



Call for input for the report on trafficking in persons and gender peace and security

The [American Psychiatric Association](#) (APA) is an organization representing more than 37,000 psychiatrists worldwide. As a representative of the New York County District Branch of the APA to the United Nations, the UN liaison committee strives to decrease the burden of mental illness in individuals and communities worldwide. Through education and advocacy, the committee aims to inspire change by bridging its mission with the United Nations' mission to promote peace and security.

In this document we are sharing the Association's position statement on human trafficking, and responding to the call for input for the report on trafficking in persons and gender peace and security issued by the Special Rapporteur on trafficking in persons, especially women and children. We are particularly responding to the following key questions:

- Trafficking in persons, enslavement and sexual slavery and transitional justice processes
- Relief, recovery and assistance programmes which ensure effective access to reparations for victims of trafficking
- Inclusion of early warning and early-screening to detect victims and potential victims of trafficking in conflicts within the framework of the women peace and security agenda
- Design of gender sensitive responses and programmes on prevention, protection and recovery from conflict-related sexual violence, psycho-social and medical support services, which mainstream trafficking in persons

Position Statement on Human Trafficking

Issue: There are estimated to be 40 million victims of human trafficking worldwide; however, only 1% of victims have been identified. One study indicates that 88% of human trafficking victims have been seen by a medical provider while in captivity. Those who are identified have high rates of mental illness.

Position:

1. The American Psychiatric Association recognizes that human trafficking is a public health issue with profound mental health consequences impacting individuals of all ages and genders both domestically and internationally.
2. Human trafficking is an issue with legal, social, economic, and educational impacts. The

American Psychiatric Association encourages mental health providers addressing this issue to collaborate across disciplines.

3. The American Psychiatric Association advocates for increased education of mental health providers on how to identify victims of trafficking in their clinical practices, how to appropriately refer to resources, and how to provide trauma-informed care for this population with unique needs.

4. The American Psychiatric Association advocates for increased research into how to address the mental health needs of this population.

5. The American Psychiatric Association advocates for legislation that focuses on prevention of human trafficking, protection of identified victims and increased partnership between civil and government agencies to facilitate access to mental health care for identified victims.

Response to key questions

Trafficking in persons, enslavement and sexual slavery and transitional justice processes

Challenges:

- **Identification and Protection of Victims:** Victims of trafficking and sexual slavery often remain hidden due to fear, stigma, and lack of awareness. Ensuring their identification and providing comprehensive protection and support are crucial first steps in the transitional justice framework.
- **Accountability and Prosecution:** Perpetrators of trafficking and enslavement frequently evade justice due to inadequate legal frameworks, corruption, and insufficient resources. Strengthening legal mechanisms and ensuring rigorous prosecution is essential for delivering justice.
- **Rehabilitation and Reintegration:** Survivors of trafficking and sexual slavery require extensive rehabilitation and reintegration support, including psychological counseling, medical care, education, and vocational training. Transitional justice processes must prioritize these services to facilitate survivors' recovery and reintegration into society.
- **Gender-sensitive approach:** Given the gendered nature of trafficking and sexual slavery, it is imperative to adopt gender-sensitive approaches in all aspects of transitional justice. This includes recognizing the specific needs and experiences of female victims and ensuring their active participation in justice processes.

Recommendations from a transitional justice perspective:

1. **Strengthening Legal Frameworks:** Develop and implement comprehensive legal frameworks that criminalize all forms of trafficking, enslavement, and sexual

slavery. Ensure these laws are aligned with international standards and effectively enforced.

2. **Enhancing Victim Support Services:** Establish specialized support services for victims, including safe shelters, healthcare, legal assistance, and psychosocial support. These services should be accessible, victim-centered, and culturally sensitive.
3. **Promoting Survivor Participation:** Involve survivors in the design and implementation of transitional justice processes. Their insights and experiences are invaluable for creating effective and humane policies and programs.
4. **International Cooperation and Collaboration:** Foster international cooperation to combat trafficking and enslavement. This includes information sharing, joint investigations, and capacity-building initiatives to strengthen global efforts against these crimes.
5. **Public Awareness and Education:** Launch public awareness campaigns to educate communities about the realities of trafficking and sexual slavery. Empower individuals with the knowledge to recognize and report these crimes, thereby enhancing community vigilance and protection.

Recommendations from the perspective of the intersection of mental health and legal frameworks:

1. Training court personnel on red flags and identification of victims of human trafficking.
2. Understanding mental health sequelae such as depression, anxiety, post-traumatic stress disorder and substance use disorders in survivors and victims of human trafficking.
3. Consideration for treatment of both trauma and co-morbid substance use.
4. There is an over-representation of victims of trafficking in the jail/prison system due to over-incarceration, and punitive processes for commercial sex trade. Recognition that survivors of trafficking have a history of trauma in childhood, and incorporating trauma-informed practices within the legal system might aid in recovery.

Gender-Sensitive Responses

1. **Prevention Programs**
 - **Community Education and Awareness:** Launch educational campaigns to raise awareness about CRSV and trafficking, focusing on changing societal attitudes that perpetuate gender-based violence. Include information on recognizing signs of trafficking and available support services.
 - **Empowerment Initiatives:** Implement programs that empower women and girls through education, economic opportunities, and leadership training. Empowered individuals are better equipped to resist and report violence and exploitation.
 - **Engagement of Men and Boys:** Involve men and boys in prevention efforts to challenge harmful gender norms and promote gender equality. Programs should encourage positive masculinity and respectful relationships.
2. **Protection Measures**

- **Safe Spaces and Shelters:** Establish secure environments where survivors can seek refuge and protection from further harm. These facilities should offer confidentiality, safety, and access to comprehensive support services.
 - **Legal Assistance and Advocacy:** Provide survivors with legal aid to navigate justice systems and secure their rights. Advocate for robust legal frameworks that criminalize CRSV and trafficking and ensure perpetrators are held accountable.
3. **Recovery Services**
- **Psycho-Social Support:** Develop trauma-informed psycho-social interventions tailored to the specific needs of CRSV survivors. This includes individual and group therapy, support groups, and community-based mental health services.
 - **Medical Care:** Ensure access to comprehensive medical care, including emergency services, reproductive health care, and ongoing medical treatment for physical and psychological injuries.
 - **Holistic Rehabilitation Programs:** Design programs that address the physical, emotional, and social dimensions of recovery. This includes vocational training, educational opportunities, and community reintegration initiatives.

Recommendations for gender sensitive responses:

- **Capacity Building:** Train mental health and medical professionals in gender-sensitive, trauma-informed care specific to CRSV and trafficking survivors. This includes understanding the psychological impact of trauma and effective therapeutic approaches.
- **Policy Development:** Advocate for the integration of mental health and psycho-social support services in national policies and action plans addressing CRSV and trafficking. Ensure these policies are adequately funded and implemented.
- **Survivor Participation:** Involve survivors in the development and evaluation of programs and policies. Their insights and experiences are invaluable for creating effective and responsive interventions.
- **Research and Data Collection:** Support research to understand the mental health impacts of CRSV and trafficking, and to evaluate the effectiveness of existing interventions. Use this data to inform policy and program development.
- **Sustainable Funding:** Secure sustainable funding for long-term support services, recognizing that recovery from trauma is an ongoing process that requires consistent and reliable resources.

Relief, recovery and assistance programmes which ensure effective access to reparations for victims of trafficking

Advocacy efforts should be based on assessing how the system responds to individuals who are experiencing trafficking.

Some likely systems interacting with these individuals are:

1. Law enforcement

2. Health care and Mental health professionals
3. Border control
4. Housing and Shelter systems
5. Educational systems
6. Child and fostercare agencies

In most countries, current models of law enforcement and judicial systems focus on punitive steps to mitigate prostitution and solicitation- making help and rehabilitative systems through law enforcement difficult to access for survivors. However, sensitizing, training and providing resources to professionals interacting with individuals experiencing trafficking in an effort to bring change from within.

Health care professionals' time and focus is sometimes focused on pathology while the broader context of the injury or pathology may be ignored. Sensitizing professionals and mental health liaisons to early identification and appropriate triage is essential. Several training programs are available through governmental and nongovernmental organizations.

Several non-governmental organizations serve as referral centers for the professionals. These organizations focus on

1. providing a safe space
2. safeguarding human rights
3. rehabilitation, mental and physical
4. educational and vocational programs
5. restoring autonomy and trauma focused treatment

An example of a program helping survivors progress is the [GEMS](#) program. The model is based on:

1. Case management
2. Housing assistance
3. Educational initiative
4. Court and judicial advocacy

Inclusion of early warning and early-screening to detect victims and potential victims of trafficking in conflicts within the framework of the women peace and security agenda

There are three forms of human trafficking, which include forced servitude, sex trafficking, and debt bondage (bonded labor). Victims of human trafficking may be nervous, depressed, submissive, and/or fail to make eye contact. The table below, from the research article titled "Are Screening Tools for Identifying Human Trafficking Victims in Health Care Settings Validated? A Scoping Review" by Hainaut et. al., includes different human trafficking screening tools for use in health care settings.

Table 1. Characteristics of peer-reviewed validation studies of human trafficking screening tools for use in health care settings, published up to March 2020

Authors and year	Name of screening tool	Study design	Study location	Type of trafficking studied	Screening tool designed by study authors?	Health care setting	Study eligibility criteria
Chang et al, ¹⁸ 2015	CSEC screening protocol developed by Asian Health Services and Banteay Srei	Retrospective cohort	Oakland, CA	CSEC	Yes	Teen clinic	Included female adolescent and young adult patients aged 13-23 years who received sexual and reproductive health services at the clinic from 2008 through 2011. Excluded male patients.
Egyud et al, ¹⁹ 2017	US Department of Health and Human Services' Screening Tool for Victims of Human Trafficking	Program implementation	Pennsylvania	Sex trafficking	No	ED (level 2 trauma center)	Not specified
Greenbaum et al, ²⁰ 2018	The Short Screen for Child Sex Trafficking	Cross-sectional	Atlanta, GA	CSEC/CST	Yes	3 Pediatric EDs and 1 child protection clinic	Included English-speaking male and female adolescents and young adults aged 12-18 years presenting with concerns of CSEC/CST or sexual assault/sexual abuse. Excluded patients with extreme developmental delays and patients who appeared intoxicated or deemed unable to answer questions accurately.
Greenbaum et al, ²¹ 2018	The Short Screen for Child Sex Trafficking	Cross-sectional	US cities	CST	Yes	5 Pediatric EDs, 6 child advocacy centers, 5 teen clinics	Included English-speaking adolescents aged 11-17 years presenting with concerns of CST or sexual assault/sexual abuse. Excluded patients with extreme developmental delays, patients who appeared intoxicated or in marked distress, patients who declined to answer questions, and patients otherwise deemed unable to answer questions accurately.
Hammarström et al, ²² 2019	SEXual health Identification Tool (SEXIT)	Pilot study	Sweden	Transactional sex among young people	Yes, based on previously validated questionnaires and expert panel opinion	3 Clinics serving young people	Included visitors to all health care staff members (midwives, registered nurses, counselors, psychologists) aged ≥15 years and who understood Swedish. Exclusions not specified.
Kaltiso et al, ²³ 2018	The Short Screen for Child Sex Trafficking	Prospective cohort	Major southeastern US city	CST	Yes	Pediatric ED	Included English-speaking adolescents and young adults aged 10-18 years presenting with sexual behaviors or chief concerns potentially associated with CST (established a priori). Excluded non-English speakers; patients with intellectual disabilities, acute emergencies, severe pain, or need for stabilization; and patients whom the attending physician was opposed to interviewing, usually if deemed too young.
Mostajabian et al, ²⁴ 2019	Urban Institute's Human Trafficking Screening Tool	Quantitative dominant mixed methods	Houston, TX	Sexual and labor exploitation	No	Shelter clinic for young people experiencing homelessness	Included English- and Spanish-speaking adults aged 18-21 years. Excluded people who did not pass cognitive screening test.
Mumma et al, ²⁵ 2017	14-Question screening survey	Observational cohort/pilot study	Sacramento, CA	Adult sex trafficking	Yes, based on published recommendations	ED	Included medically stable English- and Spanish-speaking female patients aged 18-40 years. Excluded prisoners and those in custody of law enforcement.

Abbreviations: CSEC, commercial sexual exploitation of children; CST, child sex trafficking; ED, emergency department.

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