Occupational Injustice and Human Trafficking: Occupational Therapy’s Role

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ABSTRACT
Human trafficking has emerged as a crime, an occupational injustice, and a human rights violation that transcends international borders. The United Nations developed the fundamental Protocol to Prevent, Suppress and Punish Trafficking in Persons (3P Protocol) to guide national governments, private agencies, and individuals in enacting standards, laws, and philosophies for action. Minimal literature in occupational therapy addresses human trafficking (Bryant et al., 2015; Gorman & Hatkevich, 2016). However, occupational therapy practitioners possess important skills for developing interventions, education, research, and advocacy efforts to positively affect the occupational participation of persons who have incurred biopsychosocial deficits as a result of human trafficking situations.

LEARNING OBJECTIVES
After reading this article, you should be able to:
1. Define four types of human trafficking
2. Describe the 3P Protocol of the United Nations
3. Identify the biopsychosocial impairments found in persons affected by human trafficking
4. Discuss the legal rights of people who have been trafficked to receive occupational therapy services
5. Identify the distinct value of occupation in practice, education, and research efforts to combat trafficking

INTRODUCTION
A form of modern slavery, human trafficking entails an industry estimated to be worth between $32 billion and $120 billion that transcends most international borders (Bales, 2010; Bryant et al., 2015; Dank et al., 2014; Eby, 2016; Nawyn et al., 2013). The clandestine nature of trafficking hampers precise statistics of trafficked adults and minors and of exact financial terms (Dank et al., 2014; Nawyn et al., 2013).

The Protocol to Prevent, Suppress and Punish Trafficking in Persons (3P Protocol), developed by the United Nations (UN), defines trafficking in persons as:

[Protocol definition provided here]

Trafficking encompasses exploitation that can include sexual activities, labor practices, domestic servitude, forced marriage, debt bondage, organ removal and trafficking, child soldiers, and any type of slavery practices (International Labour Organization [ILO], 2012; UNODC, n.d.). Persons who willingly engage in activities to illegally cross international borders are not considered trafficked, but rather engaging in the crime of people smuggling (Office on Trafficking in Persons, 2017). Types of trafficking vary among countries, with worldwide estimates of
those trafficked to be 21% men, 49% women, 23% girls, and 7% boys, not including the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) population (UNODC, 2018). Sex trafficking involves coercing minors or adults into sex-related activities, including pornography, sexual dancing, and sexual acts. Almost 21 million persons in the world are involved in coerced labor, including construction, domestic, restaurant and retail work, manufacturing, and agricultural activities (ILO, 2012). Approximately 74% of coerced workers are adults and 26% are children. Government-related services account for 10% of coerced labor, in prisons, military agencies, and rebel forces, which may include child soldiers (ILO, 2012).

**EFFECTS OF HUMAN TRAFFICKING ON OCCUPATIONAL PARTICIPATION**

Victims and survivors of trafficking undergo months to years of forced daily activities, resulting in occupational deprivation that can limit their abilities to engage in ADLs, formal education, social participation, and meaningful occupational pursuits (Bryant et al., 2015; Muraya & Fry, 2016). This deprivation throughout childhood, adolescence, and adulthood, compounded by lack of medical, mental health, and dental care, often results in considerable developmental delays, sensory deficiencies, and extensive biopsychosocial impairments. Shigekane (2007) determined that “service providers assert that the needs of trafficking survivors are far greater than those of other marginalized groups ... because they have lived under the abusive control of others” (p. 122).

**NEED FOR GENDER-SPECIFIC APPROACHES**

Members of the LGBTQ population present distinct needs, calling for unique, dedicated approaches (Martinez & Kelle, 2013; Shigekane, 2007). Rafferty (2016) concluded that most governmental and private agencies should focus on recovery, education, and training efforts, primarily for women and girls, reflecting cultural beliefs that may overlook the trafficking of men and of the LGBTQ population.

“Because sexual violence against males is considered taboo in most societies, many male victims are constrained by societal barriers from reporting their ordeals” (Martinez & Kelle, 2013, p. 2).

In the United States, 33.4% of homeless heterosexual youth are exploited in trafficking, but LGBTQ youth make up 20% of homeless youth, with a 58.7% exploitation rate (Martinez & Kelle, 2013). These authors concluded that fewer men and LGBTQ members report trafficking than other groups. More evidence is needed to develop recovery programs for victims across all gender and age ranges (de Chesnay, 2013; Jordan et al., 2013; Kaufman & Crawford, 2011; Kotrla & Wommack, 2011; Lisborg, 2009; Lloyd, 2011; Macy & Graham, 2012; Macy & Johns, 2011; Meshkovska et al., 2015; Miller, 2011; Muraya & Fry, 2016; Okech et al., 2012; Schauer & Wheaton, 2006).

**INTERNATIONAL AND UNITED STATES TRAFFICKING LAWS**

In 2003, the UN General Assembly adopted the 3P Protocol as a foundational agreement, as opposed to a legally enforceable document (UN Office of the High Commission for Human Rights, n.d.; UNODC, 2019b). The 3P Protocol delineated an international guide for nations, governmental agencies, nongovernmental groups, and individuals to direct efforts within respective nations and across borders. The UNODC developed the international framework of the 3P Protocol with three prongs of Prevention, Protection, and Prosecution. Many nations, the U.S. Department of State, and individual states within the United States incorporate these prongs into laws, programs, and initiatives (UN Office of the High Commission for Human Rights, n.d.; UNODC, 2009; U.S. Department of State, 2019a, 2019b; World Health Organization [WHO], 2012).

The Victims of Trafficking and Violence Protection Act of 2000 (TVPA) and four subsequent revisions defined trafficking in persons as a crime, changing the legal status of trafficked persons from criminal prostitutes to victims who merit comprehensive care, treatment, and protection (Polaris, 2013; U.S. Department of State, 2019a, 2019b). The Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States 2013–2017 (FSAP) offers specific goals and objectives to guide client-focused, trauma-informed care for survivors of trafficking by U.S. federal agencies; state governmental services; and private entities, including the Central Intelligence Agency, U.S. Immigration and Customs Enforcement, U.S. Department of Justice, legal professionals, and persons in therapy and service delivery (Cerny, 2016; Kotrla & Wommack, 2011; U.S. Department of Justice, Department of Health and Human Services, & Homeland Security, 2014). Each U.S. state bears responsibility for developing unique state trafficking laws and legal processes. For example, Florida laws expunge felony records for victims who were previously convicted and are now classified as victims (Florida State University, n.d.; Online Sunshine, 2016).

**TRAFFICKED PERSONS’ LEGAL RIGHT TO RESTITUTION**

In March 2007, the UN elaborated on provisions for convicted traffickers to provide restitution toward their victims with financial responsibility for remedial treatments, including occupational therapy (UNODC, 2009). In the United States, Title 18 U.S. Code § 2259(b)(3) of the TVPA defined this restitution (National Crime Victim Law Institute, 2013; U.S. House of Representatives, n.d.). Traffickers frequently flee from detection by enforcement or are incarcerated, which is the primary barrier to victims receiving restitution. In 2017, only 27% of human trafficking cases were awarded restitution in the federal courts (Human Trafficking Legal Center & WilmerHale, 2018).

**TRAFFICKING IN OCCUPATIONAL THERAPY LITERATURE**

The literature reflects minimal occupational therapy involvement in human trafficking. Persons who are trafficked incur “loss of the roles and occupations associated with their ages and typical developmental stages” (Bryant et al., 2015, p. 18). The authors contended that occupational therapy practitioners could offer survivors opportunities to enhance life satisfaction.

Phongphisuthubpha (2007) provided an organizational case study of the oldest government-operated shelter for survi-
Table 1. Potential Actions for Occupational Therapy Practitioners in Conjunction With the 3P Protocol (3PP)

<table>
<thead>
<tr>
<th>3PP Area</th>
<th>3PP Component</th>
<th>Occupational Therapy Action: Clients</th>
<th>Occupational Therapy Action: Providers</th>
<th>Occupational Therapy Action: the Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Provide education about trafficking: risk factors, traffickers’ recruiting methods, and how to report trafficking.</td>
<td>Be informed by awareness programs to alert consumers and caregivers of risk factors, signs of trafficking, and defense strategies through presentations to groups, social media users, at-risk groups, and concerned persons.</td>
<td>Provide education for health care providers to determine signs in clients who are trafficked or are at risk.</td>
<td>Help develop or participate in public awareness campaigns and actions through presentations to schools, work settings, civic associations, private groups, and nonprofit agencies.</td>
</tr>
<tr>
<td>Prevention</td>
<td>Empower persons at risk to avoid engaging in trafficking and to avoid trafficking recruitment tactics.</td>
<td>Participate in programs for children, caregivers, and adults to enhance occupational performance for success in meaningful occupation and economic stability.</td>
<td>Provide education to identify at-risk clients and develop interventions that enhance self-esteem and offer success in occupations.</td>
<td>Develop occupation-based prevention programs for at-risk consumers in schools, after-school programs, community centers, and homeless shelters.</td>
</tr>
<tr>
<td>Prevention</td>
<td>Provide for biopsychosocial recovery.</td>
<td>Participate in intervention programs to enhance acquisition of developmental stages and adaptive life skills.</td>
<td>Provide education on strategies to address occupational deprivation resulting from trafficking.</td>
<td>Advocate for the distinct value of occupational therapy in recovery.</td>
</tr>
<tr>
<td>Prevention</td>
<td>Provide for the immediate and long-term rehabilitation needs of trafficked persons, including restitution.</td>
<td>Participate in recovery and community integration programs in residential recovery, non-residential, outreach, and prison alternative programs. Create programs relevant to development and culture.</td>
<td>Learn about and develop research to promote evidence-based interventions.</td>
<td>Educate community officials and members on strategies to incorporate survivors into living, work, and social environments.</td>
</tr>
<tr>
<td>Prevention</td>
<td>Ensure that persons maintain their rights in criminal justice proceedings.</td>
<td>Enhance consumers’ organizational and advocacy skills for negotiating the criminal justice process.</td>
<td>Provide education on and participate in research to develop occupation-based, culturally sensitive, and gender- and age-specific interventions.</td>
<td>Advocate for the distinct role of occupational therapy in recovery to professional groups.</td>
</tr>
<tr>
<td>Prevention</td>
<td>Adhere to an occupational therapy framework and approach to understand and address potential trafficking activities.</td>
<td>Support institutional policies to support defining, detecting, and reporting trafficking; contribute to legislative policy formation for victim rights; and support recovery for victims.</td>
<td>Provide education for all personnel to recognize and report potential trafficking activity.</td>
<td>Provide a proactive model for workplace policies and attitudes for recognizing and reporting trafficking.</td>
</tr>
<tr>
<td>Prevention</td>
<td>Cooperate with criminal justice process addressing trafficked persons, solicitors, and traffickers.</td>
<td>Novel interventions and rehabilitation services for traffickers and solicitors determined as candidates.</td>
<td>Pioneer novel interventions for rehabilitating traffickers and purchasers.</td>
<td>Contribute to developing legislation and legislative efforts to include a consumer-centered approach.</td>
</tr>
</tbody>
</table>

vors in Thailand. With no reference to outcomes, the author described a one-size-fits-all approach. Snider (2012) developed a relaxation kit with the goal of managing posttraumatic stress disorder (PTSD) symptoms for survivors in residential recovery, facilitating the occupation of rest. Snider (2012) suggested recovery from sex trafficking as “an emerging practice area for occupational therapists” (p. 3), using the Person–Environment–Occupation (PEO) Model to guide project development (Law et al., 1996).

Thompson (2017) implemented a program for women in the final phases of residential recovery to develop strategies for enhancing community integration. Bryant and colleagues (2015), Cerny (2016), Gorman and Hatkevich (2016), and Martin (2015) presented options to guide an occupational therapy presence in trafficking-related intervention, education, and research, offering expertise in the occupations of work, vocational training, education, social participation, and rest.

Gorman and Hatkevich (2016) and Martin (2015) reviewed the complex neurological, musculoskeletal, cardiovascular, dental, psychiatric, gastrointestinal, and gynecological findings in survivors.

“Active participation in meaningful occupations offers a distraction from negative patterns of thinking and promotes feelings of confidence and control while learning new skills” (Gorman & Hatkevich, 2016, p. 3). The authors described the value of occupational therapy in providing education to at-risk groups, conducting and publishing additional research on this topic, and advocating for an active occupational therapy role.

Lisborg (2009) identified one of the shortcomings in recovery as “treating skills training as occupational therapy to address psychosocial trauma, rather than a professional market-oriented activity ... to help returnees get a decent job and their own income” (Lisborg, 2009, p. 5). Cerny (2016) proposed a role for occupational therapy with goals of the FSAP to (1) align efforts across disciplines, (2) improve understanding of trafficking and of victim needs, (3) expand access to services, and (4) improve outcomes. “Occupational therapy has a valid role in treating survivors of human trafficking using the profession’s client-centered care and holistic viewpoint” (Cerny, 2016, p. 326).

THE 3P PROTOCOL: DIRECTIONS FOR OCCUPATIONAL THERAPY ACTION

Human trafficking crosses international borders, calling for occupational therapy approaches that traverse diverse cultures, nations, and people groups. Clay (2013) and Gibson and colleagues (2011) proposed occupation-based recovery perspectives incorporating occupational therapy principles; the WHO International Classification of Functioning, Disability, and Health (ICF; 2001); and the Substance Abuse and Mental Health Services Administration (SAMHSA, 2018) values. The need for services across diverse cultures also encompasses the fundamental beliefs found in position statements of the World Federation of Occupational Therapists (WFOT, 2019), the American Occupational Therapy Association’s (AOTA’s) Vision 2025 (AOTA, 2017), and the goals of the FSAP (SAMHSA, 2018). Occupational therapy practitioners possess knowledge, practice skills, and expertise in related practice areas that can be incorporated into the three areas of the 3P Protocol (UN Office of the High Commission for Human Rights, n.d.). Table 1 on page CE-3 highlights specific directions for occupational therapy in these three areas.

Occupational therapy practitioners possess distinct knowledge, skills, and expertise that apply to the following activities:
- Develop research methods to assess approaches
- Cultivate partnerships among individuals, agencies, health care facilities, legislators, public officials, schools, law enforcement, and others for optimal service delivery
- Disseminate outcomes through publications and presentations in occupational therapy venues and in diverse fields
- Advocate outcomes to professional groups, funding sources, and legislative officials
- Develop education, intervention, prevention, and research initiatives that conserve the unique aspect of occupation
- Elaborate services to meet the unique needs of LGBTQ members
- Advocate for legislative changes
- Collaborate within and across cultures and national borders integrating WHO’s ICF, WFOT, AOTA’s Vision 2025, and FSAP
- Model leadership (AOTA, 2017)

To develop effective occupation-based programs for prevention, protection, and prosecution, occupational therapy practitioners can use findings from other professional fields and draw on familiar occupational approaches used in similar conditions. In an extensive systematic review, Macy and Johns (2011) concluded that acquiring life skills, education, job training, safe housing, and job security contributes to recovery and decreased revictimization. Authors in nursing, psychology, gynecology and other medical specialties; social work; and education offered similar findings on the need for comprehensive recovery approaches, which present opportunities for occupational therapy action (American College of Obstetricians and Gynecologists, 2011; de Chesnay, 2013; Hardy et al., 2013; Johnson, 2012; Zimmerman et al., 2011).

FOUNDATION FOR NOVEL OCCUPATIONAL APPROACHES

The National Center for Victims of Crime (2012) determined that 1 in 5 girls and 1 in 20 boys disclosed sexual abuse, with about 75% of that abuse coming at the hands of a known person or family member. The most vulnerable period for both men and women is between ages 7 and 13 years (National Center for Victims of Crime, 2012). Experts from the Tampa Bay area’s Selah Freedom anti-trafficking agency concluded that the undisclosed level of childhood sexual abuse may be closer to 1 in every 3 girls and 1 in every 5 boys, with a high rate of abuse by someone they knew well, including family members (K. Pentacost, personal communication, November 17, 2015; C. Rose, personal communication, November 1, 2015, and March 29, 2017). Minors who are sexually trafficked, by definition incur repeated childhood sexual abuse. Hossain and colleagues (2010)
suggested that sex trafficking survivors share strong similarities with persons who incur childhood sexual abuse, noting that trafficking often begins during childhood.

Evidence related to childhood sexual abuse provides a foundation for developing intervention approaches, considering that abused persons often show pervasive biopsychosocial problems. A pivotal, 23-year intergenerational study of minor and adult women with a history of childhood sexual abuse found that the participants demonstrated “cognitive deficits, depression, dissociative symptoms, maladaptive sexual development, 

<table>
<thead>
<tr>
<th>Presenting Condition</th>
<th>Conditions Familiar to Occupational Therapy Practitioners</th>
<th>Presenting Symptoms and Behaviors</th>
<th>Affected Occupational Components</th>
<th>Occupational Therapy Goals</th>
<th>Sample Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posttraumatic stress disorder (PTSD)</td>
<td>Survivors of trauma or sexual abuse; military veterans; refugees; survivors of domestic violence</td>
<td>Re-experiencing; reactive and avoid-ance behaviors; impaired cognition</td>
<td>IADLs; work; sleep; rest; social participation; physical activity</td>
<td>Manage triggers; enhance stress management; regulate sleep and sensory stability</td>
<td>Sports; mindfulness; stress management techniques; sensory approaches; present-focused approach; functional skill development</td>
</tr>
<tr>
<td>Depression</td>
<td>Persons with various depressive conditions</td>
<td>Poor self-esteem; impaired sleep, nutrition, work, and leisure</td>
<td>Impairment across occupational continuum</td>
<td>Enhance self-esteem; improve function in rest, sleep, work, and social participation</td>
<td>Activity groups; individualized cueing techniques</td>
</tr>
<tr>
<td>Formal educational limitations</td>
<td>Refugees; domestic violence survivors; school drop-outs; persons with learning/ cognitive limitations</td>
<td>Lack of education because of cognitive difficulties or limited access</td>
<td>Education; work; self-esteem; economic stability</td>
<td>Facilitate physical and cognitive access to school at all levels; improve vocational skills</td>
<td>Unique learning strategies; time management; organizational skills; vocational aptitudes</td>
</tr>
<tr>
<td>Acquired learning disabilities</td>
<td>Persons with attention deficit disorder (ADD) and ADD with hyperactivity; cognitive challenges</td>
<td>Impaired educational and employment mastery</td>
<td>Education, work, social participation</td>
<td>Facilitate access to educational and employment mastery</td>
<td>Unique learning and training strategies; time management; occupational skills</td>
</tr>
<tr>
<td>Substance abuse (forced or coping strategy)</td>
<td>Persons with ethanol and substance abuse</td>
<td>Pervasive cognitive, behavioral, physical changes</td>
<td>Impairment across occupational continuum</td>
<td>Enhance self-esteem; functional skills</td>
<td>Stress management; sensory modulation approaches</td>
</tr>
<tr>
<td>Musculo-skeletal and neurological problems</td>
<td>Persons with orthopedic injuries</td>
<td>Muscle, bone, neurological limitations</td>
<td>Limited function of specific body components</td>
<td>Achieve optimal physical performance</td>
<td>Physical and neurological rehabilitation</td>
</tr>
<tr>
<td>Cardio-vascular conditions</td>
<td>Persons with cardiac and pulmonary conditions</td>
<td>Cardiac and pulmonary limitations</td>
<td>Impaired ability in functional abilities</td>
<td>Achieve optimal function and satisfaction in ADLs</td>
<td>Cardio-pulmonary rehabilitation techniques; energy conservation in activities</td>
</tr>
<tr>
<td>Gynecological difficulties</td>
<td>Survivors of rape, incest; persons with sexually transmitted diseases</td>
<td>Impaired body image; impaired sexual function; see PTSD above</td>
<td>Impaired sexual abilities; impaired structural elements</td>
<td>Enhance sexual stability</td>
<td>Post-op healing techniques; adaptive sexual techniques</td>
</tr>
<tr>
<td>Gastro-intestinal (GI) difficulties</td>
<td>Persons in post-op situations; bariatric conditions; GI reactions to medications</td>
<td>Intestinal distress; diarrhea; concentration and functional impairment</td>
<td>Impaired stamina, concentration; impaired ability to perform ADLs</td>
<td>Incorporate nutritional plan to organize and execute ADLs; meal planning</td>
<td>Mindfulness, relaxation techniques; nutritional organization skills</td>
</tr>
</tbody>
</table>

(Abas et al., 2013; American Occupational Therapy Association, 2014; Bass et al., 2013; Briere & Scott, 2006; Bryant et al, 2015; Cole et al, 2016; Doroud et al., 2015; Gibson et al., 2011; Gorman & Hatkevich, 2016; Hardy et al., 2013; Hossain et al, 2010; Kira & Tummala-Narra, 2015; Lake, 2014; Lewis et al, 2015; Macy & Johns, 2011; Martin, 2015; Muraya & Fry, 2016; Rogers et al., 2014; Shigekane, 2007; Thompson, 2017; Warner et al., 2013).
hypothalamic–pituitary–adrenal attenuation, asymmetrical stress responses, high rates of obesity, more major illnesses … post-traumatic stress disorder, [and] self-mutilation” compared with persons who had not experienced abuse (Trickett et al., 2011, p. 453). The participants showed an increased incidence of mental health disorders, revictimization, substance abuse, tendency to be involved in domestic violence, and biological children presenting with developmental delays.

Based on similar histories and symptoms, several authors suggested integrating interventions used with other vulnerable populations, such as domestic violence survivors and refugees, into those used with trafficking survivors (Lewis et al. 2015; Shigekane, 2007). Researchers noted that many survivors of domestic violence and refugees demonstrated pervasive medical problems, mental health conditions, PTSD, economic insecurity, and substance abuse (Kira & Tummala-Narra, 2015). Many researchers highlighted PTSD, depression, anxiety, and dissociation among women who survived a history of sexual trafficking (Abas et al., 2013; Bass et al., 2013; Briere & Scott, 2015; Cole et al., 2016; Gibson et al., 2011). Victims of intimate partner and domestic violence, childhood sexual abuse, and refugee trauma often demonstrate PTSD (Kira & Tummala-Narra, 2015; Shigekane, 2007). Symptoms of PTSD include:

Re-experiencing, avoidance, numbing ... hyperarousal ... [and] disturbances in self-regulatory capacities that have been grouped into five categories: emotion regulation difficulties, disturbances in relational capacities, alterations in attention and consciousness (e.g., dissociation), adversely affected belief systems, and somatic distress. (Resick et al., 2012, p. 243)

Practitioners have treated persons with PTSD and related conditions through mindfulness, sensory modulation and integration methods, physical rehabilitation approaches, spirituality techniques, and recreational sports (Hardy et al., 2013; Lake, 2014; Rogers et al., 2014; Warner et al., 2013). These treatment methods can be adapted for use with trafficking survivors in occupation-based programming. Occupation-based intervention and client-centered approaches in social participation, physical activity, instrumental ADLs, work, education, sleep, and rest used with persons incurring mental health conditions can enhance life satisfaction, emotional stability, community integration, and healthy life roles for trafficking survivors (Doroud et al., 2015; Gibson et al., 2011; Martin, 2015). See Table 2 on page CE-6.

Goals in all areas of Table 2 include facilitating community integration; enhancing emotional stability; improving social participation through implementing unique supports; providing modifications; and designing approaches to develop meaningful roles and life satisfaction.

**THEORETICAL BASES FOR OCCUPATIONAL THERAPY ACTION**

Evidence-based programs incorporate occupational therapy models to develop client-centered, occupation-based approaches. The PEO model advances the unique components of occupation, occupational performance, individual skills, barriers, and demands in the dynamic transaction of person, environment, and occupation within the multidisciplinary approach to recovery (Law et al., 1996; Strong et al., 1999).

The biopsychosocial model incorporates pervasive neurobehavioral, psychological, emotional, physiological, sensory, and developmental difficulties found in survivors (Borrell-Carrió et al., 2004; Hemmingsson & Jonsson, 2005; Smith et al., 2013). Recovery models serve to provide a base for trauma-informed care. Clay (2013) proposed an occupation-based recovery model that incorporates occupational therapy principles, the WHO’s ICF, and SAMHSA values, consistent with AOTA and WFOT standards for culturally sensitive, trauma-informed services that cross national and regional borders. Clay applied these 10 key SAMHSA components: Hope, self-determination, non-linear process, empowerment, responsibility, respect, peer support, individualized and person-centered recovery, strengths based, and holistic care. A multidisciplinary recovery model adapted Erikson’s developmental stages to the recovery process, showing recovery as a developmental, non-linear process (Vogel-Scibilia et al., 2009). The Wellness Recovery Action Plan provides a unique, individualized recovery tool with five key components: Hope, personal responsibility, advocacy, education, and mutual support (Copeland, 2002). These models coordinate with elements of occupational health and recovery as defined in the Occupational Therapy Practice Framework: Domain and Process (3rd ed.; AOTA, 2014), SAMHSA (2018) principles, WFOT (2019) standards, AOTA’s Vision 2025 (AOTA, 2017), and international values of the ICF (Pizzi, 2015; U.S. Department of Justice, Health and Human Services, & Homeland Security, 2014).

**CONCLUSION**

Human trafficking is a human rights violation, an occupational injustice, and a heinous crime that transcends international borders. This underground global industry contributes to considerable personal, familial, community, and international disorganization, affecting persons of all ages, genders, and cultural backgrounds. The 3P Protocol developed by the UN serves to organize the efforts of governmental services, private agencies, nonprofit organizations, and individuals for combating trafficking in the three main areas of prevention, protection, and prosecution. Occupational therapy practitioners can use current approaches and services with survivors of domestic violence, refugees, and other persons experiencing trauma, mental health deficits, sensory processing difficulties, and pervasive biopsychosocial impairments to develop services in prevention, protection, and prosecution in the area of human trafficking. Combining solid foundational models, evidence, creativity, and a wealth of experience, practitioners can implement trauma-informed, culturally sensitive, client-centered, occupation-based programming in the important area of addressing the effects of human trafficking.
REFERENCES

ADDITIONAL RESOURCES
Selah Freedom is a national organization that provides various recovery programs, education across various professions, teen prevention, outreach, and safe housing. Website: www.selahfreedom.com. Address: PO Box 21415, Sarasota, FL 34276. Hotline: 888-8-FREE-ME for victims, survivors, care providers, and the general public.
The National Human Trafficking Resource Center provides referral services and houses a complete library of information. Website: www.trafficking-resource-center.org
National Human Trafficking Hotline: 888-373-7888 SMS: 233733 (text “HELP” or “INFO”) Languages: English, Spanish, and 200 more
This hotline links all major governmental services involved in trafficking and other resources.
Hotline: 866-347-2423; International: 802-872-6199. 24 hours a day, 7 days a week.

CE-7
How to Apply for Continuing Education Credit

A. To get pricing information and to register to take the exam online for the article Occupational Injustice and Human Trafficking: Occupational Therapy’s Role, go to http://store.aota.org, or call toll-free 800-729-2682.
B. Once registered and payment received, you will receive instant email confirmation.
C. Answer the questions to the final exam found on pages CE-9 & CE-10 by January 31, 2022
D. On successful completion of the exam (a score of 75% or more), you will immediately receive your printable certificate.


Final Exam

Occupational Injustice and Human Trafficking: Occupational Therapy’s Role

To receive CE credit, exam must be completed by January 31, 2022

Learning Level: Intermediate to Advanced
Target Audience: Occupational Therapy Practitioners
Content Focus: Domain: Client Factors; OT Process: Occupational Therapy-Evaluation and Interventions

1. Which of the following activity is not a form of human trafficking?
   ○ A. People smuggling
   ○ B. Sexual exploitation
   ○ C. Domestic servitude
   ○ D. Debt bondage

2. Service providers often distinguish the more intense needs of services for victims and survivors of human trafficking from other marginalized groups because the victims and survivors often:
   ○ A. Are separated from their family, friends, and support systems
   ○ B. Live under the abusive control of others
   ○ C. Miss out on learning opportunities that non-trafficked persons experience
   ○ D. Demonstrate multiple biopsychosocial deficits

3. Trafficking takes on many forms of forced servitude that varies across many borders. What are the estimated percentages of worldwide trafficking by gender and age?
   ○ A. About 21% men, 49% women, 23% girls, and 7% boys
   ○ B. About 49% men, 23% women, 21% girls, and 7% boys
   ○ C. About 7% men, 21% women, 49% girls, and 23% boys
   ○ D. About 23% men, 49% women, 21% girls, and 7% boys

4. The United Nations (UN) 3P Protocol to guide the international approach to sex trafficking defines the scope of approaches for nations, agencies, and individuals to take in:
   ○ A. Prevention, protection, and promotion
   ○ B. Protection, prosecution, and preparation
   ○ C. Prevention, protection, and prosecution
   ○ D. Protection, programming, and protection
5. Which of the following are persons who have been sexually trafficked least likely to demonstrate?

- A. Dental problems, posttraumatic stress disorder, and results of forced substance abuse
- B. Anorexia, allergic conditions, and weight loss
- C. Gynecological diseases, flashbacks, and developmental delays
- D. Childhood sexual abuse history, depression, and sensory deficits

6. The group of homeless youth with the highest rate of being exploited in trafficking is:

- A. Minor girls
- B. Minor boys
- C. LGBTQ youth
- D. All genders

7. Which of the following provides the most enforceable legal entity related to human trafficking?

- A. The Victims of Trafficking and Violence Protection Act and Reauthorization Acts
- B. The UN's Protocol to Prevent, Suppress, and Punish Trafficking in Persons
- C. The Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States
- D. The UN's 3P Protocol of Prevention, Protection, and Prosecution

8. The main impediments to trafficking survivors receiving restitution, including occupational therapy services, from their convicted traffickers include:

- A. Inability to prove survivors' symptoms caused by being trafficked
- B. Lack of defined standards for occupational therapy in trafficking recovery
- C. Revictimization and reentry of persons who have been trafficked
- D. Convicted traffickers are incarcerated or flee, making enforcement difficult

9. Occupational therapy practitioners possess skills and expertise to develop various services directed to the field of human trafficking. Which area is most likely the focus of occupational approaches?

- A. Labor standards for work settings, education programs, and on-the-job training
- B. Prevention, intervention, education, and advocacy efforts and programs
- C. Adaptation of programs, services, and terms directed to legislation efforts
- D. Research on novel methods of care at the point of capture or rescue from trafficking

10. Occupational therapy practitioners continually seek to develop and provide novel services. In the emerging area of trafficking prevention, protection, intervention, and prosecution, the related conditions of which populations are least likely to serve as foundational bases on which to develop service delivery?

- A. Survivors of domestic violence and partner abuse
- B. Persons with a history of childhood sexual abuse
- C. Political refugees who travel across national borders
- D. Military veterans and current military members

11. Many models are applicable to use with survivors. Which program model specifically incorporates the comprehensive symptoms and behaviors that survivors of trafficking often demonstrate?

- A. The biopsychosocial model
- B. Recovery model developed by Clay
- C. The Wellness Recovery Action Plan model
- D. Each case or program requires a unique model

12. In developing trafficking recovery programs, which core components should occupational therapy practitioners include?

- A. Compassion, care, and collaboration
- B. Nonlinear development, support, and hope
- C. Person, environment, and occupation
- D. Goal-setting, interaction skills, and positive attitude

Now that you have selected your answers, you are only one step away from earning your CE credit.