EXECUTIVE SUMMARY

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

Research suggests that the majority of individuals who experienced trafficking sought care from health care and behavioral health practitioners (HCPs) during their trafficking experience. Adopting these core competencies will increase your capacity to provide appropriate care for individuals who have experienced trafficking and prevent trafficking among those who are at risk of trafficking.

Goals of Human Trafficking Core Competencies

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

Vision Statement

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

Core Competencies for Human Trafficking Response in Health Systems

- **UNIVERSAL COMPETENCY** | Use a trauma- and survivor-informed, culturally responsive approach.
- **COMPETENCY 1** | Understand the nature and epidemiology of trafficking.
- **COMPETENCY 2** | Evaluate and identify the risk of trafficking.
- **COMPETENCY 3** | Evaluate the needs of individuals who have experienced trafficking or individuals who are at risk of trafficking.
- **COMPETENCY 4** | Provide patient-centered care.
- **COMPETENCY 5** | Use legal and ethical standards.
- **COMPETENCY 6** | Integrate trafficking prevention strategies into clinical practice and systems of care.
Guiding Principles

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

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

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

CORE COMPETENCY DEFINED

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

2 Ibid.
Trafficking Defined

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

**Sex trafficking** is the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.3

**Labor trafficking** is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion, for the purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery.4

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

**Force** can involve the use of physical restraint or serious physical harm. Physical violence, including rape, beatings, and physical confinement, is often employed as a means to control victims, especially during the early stages of victimization when the trafficker breaks down the victim’s resistance.

**Fraud** involves false promises regarding employment, wages, working conditions, or other matters. For example, individuals might travel to another country under the promise of well-paying work at a farm or factory only to find themselves manipulated into forced labor. Others might reply to advertisements promising modeling, nanny, or service industry jobs overseas but be forced into commercial sex once they arrive at their destination.

**Coercion** can involve threats of serious harm to or physical restraint against any person such as threatening to report someone to immigration for deportation or threatening harm to family members and/or loved ones.

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

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

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4 Ibid.