



# Standards for Working with Human Trafficking Survivors:

## *Mental/Behavioral Health Professionals*

### **Introduction**

The crime of human trafficking is complex and the needs of human trafficking victims are unique and far-reaching. In reality, human trafficking often involves multiple, repeated victimizations. Victims may present with acute medical conditions or suffer from medical neglect. Others have experienced prolonged mental abuse at the hands of their trafficker. Often victims of this crime develop strong trauma bonds and suffer from Stockholm syndrome<sup>1</sup> due to the power and control mechanisms exerted by their exploiter. The level of complex trauma experienced by some victims is similar to that of torture survivors.<sup>2</sup> As a result, victims of this crime suffer from a multitude of negative physical and mental health outcomes such as depression, anxiety, self-hatred, dissociation, substance abuse and PTSD.<sup>3</sup> Many foreign-

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<sup>1</sup>Stockholm syndrome is a psychological phenomenon in which a hostage [victim] expresses empathy, sympathy and positive feelings towards their captor [perpetrator], sometimes to the point of defending and identifying with the perpetrator. These feelings are generally considered irrational in light of the danger or risk endured by the victim, who essentially mistakes a lack of abuse from their captures for an act of kindness. Stockholm syndrome can be seen as a form of traumatic bonding, which does not necessarily require a hostage scenario, but which describes strong emotional ties that develop between two persons where one person intermittently harasses, beats, threatens, abuses, or intimidates the other. For more information on Stockholm Syndrome, see de Fabrique, et al. (2007). Understanding Stockholm Syndrome. FBI Law Enforcement Bulletin. 26(7), 10-15. Retrieved on November 12, 2015 from <https://leb.fbi.gov/2007-pdfs/leb-july-2007> and Task Force on Trafficking of Women and Girls. (2014). *Report of the Trafficking Task Force on Trafficking of Women and Girls*. Retrieved on October 25, 2015 from <http://www.apa.org/pi/women/programs/trafficking/report.pdf>

<sup>2</sup> Hopper, E. (2004). Under-identification of Human Trafficking Victims in the United States. *Journal of Social Work Research and Evaluation*. 5(2), 125-135. Retrieved on November 12, 2015 from [http://www.traumacenter.org/products/pdf\\_files/underidentification\\_traf.pdf](http://www.traumacenter.org/products/pdf_files/underidentification_traf.pdf)

<sup>3</sup> For more information on the impact of trauma on victims of violence, see Williamson et al. (2010). Evidence-Based Mental Health Treatment for Victims of Human Trafficking, Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services. Retrieved on November 12, 2015 from <https://aspe.hhs.gov/basic-report/evidence-based-mental-health-treatment-victims-human-trafficking>  
Herman, J.L. (1992). Complex PTSD: A Syndrome in Survivors of Prolonged and Repeated Trauma. *Journal of Traumatic Stress* Vol 5, 377-391.

national victims have unstable immigration statuses, often as a result of their trafficking situation, which can limit access to the necessary physical, mental and emotional care. Some victims face language barriers and lack the social supports that one turns to in times of crisis, such as family and friends. Other victims cannot rely on such supports because the trafficker is a parent, close relative or family friend.

Due to the complex nature of victimization these individuals experience, it is the responsibility of the Colorado Human Trafficking Council (CHTC) to develop a response that is multifaceted and takes into consideration the many, varied and often long-term needs of trafficking victims. This victim population is unique from other crime victims and therefore requires a distinctive and individualized response. It is for these reasons the CHTC was established and why the Council was given the task to address the potential need for standards for organizations that serve this victim population.<sup>4</sup>

In 2015, as part of their annual report, the Council recommended that standards for organizations that provide services to victims of human trafficking be established. However, it was the opinion of the Council that standards should apply to only a subset of professional sectors, which included: community-based victim advocates; mental/behavioral health professionals; housing program providers; case manager and social services providers. The Council further recommended that standards *only* apply to those organizations and professionals who provide direct services to victims of human trafficking. In 2016, the Council prioritized the development of standards for community-based victim advocates and mental/behavioral health professionals and published the approved standards documents in their annual report.

## Standards and Guidance

Mental/behavioral health professionals play a critical role in providing long-term clinical interventions and support to human trafficking survivors. Mental/behavioral health professionals provide counsel, help to access services that promote healing and help survivors find their voice again. Mental/behavioral health professionals often provide case management.

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<sup>4</sup> Through HB 14-1273, the Colorado General Assembly tasked the CHTC to make recommendations on whether to establish standards and a process for the certification of organizations that provide services to victims of human trafficking

Case management is defined as the provision of services tailored to the unique needs and goals of the trafficking survivor<sup>5</sup> on the path to healing and independence.

Per Colorado Statute, when the term “mental/behavioral health professional” is used throughout these standards, the reference is to mental/behavioral health professionals who are licensed, registered, or certified pursuant to the articles contained in C.R.S § 12-43-303, 12-43-403, 12-43-503, 12-43-601.5 and 12-43-803. These define the practice of psychiatry, psychology, social work, marriage and family therapy, licensed professional counseling, and addiction counseling, respectively.

Providing mental/behavioral health services to human trafficking survivors requires advanced expertise not offered in traditional graduate course work. The goal of these standards is to provide overarching guidance to mental/behavioral health professionals on the training and experience necessary to be successful in working with human trafficking survivors as well as provide an overview of the promising practices emerging from the anti-trafficking field, including recommended treatment modalities to use with victims of this crime.

**The standards contained in this document apply to licensed, registered, or certified mental/behavioral health professionals who choose to provide services to survivors of human trafficking.** Victim and community safety are the highest priorities of these standards. As such, these principles should guide the responses of the criminal justice system, victim advocacy, clinical interventions, and human services.

It is important for mental/behavioral health professionals to understand and respect the limitations of their practice and the advanced expertise required to properly serve human trafficking survivors, as per C.R.S § 12-43-202(1), which states “notwithstanding any other provision of this article, no licensee, registrant, or certificate holder is authorized to practice outside of or beyond his or her area of training, experience, or competence.”

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<sup>5</sup> The terms “human trafficking survivor” and “human trafficking victim” are used interchangeably throughout these standards.

## Requirements

### *Mental/Behavioral Health Professional Credential:*

- I. Registered, licensed, or certified through Department of Regulatory Agencies (DORA) as a mental/behavioral health professional. See DORA regulations at <https://www.colorado.gov/dora>

### *Training Content Areas:*

- I. Due to the level of trauma most human trafficking survivor's experience, these standards require that mental/behavioral health professionals have knowledge and training on trauma as well as experience providing trauma-specific treatment. This knowledge on trauma shall be demonstrated through the completion of a minimum of eight hours of training in *Trauma-Specific Treatment Intervention* within the last three years.
  
- II. To ensure relevant training on human trafficking and how to best engage with a human trafficking survivor, these standards require you to obtain and provide proof of completion of training, within the last three years, in the content areas listed below<sup>6</sup>:

REQUIRED COURSES/TOPICS (*following courses are required once*):

- Colorado Human Trafficking 101 (120 minutes)
- Service Needs of Human Trafficking Survivors

ELECTIVE COURSES/TOPICS: (*At least two electives for a minimum of two hours*)

- Human Trafficking in Rural Communities
- An Overview of Labor Trafficking Cases
- Applying Trauma-Informed Care to Human Trafficking Cases
- Understanding Complex Trauma in Relation to Human Trafficking
- Special populations in human trafficking, including gangs, substance abusers, homeless, and individual with Intellectual and Developmental Disabilities (IDD).
- Child Trafficking

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<sup>6</sup> Training resources for required and elective courses/topics can be found in Appendix 1.

- The Intersections of Human Trafficking and the Impact of Related Issues (such as but not limited to: domestic violence, sexual assault, child sexual abuse, substance abuse, self-harm)
- Knowledge of Investigations and the Criminal Justice Process in Relation to Human Trafficking Cases
- The Role of Confidentiality, Mandatory Reporting, and Legal Privilege in Human Trafficking Cases

### *Continuing Education*

Due to the rapidly evolving nature of the anti-trafficking field, it is critical to engage in continuing education as promising and eventually best practices begin to emerge for the treatment of human trafficking survivors. In recognition of this, these standards recommend over a two-year period that mental/behavioral health professionals dedicate eight hours of continuing education to human trafficking content areas. *Refer to the list of elective courses/topics for ideas as well as the training resources listed in Appendix 1.*

### Promising practices for providing mental/behavioral health care to human trafficking survivors

#### *Guiding Principles*

Mental/behavioral health professionals should provide care that is:

- Survivor-informed: Listening and learning from survivors.<sup>7</sup> Giving survivors the tools to do for themselves rather than doing for them.
- Culturally responsive: Paying particular attention to social and cultural factors in managing encounters with clients from different social, cultural, and religious backgrounds. A basic premise is to recognize the client's culture, your own culture, and how both affect the client-provider relationship.<sup>8</sup>
- Trauma-informed: Recognizing that trauma can have a broad and pervasive effect on a client's personhood, which affects every area of human functioning—physical, mental, behavioral, social, and spiritual. It also involves creating an environment for clients that

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<sup>7</sup> Definition adapted from the Freedom Network. Retrieved on June 23, 2016 from: <http://freedomnetworkusa.org/>

<sup>8</sup> Definition adapted from Dimension of Culture: Cross-Cultural Communications for Healthcare Professionals. Retrieved on June 23, 2016 from: <http://www.dimensionsofculture.com/2010/10/576/>

conveys dignity, respect, hopefulness, and the opportunity for choice and empowerment among clients.<sup>9</sup>

- Individualized and need-based: Services should be tailored to the unique needs and background of each client, taking into consideration the spiritual, cultural, intellectual, physical, and emotional dynamics resulting from his or her trafficking experience.
- Legally informed: Understanding the laws governing mandatory reporting, confidentiality, and the limitations of legal privilege; should be familiar with the Victim Compensation program's abilities and reimbursable expenses; knowledgeable regarding the rights afforded to and the limitations on the rights of victims under the Colorado Victim's Rights Act. Mental/behavioral health professionals should not provide legal advice without a law license, and should refer questions regarding charging, legal violations, and other legal proceedings to the criminal justice advocate or lawyer handling the criminal or civil case.
- Accessible: Services should be accessible based on literacy level, language, financial considerations, ADA, etc.
- Collaborative: Collaboration is encouraged with other stakeholders in the following ways:
  - Sharing information about training opportunities and resources.
  - Advocacy on behalf of human trafficking survivor population.
  - Technical assistance, safety planning, brainstorming on difficult cases while preserving client confidentiality.

### **Treatment Focus:**

- Needs Assessments
- Mental/Behavioral Health Treatment
- Psycho-education
- Safety planning
- Crisis Management
- Community Reintegration
- Self-advocacy Promotion

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<sup>9</sup> Definition from the National Council for Behavioral Health. Retrieved on June 23, 2016 from: <http://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/>

### Recommended Treatment Modalities for Working with Human Trafficking Survivors

These modalities can be delivered individually or in groups, and are often augmented by other complimentary approaches, including culturally relevant material. The primary goals of services for trafficking survivors focus on empowerment and recovery (growth, mastery, and efficacy). *The following modalities are not listed in any particular order.*

- Grounding techniques to help manage dissociative symptoms
- Desensitization therapies to help make painful images more tolerable
- Certain behavioral therapies that teach skills for coping with post-trauma effects<sup>10</sup>
- Group therapy to address and build skills development
- Affect regulation
- Relationship building
- Competency and resiliency building
- Use of peer support groups to increase normalization, build healthy interpersonal relationship skills, and establish social supports
- Specific modalities include:
  - ARC-HT—Attachment, Regulation, Competency & Narrative
  - Dialectical Behavior Therapy
  - Seeking Safety Interventions
  - Psycho-education
  - Narrative Therapy
  - Trauma-Focused Cognitive Behavior Therapy
  - Trauma-specific behavioral treatment such as holistic, sensory interventions
  - Eye Movement Desensitization and Reprocessing (EMDR) Therapy
  - Motivational Interviewing

### Victim Confidentiality, Legal Privilege, and Mandatory Reporting

#### **I. The Importance of Victim Confidentiality**

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<sup>10</sup> Harris, Maxine, and Fallot, Roger D. (2001). *Using Trauma Theory to Design Service Systems: New Directions for Mental Health Services, No. 89*. San Francisco, CA: Jossey-Bass.

It is critical for victims of human trafficking to have confidential communications with and confidential assistance from mental/behavioral health professionals. The ability to receive confidential services can both enhance victims' safety and their ability to reach out to and trust the provider. Additionally, it is important for mental/behavioral health professionals to explain the benefits and limitations of confidentiality to the victims they assist.<sup>11</sup>

## II. Legal Privilege

Pursuant to C.R.S. § 13-90-107(1)(g), the following individuals shall not be examined without the consent of the licensee's, certificate holder's, registrant's, candidate's, or person's client as to any communications made by the client to the licensee, certificate holder, registrant, candidate or person of the advice given in the course of professional employment.

- A licensed psychologist, professional counselor, marriage and family therapist, social worker, or addiction counselor,
- a registered psychotherapist,
- a certified addiction counselor,
- a psychologist candidate registered pursuant to section *C.R.S. § 12-43-304(7)*,
- a marriage and family therapist candidate registered pursuant to section *C.R.S. § 12-43-504(5)*,
- a licensed professional counselor candidate registered pursuant to *C.R.S. § 12-43-603(5)*, or
- a person described in section *C.R.S. § 12-43-215*

## III. Exceptions to Victim Confidentiality

- A. Reporting of suspected abuse or neglect of children, at-risk elders, and adults with intellectual and developmental disabilities (IDD):
1. All mental/behavioral health professionals have a responsibility and shall report suspected abuse or neglect of children, at-risk elders, and at-risk adults with IDD. (*Reference C.R.S. § 19-3-302, C.R.S. § 18-6.5-108*).

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<sup>11</sup> For additional information, refer to Confidentiality Institute. (2015). *A Primer on Privilege & Confidentiality for Victim Service Providers*. Retrived on May 19, 2016 from: [http://nnedv.org/downloads/NNEDV\\_CI\\_Primer\\_on\\_Privilege\\_2015.pdf](http://nnedv.org/downloads/NNEDV_CI_Primer_on_Privilege_2015.pdf).



*Special Note: As of 2016, human trafficking of a minor for sexual servitude (C.R.S § 18-3-504) and the commercial sexual exploitation of children have been added to the definition of child abuse or neglect (C.R.S § 19-1-103).*

2. Providers shall inform client of this upon initial contact and as appropriate during client contacts.

B. Duty to Warn

1. Mental/behavioral health providers have a duty to warn and protect and shall make reasonable and timely efforts to notify the specific location or entity of the threat as well as law enforcement. *(For more information reference C.R.S. § 13-21-117.)*

C. Release of information

1. The mental/behavioral health professional and/or their records could be subpoenaed. Upon receipt of a subpoena, mental health providers should immediately notify their agency's counsel to determine if a motion to quash should be filed, and shall immediately notify their client/patient of the subpoena, as the victim in a criminal case has a right to be notified and object in court.
2. Treatment records provided to probation may be subject to automatic disclosure, if the client has signed a release of records.

## Appendix 1: Training Resources for Mental/ Behavioral Health Professionals

Below is a list of national and Colorado-based organizations, conferences, and online resources where you can obtain training in the human trafficking content areas recommended in the standards. Please note this is not an exhaustive list. There are many more organizations, conferences and online resources available for training.

### National Training Resources:

Online training courses and webinars available to fulfill human trafficking elective requirements:

- Futures Without Violence
  - Website URL: <https://www.futureswithoutviolence.org/resources-events/webinars/>
- National Child Traumatic Stress Network
  - Website URL: <http://www.nctsn.org>
- National Human Trafficking Hotline (Polaris)
  - Website URL: <https://traffickingresourcecenter.org/training-resources/get-training>
- Office for Victims of Crime Training and Technical Assistance Center (OVC-TTAC)
  - Website URL: <https://www.ovcttac.gov/views/HowWeCanHelp/dspHumanTrafficking.cfm>

Annual Anti-Human Trafficking Conferences:

- The Freedom Network (*usually takes place in April*)
  - Website URL: <http://freedomnetworkusa.org>
- The National Human Trafficking Hotline provides a regularly updated schedule of conferences that are taking place around the country.
  - Website URL: <https://traffickingresourcecenter.org/types/conference>

### Colorado Training Resources

Annual Conferences in Colorado that would fulfill human trafficking training requirements:

- COVA Victim Assistance Academy (CVAA) (*usually takes place in June*)
  - Website URL: <http://www.coloradocrimevictims.org/colorado-victim-assistance-academy-cvaa.html>

- COVA Conference (*usually takes place in October*)
  - Website URL: <http://www.coloradocrimevictims.org/cova-conference.html>
- Colorado Advocacy in Action Conference (*usually takes place in June*)
  - Website URL: <http://coloroadvocacy.org/>

Organizations that provide training courses that would fulfill human trafficking elective requirements:

- Colorado Legal Services
  - Website URL: <http://www.coloradolegalservices.org/>
- Colorado Human Trafficking Council (CHTC): The CHTC website contains a calendar of training events that are taking place across the state. In early 2017 the website will also contain e-learning training opportunities.
  - Website URL: <https://sites.google.com/a/state.co.us/cdps-prod/home/human-trafficking-council>
- Colorado Organization for Victim Assistance
  - Website URL: <http://www.coloradocrimevictims.org/human-trafficking-program.html>
- The Laboratory to Combat Human Trafficking
  - Website URL: <http://www.combathumantrafficking.org/>