Public Health Considerations

While all anti-trafficking efforts should be trauma-informed, it is especially important that anti-trafficking efforts during a pandemic apply a trauma-informed approach. The following is a series of recommendations to achieve safety, transparency, mutual self-help, collaboration, empowerment, and cultural responsiveness to address pandemic-related barriers. While the COVID-19 pandemic warrants special consideration, what has been helpful prior to the pandemic is clearly even more important now.

Trauma-informed Approaches to Community-level Mitigation Measures

- Clearly explain the purpose of community-level mitigation measures, such as mask wearing guidelines and disruption of in-person services in language that is accessible and developmentally appropriate.¹
- Be mindful of tone, level of eye contact, and body language in patient interactions. Utilize culturally appropriate techniques to communicate safety despite barriers created by personal protective equipment.²
- Use a socially distanced, safe, and private place for individuals to communicate with health and service providers in person, whenever possible, while following local public health guidelines. The ability to meet in person may increase the likelihood of self-disclosure or victim identification.
- Engage in partnerships with survivor-led organizations to incorporate the expertise of survivors regarding COVID-19 mitigation measures in anti-trafficking programs or victim services settings.
- Include care coordination services that track service delivery changes and support victim self-determination despite evolving mitigation measures.

Trauma-informed Practices for Health Providers

- Track and share numbers of human trafficking cases through anonymous and aggregated data to support appropriate resource allocation.³
• Train all staff in trauma-informed care strategies to mitigate the risk of re-traumatization for victims, as well as psychological first aid to assist individuals in the immediate aftermath of a crisis.  

• Utilize electronic communication strategies, such as social media and websites, to share public health recommendations and resources while supporting social distancing measures. Target efforts to reach at-risk populations.

• Do not use public-facing technology for telehealth. Use technology that protects information in accordance with local laws whenever possible. Explain that no online platform is 100% secure as a part of informed consent. 

• Support victims to feel safe with providers on telehealth. Ensure the health provider’s face is clearly visible, with camera at eye level to support the patient’s sense of eye contact.

• Anticipate additional steps for logistics and patient preparation on telehealth. Ensure operational Internet with charged devices and functional video and audio. Prepare patients for technical glitches, identifying a procedure in event of disconnection. Consider prioritizing visit tasks to mitigate the impact of any interruptions.

• Support privacy during telehealth visits. Work with the patient to find a private space with minimal distractions. Provide an interpreter if necessary.

Vaccine Administration

• Foster collaboration within local communities for vaccine prioritization, planning, and distribution.

• Support access to professional interpretation services at vaccination sites.

• Use survivor-informed strategies. Identify vaccination spaces for victims and survivors through key informant interviews or employ subject matter experts with lived experience of human trafficking, who are reflective of the communities being served, to serve as ‘Vaccine Ambassadors’ for community outreach.

• Support communication between healthcare professionals, victims, and at-risk communities regarding vaccination.

• At vaccination sites, provide accessible educational materials on the definition of human trafficking, reporting options, including hotlines, and victim support options that are available in all languages commonly spoken in each community.

• Ensure ongoing opportunities for vaccination. A person may decline initially but later opt in following receipt of feedback from a trusted peer or community leader.

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