervention. *Current Trauma Reports*, 3(2), 97–103. doi:10.1007/s40719-017-0082-2

negative mental health outcomes like depression, anxiety, post-traumatic stress disorder, or general psychological distress.<sup>17</sup> Access to quality behavioral health care is needed for children who are exposed to and experience violence, whether physical, emotional, or sexual, to promote healing and reduce their risk for revictimization or further exploitation.

Increasing the economic options of at-risk communities is another strategy that may improve the health outcomes of men and women engaging in commercial sex acts. A CDC-funded study of a rural immigrant Latino community in the southeast United States revealed that the women identified their limited employment opportunities as a primary motivation to engage in commercial sex.<sup>18</sup> Targeted microenterprise or microfinance programming within these communities is a risk reduction strategy that could improve the overall health outcomes of this population.<sup>19</sup>

Another intervention discussed in the study involved creating more opportunities for migrant workers to engage in social activities as a way to combat the loneliness and limited social options in rural communities that the men identified as motivations to purchase sex.<sup>20</sup> In another study of farmworkers in Nebraska, almost one in three migrant workers reported relatively high stress levels and nearly one in two reported experiencing depressive symptoms.<sup>21</sup> A lack of social support and feelings of loneliness or isolation can contribute to depressive symptoms. It is important to foster strong support networks within migrant farmworker communities, particularly those within rural areas where access to social events may be limited, to promote healthy outcomes for workers.

### *Adverse Experiences, Structural Vulnerability, and Risk for Human Trafficking*

HHS has funded extensive research on how adverse childhood experiences affect health and well-being outcomes. The NIH has funded several studies assessing the connection between violence exposure, structural barriers, and risk for human trafficking. A study in the United States using data from the National Longitudinal Study of Adolescent to Adult Health identified a strong association between experiences of sexual abuse and subsequent engagement in commercial sex acts during young adulthood.<sup>22</sup> The link between sexual abuse and the sex trade has been observed in international studies as well. A study on child sex trafficking in two United States–Mexico border cities revealed higher proportions of sex trafficking victimization

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<sup>17</sup> Estefan, L. F., et al. (2017).

<sup>18</sup> Rhodes, S. D., Tanner, A., Duck, S., Aronson, R. E., Alonzo, J., Garcia, M., ... Naughton, M. J. (2012). Female sex work within the rural immigrant Latino community in the southeast United States: an exploratory qualitative community-based participatory research study. *Progress in Community Health Partnerships*, 6(4), 417–427. doi:10.1353/cpr.2012.0054

<sup>19</sup> Rhodes, S. D., et al. (2012).

<sup>20</sup> Rhodes, S. D., et al. (2012).

<sup>21</sup> Ramos, A. K., Carlo, G., Grant, K., Trinidad, N., & Correa, A. (2016). Stress, Depression, and Occupational Injury among Migrant Farmworkers in Nebraska. *Safety*, 2(4), 23. doi:10.3390/safety2040023

<sup>22</sup> London, S., Quinn, K., Scheidell, J. D., Frueh, B. C., & Khan, M. R. (2017). Adverse Experiences in Childhood and Sexually Transmitted Infection Risk from Adolescence into Adulthood. *Sexually Transmitted Diseases*, 44(9), 524–532. doi:10.1097/OLQ.0000000000000640

among women who experienced pregnancy, marriage, or sexual violence when they were younger than 16 years old.<sup>23</sup>

To escape sexual abuse or other forms of violence experienced during childhood or adolescence, minors may choose or be forced to leave their homes, increasing their vulnerability to exploitation including human trafficking.<sup>24</sup> Their subsequent homelessness along with a lack of social support creates an economic need that is commonly cited as a motivation for engaging in commercial sex.<sup>25</sup> Thus, runaway and homeless youth, especially those who identify as part of the LGBTQ community, are at an increased risk for sexual exploitation and trafficking.<sup>26</sup>

Adverse childhood experiences along with structural vulnerabilities such as substandard or no housing, social class, and poverty create push factors leading toward exploitation, human trafficking, and other negative health outcomes such as substance abuse.<sup>27</sup> Thus, interventions need to be developed to identify whether at-risk populations have experienced human trafficking and to address their structural vulnerabilities while meeting their behavioral health needs.

Schools offer an opportunity to assess minors for indicators of human trafficking and to provide them with prevention education. Some studies have shown that more education may have a protective effect, reducing the risk for victimization and increasing future economic opportunities — particularly for girls in countries such as the Philippines.<sup>28</sup> Additional studies are needed to determine how schooling affects the risk for sex trafficking among minors in the United States.

In addition to prevention and intervention efforts, it may be helpful for clinicians in schools or other settings to assess high-risk minors to predict runaway behavior. Tools such as the Youth Level of Service/Case Management Inventory may be able to be adapted to predict running

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<sup>23</sup> Boyce, S. C., Brouwer, K. C., Triplett, D., Servin, A. E., Magis-Rodriguez, C., & Silverman, J. G. (2018). Childhood Experiences of Sexual Violence, Pregnancy, and Marriage Associated With Child Sex Trafficking Among Female Sex Workers in Two US–Mexico Border Cities. *American Journal of Public Health, 108*(8), 1049–1054. doi:10.2105/AJPH.2018.304455

<sup>24</sup> Servin, A. E., Brouwer, K. C., Gordon, L., Rocha-Jimenez, T., Staines, H., Vera-Monroy, R. B., ... Silverman, J. G. (2015). Vulnerability Factors and Pathways Leading to Underage Entry into Sex Work in two Mexican-US Border Cities. *The Journal of Applied Research on Children, 6*(1), 3.

<sup>25</sup> Gerassi L. (2015). From Exploitation to Industry: Definitions, Risks, and Consequences of Domestic Sexual Exploitation and Sex Work Among Women and Girls. *Journal of Human Behavior in the Social Environment, 25*(6), 591–605. doi:10.1080/10911359.2014.991055

<sup>26</sup> Martinez, O., & Kelle, G. (2013). Sex Trafficking of LGBT Individuals: A Call for Service Provision, Research, and Action. *International Law News, 42*(4). Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25342864>

<sup>27</sup> Summers, P., Quandt, S. A., Talton, J. W., Galván, L., & Arcury, T. A. (2015). Hidden Farmworker Labor Camps in North Carolina: An Indicator of Structural Vulnerability. *American Journal of Public Health, 105*(12), 2570–2575. doi:10.2105/AJPH.2015.302797

<sup>28</sup> Urada, L. A., Halterman, S., Raj, A., Tsuyuki, K., Pimentel-Simbulan, N., & Silverman, J. G. (2016). Socio-structural and behavioral risk factors associated with trafficked history of female bar/spa entertainers in the sex trade in the Philippines. *International Journal of Gynecology and Obstetrics, 132*(1), 55–59. doi:10.1016/j.ijgo.2015.07.004

away among minors who have experienced commercial sexual exploitation.<sup>29</sup> By predicting a minor's likelihood of running away from home or care, clinicians can provide targeted interventions to reduce the minor's risk for revictimization. Human trafficking does not occur in isolation; anti-trafficking responses must be multi-disciplinary and designed to address multiple social, behavioral, and environmental factors that influence an individual's risk for trafficking.

### *Health Risks and Improving Well-Being for Survivors of Sex Trafficking*

Within the field of sex trafficking research, the NIH has funded studies reviewing the spread of infectious diseases among those experiencing exploitation. Experiences of physical or sexual violence from buyers<sup>30</sup> or traffickers<sup>31</sup> contribute to multiple manifestations of coercion, including compromised agency and unprotected sex increasing exposure to infectious diseases. This can lead to victims contracting sexually transmitted infections, including HIV, and other infectious diseases during their exploitation. Lack of autonomy, exposure to violence, and substance use — either voluntarily or through force or coercion — contribute to victims' increased risk for HIV exposure.<sup>32</sup> Additional studies reveal that victims with HIV are more likely to have other sexually transmitted infections, such as syphilis and hepatitis B,<sup>33</sup> or other infectious diseases like tuberculosis.<sup>34</sup> This is compounded by a lack of access to health care to diagnose and treat emerging symptoms.

Underage entry into transactional sexual encounters may increase the risk for exposure to HIV. Studies reveal these individuals report a longer duration of commercial sex engagement and higher rates of unprotected transactional sex than those entering as adults.<sup>35</sup> As found in previous studies, exposure to violence — and the need to escape it — and economic insecurity

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<sup>29</sup> Hershberger, A. R., Sanders, J., Chick, C., Jessup, M., Hanlin, H., & Cyders, M. A. (2018). Predicting running away in girls who are victims of commercial sexual exploitation. *Child Abuse & Neglect*, 79, 269–278.

doi:10.1016/j.chiabu.2018.02.023

<sup>30</sup> Decker, M. R., Mack, K. P., Barrows, J. J., & Silverman, J. G. (2009). Sex trafficking, violence victimization, and condom use among prostituted women in Nicaragua. *International Journal of Gynecology and Obstetrics*, 107(2), 151–152. doi:10.1016/j.ijgo.2009.06.002

<sup>31</sup> Goldsamt, L. A., Clatts, M. C., Yu, G., Le, B., & Colby, D. J. (2017). Human Trafficking and Emerging Sex Risk Environments in Vietnam: A Preliminary Profile of a Sex Work "Shared House". *Journal of Human Trafficking*, 3(2), 107–115. doi:10.1080/23322705.2016.1193343

<sup>32</sup> Gupta, J., Raj, A., Decker, M. R., Reed, E., & Silverman, J. G. (2009). HIV vulnerabilities of sex-trafficked Indian women and girls. *International Journal of Gynecology and Obstetrics*, 107(1), 30–34. doi:10.1016/j.ijgo.2009.06.009

<sup>33</sup> Silverman, J. G., Decker, M. R., Gupta, J., Dharmadhikari, A., Seage, G. R., 3rd, & Raj, A. (2008). Syphilis and hepatitis B Co-infection among HIV-infected, sex-trafficked women and girls, Nepal. *Emerging Infectious Diseases*, 14(6), 932–934. doi:10.3201/eid1406.080090

<sup>34</sup> Dharmadhikari, A. S., Gupta, J., Decker, M. R., Raj, A., & Silverman, J. G. (2009). Tuberculosis and HIV: a global menace exacerbated via sex trafficking. *International Journal of Infectious Diseases*, 13(5), 543–546. doi:10.1016/j.ijid.2008.11.010

<sup>35</sup> Silverman, J. G., Saggurti, N., Cheng, D. M., Decker, M. R., Coleman, S. M., Briden, C., ... Raj, A. (2014). Associations of sex trafficking history with recent sexual risk among HIV-infected FSWs in India. *AIDS and Behavior*, 18(3), 555–561. doi:10.1007/s10461-013-0564-3

are also driving factors increasing the risk for underage entry into transactional sex, which in turn elevates HIV risk.<sup>36</sup>

Structural interventions are needed that address the root causes that facilitate exploitation and trafficking to prevent victimization from occurring within at-risk communities and to reduce the risk of revictimization.<sup>37</sup> Survivors need access to mental health care, substance use treatment, and job opportunities to improve their well-being and reduce their risk for negative health outcomes like HIV.<sup>38</sup>

## Prevention Through Policy

Globally, responses to human trafficking focus on prosecution, prevention, and protection, creating:

- Formal and legal responses criminalizing trafficking;
- Policy efforts to prevent trafficking and an informal process of changing culture; and
- Government efforts to protect and assist victims in rebuilding their lives.<sup>39</sup>

While HHS supports its federal partners in prosecuting human trafficking, the primary role of this agency is to lead and aid in the development of prevention efforts and protection programs to shift cultural attitudes toward trafficking and allocate resources to prevent revictimization.

Research has shown that countries can empower communities to combat exploitation by educating them about the tactics traffickers use to recruit victims and economic opportunities like skills development or microfinancing.<sup>40</sup> Along with addressing the underlying vulnerabilities that increase a community's risk for trafficking, research supports training relevant sectors to identify victimization and respond with proven interventions to minimize the duration of the trafficking experience.

Health care professionals are key stakeholders in the fight to combat human trafficking; they regularly encounter victims when they seek routine or emergency treatment. A study of emergency departments in San Francisco, California, revealed that a short, single-session educational presentation increased health care providers' knowledge about human trafficking

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<sup>36</sup> Goldenberg, S. M., Silverman, J. G., Engstrom, D., Bojorquez-Chapela, I., Usita, P., Rolón, M. L., & Strathdee, S. A. (2015). Exploring the context of trafficking and adolescent sex industry involvement in Tijuana, Mexico: consequences for HIV risk and prevention. *Violence Against Women, 21*(4), 478–499. doi:10.1177/1077801215569079

<sup>37</sup> Goldenberg, S. M., et al. (2015).

<sup>38</sup> Collins, S. P., Goldenberg, S. M., Burke, N. J., Bojorquez-Chapela, I., Silverman, J. G., & Strathdee, S. A. (2013). Situating HIV risk in the lives of formerly trafficked female sex workers on the Mexico–US border. *AIDS Care, 25*(4), 459–465. doi:10.1080/09540121.2012.720361

<sup>39</sup> Yoo, E. H., & Boyle, E. H. (2015). National Human Trafficking Initiatives: Dimensions of Policy Diffusion. *Law & Social Inquiry, 40*(3), 631–663. doi:10.1111/lsi.12115

<sup>40</sup> Shrestha, R., Karki, P., Suwal, A., & Copenhaver, M. (2015). Sex Trafficking Related Knowledge, Awareness, and Attitudes among Adolescent Female Students in Nepal: A Cross-Sectional Study. *PLOS ONE, 10*(7), e0133508. doi:10.1371/journal.pone.0133508

and how to respond when they encounter a victim. The presentation also made them sensitive to signs and symptoms of possible victimization.<sup>41</sup> Similarly, in SOAR to Health and Wellness training evaluations, 94%<sup>42</sup> of participants reported a high or very high confidence in their ability to identify and respond to human trafficking upon completion of the training in FY 2019.

The importance of training health care professionals to recognize the symptoms of human trafficking and respond with interventions was highlighted in the SOAR to Health and Wellness Act of 2018, which authorized the expansion of HHS' SOAR to Health and Wellness training program. Congress also authorized HHS to contribute to an interagency working group on demand reduction and to develop prevention programming to educate students and school-based professionals on trafficking schemes, identification techniques, and response protocols through the Frederick Douglass Trafficking Victims Prevention and Protection Reauthorization Act of 2018.

To complement its prevention programming, HHS consults with federal law enforcement and non-government organizations as required under the TVPA to issue certification and eligibility letters to foreign national adults and minors who experience trafficking. The HHS letters provide survivors of trafficking eligibility for benefits and services to the same extent as refugees as they work to rebuild their lives. HHS also provides comprehensive case management services to both foreign and domestic survivors and their family members through the Domestic Victims of Human Trafficking and Trafficking Victim Assistance Program grants.

A series of evaluations of HHS anti-trafficking victim assistance grant programs are underway. Current evaluation projects led by OPRE include:

- Domestic Human Trafficking and Child Welfare Population, 2016 – 2020
- Evaluation of Domestic Victims of Human Trafficking Program, 2016 – 2020
- Evaluation of the National Human Trafficking Hotline Program, 2016 – 2019

More information on these projects can be found on the [Office on Trafficking in Persons' website](#), along with links to the final reports for the evaluation of the first and second cohorts of the Domestic Victims of Human Trafficking Demonstration Projects.

## Evidence Gaps and the Future of Anti-Trafficking Research

While HHS has funded substantial research on the adverse experiences and risk factors associated with survivors who have experienced exploitation and human trafficking, additional

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<sup>41</sup> Grace, A. M., Lippert, S., Collins, K., Pineda, N., Tolani, A., Walker, R., ... Horwitz, S. M. (2014). Educating health care professionals on human trafficking. *Pediatric Emergency Care, 30*(12), 856–861. doi:10.1097/PEC.0000000000000287

<sup>42</sup> Office on Trafficking in Persons. (2020, April 24). *Training and Technical Assistance Resources – FY 2019* [Fact Sheet]. U.S. Department of Health & Human Services. [https://www.acf.hhs.gov/sites/default/files/otip/otip\\_one\\_pager\\_tta\\_fy19.pdf](https://www.acf.hhs.gov/sites/default/files/otip/otip_one_pager_tta_fy19.pdf)

research is needed to determine effective intervention, treatment, and prevention methods for different communities. More information is needed on the unique needs and vulnerabilities of populations who have been traditionally excluded from federally funded research, including:<sup>43</sup>

- Men and boys
- LGBTQ community members
- Native communities, including Native Americans, Alaska Natives, Native Hawaiians and Pacific Islanders
- Elderly populations
- Individuals experiencing labor exploitation and trafficking — particularly those in the United States

Future research could focus on evaluating structural interventions and individual treatment options tailored to different communities. Surveys and studies could be launched to determine:<sup>44</sup>

- Tactics traffickers employ to recruit and influence victims;
- Typologies of the consumer and the effect of demand reduction programs;
- Systems people encounter during victimization;
- Economic factors involved in human trafficking and its financial impact;
- Protective factors and interventions that reduce vulnerability, and the role of resilience;
- Gaps in services and best practices for treating victims of human trafficking; and
- Real and perceived barriers preventing victims from requesting or accessing help.

This additional research would allow HHS and its relevant partners to identify when, where, and by whom potential victims can be screened to intervene early and often. This information would also inform HHS' future awareness, outreach, service delivery, and training efforts. Future research could also focus on identifying prevention strategies to fill research gaps and complement research on identification and response strategies. This could include prevention strategies at the individual, community, and societal levels. Research is a powerful tool to inform the development of policies and programs that protect the most vulnerable and empower individuals and communities.

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<sup>43</sup> United States Advisory Council on Human Trafficking. (2019). *Annual Report 2019*. Retrieved from <https://www.state.gov/wp-content/uploads/2019/05/US-Advisory-Council-2019-Report.pdf>

<sup>44</sup> Erickson, L. 2018 Health and Human Trafficking Symposium – Takeaways and Next Steps. (2019, October). Retrieved from <https://aspe.hhs.gov/system/files/pdf/262596/hhs-2018-symposium-report-final.pdf>

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