



Office of the Assistant Secretary for Planning and Evaluation  
U.S. Department of Health and Human Services

OFFICE OF HUMAN SERVICES POLICY

# 2018 HHS Health and Human Trafficking Symposium— Takeaways and Next Steps

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## KEY TAKEAWAYS

- Place survivors at the center of policies, procedures, and practice
- Use trauma-informed approaches
- Prevent human trafficking
- Address social determinants of health
- Build strong partnerships
- Work with underserved populations and populations with unique needs
- Address substance use and human trafficking
- Identify research and data needs
- Provide training and technical assistance

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## Introduction

The Department of Health and Human Services (HHS) held the HHS Health and Human Trafficking Symposium on November 28 and 29, 2018. The event was organized by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Office on Trafficking in Persons (OTIP) with support from the National Human Trafficking Training and Technical Assistance Center (NHTTAC) and other partners at HHS. The event was a 10-year follow-up on HHS's 2008 National Symposium on the Health Needs of Human Trafficking Victims, which set goals for the following decade of research, policy, and practice at the intersection of health and human trafficking. The 2018 symposium reflected on accomplishments and progress in the human trafficking field over the past 10 years and emphasized areas for future work.

More than 450 survivors, researchers, practitioners, and policymakers participated in the 2018 symposium, including 150 in-person attendees and 300 virtual attendees via livestream. Six panel presentations were included:



- Integrating Primary and Behavioral Health Services for Trafficking Survivors
- Prevention of Human Trafficking
- Screening to Identify Trafficking Survivors
- Addressing the Health Needs of Minors and Young Adults
- Addressing the Substance Use Needs of Trafficking Survivors and Exploring the Nexus With the Opioid Crisis
- Reflections on Next Steps (Research, Evaluation, Technical Assistance)

The panel presentations and discussions can be viewed [online](#), along with the [presentation materials](#). In addition, resources mentioned during the symposium and links to resources mentioned within this report are included in the Appendix.

The panel presentations and subsequent discussions summarized accomplishments over the past decade and recommended next steps for the field to address critical gaps and emerging issues and to create model practices.

Before we examine key themes from the symposium, please note that this report uses three different terms when referring to individuals who are experiencing or have experienced trafficking. In the context of the symposium, which promotes improvements in programs and policies, these terms are intended to honor those who have suffered or are suffering the effects of trafficking:

1. *Individual with lived experience* encompasses both victims and survivors who have experienced trauma related to human trafficking.
2. *Survivor* is often used in the services field to recognize the strength it takes to continue on a journey toward healing in the aftermath of a traumatic experience.
3. *Victim* is a person who experiences mental, physical, financial, social, emotional, or spiritual harm as the direct result of a specified crime committed on their person or property.<sup>1</sup>

## Reflecting on How Far We've Come

The symposium noted the important progress made since 2008 to **increase survivor engagement and leadership opportunities for individuals with lived experience**. One of the most critical areas of progress is the increased recognition of the importance of learning from survivors about their needs and engaging them in every aspect of our responses to trafficking. With input from survivors, HHS:

- Developed a variety of public awareness materials, such as [the Look Beneath the Surface campaign](#)
- Launched the [HHS Human Trafficking Data Collection Project](#)
- Developed the [SOAR to Health and Wellness](#) training program

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<sup>1</sup> According to the Office for Victims of Crime's [Achieving Excellence: Model Standards for Serving Victims & Survivors of Crime](#), a victim is defined as "a person who experiences mental, physical, financial, social, emotional, or spiritual harm as the direct result of a specified crime committed on his or her person or property." The Office for Victims of Crime is a component of the Office of Justice Programs, U.S. Department of Justice.

- Established the [Human Trafficking Leadership Academy](#)
- Continued its support of [the National Advisory Committee on the Sex Trafficking of Children and Youth in the United States](#)

In addition, survivors increasingly informed grant programs that assist foreign and domestic individuals who experienced trafficking, including programs that build the capacity of child welfare systems, runaway and homeless youth settings, and the National Human Trafficking Hotline. Additional areas of progress include:

- Increased state and local efforts to address the intersection between health and human trafficking
- Improved provision of trauma-informed care<sup>2</sup>
- Increased leadership from hospitals, health professional associations, and other health institutions on human trafficking, including piloting comprehensive care programs and screening tools
- Increased training efforts for health care, behavioral health, and social services providers, including initiation and expansion of [SOAR](#)
- Improved research and data collection

The field also made progress by (1) acknowledging that human trafficking exists along a spectrum of interrelated forms of violence such as child abuse and maltreatment, intimate partner violence, sexual assault, and community violence and (2) recognizing that socioeconomic factors, financial dynamics, and other root causes make individuals, families, communities, and industries at risk of trafficking. This progress equipped the field to better develop and deliver effective interventions aimed at preventing, responding, and reducing the harmful impacts of trafficking across the lifespan of patients and clients.

At the federal level, anti-trafficking efforts expanded to include both foreign and domestic victims of trafficking and recognize that children in the child welfare system and runaway and homeless youth are important target populations for anti-trafficking efforts. HHS invested in specific at-risk populations through grant funds; in 2014, the Children’s Bureau funded a 5-year grant program designed to build greater awareness and a better response to trafficking in the child welfare population. Grantees continued developing child welfare systems’ response to trafficking through infrastructure building and a multisystem approach. Between 2014 and 2016, the Family and Youth Services Bureau (FYSB) and OTIP funded two cohorts of domestic victims of human trafficking demonstration projects to (1) increase availability of coordinated case management and comprehensive victim assistance to domestic trafficking survivors and (2) decrease vulnerability to trafficking among runaway and homeless youth and victims of sexual assault and domestic violence. In 2016, the Domestic Victims of Human Trafficking (DVHT) Grant Program was formalized as a result of the favorable evaluation of key findings from [the first two demonstration projects](#), and a third cohort of grantees was funded to continue this work.

Federal anti-trafficking efforts also included research on how trafficking intersects with other forms of violence as well as the role of universal education in screening. FYSB-funded, culturally-specific institutes such as the Asian Pacific Institute and Latin@Network continue to research

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<sup>2</sup> According to the Substance Abuse and Mental Health Services Administration’s [Concept of Trauma and Guidance for a Trauma-Informed Approach](#), “a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist retraumatization.”

and disseminate information on trafficking. Project Catalyst, an intra-agency effort funded by FYSB and the Health Resources and Services Administration, incorporated trafficking into the universal education model for intimate partner violence. Although many advancements have been made over the past decade on health and human trafficking, there is still much to be done. Symposium expert panelists and participants identified the following topics as priorities for future work.

## Next Steps for the Field

### Placing Survivors at the Center of Policies, Procedures, and Practice

The importance of placing survivors and their experiences at the center of our work was an overarching theme of the symposium. Effective practices that support individuals with lived experience and their needs include:

Patient-Centered Care	Survivor Expertise
<ul style="list-style-type: none"> <li>• Providing culturally relevant services</li> <li>• Integrating primary, behavioral, and oral health care to make the system effective and easy to navigate</li> </ul>	<ul style="list-style-type: none"> <li>• Compensating survivors for their contributions as consultants and professionals</li> <li>• Hiring survivors in diverse settings and across a range of programs, providers, and government agencies that serve survivors</li> <li>• Incorporating survivor input in policy and program development and the delivery of services and assistance</li> </ul>

Symposium panelists suggested that providers consult with survivor leaders to identify effective strategies for prioritizing patients' health care needs. In honoring patient confidentiality, they also noted that providers should (1) tell patients what information is required for their electronic health record and (2) understand that patients may be hesitant to disclose sensitive information.

Panelists identified several ways to put survivor expertise at the center and encourage critical survivor input. Providers and researchers should **let patients define their own success metrics**—both quantitative and qualitative benchmarks—beyond basic health outcomes. Based on survivor input, this may include feeling respected or being treated kindly by providers, experiencing less isolation, or having improved options for safety. Patients should define what justice means to them, which may include receiving high-quality, trauma-informed health care.

Attendees also emphasized that practitioners should listen to what patients define as their own needs. The research shows that individuals who have experienced trafficking often identify employment as their top need; therefore, providers should consider how to provide or connect patients with career path employment opportunities. Holistic and wraparound services can more fully address the spectrum of patient needs, including employment, child care, mental health, and housing services, and [federal grant assistance programs](#) can help address some of these needs.

### Using Trauma-Informed Approaches

Another critical theme of the symposium was the importance of providing trauma-informed care in health care and social services settings. Expert panelists noted that trauma is uniquely personal and exists as both a risk factor for and a result of human trafficking, which has far-ranging impacts. While [trauma-informed care](#) is an approach championed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and was increasingly used in the last decade, the symposium stressed the need to **educate providers on trauma and how to put a trauma-informed, patient-centered approach into practice** in a meaningful way at all levels of an organization. Expert panelists also noted that trauma-informed providers should

understand that [adverse childhood experiences](#) (ACEs) are important aspects of individuals' trauma histories and that ACEs can make individuals more vulnerable to trafficking later in life.

A key aspect of trauma-informed care is the importance of considering [whole family](#) and two-generation programming and implementing practices and procedures aimed at preventing and addressing **secondary and intergenerational trauma to children of survivors**. For example, experts noted that providers should discuss risk tolerance and safety planning with clients and their family members. Alternatively, they should provide other ways of communicating so that a child accompanying a parent who is a trafficking survivor to an appointment is not exposed to the trauma of listening to the parent's story (e.g., giving the child headphones to listen to music). Parents and caregivers also need more resources to appropriately respond to children and youth in their household who may have experienced trafficking and related forms of traumatic experiences. However, expert panelists also noted the importance of identifying and responding differently to instances of familial trafficking in which a parent or family member is the trafficker.

Panelists discussed several important trauma-informed practices that providers can implement:

- **Understand that trauma is widespread and has wide ranging impacts** on health and well-being. Health care providers should be aware of the impacts of trauma and recognize its signs and symptoms.
- **Teach trauma-informed care to all staff**, including senior leadership, board members, and frontline and support staff. This enables everyone to appropriately interpret interactions with patients who have experienced trauma and improves ability to provide a patient-centered approach.
- **Ensure that patients are not asked repeatedly to tell their trauma history.** Instead, patient can share relevant information with one trusted professional who then coordinates with other service providers within the practice.
- **Understand that the goal of screening in health care settings is not disclosure** but rather to identify red flags to inform treatment plans and prompt additional referrals. Therefore, ask only what you need to know and avoid the impulse to try to understand the full story if details are not needed to provide the requested care. However, when disclosures and incremental disclosures occur, staff must be adequately trained on how to respond.
- **Dedicate sufficient time to patient care** because patients may be reluctant to open up to providers about traumatic experiences or related symptoms and needs until near the end of the appointment when trust has been established.
- **Recognize the cyclical nature of receiving care and exiting trafficking.** Individuals enter and exit care at different points as illustrated by the [Stages of Change Model](#). Patients returning to trafficking is a common part of the cycle, and there are different intervention strategies appropriate at each stage of change to best assist individuals.
- **Meet clients and patients “where they are.”** For example, understand that patients may miss appointments. Do not charge cancelation fees or ban those who miss appointments. Instead, help them overcome barriers to attending appointments (e.g., provide transit cards or make child care available during nontraditional hours).

## Preventing Human Trafficking

The importance of preventing human trafficking was discussed throughout the symposium. Prevention may include **educating parents and youth** about trafficking, **training medical staff** to recognize and respond appropriately to trafficking victims and survivors, creating **response protocols** for health care and other types of service providers, and addressing risk factors that create vulnerability to human trafficking. Expert panelists discussed the different [levels of prevention](#), which the Centers for Disease Control and Prevention (CDC) defines as follows:

- **Primary prevention** strategies seek to stop violence before it occurs, such as strategies like healthy relationships that reduce risk of violence.
- **Secondary prevention** includes intermediate responses to violence, such as emergency services or medical care.
- **Tertiary prevention** includes long-term responses to violence such as social services that prevent additional trauma after human trafficking has occurred.

Universal screening and universal education—not just in health settings, but also among parents and educators—were mentioned several times as important forms of prevention work. Expert panelists noted repeatedly that **disclosure is not the goal of screening**; the goal is to understand individuals' life experiences and connect them to resources to best serve them and potentially prevent future instances of trafficking victimization. They also noted that risk tolerance and the need to provide anticipatory guidance to patients and clients are important aspects of prevention. It is critical that prevention activities be trauma-informed so that providers understand what types of information and experiences are comfortable for those with lived experience to avoid re-traumatization.

The symposium also examined the CDC's [Social-Ecological Model](#)—a tool that helps service providers understand the intended audience for prevention activities on a given issue. This framework considers the complex interplay between individuals, relationships, communities, and societal factors that may contribute to an individual's risk of human trafficking and other forms of violence. Practitioners and providers can use this model to inform prevention activities by considering how programs and policies can reduce risk factors and increase protective factors across four interrelated domains. For example, providers can [use the model](#) to map their program's activities, consider where they want to make the most impact, and identify gaps in prevention activities.

## Addressing Social Determinants of Health

Presenters examined the role of [social determinants of health](#) as they intersect with human trafficking. Some social determinants of health are critically important as prevention and intervention efforts, including access to post-secondary and **employment pathways, housing, child care, peer support programs, financial literacy assets, and transportation**. Expert panelists noted the need for reimbursable, wraparound services to address social determinants of health—such as access to child care and transportation to ensure access to appointments. Addressing these determinants can impact the incidence of trafficking as well as survivors' access to health care and recovery.

## Building Strong Partnerships

Symposium participants emphasized the importance of establishing multidisciplinary partnerships across various fields. Critical partners for health providers include law enforcement, child welfare agencies, school-based professionals, youth service providers, public health professionals, social workers, domestic violence providers, legal service providers, and other practitioners working with at-risk populations (e.g., those experiencing homelessness, poverty, mental illness, or substance use disorders). To maintain strong partnerships, expert panelists emphasized the importance of **meeting regularly**, establishing **shared definitions and goals**,

and understanding the scope and limitations of services formalized into Memoranda of Understanding (where appropriate). Some also noted that it is critical to **vet partners and build their capacity to ensure they are trauma informed**. If a health care provider refers a patient to an organization that is not trauma informed, that survivor might lose trust in their health care provider and its referral network, which could contribute to their vulnerabilities and re-victimization or reoccurrence. Collaborating with key stakeholders across related fields ensures a stronger safety net to better serve individuals at risk of trafficking and those who are already experiencing human trafficking.

## Working with Underserved Populations and Populations with Unique Needs

Many populations of trafficking victims and survivors have unique needs that should be acknowledged in prevention programming, screening, treatment/service provision, and referrals. These populations include:

- Men and boys
- Minors and young adults
- Native communities
- Non-native English speakers
- Individuals with disabilities
- Individuals who identify as LGBTQ

The needs of these and other underserved populations should be addressed, both in service delivery settings and in research and policy. In particular, **men and boys may be overlooked** by providers, and they have unique vulnerabilities and specialized service needs that are not always recognized or offered by providers.

There are also particular considerations for minors and young adults, particularly if they are system-involved (i.e., the child welfare system, the juvenile justice system, or both). Expert panelists noted that youth have different needs, depending on their level of development. Youth often face external challenges such as peer pressure and a lack of resources that providers should consider. In addition, various systems for youth may have competing priorities; child welfare agency priorities may conflict with law enforcement priorities, and none of these systems may align with the needs or wishes of the youth. Providers should **support young people to make decisions** and help them establish appropriate boundaries.

Certain populations may have specific care needs that providers should consider. For example, Native communities often lack access to medical treatment and transportation. Providers working with Native clients should **provide culturally relevant services** such as partnering with traditional healers when appropriate, understanding that it may take time to establish trust, and acknowledging challenges in disclosing experiences of violence. Such considerations are also important for non-native English speakers for whom interpretation services are critical.

In addition to specific care needs, **some populations are particularly at risk of trafficking**. Traffickers may prey on individuals with disabilities or with preexisting health concerns like substance use. Expert panelists noted that individuals who identify as LGBTQ are particularly at risk of trafficking, and providers should explicitly consider the needs of this and other at-risk populations.

**Labor trafficking is also commonly overlooked.** Scant research addresses labor trafficking, and existing screening protocols are often meant to primarily identify sex trafficking (and child sex trafficking particularly). It is important that providers understand the unique needs of these

populations to provide high-quality care. Researchers can focus on the service needs, gaps, and effective models for serving these populations in the future.

## Addressing Substance Use and Human Trafficking

Individuals who use substances are at an increased risk of trafficking because traffickers often recruit and entrap them into trafficking. For example, traffickers may target vulnerable substance users by learning the routines of people who attend regular appointments at substance use treatment facilities or meetings for 12-step programs. Traffickers may also use **substance use coercion** as a means to control victims by forcing them to use substances or by providing substances as a “carrot” and threatening withdrawal as a “stick.” In certain circumstances, addicted parents or caregivers may traffic their children to obtain substances.

To adequately serve trafficking victims and survivors with substance use disorders, it is important to **recognize the aspects of substance use that may attract people**—such as the use of substances to cope with the trauma or pain of trafficking (or other forms of violence) and the ability of substance use to bond victims to a trafficker by creating shared experiences. Individuals may therefore perceive positive aspects of substance use in dealing with their mental or physical trauma. Panelists suggested that providers take a harm-reduction approach to substance use. Peer support models may also be useful, such as connecting survivors with another survivor who has also dealt with substance use in the past. The symposium discussion emphasized the importance of understanding and addressing the complex relationship between substance use and trafficking so that providers can best treat victims and survivors and connect them with appropriate services, and it underscored the importance of meeting individuals “where they are.”

## Identifying Research and Data Needs

While improvements have been made over the past 10 years, health and human trafficking **research and data collection efforts remain insufficient**. Presenters noted that, to the extent research on trafficking survivors is not available, providers and practitioners can look to research on related or at-risk populations, such as domestic violence survivors or runaway homeless youth, as a starting point. Rather than starting from scratch, these lessons learned from related fields can be evaluated and applied in anti-trafficking work. However, to address existing gaps in the trafficking literature, expert panelists and participants identified several important research and data collection ideas and considerations:

- **Research labor trafficking** to better understand its prevalence, characteristics, and impacts on victims and survivors; how to recognize it; and effective intervention and prevention efforts. Human trafficking research tends to focus on child sex trafficking; more research is needed on all aspects of labor trafficking.
- **Solicit input from survivors**. Research survivors’ self-identified needs and metrics of success so that data collection and research efforts reflect survivor input. For example, survivors may say that successful programs lead to reduced isolation, improved safety, or access to trauma-informed care— data could be collected on these outcomes.
- **Identify effective prevention and intervention strategies with survivor input**. Survey survivors on which types of strategies are most effective and which questions providers should ask to increase identification and make survivors feel comfortable.
- **Develop and pilot violence prevention programming** that addresses both victimization and perpetration. Evaluate these efforts to identify effective prevention practices.



- **Research risk and protective factors** for human trafficking. Continue to explore these factors for both perpetration and survival of human trafficking and how prevention and intervention strategies can build on the identification of risk and protective factors.
- **Develop and validate comprehensive screening tools**, including for populations with unique needs (labor trafficking victims, youth, etc.), as few validated screening tools currently exist.
- **Analyze the cost burden of human trafficking** on the health care system. Conversations with both payers and funders can help to determine the cost burden of human trafficking.
- **Conduct demonstration projects for payment models of care coordination.** Evaluate whether care coordination leads to improved outcomes for survivors and overall cost savings for health systems, and design payment models that reimburse coordinated care services.
- **Monitor and evaluate programs** and the extent to which they address survivor needs. Survivors have identified employment, stable housing, education, and health care as their top needs. Determine how effectively programs address needs and refer survivors to appropriate services.
- **Develop guidance on the implementation of ICD-10 codes** on human trafficking that includes trauma-informed considerations and patient confidentiality.

## Providing Training and Technical Assistance

Symposium participants identified a number of training and technical assistance needs. They emphasized a need for systemwide policies for health care staff on how to recognize when an individual may have experienced trafficking and how to respond. Similarly, training and technical assistance could identify core competencies for health care workers on trafficking. To develop these policies and resources, **survivors should be hired as staff or consultants** in training development to ensure the survivor perspective is central.

Expert panelists also discussed existing training and technical assistance efforts and the need to evaluate these efforts. For example, [SOAR to Health and Wellness](#) online training is a free, accredited training available in English and Spanish that aims to build the capacity of communities to identify and respond to the needs of individuals who have experienced trafficking and to understand the root causes of trafficking. SOAR provides important baseline training for health care providers, social workers, and public and behavioral health professionals. Training and technical assistance are also available in person. Presenters discussed the need to move beyond baseline training and toward more advanced technical training.

## Conclusion

The 2018 HHS Health and Human Trafficking Symposium highlighted the many advancements made in the past decade of research, policy, and practice, but it also showed that important gaps and areas for future advancements still remain. The themes identified above lay the groundwork for future efforts on health and human trafficking. Symposium moderators, panelists, and attendees—particularly the survivors who participated—contributed to a rich, two-day discussion that will help guide the field as it continues to move forward over the next decade. HHS has already begun to address many of the recommendations raised at the symposium, and the HHS Strategic Plan for fiscal years 2018–2022 outlines a strategy to “assess and increase the capacity of medical and behavioral health practitioners, nonprofits, faith-based and community

organizations, licensed social workers, child welfare professionals, housing authorities, and public health agencies to provide comprehensive and survivor-informed services for victims of human trafficking.” HHS will continue to build on the symposium through ongoing efforts and future work to address the next steps discussed in this report.

## Acknowledgments

Thank you to everyone who contributed to this report and to the success of the symposium, the Human Trafficking Leadership Academy, all symposium attendees, NHTTAC, and our federal partners, including:

- Administration for Children and Families
  - Administration for Native Americans
  - Children’s Bureau
  - Family and Youth Services Bureau
  - Office on Trafficking in Persons
- Health Resources and Services Administration, Office of Women’s Health
- Indian Health Service, Office of Clinical and Preventive Services
- Office of the Assistant Secretary for Health, Office on Women’s Health
- Office of the Assistant Secretary for Planning and Evaluation
- National Institute of Mental Health
- Substance Abuse and Mental Health Services Administration
  - Center for Mental Health Services
  - Center for Substance Abuse Treatment
- U.S. Department of Justice, Office for Victims of Crime

## Appendix—Symposium Materials and References

The presentation materials and resource lists from each panel are hyperlinked below. Resources were suggested by moderators and panelists, including published research, factsheets, and tools such as trainings and curriculum. In addition to the presentation materials and resources below, [full recordings of each panel](#) are also available.

### **[Panel 1: Integrating Primary and Behavioral Health Services for Trafficking Survivors](#)**

Practical, concrete, and innovative approaches communities are taking to integrate primary and behavioral health care with a trauma-informed approach; why they have prioritized such strategies; and how they position them for organizational success

### **[Panel 2: Prevention of Human Trafficking](#)**

The role of health care and social service settings in trauma-informed early intervention and prevention programs; lessons learned from adjacent fields such as child abuse and domestic violence

### **[Panel 3: Screening to Identify Trafficking Survivors](#)**

Barriers to identification and strategies for developing, adapting, and using trauma-informed screening tools; referral protocols in diverse settings to promote access to services and ensure better coordination among providers

### **[Panel 4: Addressing the Health Needs of Minors and Young Adults](#)**

Challenges and strategies, including trauma-informed prevention, screening, and intervention, for serving children and youth who have experienced sex or labor trafficking

### **[Panel 5: Addressing the Substance Use Needs of Trafficking Survivors and Exploring the Nexus With the Opioid Crisis](#)**

The role of substance use and connection to trafficking, impact of the opioid crisis, challenges and strategies for treatment, harm reduction and prevention strategies, multidisciplinary coordination between criminal justice and community health stakeholders, and next steps

### **[Panel 6: Reflections on Next Steps \(Research, Evaluation, Technical Assistance\)](#)**

Important research questions, measurement challenges, and technical assistance needs for the field and what research methodologies would be needed to answer them

## **Links to References throughout the Report**

[2008 National Symposium on the Health Needs of Human Trafficking Victims](#)

[2018 Symposium Recordings of Panel Presentations and Discussions](#)

[2018 Symposium Presentation Materials](#)

[A Scan of the Field: Learning About Serving Survivors of Human Trafficking](#)

[Adverse Childhood Experiences \(ACEs\)](#)

[Children's Bureau Grants to Address Trafficking Within the Child Welfare Population](#)

[Evaluation of Domestic Victims of Human Trafficking Demonstration Projects](#)

[Family Violence Prevention Services Act Resource Centers](#)

[HHS Human Trafficking Data Collection Project](#)

[Human Trafficking Leadership Academy](#)

[Intersections of Human Trafficking, Domestic Violence, and Sexual Assault: National Organizational Advocacy Roundtable, 2016](#)

[Levels of Prevention](#)

[Look Beneath the Surface Campaign](#)

[National Advisory Committee on the Sex Trafficking of Children and Youth in the United States](#)

[Office on Trafficking in Persons Victim Assistance Grants](#)

[SAMHSA-HRSA Center for Integrated Health Solutions' Overview on Trauma and Trauma-Informed Approaches](#)

[SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)

[SOAR to Health and Wellness](#)

[Social-Ecological Model: A Framework for Prevention](#)

[Stages of Change Model](#)

[Working to Serve the Whole Family](#)