Standards of Care for Anti-Human Trafficking Service Providers: Literature Review

Prepared for

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Introduction

The past decade has seen a rapid increase in efforts to combat human trafficking. This rush has led to disparate approaches when developing programs and providing service, creating a fragmented landscape in which service providers have varying levels of preparedness and capacity.[1] Subsequently, the services rendered to survivors of human trafficking are varied and uneven. To remedy this, there is a pressing need for a landscape analysis of existing standards in the field to inform the creation and adoption of unified standards of care (SOCs), ensuring a cohesive, consistent, and robust service response to survivors of human trafficking.

In recent years, there has been a growing demand from practitioners, evaluators, and researchers for unified SOCs in the anti-trafficking field.[2] These stakeholders have expressed a need to establish principles, guidelines, or frameworks for service delivery to support their efforts.[3] Establishing a cohesive, consistent, and robust framework that can be utilized across the field will benefit anti-trafficking efforts.[4] Building on this momentum, the Office for Victims of Crime (OVC) and the Office of Trafficking in Persons (OTIP) have issued a call to action to develop unified SOCs for human trafficking service providers.[5] As part of this multi-phase initiative, Freedom Network USA received a competitive award to the lead the development of SOCs and will convene an SOCs Technical Working Group (SOC TWG) to identify, adopt, adapt, and/or develop SOCs for human trafficking service providers.

RTI's purpose in this project is to conduct a literature review[i] by reviewing and synthesizing all existing literature related to human trafficking SOCs. This literature review will provide the SOC TWG with a foundational understanding of the current state of the field. Additionally, the insights derived from the literature review will guide the process and criteria for the TWG'S identification, adoption, adaptation, and/or development of SOCs in response to OVC-OTIP's call to action.

Methods

To begin, RTI conducted three distinct literature searches: one looked at peer-reviewed literature in the United States (US) or United Kingdom (UK), another examined peer-reviewed literature published in English outside of the US or UK, and a third focused on non–peer-reviewed literature published in English. Additional peer-reviewed articles were identified within this search through the snowball method[ii] (e.g., identifying relevant citations in non–peer-reviewed literature, identifying existing SOC guidelines through recommendations from project

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[i] A *literature review* is a summary and evaluation of previous research on a specific topic that identifies relevant theories, methods, and gaps in a research topic. Literature reviews are designed to outline existing research and gaps rather than establish new ideas or theories.

[ii] *Snowball sampling* is a non-probability, or non-random, sampling method used in research to identify potential subjects through previous subjects. This process is often used to identify subjects, or in this case, resources, that are hard-to-reach or difficult to access.

partners). As defined by the National Institutes of Health (NIH), peer-reviewed literature has gone through a rigorous evaluation process to assess the quality and scientific merit of the research.[6] Non-peer-reviewed literature represented reports, regional SOCs, white papers, and other publications produced by reputable entities. In a nascent field like human trafficking, it is important to note that both peer-reviewed and non–peer-reviewed literature are valuable and should be regarded equally. Although non–peer-reviewed literature does not undergo the same technical process of scrutiny as peer-reviewed resources, it is often practice-driven and can therefore provide valuable insights and allow for a more innovative and diverse range of ideas driven by practitioners and experts in the field. For the purposes of developing human trafficking SOC, both types of literature should be regarded equally to provide a comprehensive overview of the field.

Figure 1 details the specific search terms and parameters that were used for each of the peer-reviewed literature searches.

**Figure 1.** Literature Review Search Criteria

Search 1: Peer-Reviewed Literature Published in the United States or United Kingdom		Search 2: Peer-Reviewed Literature Published in English Outside the United States or United Kingdom	
Date conducted:	May 23, 2023	Date conducted:	June 2, 2023
Language:	English	Language:	English
Years:	2010–present	Years:	2010–present
Countries:	U.S. and UK	Populations:	N/A
Search terms:	(Human Trafficking OR Sex Trafficking OR Labor Trafficking) AND (Standards of Care OR Model Standards OR Program Standards OR Competency Standards OR Ethical Standards OR Care Standards OR Service Guidelines OR Guiding Principles)	Search terms:	(Human Trafficking OR Sex Trafficking OR Labor Trafficking) AND (Standards of Care OR Model Standards OR Program Standards OR Competency Standards OR Ethical Standards OR Care Standards OR Service Guidelines OR Guiding Principles)
Databases:	PubMed, Web of Science, CINAHL, EBSCO Discovery Service (EDS)	Databases:	PubMed, Web of Science, CINAHL, EBSCO Discovery Service (EDS)

The RTI team utilized a color-coded exclusion criteria framework throughout the literature search process. Two RTI team members independently completed coding of all abstracts returned through this peer-reviewed literature search. Upon completing independent coding, the team compared coding, discussed discrepancies, and came to a consensus on coding decisions. **Figure 2** provides an in-depth overview of the coding criteria utilized. All citations returned through the literature search were retained in an Excel tracking document and organized according to a green, yellow, or red coding scheme.

Figure 2. Literature Review Exclusion Criteria
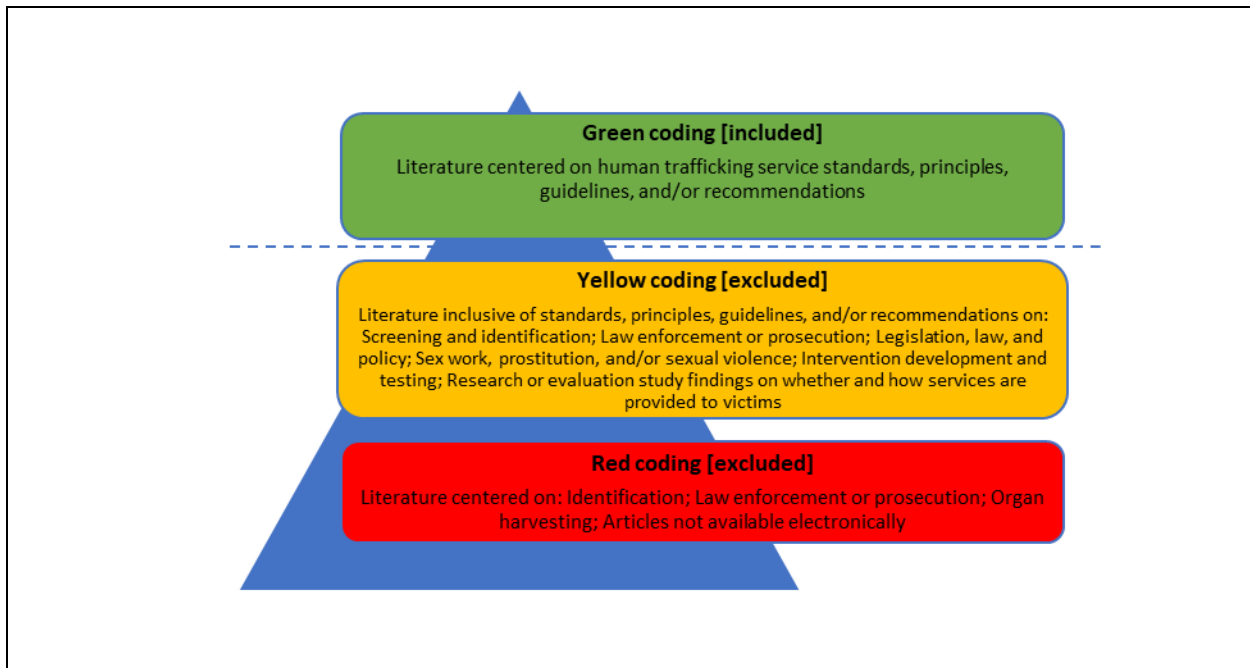
Articles that focused on human trafficking service standards, guidelines, protocols, principles, competencies, models, frameworks, and codes recommendations were coded as green and advanced to the next stage of the literature review. Articles not meeting the inclusion criteria were coded yellow or red based on their content, and were excluded from the literature review. All green-coded articles were obtained for full article review and abstraction. The abstraction process included documentation of the following information from each article: citation; publication date; geographic scope; population; setting; substantive area; methods (that is, systematic review, theoretical, or empirical [e.g., qualitative, quantitative, mixed methods]; description/abstract; process; findings; terms; recommendations; standards; criteria or threshold; and other. The RTI team implemented an extensive quality control (QC) process to ensure the reliability and credibility of the literature abstraction. The QC process included two staff members independently reviewing all abstractions to identify any potential errors or inconsistencies. **Figure 3** is a flowchart diagram depicting the total number of articles identified, reviewed, coded, and abstracted.

Figure 3. Literature Review Methods
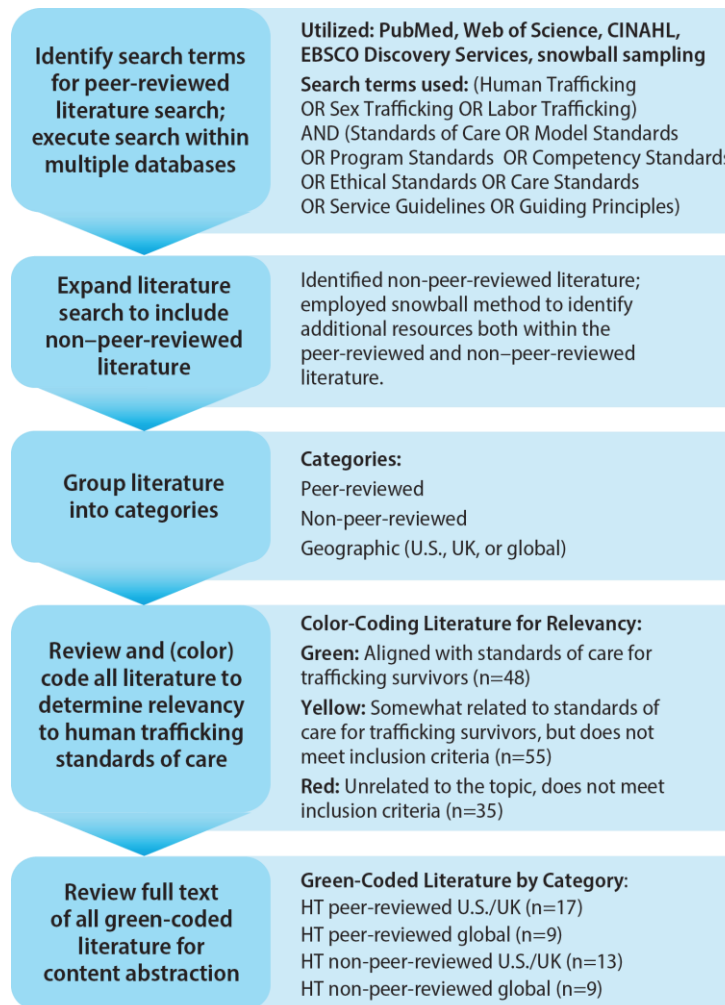
HT= human trafficking

Definitions

Within the literature, a variety of terms describe service provision approaches that are considered best practices for engaging with survivors of human trafficking. The literature commonly included the following terms: *standards, guidelines, protocols, principles, competencies, models, frameworks,* and *codes.* Due to the conflation of or nuanced variability involving these

> A **standard** is a rule, principle, or specific action that serves as a reflection of shared values and responsibilities that people use to guide their work in a given field.

terms, our literature review retained all peer-reviewed and non-peer-reviewed literature that invoked the use of any of these terms. Some authors deployed terms such as protocol or model, which described actionable steps, whereas other authors deployed terms denoting a more theoretical application of ideas and beliefs. Additionally, the literature ranged in the mechanism

through which these promising practices would be implemented, including service types, service quality, and service ethics.

Literature Review

This section first provides a brief overview of foundational literature involving human trafficking standards of care (SOCs) within the United States. The next section presents our findings from the literature review.

Foundational Literature

Office for Victim of Crimes Model Standards

The OVC Model Standards were originally published in 2003 and subsequently updated and re-developed in 2011–2012 through the federally-funded National Victim Assistance Standards Consortium.[7] These standards were developed through an extensive literature review and convening of consortium experts. This e-publication provides guidelines and suggestions to help individual victim service practitioners and program administrators improve the quality and consistency of their response to crime victims. The OVC Model Standards include three primary categories: program standards, competency standards, and ethical standards. Under each of these standards, there are five sub-standards: scope of services; coordinating with the community; direct services; privacy, confidentiality, data security, and assistive technology; and administration and evaluation. There are 89 total standards under those categories and sub-categories. This document is foundational for establishing future national SOCs for human trafficking service provision in the US because it offers a framework for broader victim service provider standards that are relevant.

Freedom Network USA Standards of Care

The Freedom Network USA Standards of Care white paper[8] was developed in 2019. This document reviews allied fields, such as runaway and homeless youth and domestic violence, and existing standards, such as OVC Model Standards, Council on Accreditation (COA), and standards created by US anti-trafficking non-governmental organizations (NGOs) in order to identify opportunities to create national human trafficking SOCs. It also reviewed the UK SOCs. Each section offers an overview of the standards, how the standards are outlined, challenges to implementation, and recommendations. There are 11 overarching categories: person-centered approach, trauma-informed approach, survivor-informed, safety, confidentiality, transparency, comprehensive services, language access, access to justice, self-awareness, and ethics and professionalism. The findings and recommendations from this document were designed to develop national SOCs, implement the standards, and then provide oversight and ensure compliance.

The Slavery and Trafficking Survivor Care Standards

The Slavery and Trafficking Survivor Care Standards were developed by the Human Trafficking Foundation in the UK in 2014 and published in 2015, then updated and republished in 2018.[9] These standards were put forth by an Expert Working Group made up of practitioners working in

anti-trafficking, to ensure that adult survivors of trafficking would receive consistent, high-quality care throughout the UK. The UK's Care Standards center on nine overarching principles: accessibility and non-discrimination; the human rights-based approach; a holistic and victim-centered approach; an empowerment approach; freedom of thought, religion, and belief; a multi-agency approach; professional boundaries; a safe working approach; and a trauma-informed approach. There were a variety of standards underneath those nine principles.

Literature Review Findings

The key findings from our literature review are outlined below. This section explores the most commonly referenced themes that reflect standards, guidelines, protocols, principles, competencies, models, frameworks, and codes identified in the literature. Due to variability in terms (as discussed in the 'Definitions' section), for practical purposes, we will refer to the sum total as *themes.* We identified 15 themes within the literature review, detailed below.

Accessibility & Cultural Competence

The literature identified accessibility as a key program theme.[9-11] This was inclusive of culture,[3; 12; 13] language,[3; 13] and disability. Additionally, non-discrimination was identified as a component of accessibility.[3; 11; 14] Referral and access to additional care (particularly in the medical literature) was also included as a component of increasing accessibility.[14; 15] Both domestically and globally, the need for cultural competency,[10; 13; 16] including gender sensitivity,[10] and accessibility for all existing and potential clients, was also frequently cited.[10; 11; 14]

More narrowly, language access emerged as a recurring theme. Some sources referred to the need for "linguistically appropriate services." [3; 13; 16] A limited number of resources provided specific examples of how to implement language accessibility. Examples of these are working with cultural mediators or interpreters and correctly using clients' names.[17; 18] Still others framed accessibility as providing information in a way that each trafficked person can understand.[13; 19] Language access was inclusive of the use of virtual and digital communication methods.

Organizational Ethics

Organizational ethics were identified as a theme with a wide range of examples. Ethics[3] were discussed in terms of client interactions and also within organizational practices. Healthy working conditions and support for staff providing direct services were recognized primarily in non-peer-reviewed articles, and ranged from support and self-care for professional staff[3] to creating a positive organizational environment that supports staff mental health and provides safe working conditions.[11; 14] Professional boundaries with client interactions included discussion of monitoring potentially exploitative and control dynamics with survivors.[11; 14]

Collaboration

Both domestically and globally, multi-agency collaboration[10; 14; 15] (e.g., child welfare, law enforcement, transitional social service agencies for adolescents aging out of state custody), multidisciplinary collaboration,[20] and multidisciplinary teams[21] were frequently cited as a theme.[3] Collaboration was also cited within the context of case management[22] and supportive services for survivors.[19] Obtaining community and systems buy-in is a feature of effective collaboration.[23]

Additional examples of specific activities to establish effective collaboration included establishing shared goals and responsibilities, developing and speaking a common language, and ensuring the survivor's voice is represented.[24]

One subset of collaboration identified in the literature is "community collaboration," which refers to the way that programs engage with the community to increase referrals and awareness of the issue, and to conduct prevention efforts. Collaboration[3; 12; 14; 15; 22] and referral procedures[10] reflected the domestic and global standard emphasis on the need for working with other providers to offer comprehensive services.[3; 10; 14; 15; 19-24]

Diversity, Equity, and Inclusion

Both domestically and globally, the following cluster of themes addressed the need for diversity, equity, and inclusion: non-discrimination for all existing and potential clients;[3; 11; 14; 19] the provision of respectful equitable care;[19] the use of inclusive practices;[24] honoring diversity;[25] embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts;[25] promoting social justice;[25] protecting vulnerable populations, including migrants; and addressing root causes of discrimination that lead to vulnerability[26] through practice and/or policy. One source flagged the applicability of recommendations to diverse populations as a facilitator of service provision for trafficked persons.[20] Diversity, equity, and inclusion themes overlapped significantly with accessibility and cultural competence.

Interactions with Survivors

Nearly all themes identified through this literature review either directly or indirectly referenced interactions with survivors. Direct references included self-determination and empowerment, survivor/victim-centered approach,[14; 18] communication and transparency, human rights-based approach, and trauma-informed care. Multiple sources addressed a holistic, victim-, client-, or patient-centered approach.[3; 10-12; 14; 24; 27-29]

Self-determination/empowerment[3; 11; 12; 14] included freedom of thought and religion and holistic care was referenced in limited capacity in global articles.[14] Taking a human rights-based approach[10; 14; 30-32] was primarily referenced in global literature, whereas trauma-informed approaches[3; 14; 17] were referenced in both US and global literature. Both domestically and globally, the use of an empowering approach[3; 10] that supports renewed self, confronting reality, re-salvaging autonomy, awakened vision, liberation, adaptability, interdependence, sense of worthiness, and connectedness[33] appeared as a theme. Empowerment models follow victim-centered and survivor-centered principles, but additionally give survivors more agency to make decisions about their preferences, choices, and services. Self-determination includes respecting the rights, choices, and dignity of each individual.[19] Both domestically and globally, survivors' self-determination emerged as a theme,[11] including freedom of thought, belief, religion, and spirituality.

References to communication about care, such as explaining the care provider's role and responsibilities, working with interpreters and cultural mediators, providing a calm and consistent welcoming environment, and utilizing trauma-informed methods of working using

remote phone and video calls were included.[18] Client wellbeing was a core component of service provision involved promoting the welfare of clients.[25] The importance of establishing a mutual relationship of trust[17; 18] and accepting information from the patient without disputing facts or seeking to gain more specific information[15] surfaced as a theme.

Mission, Vision, Values, and Goals Statements

Mission, vision, values, and goals statements were identified as program principles in a limited number of articles.[7] These guiding statements were described as a means to create consensus around shared beliefs and common activity goals within teams. Protocol development was additionally mentioned as an administrative practice to support team service provision for trafficking survivors.

Privacy and Confidentiality

Many sources referenced a themes of privacy, security, and confidentiality.[3; 11; 12; 28; 29 3; 10; 11; 19; 29; 34]Some used the verbiage "legally informed"[12] to describe this idea. Some sources referenced informed consent of patients—that is, the practice of explicitly explaining what will happen and providing the potential positive and negative impacts associated with a choice.[11] Overall, the need for privacy and confidentiality of survivors' information to build trust and protect them from further abuse was emphasized. Maintaining the anonymity[34] and privacy[19; 29] of trafficked persons and their families[19] was underscored as key competency standards in both domestic and global resources.

Professional Conduct & Standards

Conduct related to professional boundaries and a safe working approach were included in both US and global literature.[3; 14] It was described that health care professionals who encounter a potential survivor of human trafficking in a health care setting should be guided by a strong ethical compass, while simultaneously recognizing that clear standards are needed to guide their actions and decision-making.[7] Multiple sources addressed the need for service providers to obtain specialized education, knowledge, and experience before engaging in human trafficking service delivery,[11; 17; 18; 20; 27; 35; 36] while others referred to the need for appropriate attitudes and skills in the field of human trafficking.[12; 34; 35] There was also a repeated emphasis on formal and in-service training and staff development.[3; 11; 12; 24; 34; 35]

Relatedly, the literature frequently referred to human trafficking service providers having and maintaining appropriate licensure, certification, or registration[12] and maintaining appropriate boundaries with clients.[10; 11; 14; 17; 18] Sources also cautioned against offering advice or making promises that a provider cannot fulfill.[19]

Domestic and global resources also included a subset of professional conduct around informed consent, or the process of fully describing something to a survivor including both the potential positive and negative outcomes before soliciting their decision. The importance of obtaining voluntary, informed consent[11; 19; 34] while following mandated reporting requirements[11] was underscored. This included avoiding calling the authorities, such as law enforcement or immigration services, unless given the consent of the trafficked person.[19]

Program Evaluation

Several sources mentioned research and evaluation as a key standard.[24] Program evaluations are central to reviewing organizational practices or service programs to identify opportunities for development and to understand if they are achieving client service goals. A limited number of articles integrated the unique factors of ensuring external authority, organizational operations, and monitoring staff volunteers, interns, and interactions with service recipients.[29]

Safety & Safety Planning

Both domestically and globally, current and future safety for victims or clients[3; 17-19; 22; 34] emerged as a common standard. Other aspects of safety, such as listening to and respecting each victim's assessment of their situation and risks to their safety,[34] communicating a sense of safety,[17; 18] and vetting people who accompany survivors were also addressed.[17] Implementation of organizational operations that maintain secure client data and facilities was referenced as a standard.[19; 20; 29] The literature included safety planning for both physical (e.g., shelter or drop-in settings) and digital (e.g., online client records or cloud-based case management systems) spaces.

Both domestically and globally, staff and agency safety planning were also mentioned.[10; 14; 19; 22; 34] Victim safety planning[3; 22] is the process of working with a victim to assess their options to stay safe and consider ways to avoid additional harm. The literature noted that this activity is a crucial means of supporting survivor safety. Safety planning included resident safety planning,[22] current and future safety establishing a mutual relationship of trust,[18] communicating a sense of safety,[18] and vetting other people who accompany survivors.[18] Safety planning was referenced as a means to meet a variety of goals, including keeping survivors safe from their abusers, preventing further abuses, building trust, and supporting healing.

Self-Care

Both domestically and globally, self-care was identified as an important theme for survivors[24] and professional staff.[3; 10] The literature outlined the importance of prioritizing and supporting the health of staff providing direct services, to protect against secondary traumatic stress, vicarious trauma, and burnout.[11] Self-care components for care providers included establishing and maintaining boundaries between personal and work life, establishing agency policies and procedures to assist in self-care, incorporating training on self-care, and encouraging open dialogue about self-awareness.[3]

Survivor-Informed/Survivor-Led

The literature noted that service provision needs to be informed by survivors,[3; 24] and peer support and survivor leadership should be integrated into service provision.[11] Survivor-informed approaches integrate survivor perspectives and feedback into their service delivery models. One example of survivor-informed practice is to allow a survivor to choose the words they use to describe their experience of exploitation.[37]

Trauma-Informed Care

"Do no harm"[19] is a common phrase to describe the ethos of trauma-informed care. Both domestically and globally, trauma-informed care,[20; 22; 24] trauma-informed services,[11; 16] and using a trauma-informed approach[3; 10; 14; 16] emerged as predominant themes. Trauma-informed care is care that understands the potential physical, social, and emotional impacts that victim responses may have on a survivor. Findings from this literature review emphasized maximizing healing and recovery while minimizing the risk of retraumatization.[16; 19] In some instances, a trauma-informed approach was noted within the context of a patient's past experiences with systems of care and society[16] or within their beliefs and fears about their trafficker.[18] Examples of establishing a trauma-informed environment included referring to the "here and now" to instill calm, providing a calm consistent and welcoming environment,[17; 18] and treating each interaction with a trafficking survivor as a potential step toward improving their health.[19]

Further, the literature noted that service providers should have a basic understanding of complex trauma, polyvictimization, and toxic stress, including its application to survivors of trafficking. Sources indicated that providers should also have a basic understanding of how trauma impacts providers serving survivors of trafficking.[36] Finally, providers should demonstrate competency utilizing trauma-informed methods of communicating via remote phone and video calls.[17; 18; 38]

Survivor Self-Determination

Survivor self-determination was indirectly addressed through a variety of terms such as empowerment, survivor-centered, and freedom of thought. The availability of "choice" was central to the description of this theme. For example, Kaplan et al. suggested that medical providers offer patients the option of various forms of contraception, with an emphasis on long-acting, reversible contraception (LARC) methods.[15] Trust-building was also a component of survivor self-determination, in that building a foundation of trust develops over time with multiple interactions.[15] The concepts of an empowering approach; holistic and survivor-centered approach; and freedom of thought, religion, and beliefs were also identified as forms of survivor self-determination.[3; 14; 15] Last, gender-sensitive approaches recognize the unique needs of different gender identities and empower people to define gender-based needs for themselves.[30]

Examples of survivor self-determination included encouraging personal agency, ensuring survivors are fully informed about services, and providing opportunities for choice.[3] Some sources included examples of what not to do in order to maintain survivor self-determination, such as not imitating the role or behaviors of the trafficker.[3]

Survivor Services

Survivor services were one of the most frequently mentioned themes in both global and domestic literature and often discussed in the context of specific settings, such as medical,[15; 39-41] mental health,[12] shelter,[28; 29; 42] case management,[28; 30; 43] and direct services.[3; 11; 29]

Medical service standards included providing a full physical examination,[15] follow-up care,[15; 41] communication during examination; and the treatment of STDs/STIs and other infectious diseases, were referenced in a wide range of literature.[15; 40] Additional guidance around

practices to protect client privacy related to photos and documentation of harms were referenced.[39] The need for case-by-case analysis of client needs[39] was also referenced in the medical setting. The use of national standards from agencies such as the Centers for Disease Control and Prevention[15; 40] were included.

Direct services included evidence-based interventions[3; 11; 22] and therapeutic services.[22] Specific types of services, such as 24-hour hotlines,[28; 29] peer support and survivor leadership,[11] repatriation, and reintegration were primarily referenced in global literature.[42] Shelter[28; 42] encompassed a wide variety of services and contexts, including sheltering and short-term housing of adults and youth.[28; 42] Case management standards included the need for systems that ensure case management reflects comprehensive services and systems to manage them.[30; 43] Victim advocacy was also mentioned as a component of case management.[28]

The necessity of a human rights-based approach to services when working with survivors was highlighted globally.[14; 28; 30] Additionally, global literature frequently mentioned topics related to protection and assistance, rescue, and criminalization punishment and redress.[28; 42]

Discussion

A review of the existing peer-reviewed and non-peer-reviewed literature identified frequently referenced practices, principles, and guidelines for human trafficking service providers, which can serve as the foundation for informing the TWG's development of unified human trafficking SOCs. Implementing SOCs can provide valuable insight into service provision gaps, needs, and challenges; facilitate the provision of cohesive training and technical assistance; inform research and evaluation; and support funders in moving the needle on expectations and accountability for the provision of quality services to survivors of trafficking.[3]

Limitations

This literature review has several limitations. It exclusively centered on peer-reviewed and non-peer-reviewed literature that center human trafficking response. Resources focused on other types of social services SOCs (e.g., from the domestic violence or social work fields) were outside the scope of this specific project; however, a limited review of complementary fields indicated similar results. This is an area for future work.

A limited number of the resources explicitly described the process through which they created their standards, guidelines, protocols, principles, competencies, models, frameworks, and codes. As a result, this literature review centers primarily on the themes themselves and how service providers can implement those standards once they are established. Due to the dearth of literature and resources centered on the process of or criteria for developing or establishing standards, the authors were unable to include analysis on that topic in this literature review.

Conclusion

The literature review process illuminated a variety of findings requiring additional discussion. Foremost, there were no national human trafficking SOC documents for service providers in the US. Further, while there were a variety of specialized SOC guidelines for trafficking, such as regionally-specific or medically-specific standards, there is very limited mention in the literature

of SOCs relevant to specific service types or settings (with the exception of emergency room settings), specific types of trafficking (i.e., sex or labor trafficking), or specific populations (e.g., adults versus child or youth survivors; gender, sex, sexuality, or culturally specific considerations). This is an area for future work.

Across the literature, the most common themes were trauma-informed care, accessibility, interaction with survivors (particularly trust-building and relationship-building), and confidentiality. In myriad ways, similar concepts such as confidentiality or communication were crosscutting and integrated into multiple aspects of service delivery. The literature varied widely in terms of the depth or specificity about how to achieve standards, guidelines, protocols, principles, competencies, models, frameworks, and codes.

Only three peer-reviewed resources addressed process, described as *consensus*, for developing SOCs.[24,25,44] The only other literature or resources that mentioned their processes for developing standards referred to an expert group but did not clarify how the expert group arrived at decisions involving SOCs.[11; 35 3; 10; 14; 28; 30; 34; 36; 42] Although consensus models allow experts to provide specialized feedback, this method can lead to blind spots and knowledge limitations; if employed, it is important to be open to innovations, including emergent best practices and evidence. In the next section of this report (Process Guidance: Developing Standards of Care for Service Providers to Survivors of Human Trafficking), RTI proposes a systematic, evidence-based process for engaging an expert working group to arrive at consensus when developing SOCs.

Another key takeaway was the lack of criteria and thresholds for implementing standards, guidelines, protocols, principles, competencies, models, frameworks, and codes. Establishing specific, measurable, attainable, and actionable standards should be a central component of consistency and standardization. Without explicit activities and measures to meet standards, service providers can interpret the standards differently, which can further exacerbate variability in the quality of services for survivors.

Establishing unified SOCs in the field of human trafficking will assist service providers in developing a comprehensive plan for prevention and intervention[39] that is appropriately responsive to the survivors' needs. Additionally, national SOCs would benefit survivors by increasing the likelihood of survivors' access to high quality, consistent services regardless of where they are seeking services in the US.

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