For the purpose of this paper, we define Standards of Care as guidelines for anti-trafficking programs to inform their internal policies and practices on service provision. Standards of Care do not dictate what services must be provided, rather, how services are provided, ensuring consistent and high-quality services for all survivors of trafficking.
Standards of Care establish basic guidelines to ensure consistent service provision regardless of the geographic area in which services are accessed. Further, service providers can ensure that their programs employ ethical practices grounded in trauma-informed, evidence-based practices, and are centered around survivor choice. The development of standards is only the first step, however. Implementation requires the localization of general standards to the specific context of providers, which can be extremely diverse. Standards become truly meaningful only when there is a mechanism to ensure compliance and accurate reporting that can hold the provider accountable for non-compliance.

Although the benefits of establishing national standards are numerous, compliance requirements currently exist only through professional licensing bodies and state or local coalitions. Professional licensing bodies, such as the National Association of Social Workers (NASW) or state bar associations, enforce ethical compliance of their members, and in some cases, the actions of the individuals they supervise. However, most case managers, peer mentors, victim advocates, and other direct service staff are not subject to any training or licensing requirements. Professional licensing bodies do not otherwise provide oversight to survivor-serving organizations and are not sufficient for the purpose of establishing Standards of Care for the anti-trafficking field. Anti-trafficking organizations need Standards of Care that apply to all service providers to ensure high-quality services are available to all survivors regardless of who they receive assistance from.

While there are no nationally recognized Standards of Care that are specific to human trafficking, the anti-trafficking field can look to allied fields. The runaway and homeless youth and domestic violence fields have adopted standards that are promulgated and enforced (in some cases) by government agencies, funders, and state coalitions. These approaches give insight and experience with practical development and implementation challenges that are likely to be experienced by the anti-trafficking field.

The runaway and homeless youth (RHY) field has established standards for providers through the Runaway and Homeless Youth Act (RHYA). The majority of youth programs, including residential and drop-in centers, are funded by the Family and Youth Services Bureau (FYSB) under the Department of Health and Human Services (HHS). The RHYA required that HHS: (1) issue rules that specify performance standards; (2) consult with grantees and national nonprofit organizations concerned with youth homelessness in developing those standards; and (3) integrate the performance standards into the HHS processes for grant making, monitoring, and evaluation for the three major grant programs under the Act. Additionally, HHS is expected to provide technical assistance to grantees with a focus on effective implementation of performance standards.

The RHY Performance Standards address the methods and processes by which the needs of runaway and homeless youth and their families are met, as opposed to the outcomes of the services provided. RHYA-funded programs are monitored by FYSB through a monitoring visit (site visit) by a Federal Project Officer from FYSB and a Peer Monitor, who is generally a staff person from another RHY agency. The frequency of the site visits is based on the funding timeline. For example, grantees that receive a grant award of 3 or more consecutive fiscal years are reviewed at least once in the 3-year period. Additionally, a grantee may be subject to on-site review if FYSB receives credible allegations of potential
conditions that may jeopardize the health, safety, and well-being of residents or if
there are serious financial allegations against the grantee.

Because the standards are implemented by the funding body, HHS can support
implementation of the standards and mandate accountability as a grant condition.
Therefore, grantees have access to training and technical assistance needed to
meet the standards. In addition, youth and families receiving services through
these programs can be assured that services meet defined and enforced
Standards of Care.

Domestic Violence programs may offer a variety of services including: case
management, counseling, housing, legal services, and employment/education
to survivors of intimate partner violence. Although residential facilities undergo
a permitting or licensing process for the physical space, there are no nationally
mandated standards for service provision in the US.

The Department of Justice Office on Violence Against Women and the
Department of Health and Human Services Family Violence Prevention
and Services Program require mandatory services, establishing some minimal
requirements as conditions of grant funds. However, not all domestic violence
programs receive federal funding, therefore, not all programs are required to meet
even those basic requirements. In order to provide additional guidance, many
state coalitions have developed standards for programs within their service area.
The following are two examples of state coalitions that have developed standards
in the domestic violence field. These localized efforts help states create a system
for a more seamless and trauma-informed referral process and ensure the
experience of a survivor is the focus of services.

The Florida Coalition Against Domestic Violence is comprised of 42
members. In the 1990’s the coalition began the process of enhancing standards
for all certified Domestic Violence Centers in Florida. “This was done in order
to ensure consistency in philosophy and to ensure that empowerment-based
services are available from center to center.” The Program Standards for
Certified Domestic Violence Shelters offers guidelines for coalition members
to develop policies and practices that are consistent throughout the state. The
format includes a policy title, the purpose, and the statement of the policy. In
some cases, staffing procedures to assure quality services are also outlined.
The standards are based on the certification requirements in the Florida
Administrative Code, which are enforced by the Florida Department of
Children and Families through an annual evaluation. State funding is provided
to certified programs only if they are in compliance with these requirements and
have addressed any corrective actions required as a result of an evaluation.

Nebraska’s Coalition to End Sexual and Domestic Violence developed
Program Standards for their crisis centers across the state. The standards are
based on the philosophy that empowerment is the cornerstone of the advocacy
process and of service delivery. “The Program Standards are the minimum
requirements that each domestic violence or sexual assault program within the
network is expected to meet. They are a tool to enhance services and to make
operation and evaluation of domestic violence and sexual assault program
more effective. The goal is to comply with these standards to the greatest
extent possible in order to ensure that the Network of Programs in Nebraska
are able to provide consistent and effective services for all survivors...” The
Program Standards address critical areas such as service provision and delivery,
documentation and client files, and crisis intervention and safety planning. In addition to outlining expectations of programs, the Program Standards also provide supporting documents to serve as examples that programs can adopt. However, there are no compliance requirements included, and no oversight mechanism described.

The Department of Justice Office for Victims of Crime has published the *Achieving Excellence: Model Standards for Serving Victims & Survivors of Crime (Model Standards)*. Through a consortium comprised of direct service providers, academics, and survivors, they conducted an extensive review of literature on victim services and existing standards. Additionally, they conducted townhall meetings throughout the country and held intensive meetings to integrate input from the field, discuss issues, and draft materials. In 2003, the consortium developed an initial kit with three sets of standards: Victim Assistance Program Standards, Competency Standards for Victim Assistance Providers, and Ethical Standards for Victim Assistance Providers. The consortium was reconvened and the model standards were revised and expanded in 2010. The Model Standards are not specific to human trafficking and are not mandated. However, they provide a promising model for the anti-trafficking field, providing a template on best practice for victim-serving organizations.

The **Council on Accreditation (COA)** is an independent, non-profit organization that accredits human service providers, including child welfare and community-based social services. COA’s process for the development of accreditation standards includes:

1. Collection, in-depth review, and synthesis of all prominent published research and professional literature
2. The convening of Standards Advisory Panels and Task Forces comprised of subject matter experts, agency leaders, and service providers to provide input on trends in the field
3. A Field Comment Period that provides for the review and feedback of the draft standards
4. Field-testing with a cross-section of organizations and volunteer reviewers
5. Continuous review of feedback from the field and newly published literature that informs ongoing updates to the standards

COA provides accreditation for a range of public and private organizations. The accreditation process begins with an extensive online application and payment of a fee. A site visit is then conducted to evaluate the organization’s implementation of the COA standards. Accredited organizations must submit annual reports and may apply for re-accreditation which requires a more focused site visit.
Safe Horizon

Safe Horizon\(^{10}\), a large non-profit organization in New York City, provides services to victims of crime, including survivors of labor and sex trafficking. Safe Horizon’s Anti-Trafficking Program practices the **Client Centered Practice Model (CCP)**. This model “ensures that survivors have the best chance at healing by empowering them to make their own decisions, continually eliciting feedback about their needs, and treating each survivor as an individual with a unique set of experiences, reactions, and recovery needs.”\(^{11}\) Safe Horizon is committed to improving the quality of how services are provided within their organization. Safe Horizon developed a 6-module training on implementing the CCP. Every staff member is trained, from executive to frontline, ensuring consistent values and principles are shared at every level of the organization. Further, they host skill labs to provide training on specific skills the staff may need. For example, the victim-centered communication skills lab includes asking open-ended questions, assessing safety, and mirroring a client’s language. To provide internal oversight, every individual that works with survivors will have an internal case review, with the client’s authorization. The case review allows the opportunity for the staff member to be assessed in their interactions with survivors and receive support and feedback on areas that can be further developed. Additionally, as training topics are updated, all staff members are re-trained to have the most current information.

Womankind

Womankind, an organization with over 35 years of direct service provision, developed a practice model for serving diverse, mainly Asian communities.\(^{12}\) The **Moving Ahead Positively (MAP)** model aims to help survivors transcend beyond trauma on an individualized path to healing. The MAP model holds in place 9 core elements, including: safety first, building trust and healthy relationships, cultural humility, adaptable services, and holistic wellness practices and interventions. These core elements direct how services are provided at Womankind and establish practices to ensure that a survivor’s experience, including cultural needs, are at the center of the helping relationship. One example of how these elements are put into practice is understanding culture and the significant role it plays in engagement and the development of working relationships. In practice, survivors and advocates collaboratively develop service plans, where survivors make their own decisions regarding the services provided by Womankind and its partners.

My Sister’s Place

My Sister’s Place\(^{13}\), a New York based NGO addressing intimate partner violence, including human trafficking and domestic violence, provides services from a human rights approach and trauma-informed lens. They have implemented formal guiding principles to inform and support all interactions with survivors. To ensure that staff have the support necessary to provide services, My Sister’s Place have all-staff trainings around different topics such as intersectionality, trauma-informed services, and other topics that are identified by program staff. Oversight is provided through supervision. Additionally, they highly value partnership with survivors at all levels of service provision. They have client interviews with a program evaluator to assess the program. Through this approach they have been able to identify new ways that survivors want to be involved with the program and what services they need to meet those needs, such as community workshops, client events, and spaces for clients to learn new skills. These efforts have led to opportunities for survivors to lead workshops for program participants on skills or topics that they are interested in.
Heartland Human Care Services

Heartland Human Care Services, part of Heartland Alliance, a large NGO addressing poverty and injustice in Chicago, has established a Philosophy of Care, which is embedded throughout the organization and throughout every staff member’s career. This philosophy is focused on high-quality, trauma-informed, participant-centered, and rights-based services. These include services that:

- Offer and provide care in a manner that ensures participants’ dignity and eliminates shame, humiliation, and stigma
- Offer participants access to information including information regarding evidence-based and promising practices and exploring choices
- Help participants identify and build upon their adaptive skills and strengths, and generalize them to other parts of their lives
- Focus on being a genuine, nonjudgmental partner in the change process, recognizing that the decision-making power rests with the participant, while being the holder of hope at times when the participant cannot be

To support these values, Heartland includes training and accountability as expectations of staff members. The supervision process includes individual case reviews and group supervision by the Associate Director of Clinical Services for case managers to discuss cases and challenges and get support from an external team member. They also implement a participant survey to obtain feedback on the experience of survivors who have participated in the program. Heartland has also worked with the Cook County Human Trafficking Task Force to develop standards for members of the task force.
Standards of Care specific to the anti-trafficking field can be found outside of the US. In 2014, The Human Trafficking Foundation, a UK-based charity, worked for partnership with 25 NGOs to establish common standards and procedures in all shelters that housed survivors of human trafficking. After four years of development, the Slavery and Trafficking Survivor Care Standards were updated to account for changes in the law and developing best practices, and released to the field. The standards ensure that survivors of trafficking consistently receive high-quality care wherever they are in the UK, regardless of which organization delivers the service.

The efforts for developing the Care Standards were significant. From the UK’s example we know that the development takes time and must include survivors and direct service providers at every step. The Human Trafficking Foundation convened a group of NGOs and survivors to establish overarching principles and pillars.

For example, in practice the principle of utilizing a human rights-based approach details that “support should never be contingent upon a survivor’s ability or willingness to cooperate with the authorities. Support should always be offered on an informed and consensual basis, respecting survivors’ choices and human dignity and promoting their human rights.” These guiding principles and pillars are the foundation for service delivery and practice in the UK.

Throughout the Care Standards document, guidelines for service provision and the role of professionals in the field are outlined. Bullet points highlight critical areas of assessment and key services that should be made available to every survivor. In addition, practical guidelines on how to accomplish each service area are provided. These include everyday services such as assessing risk and creating a risk management plan. Additionally, tips are given on ensuring that the assessment is culturally sensitive and tactful to minimize any potential distress for the survivor. Key areas of potential safety concern are outlined allowing the provider to conduct a comprehensive assessment. By providing a minimum service requirement, providers can be equipped to provide services that are consistent throughout their region. Having Standards of Care does not mean that the needs of survivors are homogenous; providers must still tailor services to the individual needs of each survivor.

The remaining challenge is in implementing the standards. Currently, compliance is voluntary. Organizations in the UK are hopeful that the government will adopt the standards, require government-funded programs to abide by them, and implement an oversight body to ensure compliance. Only through these efforts will the UK create a national system in which human trafficking survivors are guaranteed basic services of consistent quality, regardless of wherever they may obtain services.
The desire of anti-trafficking organizations to provide high-quality, survivor-centered, and trauma-informed services is clear. Local US programs have been implementing internal standards, policies, and procedures for years and some coalitions (both anti-trafficking and allied fields) have established standards for their members to ensure consistency of service provision.

Programs face the reality of being ingrained within their own way of service delivery and may not have the opportunity to access ongoing training on current best practices. By adopting national Standards of Care, organizations in the anti-trafficking field can have guidelines to align their programs and ensure that survivors are receiving the best possible care, regardless of where they access services. The idea of implementing standards is not to diminish program autonomy, create a one-size-fits-all ideology, or limit innovation; rather, standards would provide assurance that survivors of trafficking will be provided high-quality services regardless of which state or region they are in. Additionally, service providers who are newer to the anti-trafficking field will be better supported and poised to respond to the critical needs of survivors. As we have learned from our colleagues in the UK, standards can be a tool and guide for programs. However, in order to ensure that the desired outcomes are achieved, implementation and oversight is essential. Oversight can highlight the need for additional resources and training, thereby providing a feedback loop and ensuring that service providers have the necessary support to successfully implement high-quality and consistent services.

RECOMMENDATIONS

Developing Standards

The necessary first step in developing Standards of Care for the anti-trafficking field is identifying the guidelines, policies, and procedures that service providers should implement when serving trafficking survivors. This process must be informed by those currently working with survivors, evidence-based practices, and the survivors themselves. Standards of Care should address guiding principles (ethics), policies, and procedures; addressing macro- and micro-level recommendations for service providers. They should be clearly written, achievable for organizations of various sizes and budgets, and adaptable for providers working in different regions of the US and with diverse communities and cultures.

Implementing the Standards

Implementing Standards of Care is a significant challenge when participation is voluntary. Although many anti-trafficking programs are interested in the improvement and standardization of training and practice, there is limited time and capacity for programs to do this. Organizations often prioritize funding direct services, instead of training and support for staff. It can also be challenging to identify which training is most valuable and will have the greatest impact in improving victim services. Additionally, standards often require adapting recommendations, this takes time and expertise, in both the standards and the community being served. Few organizations have that expertise in house. Implementing new policies and procedures will require updating administrative systems (like filing or case management systems), training staff (potentially hiring for new skills such as evaluation expertise), and potentially investing in new supplies (such as locked filing cabinets, more comfortable furniture for clients, or better lighting). Funders need to allow, and in fact encourage or require, service providers to invest in these expenses.
One potential approach, which has been used by federal agencies funding services, is including implementation of some or all of the standards as a specific requirement for grant applicants. For example, OVC has outlined in their grant solicitations Activities that Compromise Victim Safety and Recovery which identifies activities that “have been found to jeopardize victim safety or deter or prevent physical or emotional healing for victims.” Some of these activities include compromising survivor confidentiality, requiring mandated services, and failing to account for accessibility needs of individuals with disabilities or who have limited English proficiency. OVC will not fund projects that include these activities. Similarly, federal funding agencies can require that programs who receive federal funding provide services aligned with the Standards of Care created specifically for survivors of trafficking. OVC specifically notes, for example, that costs associated with language access are allowable costs. Similarly, funders can specifically allow costs related to the implementation of a specific set of standards. Additionally, federal agencies can make training and technical assistance available to programs, grantees, and non-grantees to ease the implementation challenges and increase the rate of implementation.

While many anti-trafficking organizations are already providing excellent care to survivors, there is no consistent, external oversight on a national level. Most of the organizations, taskforces, and coalitions who have developed local standards have left it to the discretion of each individual organization to put the standards into practice. In order for standards to truly have an impact, there must be an external entity providing oversight and able to penalize non-compliance. Federal funding agencies already have processes in place for monitoring their grantees, such as desk audits and site visits. These agencies could require implementation of specific standards as part of their grant requirements, and monitor compliance throughout the term of the grant. With the proper support and oversight, Standards of Care can evolve from a written document to a true standard of practice for the anti-trafficking field.
1 Federal Register, Department of Health and Human Services: Rules and Regulations, Vol 81, No 244.


4 Id. At Appendix E. Florida Administrative Code Chapter 65H.

5 Id. At 47.


10 Safe Horizon https://www.safehorizon.org/anti-trafficking-program/.


12 Womankind https://www.iamwomankind.org/.

13 My Sister’s Place http://www.mspny.org/.


15 Heartland Alliance https://www.heartlandalliance.org/.

16 Human Trafficking Foundation https://www.humantraffickingfoundation.org/.


19 Id. At 20.
Additional:


Juabsamai, J. (March 1, 2019). Personal Interview


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