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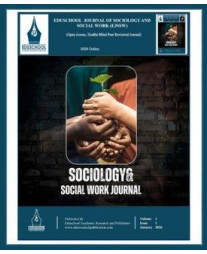

Social Work Practice with Survivors of Human Trafficking: Ethical Frameworks and Trauma-Informed Intervention Strategies

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Abstract

Human trafficking constitutes one of the most severe and persistent violations of human rights, affecting tens of millions of people globally and demanding a sophisticated response from social work practitioners. This paper examines ethical frameworks and trauma-informed intervention strategies for practice with survivors of sex trafficking, labour trafficking, and domestic-servitude trafficking. Through a comprehensive literature review and theoretical synthesis, this study explores the intersection of social work values, complex-trauma theory, and the political-economic conditions that produce and sustain trafficking. Key findings indicate that anti-trafficking practice involves distinctive ethical tensions including the limits of informed consent under conditions of coercion, the conflict between mandatory reporting and survivor safety, and the risk of re-traumatisation through poorly designed identification and prosecution-oriented services. The paper proposes a six-step ethical decision-making framework that integrates survivor-centred and rights-based principles with established social work ethics, and identifies critical intervention strategies including trauma-informed initial engagement, multidisciplinary case coordination, economic empowerment and livelihood restoration, long-term mental health support, and the meaningful inclusion of survivor leadership in service design and advocacy. Implications for social work education, inter-agency policy, and future research are discussed, with particular emphasis on the need for culturally humble, anti-oppressive practice and structural engagement with the political-economic drivers of trafficking.

Keywords:- Human Trafficking, Survivor-Centred Practice, Trauma-Informed Care, Complex Trauma, Anti-Oppressive Social Work, Multidisciplinary Collaboration.

Introduction

Human trafficking is a grave human rights violation and one of the most lucrative criminal enterprises in the world. The most recent Global Estimates of Modern Slavery place the number of people in situations of forced labour and forced marriage at approximately fifty million on any given day, with women and girls accounting for more than half of those exploited and one in four victims being children (ILO, Walk Free, and IOM 2022). South and South-East Asia, sub-Saharan Africa, and parts of Latin America carry the heaviest burden of identified cases, though trafficking flows touch virtually every country as origin, transit, or destination (UNODC 2022). Trafficking takes multiple forms sex trafficking, labour trafficking in agriculture, construction, fisheries, domestic work, and

manufacturing, organ trafficking, forced marriage, and bonded labour and frequently intersects with migration, conflict, climate displacement, and structural inequality.

Social work as a profession is positioned at the convergence of direct service, advocacy, and policy reform on trafficking. Practitioners encounter survivors across health, child-welfare, immigration, mental health, and community settings, often before formal identification has occurred (Macy and Graham 2012). Yet anti-trafficking response has historically been dominated by law-enforcement and prosecution-oriented frameworks that can re-traumatise survivors, prioritise criminal-justice outcomes over recovery, and conflate trafficking with sex work or undocumented migration in ways that undermine effective service (Okech et al. 2018). The emergence of survivor-centred, trauma-informed, and rights-based approaches represents an important corrective, but practice frameworks remain unevenly developed across jurisdictions and service systems.

Anti-trafficking practice raises distinctive ethical complexities. Informed consent is fraught where coercion has structured a survivor's recent life; confidentiality is constrained by mandatory reporting and inter-agency information-sharing requirements; safety planning must engage organised criminal networks, exploitative employers, or intimate partners who may also be perpetrators; and repatriation, immigration status, and family reunification raise profound questions about self-determination under conditions of constrained choice (Hodge 2014; Williamson, Dutch, and Clawson 2010). Existing professional codes provide essential grounding but require careful extension to address these realities.

This paper addresses the critical question: How can social workers ethically and effectively practise with survivors of human trafficking while upholding professional standards, advancing survivor self-determination, and contributing to the structural transformations that trafficking ultimately requires?

The research objectives are threefold:

- To synthesise existing literature on social work response to human trafficking, complex trauma, and survivor-centred practice;
- To develop an ethical framework specific to practice with trafficking survivors; and
- To identify evidence-informed intervention strategies suitable for the distinctive challenges of anti-trafficking work.

This inquiry is particularly urgent given the persistent gap between identified and estimated trafficking cases fewer than one per cent of presumed survivors globally come into contact with formal services in any given year and the well-documented limitations of existing response systems in meeting survivor-defined needs (Cockbain, Bowers, and Dimitrova 2018).

Literature Review

Scope, Forms, and Drivers of Human Trafficking

Human trafficking is defined under the Palermo Protocol as the recruitment, transportation, transfer, harbouring, or receipt of persons through threat or use of force, coercion, abduction, fraud, deception, or abuse of power for the purpose of exploitation (United Nations 2000). Exploitation encompasses sexual exploitation, forced labour, slavery and practices similar to slavery, servitude, and removal of organs. Importantly, the protocol clarifies that consent is irrelevant once the means of trafficking are established, and that for children no proof of force, fraud, or coercion is required.

Structural drivers of trafficking include poverty, gender inequality, conflict and displacement, discriminatory citizenship and labour regimes, and the global demand for cheap, deportable labour and commercial sex (Kara 2017). Climate change, urbanisation, and the expansion of unregulated migration corridors have intensified vulnerability in many regions (Molland 2020). Caste, ethnicity, disability, and prior experience of family violence or institutional care function as compounding risk factors across diverse contexts (Hounmenou 2017).

Health and Psychosocial Consequences for Survivors

The health consequences of trafficking are extensive and well documented. Zimmerman and colleagues' multi-country research with women survivors of sex trafficking demonstrated high prevalence of post-traumatic stress, depression, anxiety, suicidality, sexually transmitted infections, gynaecological complications, and chronic physical pain (Zimmerman et al. 2008; Hossain et al. 2010). Labour-trafficking survivors show comparably elevated rates of musculoskeletal injury, occupational disease, and complex psychological sequelae, often complicated by prolonged debt bondage and isolation from family and community (Kiss et al. 2015). For survivors

of trafficking in childhood, developmental, educational, and attachment consequences extend across the life course (Goździak 2016).

Survivors' distress is best understood through the lens of complex trauma, which captures the impact of prolonged, repeated interpersonal trauma in contexts of constrained escape a configuration that conventional single-incident frameworks fail to capture (Herman 1992; Courtois and Ford 2013). Complex trauma typically involves disturbances in affect regulation, relationships, self-perception, and meaning, in addition to the symptom clusters of post-traumatic stress disorder. Recovery is generally non-linear and unfolds across phases of safety, remembrance and mourning, and reconnection (Herman 1992).

Ethical and Practice Challenges in Anti-Trafficking Work

Anti-trafficking practice has been critiqued on several grounds. Prosecution-oriented frameworks can subordinate survivor recovery to the demands of criminal proceedings, requiring survivors to repeatedly recount traumatic events for evidentiary purposes (Okech et al. 2018). Identification practices frequently rely on narrow templates of the ideal victim that exclude many real survivors, particularly men, transgender people, and those in labour-trafficking contexts (Srikantiah 2007). Reintegration and repatriation programmes have at times reproduced the very vulnerabilities that enabled the initial exploitation, especially where home communities lack economic alternatives or where stigma attaches to return (Brunovskis and Surtees 2012).

Survivor-centred and rights-based frameworks have emerged as a corrective, emphasising survivor leadership in service design, sustained material support across the long arc of recovery, attention to the structural conditions of vulnerability, and the right to self-determination including the right to decline cooperation with prosecution (Macy and Graham 2012; Cole 2018). These frameworks are aligned with established social work values, yet their full operationalisation requires institutional change well beyond the scope of any individual practitioner.

Fig 1: Conceptual Framework - Social Work Practice with Survivors of Human Trafficking

Theoretical Framework

This analysis draws on three theoretical perspectives:

- Ecological systems theory situated within a structural and anti-oppressive lens;
- Intersectionality; and
- Complex-trauma theory integrated with survivor-centred practice.

Bronfenbrenner's ecological systems theory situates the individual within nested layers of environmental influence microsystem, mesosystem, exosystem, macrosystem that together shape vulnerability and recovery (Bronfenbrenner 1979). For trafficking survivors, the microsystem of family and immediate community, the mesosystem of school, work, and migration networks, the exosystem of labour markets and migration policy, and the macrosystem of gender, class, and racial hierarchy all bear on how trafficking unfolds and how survivors can reconstruct lives afterwards. A structural and anti-oppressive extension of this framework insists that these layers are not neutral environments but political configurations that can and must be transformed (Mullaly and Dupré 2019).

Intersectionality, as articulated by Crenshaw (1991) and elaborated by Collins (2019), foregrounds the interlocking systems of gender, race, class, caste, sexuality, citizenship, and disability that shape both exposure to trafficking and the texture of service experience. An intersectional lens reveals that a single-axis analysis for example, treating sex trafficking solely as a gender issue obscures the racialised, classed, and citizenship-stratified patterns of who is trafficked, who is identified, and whose recovery is supported. Intersectionality also illuminates why uniform service models routinely fail and why community-rooted, identity-aware practice is indispensable.

Complex-trauma theory, integrated with survivor-centred practice, provides the proximate clinical orientation. Herman's (1992) tri-phasic model of recovery establishing safety, remembrance and mourning, and reconnection remains foundational, while contemporary elaborations attend to dissociation, embodied trauma, attachment disruption, and the cultural mediation of suffering (Courtois and Ford 2013; van der Kolk 2014). Survivor-centred practice translates this clinical orientation into a relational ethic that places survivors' own definitions of recovery and priorities for action at the centre of intervention design (Macy and Graham 2012).

Figure 1 illustrates the synthesised conceptual framework. Social work practice principles, the lived realities of trafficking and complex trauma, and ethical frameworks intersect at the centre on practice with trafficking survivors, which must continuously negotiate implementation challenges (criminal-justice tensions, immigration constraints, resource scarcity) and key practice considerations (cultural humility, intersectional analysis, long-term continuity) distinctive to this domain.

Methodological Approach

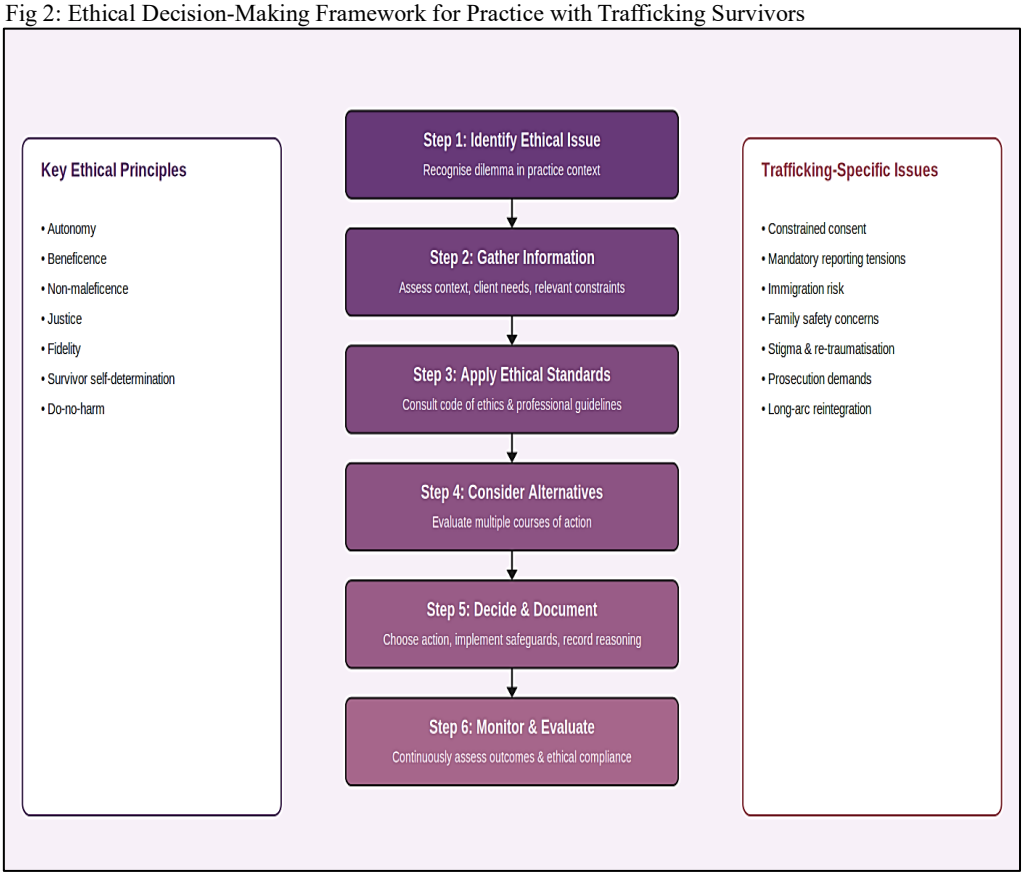
This study employs a theoretical synthesis methodology, integrating interdisciplinary literature from social work, public health, criminology, migration studies, gender studies, and survivor-authored testimony where formally archived. A systematic literature search was conducted across Social Work Abstracts, PsycINFO, Web of Science, MEDLINE, and SocINDEX, covering publications from 2010 to 2025. Search terms included combinations of: 'human trafficking,' 'sex trafficking,' 'labour trafficking,' 'modern slavery,' 'survivor-centred,' 'trauma-informed,' 'social work,' 'complex trauma,' 'identification,' and 'reintegration.' Inclusion criteria required peer-reviewed empirical studies, theoretical analyses, authoritative grey literature from intergovernmental bodies, and formally archived survivor accounts.

The analysis followed a thematic synthesis approach, identifying recurring themes across the literature relating to ethical tensions, sources of harm in existing services, and effective intervention strategies. Critical discourse analysis was applied to surface assumptions embedded in policy and clinical texts regarding who counts as a trafficking victim, what counts as adequate response, and whose authority should define recovery. The proposed ethical decision-making framework and intervention strategies were developed through iterative refinement, ensuring alignment with the NASW Code of Ethics, the Palermo Protocol, and emerging survivor-centred practice standards.

Ethical Framework for Practice with Trafficking Survivors

Based on the literature synthesis and theoretical analysis, a six-step ethical decision-making framework is proposed (Figure 2). This framework extends established bioethical and social work decision-making models to incorporate the distinctive features of anti-trafficking practice while maintaining consistency with the profession's ethical principles.

Fig 2: Ethical Decision-Making Framework for Practice with Trafficking Survivors



Key Ethical Principles Extended to Anti-Trafficking Practice

Informed Consent and the Continuum of Coercion

Informed consent is foundational to ethical practice yet operates under particular strain in anti-trafficking work. Survivors emerging from trafficking situations have often experienced sustained coercion that compromises trust in any subsequent relationship that resembles authority. Ethical practice requires extended time horizons for consent processes, clear and repeatedly available information about confidentiality and its limits, explicit decoupling of services from prosecution where legally possible, and the right to withdraw from any aspect of service without penalty to access. Consent should be understood as a continuing relational process rather than a single signed form.

Confidentiality and the Tension with Mandatory Reporting

Confidentiality in anti-trafficking practice is bounded by mandatory reporting statutes, inter-agency information-sharing protocols, and the operational requirements of safety planning. These bounds must be made explicit to survivors at the earliest possible point and revisited whenever new disclosures become foreseeable. Where mandatory reporting risks compromising survivor safety for example, when a report would precipitate immigration enforcement or notify a controlling family member practitioners face genuinely difficult ethical terrain. Strategies include consultation with supervisors and ethics resources, careful documentation of reasoning, advocacy for reforms that reduce the safety-versus-disclosure conflict, and, where lawful, the use of de-identified or aggregated reporting mechanisms.

Survivor Self-Determination Under Constrained Choice

Self-determination is a core social work value, but its application in anti-trafficking practice must reckon honestly with the structural constraints survivors face. A survivor may decline to cooperate with prosecution, refuse repatriation, return to a high-risk environment, or resume contact with a person who has previously exploited them. Ethical practice does not require agreement with such choices but does require respect for the survivor's authority over their own life, sustained relational engagement that does not condition help on compliance, and continued provision of services and information that expand rather than foreclose future options.

Avoiding Re-Traumatisation in Service Delivery

Services intended to help can re-traumatise. Repeated retelling of trafficking experiences for case files, prosecutorial preparation, and aid eligibility; intrusive medical examinations conducted without explanation; placement in environments that replicate features of the trafficking situation locked doors, restricted communication, controlling staff all carry serious re-traumatising potential. Ethical practice involves systematic application of trauma-informed principles across organisational design, including warm physical environments, predictable routines, choice in clinical encounters, and explicit attention to the parallels between service settings and prior coercion.

Cultural Humility and Linguistic Access

Trafficking survivors are frequently multilingual, multi-cultural, and from communities whose practices around shame, family honour, gender, and helping are likely to differ from those of the host service system. Ethical practice requires fluent linguistic access including the use of qualified, vetted, and trauma-aware interpreters and a stance of cultural humility that treats the survivor as the authority on their own community and meaning-making. Cultural humility extends to recognising that conventional Western clinical templates may not be the most relevant or trusted forms of help, and that community-rooted practices may need to be integrated or led.

Table 1. Ethical Challenges and Mitigation Strategies in Practice with Trafficking Survivors

Ethical Challenge	Trafficking-Specific Risks	Mitigation Strategy
Constrained Informed Consent	Sustained prior coercion compromises trust; survivors may accept services they do not fully understand or refuse services they fear; bureaucratic forms re-enact controlling dynamics.	Use staged, relational consent processes; decouple services from prosecution where lawful; provide repeated opportunities to ask questions; honour withdrawal without service penalty.
Mandatory Reporting Conflicts	Reports may trigger immigration enforcement, alert perpetrators, or expose survivors to community stigma; rigid protocols can override safety judgements.	Disclose reporting limits early and repeatedly; consult ethics resources before discretionary reports; advocate for statutory reforms; document reasoning carefully.
Prosecution-Oriented Service Models	Survivor recovery subordinated to evidentiary needs; repeated retelling re-traumatises; access to services conditioned on cooperation.	Provide unconditional access to core services; support survivors' right to decline prosecution participation; coordinate with prosecutors to minimise retelling; train multidisciplinary teams in trauma-informed practice.
Identification and Categorisation Bias	Narrow templates of the ideal victim exclude men, transgender people, labour-trafficking survivors, and those with prior criminal-justice contact.	Use broad, evidence-based screening tools; train across all relevant service sectors; treat identification as an ongoing process; engage survivor-leaders in screening review.
Reintegration and Repatriation Risks	Return to communities of origin without economic alternatives or amid stigma can reproduce vulnerability; forced repatriation overrides survivor judgement.	Conduct individualised risk and resource assessment; sustain long-arc support across borders where feasible; centre survivor preference; advocate against deportation pipelines.
Practitioner Vicarious Trauma	Sustained exposure to severe trauma narratives produces secondary trauma, burnout, and erosion of empathic capacity; workforce attrition is high.	Build supervision and peer-support structures; normalise vicarious trauma; embed self-care and reflective practice; advocate for adequate workforce investment and caseload limits.

Note. This table synthesises key ethical challenges identified in the literature review with proposed mitigation strategies aligned with survivor-centred, trauma-informed, and rights-based practice standards.

Intervention Strategies for Practice with Trafficking Survivors

Drawing from the evidence base and the proposed ethical framework, several intervention strategies emerge as particularly suited to practice with trafficking survivors. These strategies integrate individual clinical work with multidisciplinary coordination, community-based support, and structural advocacy, in keeping with survivor-centred and anti-oppressive practice traditions.

Trauma-Informed Initial Engagement

Early contact with a survivor whether at a hotline, hospital, shelter, immigration screening, or community outreach point frequently determines whether further engagement will occur at all. Trauma-informed initial engagement prioritises physical and emotional safety, communicates choice and predictability, avoids interrogative posture, and offers concrete assistance with immediate needs before any inquiry into trafficking experience. Practitioners should be prepared for non-disclosure, delayed disclosure, and partial disclosure as ordinary features of survivor engagement, not as obstacles to overcome (Macy and Graham 2012).

Multidisciplinary Case Coordination

Effective response requires coordination across health, mental health, legal aid, immigration, housing, education, employment, child welfare, and law enforcement systems, each with its own mandates, vocabularies, and confidentiality regimes. Multidisciplinary case coordination through dedicated co-location models, formal memoranda of understanding, and case-conferencing structures can reduce duplication, minimise retelling, and accelerate access to comprehensive support. Critical considerations include clear protocols for information sharing that protect survivor autonomy, sustained funding for coordination roles, and survivor representation in inter-agency governance (Clawson and Dutch 2008).

Economic Empowerment and Livelihood Restoration

Economic vulnerability is both a precursor and a sequela of trafficking; recovery without economic stabilisation is precarious at best. Effective interventions include access to safe and dignified emergency income, secure housing, document recovery, financial counselling, vocational assessment and training matched to local labour markets, supported employment with trauma-aware employers, and where appropriate, social-enterprise and cooperative models led by survivors themselves. Strategies that rely solely on punitive criminalisation of trafficking without addressing the economic conditions that enable it are widely recognised as inadequate (Kara 2017).

Long-Term Mental Health and Healing Support

Complex trauma recovery is generally non-linear and unfolds over years rather than months. Effective mental health support integrates phase-based treatment safety stabilisation, trauma processing, and reconnection with attention to embodied trauma, dissociation, attachment repair, and meaning-making (Herman 1992; Courtois and Ford 2013). Treatment modalities with growing evidence in trafficking contexts include trauma-focused cognitive-behavioural therapy, narrative-exposure approaches, EMDR, somatic and body-based interventions, and group-based survivor support, particularly where culturally adapted (Salami et al. 2018). Continuity of care across moves, changes in legal status, and life transitions is a recurring practical challenge that service design must explicitly address.

Survivor Leadership and Anti-Trafficking Advocacy

Survivor leadership is now widely recognised as an indispensable feature of credible anti-trafficking practice. Concrete strategies include compensated survivor advisory boards in service-provider organisations, survivor-led training of practitioners and law-enforcement personnel, peer-mentorship programmes, and the sustained inclusion of survivor voice in policy advocacy. Advocacy-oriented practice extends to engagement with the structural drivers of trafficking including labour-market regulation, gender-equality policy, migration rights, and supply-chain accountability recognising that direct service alone cannot address conditions that continually produce new generations of victims (Cole 2018).

Discussion

This analysis reveals both the depth of harm produced by human trafficking and the substantial body of knowledge now available to guide ethical, trauma-informed, and survivor-centred response. The therapeutic affordances of contemporary trauma frameworks, integrated with intersectional and structural analyses, align well with social work's core commitments. Realising this potential, however, requires institutional changes that frequently exceed what individual practitioners or single agencies can deliver.

The proposed ethical decision-making framework emphasises systematic engagement with the distinctive features of trafficking practice constrained consent, mandatory reporting tensions, prosecution pressures, identification bias, reintegration risk, and vicarious trauma while remaining grounded in core social work values. Key implications include the need for service models that decouple help from prosecution where lawful, statutory reforms that reduce safety-versus-disclosure conflicts, sustained funding for multidisciplinary coordination and long-arc support, and survivor leadership embedded in organisational and policy governance.

Implementation must confront equity concerns within the response system itself. Anti-trafficking funding has historically been concentrated in sex-trafficking responses, often at the expense of labour-trafficking, domestic-servitude, and male and transgender survivors (Okech et al. 2018). Geographic concentration of expertise in high-income destination countries leaves origin and transit communities under-resourced, even as those communities are essential to prevention and sustainable reintegration. Social work's commitment to social justice demands intentional rebalancing across these axes.

Professional competence is again a critical pressure point. Few accredited curricula provide systematic coverage of human trafficking, complex trauma, immigration law, or multidisciplinary coordination, leaving many practitioners poorly prepared for the realities of anti-trafficking work. Updated competency standards, supervision frameworks attentive to vicarious trauma, and continuing-education infrastructure that draws explicitly on survivor expertise are urgently required.

Limitations and Future Directions

This theoretical analysis is limited by enduring gaps in the empirical evidence base; hidden populations are inherently difficult to study, longitudinal outcome research remains scarce, and the most published cases derive from a small number of high-resource jurisdictions whose findings may not generalise. The proposed framework requires empirical validation through participatory case studies, outcome research grounded in survivor-defined indicators, and comparative work across different forms of trafficking and service contexts.

Future research should examine the comparative effectiveness of different identification and engagement strategies; the long-term outcomes of survivor-centred and prosecution-oriented service models; optimal training and supervision models for developing practitioner competence; and the institutional conditions under which survivor leadership is genuinely supported rather than tokenised. Participatory research designed and led by trafficking survivors is essential to refining both the theoretical and the practical foundations of anti-trafficking social work.

Conclusion

Human trafficking persists not because the harm is invisible or the response untested, but because the political-economic conditions that produce trafficking remain largely intact. This paper has argued that ethical social work response requires frameworks that integrate trauma-informed clinical practice, intersectional analysis, multidisciplinary coordination, and structural advocacy, and that the profession's ethical commitments require sustained engagement with both the immediate suffering of survivors and the conditions that generate it.

Core social work values service, social justice, dignity and worth of persons, importance of human relationships, integrity, and competence remain foundational. The challenge lies in operationalising these values in a practice domain marked by extreme power asymmetries, sustained coercion, and institutional response systems that are themselves imperfect. The frameworks and strategies proposed here are intended as a contribution to that ongoing operationalisation, not a closing of professional discourse.

As social workers, educators, researchers, and policy makers continue to refine anti-trafficking practice, the imperative is clear: survivors must be recognised as authorities on their own lives, services must do no further harm in the course of trying to help, and practice must remain in steady connection with the structural transformations that the eventual prevention of trafficking will require.

References

Bronfenbrenner, Urie. *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press, 1979.

Brunovskis, Anette, and Rebecca Surtees. *Leaving the Past Behind? When Victims of Trafficking Decline Assistance*. Oslo: Fafo and Nexus Institute, 2012.

Clawson, Heather J., and Nicole Dutch. *Identifying Victims of Human Trafficking: Inherent Challenges and Promising Strategies from the Field*. Washington, DC: U.S. Department of Health and Human Services, 2008.

Cockbain, Ella, Kate Bowers, and Galina Dimitrova. "Human Trafficking for Labour Exploitation: The Results of a Two-Phase Systematic Review Mapping the European Evidence Base and Synthesising Key Scientific Research Evidence." *Journal of Experimental Criminology* 14, no. 3 (2018): 319–360. https://doi.org/10.1007/s11292-017-9321-3.

Cole, Heather. "Human Trafficking: Implications for the Role of Social Work in a Survivor-Centred Response." *International Journal of Social Work* 5, no. 1 (2018): 1–17.

Collins, Patricia Hill. *Intersectionality as Critical Social Theory*. Durham, NC: Duke University Press, 2019.

Courtois, Christine A., and Julian D. Ford. *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach*. New York: Guilford Press, 2013.

Crenshaw, Kimberlé. "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color." *Stanford Law Review* 43, no. 6 (1991): 1241–1299. https://doi.org/10.2307/1229039.

Goździak, Elżbieta M. *Trafficked Children and Youth in the United States: Reimagining Survivors*. New Brunswick, NJ: Rutgers University Press, 2016.

Herman, Judith L. *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror*. New York: Basic Books, 1992.

Hodge, David R. "Assisting Victims of Human Trafficking: Strategies to Facilitate Identification, Exit from Trafficking, and the Restoration of Wellness." *Social Work* 59, no. 2 (2014): 111–118. https://doi.org/10.1093/sw/swu002.

Hossain, Mazeda, Cathy Zimmerman, Melanie Abas, Miriam Light, and Charlotte Watts. "The Relationship of Trauma to Mental Disorders among Trafficked and Sexually Exploited Girls and Women." *American Journal of Public Health* 100, no. 12 (2010): 2442–2449. https://doi.org/10.2105/AJPH.2009.173229.

Hounmenou, Charles. "Engaging African Faith-Based Organizations in the Campaign against Sex Trafficking of Children in Sub-Saharan Africa." *Journal of Human Trafficking* 3, no. 4 (2017): 281–298. https://doi.org/10.1080/23322705.2016.1218125.

International Labour Organization (ILO), Walk Free, and International Organization for Migration (IOM). *Global Estimates of Modern Slavery: Forced Labour and Forced Marriage*. Geneva: ILO, 2022.

Kara, Siddharth. *Modern Slavery: A Global Perspective*. New York: Columbia University Press, 2017.

Kiss, Ligia, Nicola S. Pocock, Varaporn Naisanguansri, Soksreymom Suos, Brett Dickson, Doan Thuy, Jobst Koehler, Kittiphan Sirisup, Nisakorn Pongrungsee, Van Anh Nguyen, Rosilyne Borland, Poonam Dhavan, and Cathy Zimmerman. "Health of Men, Women, and Children in Post-Trafficking Services in Cambodia, Thailand, and Vietnam: An Observational Cross-Sectional Study." *The Lancet Global Health* 3, no. 3 (2015): e154–e161. https://doi.org/10.1016/S2214-109X(15)70016-1.

Macy, Rebecca J., and Laurie M. Graham. "Identifying Domestic and International Sex-Trafficking Victims during Human Service Provision." *Trauma, Violence, and Abuse* 13, no. 2 (2012): 59–76. https://doi.org/10.1177/1524838012440340.

Molland, Sverre. "Migration and Mobility in Southeast Asia: Trafficking, Labour, and Vulnerability." *Annual Review of Anthropology* 49 (2020): 169–185. https://doi.org/10.1146/annurev-anthro-010220-074944.

Mullaly, Bob, and Marilyn Dupré. *The New Structural Social Work: Ideology, Theory, and Practice*. 4th ed. Don Mills, ON: Oxford University Press, 2019.

Okech, David, Y. Joon Choi, Jennifer Elkins, and Abigail C. Burns. "Seventeen Years of Human Trafficking Research in Social Work: A Review of the Literature." *Journal of Evidence-Informed Social Work* 15, no. 2 (2018): 103–122. https://doi.org/10.1080/23761407.2017.1415177.

Salami, Tahirah, Lavanya Gordon, Maureen Coverdale, and Christy Nittrouer. "What Therapies Are Favored in the Treatment of the Psychological Sequelae of Trauma in Human Trafficking Victims?" *Journal of Psychiatric Practice* 24, no. 2 (2018): 87–96. https://doi.org/10.1097/PRA.0000000000000288.

Srikantiah, Jayashri. "Perfect Victims and Real Survivors: The Iconic Victim in Domestic Human Trafficking Law." *Boston University Law Review* 87, no. 1 (2007): 157–211.

United Nations. *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime*. New York: United Nations, 2000.

United Nations Office on Drugs and Crime (UNODC). *Global Report on Trafficking in Persons 2022*. Vienna: UNODC, 2022.

van der Kolk, Bessel. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York: Viking, 2014.

Williamson, Erin, Nicole M. Dutch, and Heather J. Clawson. *National Symposium on the Health Needs of Human Trafficking Victims: Background Brief*. Washington, DC: U.S. Department of Health and Human Services, 2010.

Zimmerman, Cathy, Mazeda Hossain, Kate Yun, Vasil Gajdadziev, Natalia Guzun, Maria Tchomarova, Rosa Angela Ciarrocchi, Anna Johansson, Anna Kefurtova, Stefania Scodanibbio, Maria Nenette Motus, Brenda Roche, Linda Morison, and Charlotte Watts. "The Health of Trafficked Women: A Survey of Women Entering Posttrafficking Services in Europe." *American Journal of Public Health* 98, no. 1 (2008): 55–59. https://doi.org/10.2105/AJPH.2006.108357.