

An Annotated Bibliography on Human Trafficking for the Mental Health Clinician

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Objective: This annotated bibliography provides an overview of sentinel and influential literature about human trafficking for general mental health practitioners.

Methods: A modified participatory ranking methodology was used to create the list of articles.

Results: We identified 25 articles relevant to trafficking and mental health which covered the topics of epidemiology, treatment, identification, policy, and research methodology.

Conclusions: The articles presented cover a broad range of trafficking types and topics. However, there is a dearth of literature about labor trafficking and the trafficking of men, boys, transgender, and nonbinary people.

(Journal of Psychiatric Practice 2022;28;218–226)

KEY WORDS: human trafficking, trauma, annotated bibliography, mental health practitioners

Human trafficking is a public health issue^{1,2} that is defined as the exploitation of people through the use of force, fraud, and/or coercion for labor or commercial sex acts.³ The International Labour Organization estimates that there are over 40 million people worldwide in forced labor or marriage.⁴ There is increasing recognition that individuals who have been trafficked are seen in health care settings.^{5–7} Many trafficked persons experience behavioral health conditions including depression, anxiety, and posttraumatic stress disorder (PTSD).^{8–10} Because of this, an increasing number of mental health practitioners will be involved in providing care for trafficked persons. However, the available literature shows that health care practitioners have limited education and confidence in working with trafficked persons.^{11–14}

The annotated bibliography presented here provides an overview of sentinel and influential literature on human trafficking with which general mental health practitioners in the United States should be familiar. Within the constraints of the

existing literature, the works described here represent a diversity of trafficking experiences (eg, trafficking types, survivors' gender, age, and birth country). This is the first annotated bibliography about human trafficking and mental health. This bibliography can be used as a reference guide for US-based behavioral health practitioners or trainees who work with trafficked persons in fields such as psychiatry, psychology, counseling, and social work, as well as for clinicians who work with people who use drugs. Having a guide to help clinicians access the essential literature on this topic will allow clinicians to develop a better understanding of the topic leading to improved clinical skills. Also, as medical educators develop courses on human trafficking, this tool may be useful to them in choosing brief articles for their mental health professional students to read.

METHODOLOGY

All of the authors have years of clinical and academic experience in antitrafficking work, although none has had lived experience of trafficking. We participated in a modified participative ranking methodology, as explained below.¹⁵ To cover articles across a range of trafficking topics, 6 of the authors who are content experts (R.R., A.A., P.N., M.G., J.C., M.C.-S.) met and collectively identified 5 relevant categories of articles:

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The authors declare no conflicts of interest.

DOI: 10.1097/PRA.0000000000000636

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epidemiology, identification, treatment, policy, and research methodology.

Inclusion and Exclusion Criteria

As this burgeoning field is newly gaining recognition as a valuable arena for serious inquiry, many foundational antitrafficking health-related or relevant works are not published in the peer-reviewed literature. Therefore, both peer-reviewed and non-peer-reviewed (also called “gray”) literature were eligible for consideration. Only articles published in English were eligible for inclusion. The content experts sought to assemble a final article list that represented the available diversity of trafficking experiences, including articles that covered both labor and sex trafficking, and represented survivors of all genders and of various ages, races, and ethnicities. The content experts focused on articles related to trafficking in the United States published in the 21st century. However, if international articles with content or principles applicable to the US context were identified, these were also included. Finally, the content experts selected articles that met their understanding of scientific rigor and were as comprehensive as possible.

Article Selection Using Participatory Ranking Methodology

Step 1

Based on the inclusion criteria described above, each of the initial 6 content experts independently identified up to 5 articles in each of the 5 categories. The content experts could also nominate articles that were outside of 1 of the 5 categories if they felt that they were important articles to include. Step 1 resulted in a list of 78 unique articles.

Step 2

At this point, a seventh content expert (H.S.) joined the participative ranking methodology process. Each content expert independently reviewed the list of 78 articles using the selection criteria outlined above and selected up to 40 articles from the list. In this step, content experts were not required to have a certain number of articles in each of the categories, but instead they aimed to select articles across categories. After this step, any articles that

did not make it into the top 40 list of at least 2 of the content experts were dropped. This resulted in a list of 53 articles.

Step 3

The content experts reconvened to discuss any articles that were not in this list of 53 that they deemed critical, as well as any articles included in the list for which there were strong objections to inclusion. No articles were removed and no new articles were added as a result of this discussion.

Step 4

For the last round of selection, the content experts reviewed the list of 53 articles, and each of the experts independently selected a top 20 list based on the inclusion criteria. A total of 25 articles were listed on at least 3 of the content experts' top 20 lists. The experts then met to review these 25 articles and to confirm the consensus that these articles were acceptable for final inclusion.

RESULTS

The 25 articles selected encompassed a broad range of subjects. The authors of the articles included individuals from survivor organizations, governmental organizations, and nongovernmental organizations as well as academicians. Of the 25 articles selected, 16 were peer-reviewed. The selected articles encompassed both labor and sex trafficking of adults and children, and individuals of all genders. The articles that were selected are listed below by date of publication and grouped into 1 of the following 5 categories: (1) Epidemiology (work that describes human trafficking with regard to local and national data available), (2) Identification (work that describes or addresses lack of recognition of trafficked persons in health care settings), (3) Treatment (work that discusses the needs and health care of trafficked persons as patients, including clinical considerations for working cross-culturally with this population), (4) Policy (work that addresses anti-trafficking policy as it intersects with health care), and (5) Research Methodology (work that addresses how research on human trafficking is or should be conducted). Of note, in the first round of review, a sixth category of “other” was present, but with iterative rounds of participatory ranking methodology, all of the articles were placed into 1 of the main 5 categories. A brief summary is included for each article to provide

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readers with the most relevant and clinically useful information about the publication, including the name of the article, type of article, types of trafficking covered, major highlights, and clinical implications. The names of the authors for each article are provided in the reference list at the end of this bibliography.

Epidemiology

- (1) Looking for a Hidden Population: Trafficking of Migrant Laborers in San Diego County.¹⁶ (*Mixed methods, not peer-reviewed. Available at: <https://www.ojp.gov/pdffiles1/nij/grants/240223.pdf>*). This article provides an overview of how labor trafficking presents clinically. Analyses showed that local, unauthorized laborers mostly worked in agriculture, landscaping, janitorial/cleaning services, food processing, construction, and manufacturing. The nature and prevalence of exploitation varied by occupation, but construction, food processing, and janitorial/cleaning were the top 3 sectors that demonstrated trafficking and labor practice violations.
- (2) Understanding the Organization, Operation, and Victimization Process of Labor Trafficking in the United States.¹⁷ (*Mixed methods, not peer-reviewed. Available at: https://www.urban.org/research/publication/understanding-organization-operation-and-victimization-process-labor-trafficking-united-states/view/full_report*). This report provides an overview of how labor trafficking presents clinically and a description of mental health conditions experienced by those who have been labor trafficked. Of 122 survivor records, labor trafficking most commonly occurred in agriculture, hospitality, domestic service (in private residences), construction, and restaurants. Men and women were represented about equally among survivors, and some of the impacted had college and graduate degrees. About a third of trafficking perpetrators were women. Survivors learned about job “opportunities” through social networks and subtle forms of coercion and fraud were used against most survivors. Labor trafficking survivors had PTSD, anxiety, depression, psychosis, suicidal ideation, and suicide attempts.
- (3) Labor and Sex Trafficking Among Homeless Youth.¹⁸ (*Mixed methods, not peer-reviewed. Available at: [\[nspn/labor%20and%20sex%20trafficking%20among%20homeless%20youth.pdf\]\(https://nspn/labor%20and%20sex%20trafficking%20among%20homeless%20youth.pdf\)\).](https://nspn.memberclicks.net/assets/docs/</i></div><div data-bbox=)*

The report describes the nature of human trafficking among homeless youth (17 to 25 y of age). This report was based on data collected at varying points in time and from 10 sites across the United States and Canada. Nearly 1 in 5 of the interviewed youth had experienced trafficking. Homeless youth were found to be especially vulnerable to trafficking due to factors related to economics, housing, work, gender, sexuality, and “aging out” of the foster care system. Youth-informed recommendations for services for shelters, programs, and legislators in the United States and Canada are outlined.

- (4) Human trafficking and health: a survey of male and female survivors in England.¹⁹ (*Mixed methods, peer-reviewed*). This study identified the short-term and long-term health needs of 150 male and female labor and sex-trafficking survivors. Of the women who had children, 42% lived with their children, while only 3.5% of the men who had children lived with them. Across trafficking types, 78% of women and 40% of men suffered high levels of depression, anxiety, or PTSD symptoms; 38% of survivors reported suicidal ideation and 10.5% had untreated auditory and/or visual hallucinations. Of the male survivors, the odds of higher levels of psychological symptoms were increased among men with “continuing fear of their traffickers” and “lacking a confidante after their trafficking experience.”
- (5) Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: an updated systematic review.⁸ (*Systematic review & meta-analysis, peer-reviewed*). This systematic review of 31 studies (yielding 37 articles) is an analysis of the prevalence and risk of violence and the mental, physical, and sexual health problems associated with human trafficking. Aggregated data from numerous studies indicated that a high prevalence of trafficked adults and children experience violence during trafficking, as well as negative physical, mental, and sexual health outcomes. The most common mental health problems reported included depression, anxiety, and PTSD.
- (6) Global Estimates of Modern Slavery: Forced Labour and Forced Marriage.⁴ (*Mixed methods,*

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not peer-reviewed. Available at: https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/publication/wcms_575479.pdf.

Using data from 2012 to 2016 and various sources, this report summarizes estimates of the worldwide prevalence and characteristics of “modern slavery,” defined to include trafficking and other related forms of exploitation such as forced marriages. It also describes the United Nation’s Sustainable Development Goal of ending modern slavery by the year 2030 and the plans to accomplish this goal.

- (7) Psychiatry’s role in the management of human trafficking victims: an integrated care approach.²⁰ (*Systematic review, peer-reviewed*).

This review found a lack of trafficking-specific integrated care models with intervention guidelines and a psychiatric consultation focus. There do exist multiple specialty-specific and setting-specific identification and treatment guidelines. The article argues for an integrated care approach with psychiatry as the locus of care for patients with a trafficking experience; the article is also instructive on how to recognize and care for this patient population.

Identification

- (8) Identification of human trafficking victims in health care settings.⁶ (*Qualitative, peer-reviewed*). This study describes trafficking survivors’ experiences accessing health care. It is based on interviews with 6 key informants who work with trafficking survivors and 12 female survivors, 8 of whom were trafficked for domestic work, 3 for sex, and 1 who was trafficked for both labor and sex. Half of the participants sought health care while being trafficked in Los Angeles; of note, 1 survivor was trafficked within a health care facility. Medical visits for trafficked domestic workers were for physical injuries and respiratory or systemic illnesses, while sex-trafficking survivors presented primarily for sexually transmitted infections, pregnancy testing, and abortions. Common barriers to status disclosure included the physical presence of traffickers at the visit, language barriers, and feelings of shame or fear.
- (9) A pathway to freedom: an evaluation of screening tools for the identification of trafficking victims.²¹ (*Systematic review, peer-reviewed*).

The authors reviewed existing US-based human trafficking assessment tools and identified 9 screening tools that varied in length, format, and target population. Only 2 tools were designed specifically for health care practitioners (neither was validated), and none of the tools was validated for use in health care settings. Only 1 tool was found to be validated and reliable for service organizations screening for trafficking.

- (10) Improving Human Trafficking Victim Identification—Validation and Dissemination of a Screening Tool.²² (*Screening tool validation, not peer-reviewed. Available at: <https://www.ojp.gov/pdffiles1/nij/grants/246712.pdf>*).

This report describes the process of designing, field-testing, and validating a comprehensive human trafficking screening/assessment tool. The tool accurately measured several common dimensions of human trafficking and was reliable in predicting victimization via labor and sex trafficking for diverse groups of adolescents and adults served in social service settings. The tool requires expert interpretation as it lacks a numerical cutoff score.

- (11) Health care and human trafficking: we are seeing the unseen.⁵ (*Retrospective descriptive, peer-reviewed*).

This study describes the experiences of survivors of trafficking when accessing health care. Of the 173 survivor-participants who were trafficked in the United States, 68% were seen in a health care setting while being trafficked. Survivors were most commonly seen by emergency medicine clinicians (56%), but they were also commonly seen by other specialties including dentistry, obstetrics/gynecology, and primary care. Common ailments included sequelae from physical abuse, self-diagnosed depression, headache, and back pain. A minority of the survivors who presented for clinical care were recognized as having a trafficking experience.

- (12) A short screening tool to identify victims of child sex trafficking in healthcare settings.²³ (*Screening tool validation, peer-reviewed*).

This paper describes the development of a 6-item screening tool for child sex trafficking in health care settings. When 2 items are positive the tool has a sensitivity of 92%. This was the

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first screening tool, for any form of trafficking, for use in health care settings.

- (13) Screening for human trafficking among homeless young adults.²⁴ (*Screening tool validation, peer-reviewed*).

The authors developed and validated the first brief, comprehensive trafficking screening tool called Quick Youth Indicators for Trafficking (QYIT) to identify labor and/or sex trafficking among a population of young adults (18 to 22 y of age) who experienced homelessness. With a cutoff score of 1, the 4-item QYIT has a sensitivity of 87% but it is not validated for use in health care or other settings. Of the 340 trafficking assessments performed for the study, 8.8% revealed a trafficking experience, of which 67% found sex trafficking and 47% found labor trafficking; 17% revealed both labor and sex trafficking.

Treatment

- (14) Girls Do What They Have to Do to Survive: Illuminating Methods Used by Girls in the Sex Trade and Street Economy to Fight Back and Heal.²⁵ (*Mixed methods, not peer-reviewed. Available at: <https://ywepchicago.files.wordpress.com/2011/06/girls-do-what-they-have-to-do-to-survive-a-study-of-resilience-and-resistance.pdf>*).

This community-based participatory research project focused on girls and young women (cis and trans; 12 to 23 y of age) involved in commercial sex activities, resilience, and their desires for services. The most common ways in which they were involved in commercial sex were survival sex, sex in exchange for gifts, street-based sex work, and sex in exchange for drugs. The participants (especially trans girls and women) experienced interpersonal and institutional violence and denial of services by institutions (eg, police, hospitals, shelters, drug treatment programs, and nonprofit organizations). Harm reduction techniques were incorporated into their commercial sex work as well as other aspects of their lives (eg, safer drug use, eating habits). The study also identified that the study population recognized their allies as people and organizations that believed in them and were willing to work outside of mainstream systems to support their goals. They named unconventional resilience methods as a path to resistance.

- (15) Caring for Trafficked Persons: Guidance for Health Providers.²⁶ (*Guidance, not peer-reviewed. Available at: https://publications.iom.int/system/files/pdf/ct_handbook.pdf*).

This seminal handbook for health care practitioners provides nonclinical and clinical guidance about human trafficking. The content is introductory and instructional, and it includes approaches for caring for and referring trafficking survivors. The text aims to keep clinicians focused on the goal of supporting and facilitating patient health and wellbeing, and healing and recovery, over making legal determinations. It is available in 6 languages.

- (16) Cultural oppression and human trafficking: exploring the role of racism and ethnic bias.²⁷ (*Commentary, peer-reviewed*).

This commentary instructs on how institutionalized and systematic oppression, especially racism (including ethnocentrism) and sexism, are fundamental causes of labor and sex trafficking. The authors define terms (eg, “cultural oppression,” “bias”) and explain 2 societally pervasive pathways (stereotypes and blocked resource access) that link racism and ethnic bias, as root causes, to human trafficking. Furthermore, the authors elucidate how intersecting oppressed identities historically and currently compound “risk” or “vulnerability” to trafficking and other forms of violence and trauma. The commentary highlights how positive racial and ethnic socialization, collectivistic identity conceptualization, and other cultural strengths contribute to resilience and trauma recovery for survivors of color. The commentary concludes with solutions, including that mental health practitioners need to meaningfully learn how the realities of discrimination, privilege, and oppression impact the patients they aim to serve; mental health practitioners need a broader understanding of affective responses and genuine cultural humility to avoid retraumatizing patients.

- (17) Responding to the health needs of survivors of human trafficking: a systematic review.²⁸ (*Systematic review, peer-reviewed*).

This article examines the extant literature offering evidence-based guidance to clinicians on how to assess and care for patients with a trafficking experience. They reviewed 44 documents, 19 of which were primary studies, and

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found that evidence to inform recognition of trafficking among patients and evidence-based guidance on the referral and care of trafficked persons are limited. The article highlights recommendations in the literature concerning the recognition of trafficking, included cultivating privacy for patient interviews, using professional interpreters, as well as concerning trust-building; clinical care, performance of comprehensive needs assessments, use of the principles of trauma-informed care, the import of cultural sensitivity, and multiagency patient care teams.

- (18) Child sex trafficking in the United States: challenges for the healthcare provider.²⁹ (*Commentary, peer-viewed*).

This commentary provides an overview of child sex trafficking and its intersection with health care and summarizes examples of mental and physical illnesses that are associated with child sex trafficking. The author examines the challenges children face in disclosing sexual exploitation, including recognition of exploitation or manipulation. The author reviews the challenges that clinicians face in caring for children with a sex-trafficking history, including the inability to recognize the patients at all, lack of skills in providing trauma-informed care, and insufficient time for rapport-building and proper assessment. The commentary closes with recommendations on how to address these challenges, including the training of pediatric clinicians and health care institutional staff and institutions partnering with colleagues and non-health care organizations, respectively, to serve this patient population.

- (19) Trafficking and trauma: insight and advice for the healthcare system from sex-trafficked women incarcerated on Rikers Island.³⁰ (*Qualitative, peer-reviewed*).

This study sought insights from survivors of sex trafficking that could be used to inform the delivery of health care to people with a sex-trafficking experience; 21 English-speaking, incarcerated women with a sex-trafficking experience were interviewed. The participants ranged from 19 to 60 years of age, and 71% were women of color. A quarter of the participants described using substances as a means of coping with trafficking-related stresses, and

many reported receiving mental illness diagnoses due to their trafficking experience(s). Survivors reported feeling intimidated by clinicians and were concerned that health care systems prioritize ability to pay over patient care. Survivors offered recommendations for improvement of care that centered on universal use of trauma-informed care principles.

- (20) A comparison of psychological symptoms in survivors of sex and labor trafficking.¹⁰ (*Mixed methods, peer-reviewed*).

This study, using data from another interview-based project, examined the psychological symptoms, especially complex PTSD, of 131 racially diverse survivors of domestic and international labor and sex trafficking. More than a quarter (28%) of labor trafficking survivors experienced sexual violence during their trafficking situation. About 86% of survivors described at least 1 symptom of complex PTSD, with nuanced differences in symptoms experienced, varying by type of trafficking survived. The majority (65%) of sex-trafficking survivors experienced childhood abuse, in comparison to 18% of labor trafficking survivors.

- (21) What therapies are favored in the treatment of the psychological sequelae of trauma in human trafficking victims?³¹ (*Commentary, peer-reviewed*).

The authors describe the gaps in the literature concerning treatment for survivors of human trafficking, including the obstacles to the development of relevant treatment protocols. The authors suggest that clinicians should first focus on what patients deem their most traumatic experience, which may not be the experience of labor or sex trafficking. The commentary focuses on the use of cognitive therapies (specifically cognitive processing therapy and prolonged exposure therapy) as they are thought to be most supported by evidence; however, the literature is not always consistent with respect to efficacy and real-world use shows low patient retention. The authors suggest that eye movement desensitization and reprocessing may be useful in patients with a trafficking experience and note that ultimately treatment protocols need to be individualized based on each patient's cultural

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background, level of acculturation, and history of trauma; and that more research is needed in this area.

Policy

- (22) The dangers of “Safe Harbor” laws for youth in the sex trade.³² (*Commentary, not peer-reviewed. Available at: <https://scholarship.law.wm.edu/cgi/viewcontent.cgi?article=2968&context=facpubs>*). The author critically analyzes “Safe Harbor” laws as they are applied (or not) to young people engaged in commercial sexual activity. The author notes that rather than arresting minors in sex work, Safe Harbor laws allow for the detention of young people under child welfare, foster care, or dependency statutes that are severely ill-equipped to serve this population. Moreover, court-ordered behavioral treatment and institutionalization of detained minors functions similarly to (if not the same as) arrest and perpetuates law enforcement’s harassment and brutality against minors engaged in commercial sex work or activities. Ultimately, Safe Harbor laws function as institutionalized violence against young people doing commercial sex work, regardless of their sense of agency. The author proposes a harm reduction model, offering several concrete, voluntary, low-threshold alternatives to Safe Harbor proceedings.
- (23) The Power of Framing Human Trafficking as a Public Health Issue.¹ (*Commentary, not peer-reviewed. Available at: <https://www.acf.hhs.gov/otip/report/resource/publichealthlens>*). This commentary represents the first time that the federal government has formally recognized and framed human trafficking as an intergenerational public health issue. Using public health principles allows for a multidisciplinary group, including health care practitioners and social service providers, to engage in antitrafficking work that focuses on prevention. The commentary recognizes the connection of human trafficking to social inequities that drive vulnerabilities in individuals or populations and calls for market-specific prevention actions. Finally, the commentary names “deep rooted cultural norms” and systemic inequities as the drivers of human trafficking; the commentary calls out the greater likelihood that a public health antitrafficking

approach, rather than just a law enforcement one, will confront and dismantle those norms and systems. The Office on Trafficking in Persons commits to exploring partnerships to use a public health framework to prevent human trafficking.

- (24) Mandatory reporting of human trafficking: potential benefits and risks of harm.³³ (*Commentary, peer-reviewed*). This commentary explores the risks and benefits of well-intentioned mandated reporting of human trafficking of children; it also touches on the complexities of reporting given the interstate variance in trafficking definitions. The commentary covers updates to the Child Abuse Prevention and Treatment Act, including lesser-known ones that may complicate health care practitioners’ legal obligations over individual patient care needs. The author notes that, particularly in light of underresourced systems, the mixed results in other mandated reporting areas, and the increased risk for victimization in foster care and juvenile justice systems, mandated reporting of trafficking concerns for minors may be riskier, to the individual, than it is beneficial. The author concludes with proposals on how to tip the scales of mandated reporting toward beneficial outcomes and away from risk or harm.

Research Methodology

- (25) Human trafficking and health: a conceptual model to inform policy, intervention and research.³⁴ (*Description of conceptual model, peer-reviewed*). In an effort to help researchers address trafficking-associated health risks and research questions about health interventions, the authors present a multistage conceptual model that centers on the migration and exploitation aspects of trafficking processes. A list of risks for exploitation as well as intervention opportunities, from a health perspective, are presented at each stage. The model offers a mechanism for positioning and operationalizing antitrafficking policies, interventions, and research.

DISCUSSION

This collection of 25 articles on human trafficking and health can serve as a primer for mental health

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professionals working with people who have been trafficked. The collection includes a broad range of articles covering the epidemiology of trafficking, identification and treatment of trafficking survivors, anti-trafficking policy and its intersection with health, and trafficking research methodology. The articles portray the intersection of trafficking and health from a range of perspectives including survivors, researchers, clinicians, and governmental agencies. Though our aim was to represent a wide range of trafficking experiences including individuals of various genders, races, ethnicities, and ages, research and literature around trafficking and health in the United States is disproportionately focused on the sex trafficking of women and girls. The available literature is also limited in guidance on managing cross-cultural issues that may occur, between practitioners and patients, when caring for this population. There is a critical need for more research on labor trafficking and trafficking of people of nonfemale genders and minority groups.

The team used a structured methodology to select the final articles, but the articles were chosen based on expert opinion and may exclude some valuable work that would be included by others. In addition, the authors were primarily from backgrounds in emergency medicine and mental health and therefore did not include other specialties known to serve survivors of trafficking. Furthermore, due to academic incentives, the authors may have had unconscious or conscious biases in selecting articles for which they were authors. However, this effect may have been mitigated by the requirement that the multiple authors of this review, who were from different academic settings, had to agree on all articles. Although the authors are experts in antitrafficking health care, none of them has lived experience of trafficking; as such, the articles selected may not reflect what people who have experienced trafficking would prioritize for clinician education. Finally, in the creation of this bibliography, the focus was on articles written in English, so that articles in other languages that might have been useful were not included. However, this bibliography is meant to be instructive to US-based mental health practitioners.

This annotated bibliography of 25 articles presents an overview of trafficking literature that would be helpful for mental health practitioners working with patients who have experienced trafficking. While there are gaps in the literature, in creating this collection, the authors aimed to be as inclusive

as possible of the many experiences of trafficking. More comprehensive and inclusive antitrafficking research relevant to health care is warranted.

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