



*HEAL Trafficking submits this information in response to the "Request for Information for the 2021 Trafficking in Persons Report," Public Notice: 11271, FR Vol 85 No 232, December 2, 2020.*

*The content of this submission relates to multiple questions within "Information Sought" Relevant to the Minimum Standards, including, "Trafficking Profile," "Overview," "Prosecution," "Protection," and "Prevention" and the cross-cutting impact of the COVID-19 pandemic.*

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## **HEAL Trafficking's 2020 Impact**

**The majority of trafficking victims access health care while being trafficked. HEAL Trafficking is building a worldwide movement in health care to respond to trafficking.**

HEAL Trafficking is a network in 35 countries of over 3600 trafficking survivors and multi-disciplinary professionals building the capacity of health care to respond to trafficking, from a public health lens. We tackle issues at the crux of health and trafficking, through our work in Education and Training, Protocols, Research, Direct Services, Prevention, Advocacy, and Media and Technology. HEAL Trafficking brings together physicians, advanced practice clinicians, nurses, dentists, emergency medical services (EMS) personnel, psychologists, counselors, public health workers, health educators, researchers, clinical social workers, administrators, and other health professionals who work with and advocate for the health of survivors of human trafficking. Our mission is to mobilize a shift in the anti-trafficking paradigm toward approaches rooted in public health principles and trauma-informed care by expanding the evidence base; enhancing collaboration among multidisciplinary stakeholders; educating the broader anti-trafficking, public health, and health care communities; and advocating for policies and funding streams that enhance the public health response to trafficking and support survivors.

HEAL Trafficking engages in work that combats all forms of human trafficking; supports trafficked people of all genders, ages, races/ethnicities, religions, origins, cultures, and sexual orientations; believes all trafficked persons deserve access to a full range of health care including medical, mental/behavioral health, reproductive health, dental, and substance use disorder treatment services; approaches human trafficking from a public health perspective that incorporates a socio-ecological framework and prevention strategies; and promotes a survivor-centered, trauma-informed, evidence-based, practice-based approach to anti-trafficking efforts.

**The following are some highlights of HEAL Trafficking's 2020 impact in building the capacity of health care respond to trafficking.**

- HEAL equipped health professionals to respond to trafficking during the COVID-19 in a number of ways, including creating a [curated compendium of online resources](#), publishing an [international journal article](#) on the public health impact of COVID-19 on human trafficking, developing an [informational tool](#) for health professionals; and hosting [racial justice & COVID online forums](#).
- HEAL led the United Nation's Delta 8.7 Justice Health Policy and Practice working group in drafting the forthcoming health care recommendations in the policy guide "What Works" to Achieve SDG 8.7.



- HEAL collaborated with Polaris to educate health professionals on QAnon and how to respond to [disinformation campaigns](#).
- HEAL's [protocol toolkit](#) is being used in 36 countries and has been downloaded 2900 times, and its use was highlighted in this [research article](#). Maryland State Hospital Association utilized it in crafting their [state wide guidelines](#).
- HEAL's [assessment tool for health professional human trafficking curricula](#), highlighted in the 2020 TIP Report, is now being adapted in Canada by the Human Trafficking Health Alliance of Canada, customized to their legal context, and is being utilized in seven other countries as a standard-setting metric in human trafficking curriculum development. Its use was studied in this [research article](#).
- HEAL joined more than 360 civil society organizations and 144 families of victims of police violence in signing a [letter to United Nations High Commissioner for Human Rights](#) with strong recommendations on the promotion and protection of the human rights and fundamental freedoms of Africans and of people of African descent against excessive use of force and other human rights violations by law enforcement officers.
- HEAL's [Advocacy committee](#) submitted numerous policy commentaries including to the Office on Trafficking in Persons (OTIP), the Department of Health and Human Services, and the Center for Disease Control and Prevention (CDC) on [border restrictions during the COVID-19 pandemic](#), [data collection for the Domestic Victims of Human Trafficking](#), and [preliminary recommendations of the National Advisory Committee on the Sex Trafficking of Children and Youth in the United States](#).
- HEAL conducted a second annual International Train the Trainer in collaboration with [MGH Institute of Health Professionals](#), training over 60 educators including those in Trinidad and Tabago, Canada, and the United States in teaching skills and specific subtopics on health and trafficking.
- Webinars hosted in 2020 covered the topics of [mandated reporting of human trafficking](#), [21st Century Cures Act](#), [LGBTQ communities and human trafficking](#) and [experiences of racism among African American women who have experienced sex trafficking and more!](#)
- HEAL wrote briefs on [child labor as a health care issue](#), [screening of youth for trafficking](#), [rethinking representation](#), [dispelling common misconceptions within the anti-trafficking movement](#).
- As part of the American Hospital Association's Hospitals Against Violence initiative, the AHA, Jones Day, and HEAL Trafficking come together to provide resources to health care providers across the nation who are fighting the global scourge of human trafficking. To support that initiative, Jones Day prepared [a tool](#) that outlines the U.S. federal and state statutes and corresponding regulations for mandatory reporting and education requirements for health care providers. [The tool](#) covers, for the federal government and each of the 50 United States, a summary of the applicable laws on the following topics: reporting of child abuse; reporting of sex and / or labor trafficking; and required regulation of anti-trafficking education of health care providers.



## Summary of 2020 public health and trafficking peer-reviewed literature

HEAL Trafficking maintains a [compendium](#) of peer-reviewed public health and trafficking literature. In 2020, as in prior years, the lion's share of published research pertained to children, sex trafficking, and females. Very little research focused on other genders or forced labor. There were a number of papers which centered survivors in their research process as well as methodology papers that provided guides for other researchers in engaging those with lived experience throughout the research process. Geographically, most of the research was concentrated in the United States and the United Kingdom. For a full listing of these studies, see **Appendix A**.

## Summary of Health Care & Anti-Trafficking Global Survey

In January 2021, HEAL Trafficking solicited information from its international network of greater than 3600 professionals, including human trafficking survivors, about barriers to caring for trafficked persons who interact with health care in their country, the strengths of their country's response to trafficking, and the impact of the COVID-19 pandemic. Responses were received from 16 countries in addition to the United States. Submissions came from North America, Central America, South America, Europe, the Middle East, and Asia. In many cases, there was one respondent per country so the information provided should not be considered representative. Brief summaries of these responses are included following this introduction.

Numerous problems were cited as barriers to caring for trafficked persons. A leading barrier was limited knowledge on the part of health care providers and a lack of training (e.g., Brazil, Canada, Greece, India, Norway, Peru, South Africa, Sri Lanka, United States), including a lack of understanding of the socio-ecological model (e.g., Malaysia), and lack of knowledge about how to help survivors access trauma-informed care (e.g., Cambodia). Another significant barrier mentioned in several countries was lack of health care coverage (e.g., Germany, India, United States, and Norway [for undocumented migrants]), and health care debt as a driver of trafficking (e.g., India). Additional barriers mentioned were limited identification of trafficked persons (e.g., Brazil, Norway, United States), lack of community recognition of labor trafficking and debt bondage (e.g., India and Syria), the re-victimization that can occur from required medical exams for identified trafficked persons (e.g., India), re-traumatization associated with living conditions for identified trafficked persons (e.g., United Kingdom), the limits on support services for trafficked persons, particularly those from outside the country (e.g., United Kingdom, United States), the risk of deportation for trafficked persons denied asylum (e.g., United Kingdom), and turnover among NGO staff (e.g., Cambodia).



Along with these general problems, numerous impacts of the COVID-19 pandemic were identified. In multiple countries, health care access was limited due to COVID-19 (e.g., Germany, India, Mexico, Sri Lanka, United Kingdom, United States), some trafficked persons feared accessing health care (e.g., Canada, Malaysia), and fewer organizations were providing services (e.g., Cambodia, Canada, Norway, Sri Lanka). In some countries, greater online exploitation and other increases in trafficking were observed during COVID-19 (e.g., Canada, Mexico, Norway). Persons trafficked both for labor and sex were at risk of contracting and exposing others to COVID-19 (e.g., Norway, Syria) for a myriad of reasons including refusal by employers and traffickers to allow compliance with COVID-19 mitigating public health practices and inability to comply based on living conditions. In the United States, farm workers suffered labor exploitation and abuse akin to trafficking and one is known to have [died](#) of COVID-19. Overall, a reduced focus on trafficking and other public health issues was observed during the COVID-19 pandemic (e.g., Canada, India, Malaysia, Sri Lanka, United States).

Many strengths in the health care response to trafficking were noted in addition to the problems cited. Governments and NGOs are supporting programs to educate health care providers and first responders about human trafficking (e.g., Brazil, Canada, United Kingdom, United States), to provide prevention services (e.g., Canada), and to enlist experts in investigating and mapping current barriers and practices (e.g., Norway). Community mobilization and NGO advocacy is occurring to benefit trafficked persons (e.g., Canada, United Kingdom, United States). Clinics are providing comprehensive and/or trauma-informed care (e.g., Canada, India, United States) and sensitive treatment for trafficked persons (e.g. Greece). NGOs are playing an important role in the health care response (e.g., Nicaragua) and working to increase recognition that human trafficking/modern slavery is a public health issue (United Kingdom, United States). Multidisciplinary professionals are working with NGOs to combat isolation, provide therapy, ensure access to housing/shelter, and reduce COVID-19 risk for trafficked persons (e.g, United Kingdom). A key strength described in several countries is the availability of health coverage and free health care for some or all trafficked persons (e.g., Norway, Sri Lanka, United Kingdom) and access to health care for vulnerable populations (e.g., Peru, South Africa, United Kingdom).

The array of identified problems that impede care for trafficked persons is daunting and the COVID-19 pandemic is exacerbating previously existing challenges while creating new ones. Nonetheless, the creativity and dedication of the health care sector to address these problems in innovative ways is encouraging.

## **Brazil**

In Brazil, health care personnel have limited ability to identify human trafficking. MDs, nurses, and nursing staff often do not know what human trafficking is and know little about how to identify and care for trafficked persons. However, the SOBEF (Sociedade Brasileira de Enfermagem Forense) has taken a “small step” by initiating several programs to educate and train doctors, nurses and healthcare workers as well as first responders.



## Cambodia

In Cambodia, the lack of knowledge on the part of NGOs about how to access trauma-informed care at appropriate health care facilities is a barrier to caring for trafficked persons. The capacity of NGOs has also been limited by the COVID-19 pandemic, leading to fewer organizations helping with identification, rescue, and resources. At the same time, national standards for STI treatment have helped keep health care costs down. One long term frustration for health care professionals working with NGOs that engage with active “street workers” and trafficked persons is the high turnover among expat workers without accompanying transfer of knowledge and resources, leading to discontinuation of programs.

## Canada

In Canada, a significant barrier to caring for trafficked persons who interact with health care was lack of awareness among health care providers, although this is being mitigated by community mobilization. Also, the Federal government and several Provincial governments (e.g., British Columbia, Manitoba, and Ontario) have provided support for health care provider education and a range of services for trafficked persons that are necessary for prevention. The COVID-19 pandemic has been associated with increased risks for health care providers engaging with clients without PPE. Trafficked persons have had more limited access to health care due to reductions in-person services, being asked to stay away from the ER, and fear of exposure risk. The pandemic has also been associated with more online exploitation and a lack of jobs due to businesses closing so that people are more vulnerable to traffickers. The preoccupation with COVID-19 has also led to less attention to other public health problems. Noteworthy health care anti-trafficking efforts in Canada include the H.E.A.L.T.H. Clinic in Ottawa, <https://www.healthclinicottawa.ca/>, which is the first in the country to provide comprehensive, holistic, trauma-informed care to trafficked persons, and the Human Trafficking Health Alliance of Canada, <https://thehealthalliancecanada.org/>, which is a united network of health care professionals dedicated to increasing awareness and education about human trafficking in Canada.

## Germany

In Germany, a significant barrier to care for trafficked persons who interact with health care was identified as the lack of coverage for the cost of health care as they tend to lack insurance. COVID-19 has further limited access for trafficked persons.

## Greece

In Greece, a major barrier to caring for trafficked persons who engage with health care was identified as a lack of training. A “good bedside manner” was identified as a strength of health care’s response.



## India

In India, respondents identified lack of training for health care providers as a major barrier to caring for trafficked persons who engage with health care. An additional barrier identified was lack of affordable health care, with health care debt identified as a key driver of trafficking. Stigma associated with sex trafficking was noted to result in re-victimization when a medical exam is required after recovery. The lack of identification and/or acceptance in the community regarding debt bondage creates barriers for labor trafficking victims. Major strengths of the health care response were identified as the privacy and respect accorded trafficked persons and the “one stop” centers that treat women and child victims of sexual violence. Awareness is growing as recent laws have required health care providers to take a more active role in protecting vulnerable patients, such as by reporting child abuse. The COVID-19 pandemic has led to a decrease in patient volume, limitation of care to basic necessities, an overwhelmed system, decreased contact with non-COVID patients, and a sidelining of trafficking.

## Malaysia

In Malaysia, a major barrier to caring for trafficked persons who interact with health care was identified as the lack of a socio-ecological framework for understanding this group. A major strength in the health care response to trafficking was identified as the flexibility and openness of the Ministry of Health. Movement restrictions and government “securitization” measures related to COVID-19 may have made trafficked persons more hesitant to seek health care. Also most health care resources are being shifted to address COVID-19 so trafficking is getting less attention than before.

## Mexico

In Mexico, COVID resulted in limited access for trafficked persons to access(?) appropriate health care facilities. In the absence of a response from the government, trafficking cases have increased during COVID, indicating a need to study the impact of COVID-19 on human trafficking.

## Nicaragua

In Nicaragua, the government was identified as a major barrier to caring for trafficked persons who interact with health care. The few NGOs who still have permits to operate were identified as a strength in the health care response to trafficking.

## Norway

In Norway, respondents described major barriers to caring for trafficked persons who interact with health care were as the lack of a right to health care for undocumented migrants, the rejection that trafficked persons experience when seeking health care, and the lack of training for health care professionals in identifying trafficked persons. There is no national referral



system in Norway and no specific health services for trafficked persons. Because health care professionals have extremely limited knowledge about human trafficking very few—zero to ten—victims are identified in the health sector annually. A major strength of the response to trafficking was identified as the universal health coverage that exists for all groups except undocumented migrants. An additional important strength is that the Norwegian Directorate of Health recently established an expert network whose mandate is to investigate and map current identification barriers and practices. Based on the findings, the network will advise the directorate on which measures they might include in the guidelines regarding health services to vulnerable migrant groups. COVID-19 has resulted in increased vulnerability for people trafficked for sex and labor due to increased deportation of trafficked persons for being “a health hazard” to the general population because they were not allowed by their traffickers or employers to comply with the 10-day compulsory quarantine before being forced to sell sex or engaging in construction or other trades. These trafficked persons are both being exposed to and exposing others to the virus. Also due to COVID-19 there are only a few services working with vulnerable migrant groups, including trafficked persons; this has limited access to health care, particularly for undocumented migrants. Trafficked persons who reside legally in Norway (labor migrants, EU citizens, asylum seekers, exchange students, and Norwegian citizens) have the same access to health care as the general population.

## **Peru**

In Peru, the lack of health care training and resources was identified as a major barrier to caring for trafficked persons who interact with health care. A major strength of the health care response to trafficking is that there is access to health care for very vulnerable populations.

## **South Africa**

In South Africa, a lack of awareness about human trafficking at the community and government level has been a barrier to conducting research on human trafficking and may also be a barrier to caring for trafficked persons who interact with health care. A strength of the response to trafficking may be a well-developed infrastructure of the system of care for this population. Multiple lockdowns due to COVID-19 may have led to greater fragmentation of community coordination efforts.

## **Sri Lanka**

In Sri Lanka, major barriers to caring for trafficked persons who interact with health care were identified as a lack of knowledge about trafficking and laws as well as a lack of facilities for trafficked persons. A major strength of the health care response to trafficking is that health care facilities are free to patients. COVID-19 has been associated with less attention to trafficked persons and greater difficulty for them in accessing health care. Additional problems for trafficked persons are the limited number of activists and organizations helping them and the lack of funding for reintegration services.



## Syria

In Syria, those in refugee camps, especially women and children, are vulnerable to trafficking and a barrier is a lack of community recognition of human trafficking. COVID-19 has been associated greater difficulty in accessing health care and increased vulnerability to trafficking.

## United Kingdom

In the United Kingdom, a major barrier to caring for trafficked persons who interact with health care was identified as the limitations on support for them once they are identified. Rules for the government's National Referral Mechanism (NRM), which provides support and protection to victims of modern slavery human trafficking (MSHT), can result in exclusion and deportation of MSHT victims who do not qualify for asylum. Also, victims are having to prove their need for support services due to decreased funding. Some male migrants who are MSHT victims are housed in military barracks that pose multiple health threats, including COVID-19 exposure and potential for retraumatization. Some providers fear that identifying trafficked persons will lead to support that is unsafe, inappropriate, insufficient, or in fact lead to an exacerbation trauma and trigger deterioration in physical and mental health. NGOs and charitable organizations are working hard to counter these problems. A major strength of the health care response to trafficking is that the health care system in the UK is free at the point of access. Persons legally within the UK and confirmed victims of trafficking are not charged for health care; for others, certain services are free, such as emergency services, general practice, sexual health services and some communicable disease treatments, e.g., HIV/TB. NGOs (e.g., VITA Network, <https://vita-network.com/>) are working to increase recognition of MSHT as a public health issue. The COVID-19 pandemic has complicated and limited access to health care for trafficked persons, who often lack devices, data, or wi-fi to access telehealth appointments, and who may need translation services that are often unavailable. COVID-19 has also increased isolation and physical and mental health risks for trafficked persons. NGOs (e.g., Helen Bamber Foundation, <http://www.helenbamber.org/>) are working in multidisciplinary ways to overcome telehealth barriers and increase safety for trafficked persons.

## United States

In the United States, respondents cite numerous barriers to caring for trafficked persons in the health care setting. First, there is a lack of a comprehensive organizational policies across health systems so health professionals wonder "What do you want me to do?" when they identify a trafficked person. Even when human trafficking polices exist, they may be re-traumatizing and focused on fact-finding, as opposed to empowering the patient with education. After identification, lack of access to funds and or health insurance to provide comprehensive health care for trafficked persons impairs a victim's ability to heal. Furthermore, there are limited housing and substance use treatment options. Especially in rural and tribal communities there are limited appropriate coordinated community resources as referral options. Moreover, universal health professional education that covers "recognizing vulnerabilities that make



persons a target for trafficking versus checking off a list of indicators” is lacking. One respondent states, “There are still so many misconceptions and ignorant views of health care providers.” More training is needed for Indigenous Clinics. Health providers also face a lack of time to fully engage with persons experiencing trafficking.

On the positive side, respondents note that health care has a growing willingness to learn about trafficking, and in states with mandated educational laws, many health professionals are trained. States that have standards around what that training should entail, such as Texas, are felt to have led to improvements in knowledge-- “real information is disseminated instead of sensationalized [information].” A widespread cultural shift within health care to embrace trauma informed care principles helps to improve care for trafficked persons. In those areas with strong community based organizational anti-trafficking efforts, health care’s response is bolstered when it coordinates and partners with community organizations. The National Human Trafficking Hotline is cited as a great resource. More health professional disciplines are being trained on trafficking, including dentists, health care administrators, occupational therapists, pharmacies, physical therapists, and public health professionals.

COVID-19 has decreased access to health care for many populations, including trafficked persons, because of closure of outpatient resources, general isolation, and decreased freedom of movement. There has been some amount of increased health care accessibility through availability of telemedicine. Among Indigenous Tribes the demands for care are larger than what is available in Tribal Clinics. For labor exploitation, the fears of deportation have heightened, so victims may be more reluctant to seek out health care. Moreover, some trafficked persons may fear being tested for COVID-19 as it could cause a loss in earnings, furthering their debt to their trafficker. There is one case of a person suffering labor exploitation and abuse akin to trafficking [dying](#) of COVID. There are fewer resources to offer trafficked persons including decreased congregate living options. Multiple respondents noted that COVID-19 diverted resources and energy away from trafficking responses and overwhelmed providers. Moreover, Covid-19 exacerbated inequalities and health disparities among all vulnerable populations. Trafficking training for health professionals has [continued online](#), including the U.S. Department of Health and Human Service’s SOAR Online training but “all trainings are better absorbed in person as there is less distraction and you are able to ask questions directly and in real time versus a recorded webinar.” Recommendations from respondents include deployment of health care specific advocates to respond to the needs of trafficked persons; [legislative mandates](#) for health systems to have policies in place on trafficking; that human trafficking should be taught, discussed, and tested in [all health professional training schools](#); “Trauma Informed Care” should be the “Gold Standard” of care for all Health Care Staff, Law Enforcement and Mental Health teams across this country; and that health care administrators and leaders need to support anti-trafficking efforts.

For more information on the impact of COVID-19 on public health and trafficking, see Greenbaum J, Stoklosa H, Murphy L. The Public Health Impact of Coronavirus Disease on Human Trafficking. *Front Public Health*. 2020; 8:561184.

<https://www.frontiersin.org/articles/10.3389/fpubh.2020.561184/full>



## Appendix A

Highlighted 2020 literature on health care, public health and trafficking globally (*links to abstracts provided, full text available upon request*).

### **Global Literature**

Cassandra E. DiRienzo (2020): Human Trafficking: [What the New IOM Dataset Reveals](#), *Journal of Human Trafficking*, DOI: 10.1080/23322705.2020.1808383

Collins, C., & Skarparis, K. (2020). [The impact of human trafficking in relation to maternity care: a literature review](#). *Midwifery*, 102645.

Coughlin, C.G., Greenbaum, J. and Titchen, K. (2020), [Educating paediatric health-care providers about human trafficking](#). *J Paediatr Child Health*. doi:10.1111/jpc.15116

Fukushima, A. I., & Heffernan, K. (2020). What's the Mission? [Discursive Power and Human Rights-Based Language in Anti-Trafficking Organizations](#). *Journal of Human Rights and Social Work*, 1-10.

Garg, A., Panda, P., Neudecker, M., & Lee, S. (2020). [Barriers to the access and utilization of healthcare for trafficked youth: a systematic review](#). *Child abuse & neglect*, 100, 104137.

Greenbaum, J., Stoklosa, H. and Murphy, L., 2020. [The Public Health Impact of Coronavirus Disease on Human Trafficking](#). *Frontiers in Public Health*, 8, p.685.

Greenbaum MD, J. (2020). [The Public Health Approach to Human Trafficking Prevention](#). *Georgia State University Law Review*, 36(4), 1059.

Greenbaum, J. (2020). [A Public Health Approach to Global Child Sex Trafficking. Annual Review of Public Health](#), 41(1), 481–497. doi: 10.1146/annurev-publhealth-040119-094335

Iglesias-Rios, L., Harlow, S. D., Burgard, S. A., West, B., Kiss, L., & Zimmerman, C. (2020). [Patterns of violence and coercion with mental health among female and male trafficking survivors: a latent class analysis with mixture models](#). *Epidemiology and psychiatric sciences*, 29.

Chu, K., & Billings, J. (2020): [Mental Health Experiences of Sex Trafficking Victims in Western Countries: A Qualitative Study](#), *Journal of Human Trafficking*, DOI: 10.1080/23322705.2020.1825897

Kiss, L., Fotheringham, D., Mak, J., McAlpine, A., & Zimmerman, C. [The use of Bayesian networks for realist evaluation of complex interventions: evidence for prevention of human trafficking](#). *Journal of Computational Social Science*. 2020 Mar 18:1-24.

Leopardi, N. M., Hovde, A. M., & Kullmann, L. V. (2020). [The intersection of child trafficking and health care: our unique role as pediatric clinicians](#). *Pediatric Clinics*, 67(2), 413-423.



Peck, J. L., Meadows-Oliver, M., Hays, S. M., & Maaks, D. G. (2020). [White paper: recognizing child trafficking as a critical emerging health threat](#). Journal of Pediatric Health Care.

Twis, M. K., & Preble, K. (2020). [Intersectional standpoint methodology: toward theory-driven participatory research on human trafficking](#). Violence and victims, 35(3), 418-439.

Wright, N., Hadziosmanovic, E., Dang, M., Bales, K., Brookes, C., Jordan, M., & Slade, M. (2020). [Mental health recovery for survivors of modern slavery: grounded theory study protocol](#). BMJ Open, 10(11), p.e038583.

### **Australia**

Rose, A. L., Howard, L. M., Zimmerman, C., & Oram, S. (2020). [A Cross-sectional Comparison of the Mental Health of People Trafficked to the UK for Domestic Servitude, for Sexual Exploitation and for Labor Exploitation](#). Journal of Human Trafficking, 1-10.

Testa, D. (2020). [Hospital Health Provider Experiences of Identifying and Treating Trafficked Persons](#). Australian Social Work, 73(1), 92-104.

### **Brazil**

Passos, T. S., Santos Santana, M. F., Cordero-Ramos, N., & Almeida-Santos, M. A. (2020). [Profile of Reported Trafficking in Persons in Brazil Between 2009 and 2017](#). Journal of Interpersonal Violence, 0886260520976219.

### **Cambodia**

Johnson, B. C. (2020). [Featured counter-trafficking program: Trauma recovery for victims of sex trafficking](#). Child abuse & neglect, 100, 104153.

### **India**

Mukherjee, M. (2020). [Featured counter-trafficking program: Arpan](#). Child abuse & neglect, 100, 104152.

### **Nigeria**

Okoli, N., & Idemudia, U. (2020). [Survivor's Perceptions of Human Trafficking Rehabilitation Programs in Nigeria: Empowerment or Disempowerment?](#), Journal of Human Trafficking, DOI: 10.1080/23322705.2020.1777382

### **UK**

Such, E., Laurent, C., Jaipaul, R., & Salway, S. (2020). [Modern slavery and public health: a rapid evidence assessment and an emergent public health approach](#). Public Health, 180, 168-179.

### **United States**

Nordstrom, B. M. (2020). [Multidisciplinary Human Trafficking Education: Inpatient and Outpatient Healthcare Settings](#), Journal of Human Trafficking, DOI: 10.1080/23322705.2020.1775049



*This study documents the benefits of education based on Health, Education, Advocacy, Linkage (HEAL) Trafficking's recommendations. Follow-up survey shows that without ongoing education or awareness activity, key knowledge areas decline. Therefore, while policy and awareness education are important, health professionals need ongoing education as well as incentive to utilize the response policy and procedure.*

Tiller, J., & Reynolds, S. (2020). [Human Trafficking in the Emergency Department: Improving Our Response to a Vulnerable Population](#). *Western journal of emergency medicine*, 21(3), 549. *"This paper reviews some of the current human trafficking literature and describes the implementation of the HEAL Toolkit based on our experience at an academic, urban, county ED serving 85,000 patients per year with a dedicated children's ED serving 35,000 patients per year. At the time that we developed our protocol, faculty in our department did not have a set of tools or resources available to help recognize and assist this population, and there were no faculty members actively engaged in anti-human trafficking work as their primary niche. Our providers needed a guideline on how to address the needs of survivors."*

Alessi, E. J., Greenfield, B., Manning, D., & Dank, M. (2020). [Victimization and resilience among sexual and gender minority homeless youth engaging in survival sex](#). *Journal of interpersonal violence*, 0886260519898434.

Bounds, D. T., Otwell, C. H., Melendez, A., Karnik, N. S., & Julion, W. A. (2020). [Adapting a family intervention to reduce risk factors for sexual exploitation](#). *Child and Adolescent Psychiatry and Mental Health*, 14(1), 1-12.

Chang, M. D., Kimberly, S. G., Yusufzai, H., & Marjavi, A. (2020). [Medical-Legal Collaboration and Community Partnerships: Prioritizing Prevention of Human Trafficking in Federally Qualified Health Centers](#). *Georgia State University Law Review*, 36(4), 1075.

Coverdale, J. H., Gordon, M. R., & Nguyen, P. T. (Eds.). (2020). *Human Trafficking: A Treatment Guide for Mental Health Professionals*. American Psychiatric Pub.

Diaz, A., Arden, M., Blaustein, S., Nucci-Sack, A., Sanders, L., & Steever, J. (2020). [Featured counter trafficking program: Mount Sinai Adolescent Health Center](#). *Child abuse & neglect*, 100, 104129.

Einbond, J., Diaz, A., Cossette, A., Scriven, R., Blaustein, S., & Arden, M. R. (2020). [Human trafficking in adolescents: adopting a youth-centered approach to identification and services](#). *Primary Care: Clinics in Office Practice*, 47(2), 307-319.

Godoy, S. M., Abrams, L. S., Barnert, E. S., Kelly, M. A., & Bath, E. P. (2020). [Fierce autonomy: how girls and young women impacted by commercial sexual exploitation perceive health and exercise agency in health care decision-making](#). *Qualitative health research*, 1049732320913857.

Franchino-Olsen, H., Silverstein, H. A., Kahn, N. F., & Martin, S. L. (2020). [Minor sex trafficking of girls with disabilities](#). *International journal of human rights in healthcare*.

Fukushima, A.I. (2020). [A Survey of Child Welfare and Labor Trafficking in California](#): A White Paper. Utah: University of Utah.



Fukushima, A. I. (2020). [Food Matters: Trafficked Transnational Migrants' Experiences and the Matrix of Food \(In\) Security](#). *Journal of Human Rights Practice*.

Fukushima, A. I., Gonzalez-Pons, K., Gezinski, L., & Clark, L. (2020). [Multiplicity of stigma: cultural barriers in anti-trafficking response](#). *International journal of human rights in healthcare*.

Gonzalez-Pons, K. M., Gezinski, L., Morzenti, H., Hendrix, E., & Graves, S. (2020). [Exploring the relationship between domestic minor sex trafficking myths, victim identification, and service provision](#). *Child abuse & neglect*, 100, 104093.

Hammond, I., Godoy, S., Kelly, M., & Bath, E. (2020). [A transgender girl's experience: sexual exploitation and systems involvement](#). *International Journal of Human Rights in Healthcare*.

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