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BEST PRACTICES FOR ADDRESSING SEVERE MENTAL HEALTH CONDITIONS IN ANTI-TRAFFICKING PROGRAMS

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EXECUTIVE SUMMARY

Human trafficking is a pervasive, secretive, and complex issue in the United States, with hundreds of thousands of people victimized every year. Despite the prevalence of human trafficking, very few survivors are ever identified, and even fewer can access the comprehensive care necessary for long-term recovery. This gap in identification and the provision of care leaves most victims trapped in cycles of exploitation, facing not only the daily impacts of trauma but also the long-term psychological, emotional, and physical toll of their experiences — challenges that can persist a lifetime without proper intervention.

Survivors of human trafficking frequently experience complex, prolonged, and severe trauma during exploitation. The process of healing is regularly complicated by the increased prevalence of severe mental health conditions in the survivor population, many of which require lifelong treatment and support. Diagnoses such as complex PTSD, clinical depression, anxiety disorders, psychosomatic symptoms or illnesses, mood disorders, personality disorders, dissociative disorders, and increased suicidality or self-harm are common among survivors of human trafficking and are often linked directly to their traumatic experiences. These mental health challenges are further exacerbated by systemic barriers to adequate care, including misdiagnosis, stigma, limited access to trauma-informed services, and a shortage of specialized mental health providers. Left unaddressed, these conditions can severely limit a survivor's ability to maintain independence, access stable housing and employment, and avoid further victimization.

A multi-disciplinary, survivor-informed approach is essential for anti-trafficking organizations and partners providing meaningful mental healthcare to survivors of human trafficking. Effective care must include comprehensive assessments, long-term therapeutic interventions, and expanded capacity within the mental health workforce to deliver culturally responsive and trauma-informed services. Increasing access to these resources is a critical step in helping survivors achieve stability, build independence, and move toward long-term healing and self-sufficiency. Treating mental health as a core component of recovery and allocating adequate resources ensures that survivors can not only find freedom from trafficking but also the healing necessary to thrive.

This white paper aims to explore the impact of severe mental health conditions on survivors of human trafficking, identify the key challenges they face in accessing adequate services, and outline the critical needs that must be met to support their healing. It will also provide actionable solutions that the anti-trafficking field needs to develop to remove barriers to care, enhance the capacity of service providers, and ensure that survivors receive the comprehensive, trauma-informed support they need to move beyond exploitation.



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COMMON SEVERE MENTAL HEALTH CONDITIONS AMONG SURVIVORS OF HUMAN TRAFFICKING

Survivors of human trafficking frequently experience a range of severe and complex mental health conditions as a direct result of the prolonged trauma and abuse endured during exploitation. This is particularly true for survivors of sex trafficking, who often develop multiple co-occurring and compounding problems. These conditions are highly prevalent among sex trafficking survivors, with research showing that nearly all report at least one significant mental health issue even after leaving exploitation.

However, it is important to note that the cause of the increased prevalence of severe mental health conditions in the trafficking survivor population is unknown. Many of the conditions described here have been commonly linked to experiences of severe trauma, but little to no research exists on whether this higher rate is directly caused by a trafficking experience. Additionally, it is widely recognized in the anti-trafficking field that individuals with existing mental health conditions experience higher vulnerability to exploitation, which may partially account for the increased prevalence among identified survivors.

CLINICAL DEPRESSION

Clinical depression [1], also known as major depressive disorder, is a mood disorder characterized by a persistent feeling of sadness and loss of interest. It affects how an individual processes emotions, thinks, and behaves, potentially interrupting their ability to engage in daily activities. In severe cases, clinical depression can lead to a disinterest in life, self-harm, or suicidal ideation.

89% of victims of sex trafficking report experiencing depression [2], often resulting in a deep sense of hopelessness about their situation and feelings of worthlessness or guilt. Depression commonly occurs concurrently with other mental health conditions, which magnifies the impact of these symptoms on a survivor's belief that a different life is possible, their willingness to attempt an exit from their trafficking situation, or their ability to recognize that other people want to help them in their journey toward healing.

Clinical depression is a treatable condition through medication and psychotherapy, and many trafficking survivors report significant improvements in their symptoms with long-term access to these services.

ANXIETY DISORDERS

Anxiety disorders [3] involve intense, excessive, and persistent worry and fear about everyday situations. People with anxiety disorders may experience regular panic attacks and consistent stress that are difficult to control, are disproportionate to the circumstances, and may lead to avoidance of places, situations, or people. Common symptoms of anxiety disorders include a sense of impending doom, increased heart rate and blood pressure, and hyperventilation.

76% of victims of sex trafficking report anxiety disorders [2]. Panic attacks triggered by memories of violence or abuse are common, and many survivors describe their anxiety as a significant factor preventing them from contacting family members, friends, or the authorities to seek help. The high level of anxiety experienced by trafficking survivors is commonly linked to other psychological and physical health issues, which can be caused or exacerbated by prolonged and severe stress.

Many anxiety disorders are treatable through medication and psychotherapy [3], and most often through a combination of the two. Cognitive behavioral therapy and exposure therapy are commonly used to treat severe anxiety disorders and have proven highly effective for treating survivors of human trafficking.

POST-TRAUMATIC STRESS DISORDER (PTSD)

PTSD [4] is a mental health condition that develops after experiencing or witnessing an extremely stressful or terrifying event or series of events. Most often, these experiences include threats of death, serious injury, or severe physical or sexual violence. PTSD is characterized by flashbacks, nightmares, severe anxiety, insomnia, and uncontrollable

[1] Mayo Clinic. (2022, October 14). Depression (major depressive disorder). <https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007>

[2] Lederer, L.J. & Wetzel, C.A. (2014). The Health Consequences of Sex Trafficking & Their Implications for Identifying Victims in Healthcare Facilities. *Annals of Health Law*, Vol. 23. <https://www.icmec.org/wp-content/uploads/2015/10/Health-Consequences-of-Sex-Trafficking-and-Implications-for-Identifying-Victims-Lederer.pdf>

[3] Mayo Clinic. (2018, May 4). Anxiety disorders. <https://www.mayoclinic.org/diseases-conditions/anxiety/symptoms-causes/syc-20350961>

[4] Mayo Clinic. (2024, August 16). Post-traumatic stress disorder (PTSD). <https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967>



fixation on memories of the traumatic experience. Symptoms must persist for more than one month and cause significant interruptions in daily activities to be classified as PTSD.

Complex PTSD [5], or C-PTSD, is a term used to describe the symptoms of individuals who experienced prolonged interpersonal trauma rather than a short-term traumatic experience or a singular traumatic event. Symptoms of C-PTSD include highly severe forms of PTSD symptoms, as well as extreme emotional reactivity, amnesia, alterations in self-perception, dissociation, relational difficulties, psychosomatic symptoms, and clinical depression.

Survivors of sex trafficking experience extremely high rates of both PTSD and C-PTSD, with studies reporting between 55% [6] and 89% [7] of all victims suffering from symptoms. Flashbacks, nightmares, shame, and emotional detachment or numbness are among the most common symptoms reported by survivors, as well as coping behaviors like substance use, avoidance of memories or triggers, or irritability. The intensity of these symptoms often varies over time, with severity increasing during periods of stress or regular encounters with triggers.

Both PTSD and C-PTSD are largely treatable through traditional psychotherapy [8], including exposure therapy, dialectical behavioral therapy, and eye movement desensitization and reprocessing (EMDR) in severe cases. Brainspotting, a newer form of psychotherapy, has recently been included in some treatment plans for PTSD and C-PTSD, as well as other related mental health conditions, although research on its effectiveness is still preliminary. Medications, often a combination of anti-depressants and anti-anxiety medicines, can ease symptoms while the underlying issues are addressed through therapy.

DISSOCIATIVE DISORDERS

Dissociative disorders [9] are mental health conditions characterized by a loss of connection between thoughts, memories, feelings, surroundings, behavior, and identity as a method of escaping from reality. These conditions usually develop as a coping mechanism or reaction to distressing,

shocking, or painful events or a series of events. Common symptoms include emotional detachment from oneself and others, distorted perception of other people, a blurred sense of identity, a lack of emotional coping skills, amnesia, and the development of other mental health problems, such as depression, anxiety, and suicidality.

Trafficking survivors experience dissociative disorders at far higher rates than the general population. 20% of sex trafficking survivors report a diagnosis of depersonalization/derealization disorder [6], in contrast to 1% of the general population [10]. This condition is characterized by a sense of detachment from one's self and an impression that the outside world is not real, which often results in functional impairment, a dreamlike state, and a separation from a sense of time or place.

Similarly, 13% of survivors are diagnosed with dissociative identity disorder [6] compared to less than 1.5% of the general population [11]. This condition, previously known as multiple personality disorder, is notoriously difficult to diagnose and treat due to the complexity of its symptoms. Individuals with dissociative identity disorder experience life through separate identities that function independently, with distinct behaviors, personality traits, and memories, even different languages or gender identities. Individuals with dissociated identity disorder are often misdiagnosed with other conditions, often spending years in treatment before receiving an accurate diagnosis. This condition is closely linked to other severe mental health problems, including depression, anxiety, borderline personality disorder, self-harm, and suicidality.

Treating dissociative disorders, especially dissociative identity disorder, is incredibly difficult and requires immense expertise. However, a long-term approach utilizing various therapeutic modalities has proven effective for many individuals [11]. Psychodynamic psychotherapy, which focuses on understanding and resolving unconscious conflicts and patterns influencing an individual's thoughts, feelings, and behaviors, is a critical element of treatment. Trauma-focused cognitive behavioral therapy, dialectical behavioral therapy, and eye movement desensitization and reprocessing (EMDR) are also commonly incorporated into treatment for individuals with dissociative identity disorder.

[5] Larsen, S.E. (2024, November 4). Complex PTSD: History and definitions. National Center for PTSD, U.S. Department of Veterans Affairs. https://www.ptsd.va.gov/professional/treat/essentials/complex_ptsd.asp

[6] Lederer, L.J. & Wetzel, C.A. (2014). The Health Consequences of Sex Trafficking & Their Implications for Identifying Victims in Healthcare Facilities. *Annals of Health Law*, Vol. 23. <https://www.icmec.org/wp-content/uploads/2015/10/Health-Consequences-of-Sex-Trafficking-and-Implications-for-Identifying-Victims-Lederer.pdf>

[7] George, J.S. et al. (2020). Trafficking healthcare resources and intra-disciplinary victim services and education (THRIVE) clinic: A multidisciplinary one-stop shop model of healthcare for survivors of human trafficking. *Journal of Human Trafficking*, 6(1), 50-60. <https://doi.org/10.1080/23322705.2018.1530528>

[8] Mayo Clinic. (2024, August 16). Post-traumatic stress disorder (PTSD). <https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967>

[9] Mayo Clinic. (2023, August 31). Dissociative disorders. <https://www.mayoclinic.org/diseases-conditions/dissociative-disorders/symptoms-causes/syc-20355215>

[10] Yang, J., Millman, L.S.M., David, A.S., & Hunter, E.C.M. (2023). *The Prevalence of Depersonalization-Derealization Disorder: A Systematic Review*. *Journal of Trauma & Dissociation*, 24(1), 8-41. <https://doi.org/10.1080/15299732.2022.2079796>

[11] Mitra, P. & Jain, A. (2023, May 16). Dissociative Identity Disorder. National Library of Medicine. <https://www.ncbi.nlm.nih.gov/books/NBK568768/>



PSYCHOSOMATIC DISORDERS

Psychosomatic disorders [12] develop when psychological stress or distress causes physical symptoms or conditions to worsen. These physical conditions may have existed prior to the psychosomatic influence or may have developed simultaneously. Chronic pain, insomnia, migraines, high blood pressure, gastrointestinal problems, heart disease, and seizures are often linked to psychosomatic disorders as contributing factors.

Although research on the occurrence of psychosomatic disorders in survivors of human trafficking is scarce, survivors regularly report experiencing new or worsening symptoms during exploitation, including cardiovascular or respiratory issues (68%), insomnia or memory problems (82%), headaches or migraines (54%), severe weight loss (43%) eating disorders (36%), and gastrointestinal problems (61%) [13].

Unfortunately, many psychosomatic disorders and symptoms are dismissed as being “all in one’s head” rather than a legitimate physical consequence of psychological stress or distress. However, clinical research has found clear links between psychological stress and the development of physical symptoms [12], such as increased levels of cortisol, a hormone related to stress, which can result in serious physical health conditions. This attitude can be incredibly damaging and demoralizing for people with psychosomatic issues, perhaps even discouraging them from seeking help for treatable conditions.

For many trafficking survivors, psychosomatic disorders and symptoms are the result of a prolonged shift in their autonomic nervous system balance from parasympathetic, a resting state, to sympathetic, a fight-or-flight state [12]. In these cases, exit from exploitation and access to therapeutic support is highly effective in reducing or fully eliminating the impact of psychosomatic disorders for trafficking survivors, as their autonomic nervous system begins to shift back to parasympathetic control.

BORDERLINE PERSONALITY DISORDER

Borderline personality disorder [14] is a mental health condition impacting the way an individual perceives themselves and the world around them, often characterized by a pattern of unstable, intense relationships, impulsiveness, extreme emotional changes, and poor self-image. Many

individuals with borderline personality disorder have a deep fear of abandonment that may result in mood swings, anger, and self-harm when interpersonal relationships end or change.

13% of sex trafficking survivors report a diagnosis of borderline personality disorder [13] and experience severe symptoms magnified by trauma bonding, fluctuating intimacy, and emotional manipulation by their exploiters. The characteristic fear of abandonment with this condition may be a strong factor in many survivors’ willingness to leave a trafficking situation and intentionally manipulated by a trafficker as a means of control.

Borderline personality disorder is most often diagnosed in the late teenage years or adulthood and is primarily treated through psychotherapy. This condition regularly occurs alongside other mental health issues, such as depression, anxiety, and suicidality, and treatment may be simultaneously effective.

BIPOLAR DISORDER

Formerly known as manic depression, bipolar disorder [15] is a mental health condition characterized by extreme mood swings between emotional highs (mania or hypomania) and lows (depression). Episodes of mood swings may occur rarely or multiple times a year, lasting several days at a time. Between episodes, many people with bipolar disorder experience long periods of emotional stability. In extreme cases, the change between mania and depression happens rapidly and frequently, significantly affecting sleep, judgment, behavior, and the ability to think clearly or rationally. Some individuals with bipolar disorder experience psychosis, or a break from reality, during a manic episode, when they may be dangerous to themselves or others.

30% of survivors of sex trafficking are diagnosed with bipolar disorder [13]. Because this condition is often linked to substance abuse, self-harm, suicidality, legal, financial problems, or criminal behavior, bipolar disorder may be a contributing factor to an individual’s initial victimization into trafficking and greatly reduce their ability to leave on their own. Many trafficking survivors also experience other severe mental health problems, which can exacerbate the symptoms of bipolar disorder or make manic or depressive episodes more frequent.

Bipolar disorder is most often diagnosed in the late teenage or early adult years. Treatment usually involves psychiatric

[12] Cleveland Clinic. (2024, August 2). Psychosomatic Disorder. <https://my.clevelandclinic.org/health/diseases/21521-psychosomatic-disorder>

[13] Lederer, L.J. & Wetzel, C.A. (2014). The Health Consequences of Sex Trafficking & Their Implications for Identifying Victims in Healthcare Facilities. *Annals of Health Law*, Vol. 23. <https://www.icmec.org/wp-content/uploads/2015/10/Health-Consequences-of-Sex-Trafficking-and-Implications-for-Identifying-Victims-Lederer.pdf>

[14] Mayo Clinic. (2024, January 31). Borderline personality disorder. <https://www.mayoclinic.org/diseases-conditions/borderline-personality-disorder/symptoms-causes/syc-20370237>

[15] Mayo Clinic. (2024, August 14). Bipolar disorder. <https://www.mayoclinic.org/diseases-conditions/bipolar-disorder/symptoms-causes/syc-20355955>



medication to lessen the effects or frequency of mood swings and psychotherapy. However, people with anxiety disorders, eating disorders, post-traumatic stress disorder, borderline personality traits or disorders, or a history of alcohol or drug abuse may be more difficult to develop an effective treatment plan for [14], which includes many survivors of human trafficking. Bipolar disorder is a lifelong condition.

SCHIZOPHRENIA

Schizophrenia [17] is a mental disorder characterized by disrupted thought processes, perceptions, emotional responsiveness, and social interactions. Psychotic symptoms, such as hallucinations, delusions, and thought disorders, are common, as well as emotional detachment, motor impairment, and cognitive difficulties. Schizophrenia is typically a persistent, severe, and disabling condition that occurs alongside other severe mental or behavioral health conditions in 50% of cases.

15% of survivors of sex trafficking are diagnosed with schizophrenia [18] — 30 times the prevalence rate of 0.5% in the general U.S. population [19]. Since survivors are unlikely to have access to psychiatric care during exploitation, this condition is likely to progress rapidly and significantly impact their ability to connect with the world, recognize abusive behaviors or patterns, and decide to seek external help.

Treatment includes medication and psychotherapy, but schizophrenia is a lifelong condition with severe effects on life expectancy. However, human trafficking survivors experiencing psychotic symptoms, sometimes related to drug use [20], can be misdiagnosed as schizophrenic and refused access to residential care as a result. Many of these survivors no longer present the psychotic symptoms of schizophrenia after receiving detoxification and stabilization services.

Tragically, many individuals with schizophrenia commit suicide, especially in the early stages of the illness, and also experience serious physical health problems, including heart disease, liver disease, and diabetes [19]. Low diagnosis rates, delayed treatment, and under-detection of co-occurring health conditions all contribute to the effect of schizophrenia on an individual's well-being.

SELF-HARM

An extreme reaction to emotional pain, sadness, anger, stress, or depression, self-harm involves causing physical harm or injury to oneself [21]. Self-harm often occurs as a means of reclaiming control in deeply distressing situations in which an individual feels powerless, hopeless, or frustrated with their circumstances. The act of self-harm may provide temporary psychological relief or serve as a coping mechanism, but it does not address the underlying distress and may escalate in severity over time.

Among human trafficking survivors, 33% report engaging in self-harm [22]. Given the severe and ongoing trauma experienced by survivors, self-harm is often linked to other serious mental health conditions, such as PTSD, C-PTSD, depression, and anxiety. However, with access to trauma-informed therapeutic care and the adoption of healthier coping strategies, many survivors are able to reduce or eliminate self-harming behaviors.

SUICIDALITY

Suicidality encompasses thinking about taking one's own life (suicidal ideation), planning or attempts to commit suicide, and completed suicide [18]. Suicidality often occurs as a result of extreme feelings of hopelessness, powerlessness, or despair. Many people who have previously experienced suicidal ideation or attempted suicide report being motivated by a desire to escape their circumstances and a belief that suicide is the only option to achieve this, rather than a true desire to stop living.

42% of human trafficking survivors report at least one suicide attempt [18] — 10 times the national suicide attempt rate of 4% [24]. Considering the severe and complex trauma experienced by survivors and the overwhelming likelihood of other serious mental health conditions, the causes of increased prevalence of suicidality among trafficking survivors are clear. With access to therapeutic treatment for the underlying mental health conditions resulting in suicidal ideation or attempts, many survivors are able to overcome these negative thought patterns and incorporate healthier coping strategies.

[16] Mayo Clinic. (2024, August 14). Bipolar disorder. <https://www.mayoclinic.org/diseases-conditions/bipolar-disorder/symptoms-causes/syc-20355955>

[17] National Institute of Mental Health. (n.d.). Schizophrenia. <https://www.nimh.nih.gov/health/statistics/schizophrenia>

[18] Lederer, L.J. & Wetzel, C.A. (2014). The Health Consequences of Sex Trafficking & Their Implications for Identifying Victims in Healthcare Facilities. *Annals of Health Law*, Vol. 23. <https://www.icmec.org/wp-content/uploads/2015/10/Health-Consequences-of-Sex-Trafficking-and-Implications-for-Identifying-Victims-Lederer.pdf>

[19] National Institute of Mental Health. (n.d.). Schizophrenia. <https://www.nimh.nih.gov/health/statistics/schizophrenia>

[20] Fiorentini, A., Cantu, F., Crisanti, C., Cerda, G., Oldani, L., & Brambilla, P. (2021). Substance-Induced Psychoses: An Updated Literature Review. *Frontiers in Psychiatry*, 12, 694863. <https://doi.org/10.3389/fpsyt.2021.694863>

[21] Mayo Clinic. (2024, November 21). Self-injury/cutting. <https://www.mayoclinic.org/diseases-conditions/self-injury/symptoms-causes/syc-20350950>

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[23] Mayo Clinic. (2022, July 19). Suicide and suicidal thoughts. <https://www.mayoclinic.org/diseases-conditions/suicide/symptoms-causes/syc-20378048>

[24] Park-Lee, E., Hedden, S.L., & Lipari, R.N. (2017). The NSDUH Report: Suicidal Thoughts and Behavior in 33 Metropolitan Statistical Areas Update: 2013 to 2015. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. https://www.samhsa.gov/data/sites/default/files/report_3452/ShortReport-3452.html



PREVALENCE & IMPACT ON SURVIVORS

Human trafficking takes a universally destructive toll. In particular, survivors of sex trafficking face an overwhelming likelihood of developing severe psychological conditions, which often persist for years after their exploitation ends or for the rest of their lives.

98% of sex trafficking survivors have at least one serious mental health issue while being exploited [25], ranging from depression, anxiety, and PTSD symptoms to more severe conditions, such as bipolar disorder, dissociative disorders, and personality disorders. On average, survivors report 12 distinct psychological problems during their trafficking experience. These issues see only marginal improvements as survivors leave exploitation, as the average number of serious symptoms or conditions falls only to 10.5 problems among survivors in post-trafficking healing [25].

The psychological consequences of a trafficking experience are the clear results of the extensive trauma endured, which results in neurochemical and structural changes to the brain and the development of complex psychological conditions. This is especially evident among individuals trafficked as children, as trauma interrupted and shifted the normal development of the brain and their understanding of interpersonal relationships. Trafficked children are highly likely to engage in other activities that increase their vulnerability to continued abuse and exploitation, such as running away from home, using drugs or alcohol, and participating in illegal activities — behaviors that are coping mechanisms or driven by survival instincts, more often than not. These behaviors are among the most common trauma responses for sexually exploited children, especially girls, but are regularly ignored and even criminalized [26] rather than recognized as symptoms of mistreatment.

For human trafficking survivors, the compounded nature of these mental health conditions significantly impairs their ability to exit trafficking situations independently. Many remain trapped in trauma bonds with their trafficker or are too afraid of the potential consequences of failing to make an attempt. Poverty or financial dependence presents other barriers, as survivors may feel unable to survive alone, and a lack of awareness or access to social services creates other hurdles to freedom. Rampant anxiety, depression, and PTSD are particularly debilitating, with many survivors feeling overwhelmed by fear or hopelessness about their situations and finding it difficult to believe that trustworthy help is

available to them. For survivors with dissociative or psychotic disorders, the psychological challenges to a successful exit from exploitation are even more profound, requiring intensive and expert support that many survivors do not know how to find.

Survivors who are able to leave trafficking encounter further barriers to securing stable housing and employment. Trauma-related disabilities or disadvantages, in addition to the probability of limited education and job experience, make it difficult to find, secure, and maintain the consistent employment necessary to find a stable housing situation. However, many survivors have nowhere to stay while trying to find a job and must resort to shelters or other social services, leaving them highly vulnerable to further victimization by their traffickers. This catch-22 presents serious problems for survivors in tenuous situations, and many are unable to protect their freedom because of it.

Accessing adequate healthcare presents another hurdle. Many survivors must confront stigmas and assumptions from healthcare workers and navigate the complex medical system with limited or no insurance in a system lacking trauma-informed care. The common long-term physical effects of trafficking, such as chronic pain, reproductive health issues, and substance use disorders, further complicate their ability to secure the level of care needed. Psychiatric care and therapy, which are often essential to achieving long-term psychological stability, are often inaccessible to survivors due to high costs, complex insurance requirements, and a severe shortage of providers with experience treating trafficking-related trauma and conditions.

Even when survivors are able to access initial care, maintaining stable mental health in the long term is incredibly difficult. The cyclical and compounding nature of trauma symptoms — triggered by stress, flashbacks, or precarious environments — can result in setbacks in employment, housing, and access to care. Without comprehensive, ongoing, and low-barrier support, many survivors struggle to make or maintain progress, increasing their risk of being further victimized.

[25] Lederer, L.J. & Wetzel, C.A. (2014). The Health Consequences of Sex Trafficking & Their Implications for Identifying Victims in Healthcare Facilities. *Annals of Health Law*, Vol. 23. <https://www.icmec.org/wp-content/uploads/2015/10/Health-Consequences-of-Sex-Trafficking-and-Implications-for-Identifying-Victims-Lederer.pdf>

[26] Saar, M.S., Epstein, R., Rosenthal, L., & Vafa, Y. (2015). The Sexual Abuse to Prison Pipeline: The Girls' Story. Georgetown Law, Center on Poverty & Inequality. <https://genderjusticeandopportunity.georgetown.edu/wp-content/uploads/2020/06/The-Sexual-Abuse-To-Prison-Pipeline-The-Girls%E2%80%9999-Story.pdf>



BARRIERS FACED BY SURVIVORS IN SECURING ADEQUATE SERVICES AFTER EXPLOITATION

LIMITED ACCESS TO HEALTH SERVICES

Survivors of human trafficking with severe mental health concerns face numerous compounding barriers when attempting to access the level of specialized care they need. Geographic barriers are a significant challenge, especially in rural areas where mental health services are rare and expertise in trafficking-related trauma is often highly limited [27]. Survivors in these areas must travel long distances to receive care, which can be impossible due to financial limitations, the logistical challenges of arranging transportation, and the likelihood of needing to take time off from a job. Even when local health services are available, survivors frequently lack health insurance or the financial resources to cover the costs of ongoing therapy, psychiatric care, and essential medications. Many survivors experience economic instability due to their trafficking experiences, further complicating their ability to prioritize and afford mental health care.

Systemic gaps in trafficking-related care within the mental healthcare system exacerbate these challenges. Survivors often encounter healthcare providers who are not trained in trauma-informed care, leading to misdiagnosis or total dismissals of their symptoms and co-occurring conditions. The complex intersection of trauma and mental health needs is frequently overlooked, and survivors may receive premature diagnoses or be prescribed medication without a comprehensive understanding of their trauma history and how it impacts their holistic health [27]. Additionally, mental healthcare systems tend to focus on short-term interventions, which are wholly insufficient for addressing the long-term effects of trafficking-related trauma. Organizations that provide an adequate level of specialized care for trafficking survivors often rely on external funding, limiting their ability to offer consistent, long-term care.

The shortage of qualified mental health professionals is another critical barrier. Many areas lack counselors trained to address the unique combination of traumas experienced by human trafficking survivors, and those with expertise in severe mental health conditions commonly presented by survivors are especially scarce. Intensive, specialized services that consider the neurochemical and structural impacts of trauma on the brain are essential [27], but often simply unavailable to most survivors. Due to these challenges, many survivors turn to sporadic, single-visit care, which does not provide the consistent support needed for long-term healing. Furthermore,

healthcare providers regularly fail to consider the full scope of trafficking survivors' trauma history and established coping mechanisms during initial assessments, resulting in inappropriate treatment plans that do not address the root causes of their mental health conditions.

In addition, culturally competent care is essential for effectively supporting trafficking survivors, particularly those from marginalized communities. However, many mental health services lack cultural sensitivity, creating additional barriers for communities of color, LGBTQ+ individuals, and people who do not speak English as a primary language. These populations are disproportionately affected by trafficking and face systemic inequities that complicate their access to care. The absence of culturally responsive services can lead to mistrust, miscommunication, and reluctance to seek help, further isolating survivors and delaying their progress toward healing.

LIMITED ACCESS TO ON-SITE THERAPEUTIC SERVICES

Access to therapeutic services is essential for survivors of human trafficking as they navigate the complex and individualized process of healing from trauma. However, many safe houses and survivor programs face significant barriers in providing this care due to a lack of qualified staff. Few residential facilities, including anti-trafficking programs, have licensed therapists or psychiatric professionals on-site, limiting survivors' access to timely and specialized mental health interventions. This gap in care is distinctly detrimental for survivors requiring immediate support to address the acute psychological effects of their trafficking experiences. Without skilled clinicians available on-site, survivors may experience delays in receiving critical care, impeding their ability to achieve a stabilization state and move away from a flight-or-fight response. Additionally, having a clinician on staff enhances the program's capacity to incorporate trauma-informed practices throughout its activities, policies, and procedures from the time of a survivor's intake to their exit. They can also implement consistent and specialized training for other staff members, equipping them with important skills for recognizing and responding to trauma-related behaviors and integrating therapeutic approaches into daily interactions.

The scarcity of trauma-informed therapists, psychologists, and psychiatrists contributes to long waitlists, further postponing

[27] Powell, C., Asbill, M., Louis, E., & Stoklosa, H. (2017, September 21). Identifying Gaps in Human Trafficking Mental Health Service Provision. *Journal of Human Trafficking*, 4(3), 256-269. <https://doi.org/10.1080/23322705.2017.1362936>



access to care during a survivor's initial recovery period. Long wait times are a nationwide problem driven by high demand for mental health care and a limited number of professionals trained to address the unique trauma experienced by trafficking survivors. The prolonged wait for therapy can lead to feelings of hopelessness and discouragement, which may undermine survivors' motivation to continue their healing journey.

Without defined access to mental health care through safe house programs, survivors may attempt to navigate healthcare systems independently, which inevitably creates additional stress and pessimism about their chances of securing consistent care. The complexity of coordinating appointments, transportation, and follow-up care is overwhelming, especially for individuals who are also balancing the daily impacts of trauma and the demands of working. This fragmented approach to care increases the likelihood of inconsistent treatment, which can hinder progress, prolong the recovery process, and contribute to worsening symptoms. Moreover, survivors who must repeatedly share their trauma histories with different providers commonly experience re-traumatization, which may discourage them from continuing with care.

LACK OF STABILIZATION CARE

In the time immediately following an exit from a trafficking situation, survivors regularly experience a persistent state of hyperarousal — a persistent state in which the fight-or-flight response is overly sensitive to stimuli or remains active longer than necessary [28]. Individuals living in hyperarousal may be paranoid, easily startled, sensitive to sound or touch, and emotionally unstable, deeply impacting their ability to function. Without moving out of hyperarousal, survivors struggle to engage in therapeutic interventions or daily activities in a safe house program. Additionally, a fight-or-flight state makes interpersonal relationships exponentially more difficult to form and navigate, complicating survivors' ability to develop a sense of belonging in congregate care settings.

The depth and breadth of neurological changes inherent to a trafficking experience result in survivors needing an extended stabilization phase to occur before they can fully engage in therapy or other restorative care activities. This stabilization phase can last for days, weeks, or months, during which survivors focus on rebuilding a sense of safety, establishing predictable routines, and developing essential coping skills to manage trauma responses. Providing this time is essential to holistic recovery, but many survivors do not have access to the support or programming necessary to facilitate it. Outside of trafficking-specific safe house programs, many care providers do not recognize the need for an extended stabilization period,

regularly misinterpreting behavioral trauma responses, such as dissociation or hypervigilance, as noncompliance or defiance.

LACK OF ACCESS TO TRAFFICKING-SPECIFIC EMERGENCY SHELTER

Trafficking-specific emergency shelters play a critical role in the healing journey of human trafficking survivors by offering immediate crisis support during one of the most vulnerable periods of their lives. Upon exiting a trafficking situation, survivors are often left to navigate severe psychological stress, trauma responses, and physical health problems and meet their basic needs for food, shelter, and medical care independently. Emergency safe house programs provide a safe environment where survivors can begin to stabilize, move out of hyperarousal, and address their most urgent needs alongside trauma-informed staff. Without a secure place to stay, survivors remain highly vulnerable to further victimization and are often overwhelmed by fear, uncertainty, and anxiety.

The absence of emergency stabilization can significantly hinder a survivor's transition into long-term restorative care and ability to engage in therapeutic activities. Emergency safe house programs provide this essential phase of recovery, offering a structured environment where survivors can gradually adjust to a sense of safety and routine. During this period, survivors receive medical care, counseling, and practical support to help address the immediate effects of trafficking and form a plan for long-term care. Without this stabilization period, survivors may find it challenging to engage in long-term therapy plans, which can require a level of emotional and psychological readiness that cannot be achieved without first addressing the acute effects of complex trauma.

However, a severe lack of trafficking-specific emergency shelters in the U.S. frequently leaves survivors without access, many of whom are forced to return to exploitation out of desperation. Faced with the prospect of homelessness or poverty, many survivors may feel that they have no choice but to return to their trafficker or seek help from other individuals who may exploit their vulnerability. This cycle of victimization perpetuates continued trauma and compounds the difficulty survivors face in breaking free from exploitation permanently.

LIMITED ACCESS TO SPECIALIZED RESIDENTIAL CARE

Human trafficking survivors with severe mental health conditions have very limited options for long-term specialized care, especially those with complex conditions like bipolar disorder, schizophrenia, borderline personality disorder, or

[28] Cleveland Clinic. (2025, January 23). Hyperarousal. <https://my.clevelandclinic.org/health/symptoms/hyperarousal>



dissociative disorders. Most trafficking-specific residential safe houses are ill-equipped to support these survivors, often due to a lack of specialized staff training, limited access to psychiatric care, or policies around medications. Many of these programs have policies against accepting survivors with severe mental health into care based on concerns about safety or the difficulty of managing their care. Without the benefit of trained staff who understand the neurological and psychological effects of these conditions, survivors with highly complex mental health conditions are regularly denied access to essential care, leaving them with very few options for safe housing and support.

The impact of attitudes and stigma extends beyond exclusion from services, as survivors themselves may internalize negative stereotypes about their diagnoses. The shame and self-doubt that result from this internalized stigma can discourage survivors from seeking help or disclosing their conditions to care providers. Many survivors already grapple with feelings of guilt and worthlessness due to their experiences, and the additional burden of mental health problems can further erode their self-image. Fear of being judged, misunderstood, or rejected may lead survivors to minimize, hide, or ignore their symptoms, preventing them from engaging in the therapeutic interventions necessary for their recovery. This reluctance may not only delay their healing but also contribute to the worsening of their symptoms, reinforcing the belief that they are beyond help.

Compounding this issue is the widespread misconception that individuals with severe mental health conditions cannot achieve stability or lead productive, fulfilling lives. Some residential programs believe that survivors with complex psychological diagnoses will be unable to meet the expectations of structured care environments, limiting their opportunities for long-term recovery. This belief overlooks the potential for individuals with severe mental health conditions to make significant progress with the right combination of therapeutic interventions, medication, and trauma-informed care, and disregards the possibility of misdiagnosis. When provided with stable housing and consistent interpersonal support, many survivors with these diagnoses can develop the coping skills and emotional resilience needed to effectively manage their symptoms.



OPPORTUNITIES FOR ACTION

The unmet needs of human trafficking survivors with severe mental health conditions extend far beyond simple access to psychological care. Creating equitable and comprehensive access for all survivors will require intentional action throughout the anti-trafficking field, prioritizing:

- **Eliminating Systemic Obstacles**

Survivors with complex needs for mental health care face geographic, financial, and other systemic barriers that limit access to essential services. Many rural areas lack specialized mental health care, forcing survivors to travel long distances. Financial limitations, including lack of insurance, further restrict their ability to seek consistent therapy and psychiatric care. Fragmented systems create challenges for survivors navigating between healthcare, housing, and social services. Survivors from marginalized communities, including communities of color, LGBTQ+ individuals, and immigrants, encounter additional barriers due to the absence of culturally competent care. Removing these barriers on a national level will require a collaborative approach to collective action that deeply understands the need for comprehensive mental health care for all human trafficking survivors, regardless of diagnosis.

- **Comprehensive Training for Direct Care Providers**

Direct care staff need extensive training beyond the current standard to understand the neurological and psychological effects of trafficking trauma, including best practices for caring for survivors with severe mental health conditions. Training must include de-escalation techniques to manage emotional dysregulation, cultural competency to address the diverse needs of survivors, and education on the symptoms and treatment of psychotic, personality, and dissociative disorders. Ongoing professional development is essential to ensure that staff stay informed on evolving best practices in trauma-informed care and therapeutic interventions.

- **Reduced Stigma Through Education**

The stigma that survivors with severe mental health conditions face significantly impacts their ability to access care and engage effectively with therapy. Misconceptions, misinformation, and a lack of education about the treatment of these conditions regularly prevent survivors from entering residential programs and accessing social support services. Raising the standard of training for direct care providers and social service workers is necessary to ensure that survivors are connected to equitable services that are equipped to provide adequate support for their mental health conditions.

- **Expanded Crisis Stabilization Services**

Crisis stabilization is an essential step for trafficking survivors in their journeys toward healing, but their options are frequently limited. Without reducing the barriers to accessing these services and expanding opportunities for trafficking-specific emergency care, survivors will continue to struggle to move out of survivor mode and manage their trauma responses and symptoms effectively enough to find long-term care. Increasing the availability of trauma-informed crisis stabilization services on a national scale is a critical element in effectively reducing further victimization.

- **Increased Access to Immediate Psychiatric Care**

In the time following an exit from exploitation, trafficking survivors are frequently in need of a comprehensive mental health evaluation, accurate diagnoses, and psychiatric medication to support their ability to achieve stabilization. However, a lack of access or delayed access to trafficking-specific emergency services, healthcare, or mental health experts can have significant negative consequences. Expanding the ability of both individual survivors and safe house programs to access mental health care providers is essential to ensuring that survivors have efficient pathways to psychiatric evaluations, individualized medication courses, and long-term treatment plans.

Failure to meet these essential needs has profound and lasting consequences for survivors of human trafficking. Without access to comprehensive mental health care, survivors may struggle with untreated trauma symptoms, leading to chronic emotional distress, difficulty maintaining employment, and challenges in forming healthy relationships. The absence of robust training programs for direct care staff can result in re-traumatization and inadequate support, further hindering survivors' recovery. The stigma surrounding severe mental health diagnoses often leads to exclusion from critical services, leaving survivors without the care they need to heal. The lack of crisis stabilization phases and emergency homes increases the risk of survivors returning to unsafe environments or experiencing homelessness. Without proper detoxification, mental health stabilization, and medication management, survivors face heightened risks of relapse, mental health crises, and long-term instability. Ultimately, when the anti-trafficking field fails to address these needs, survivors are left vulnerable to further victimization and unable to achieve the long-term healing and independence essential for rebuilding their lives.



REMOVING BARRIERS TO CARE IN THE ANTI-TRAFFICKING FIELD

Addressing the complex mental health needs of trafficking survivors requires a comprehensive, collaborative approach that integrates specialized professionals, trauma-informed care, and culturally responsive services. By embedding licensed mental health practitioners within direct service teams, establishing crisis stabilization services, and equipping staff with ongoing training, safe house programs can provide survivors with the support needed to heal from trauma and regain stability. Building long-term partnerships with mental health providers, offering remote counseling, and ensuring survivors are involved in developing their care plans further enhances accessibility and promotes sustained recovery. Public education campaigns that reduce stigma and celebrate the resilience of survivors are essential for fostering more compassionate communities. Through the implementation of these strategies, safe house programs create environments where survivors feel empowered, supported, and equipped to heal after exploitation.

INTEGRATE MENTAL HEALTH PROVIDERS INTO DIRECT SERVICE TEAMS

Hiring licensed mental health professionals, such as Licensed Professional Counselors (LPCs), Licensed Marriage & Family Therapists (LMFTs), and Licensed Clinical Social Workers (LCSWs), into direct service provider teams is essential to delivering comprehensive, trauma-informed care for survivors of human trafficking. These professionals bring specialized expertise in trauma and its effects on the brain and body, enabling them to address the complex mental health needs of survivors with both compassion and clinical competence. Their involvement in the care of trafficking survivors should include conducting thorough initial assessments to identify each survivor's unique experiences, symptoms, and treatment goals. By participating in individualized care planning, therapists ensure that each survivor receives tailored interventions that support their holistic emotional and psychological well-being. Regular reviews allow therapists to monitor progress, adjust care plans as needed, and provide ongoing support as survivors navigate the challenges of healing. This continuous engagement helps survivors build trust, regulate their emotions, and develop coping strategies, laying the foundation for long-term healing and stability.

To expand the range of therapeutic services available, safe house programs should establish partnerships through memorandums of understanding (MOUs) with diverse therapy providers offering evidence-based modalities, like cognitive-

behavioral therapy (CBT), dialectical behavior therapy (DBT), and trauma-focused traditional psychotherapy. All providers that programs partner with should have a deep working knowledge of human trafficking, child sexual exploitation, and sexual trauma and the holistic effects of these abuses on survivors. Access to multiple therapeutic approaches and trafficking-specific curriculums empowers survivors to engage with interventions that build long-term protective factors.

Safe house programs should prioritize establishing MOUs with diverse therapy providers to ensure that survivors have access to culturally competent services, which builds trust and facilitates deeper engagement in therapeutic processes. Cultural competency ensures that survivors feel understood and respected, which is especially important for individuals from marginalized or underserved communities. Program policies should include processes for matching survivors with therapists who will be most effective for their healing needs and switching providers as necessary.

IMPLEMENT CRISIS STABILIZATION PHASES

For safe house programs, establishing crisis stabilization phases is essential for supporting survivors of human trafficking as they transition from crisis to long-term healing. These phases provide a structured environment where survivors move from a flight-or-fight response, addressing the immediate effects of trauma and mental health crises. For survivors struggling with substance abuse, rapid access to medically supervised detoxification is crucial to safely manage the withdrawal process. Comprehensive psychiatric assessments conducted within 72 hours of admission to emergency programs, within 30 days of entry into long-term programs, and as needed in transitional programs help identify and confirm mental health diagnoses and inform individualized treatment plans. Timely psychiatric reviews ensure that survivors receive appropriate medication management, laying the groundwork for survivors to engage more fully in therapeutic programs as they progress through their healing journey.

Integrating crisis stabilization services within safe house programs provides survivors with rapid care in a familiar environment, helping to reduce the intimidation many survivors feel when beginning mental health care. Established relationships with providers ensure that survivors receive trafficking-specific, trauma-informed care designed to holistically address their complex trauma.



INCORPORATE IN-DEPTH TRAINING FOR DIRECT CARE STAFF

Comprehensive education for direct care staff in safe house programs around severe mental health conditions is essential for providing holistic support to trafficking survivors. Staff must be equipped to identify the potential signs and symptoms of a wide range of mental health conditions, especially since many survivors enter safe house programs with inaccurate or inadequate diagnoses. Requiring staff members to complete training on the various conditions, their symptoms, and their treatments creates an environment in which survivors are more likely to receive timely and appropriate interventional care, as well as expanding the staff's ability to respond with compassion and understanding to survivors with severe mental health conditions throughout their healing journeys.

Trauma-informed care training programs like MindSet, Trust-Based Relational Intervention (TBRI), Mental Health Academy, and REST offer evidence-based frameworks that equip direct care staff to interact effectively with survivors with severe mental health conditions. Ongoing training courses, such as specialized in-house sessions or expert-led topical webinars like those offered by Safe House Project, should be integral elements of every safe house program's staff training policy. By integrating a wide variety of subjects, specializations, and sources into an ongoing education plan, safe house programs will maximize the effectiveness of their staff and cultivate deeper relationships with survivors, thereby enriching opportunities for survivors to build a foundation of long-term healing and stability.

In addition, direct care teams that prioritize ongoing, specialized education are far better equipped to support survivors with severe mental health conditions, who frequently have limited options for restorative care due to their diagnoses. In particular, survivors with dissociative disorders, especially dissociative identity disorder, and psychotic disorders like schizophrenia have incredible difficulty finding placement in a safe house program due to a widespread lack of education and training on caring for survivors with these conditions as well as a lack of resources for on-site therapists. This is a tragic reality, as survivors with these diagnoses may be the most vulnerable to continued abuse, exploitation, and abandonment. Safe house programs that understand this critical need for highly specialized care and are willing to invest in the necessary education and staff to provide it are lifelines for survivors with very few options for safety and healing.

PROVIDE PUBLIC EDUCATION & ADVOCACY

Workshops and public awareness campaigns play a crucial role in reducing the stigma surrounding severe mental health problems, particularly for conditions such as schizophrenia, bipolar disorder, borderline personality disorder, and dissociative identity disorder. By educating the local community and dispelling common myths and stereotypes, partners in the anti-trafficking field can help normalize seeking mental health support, which both fosters a more compassionate and informed society and creates greater opportunities for human trafficking victims to be identified and seek help. Emphasizing that individuals with severe mental health conditions can and often do live fulfilling, productive lives with access to adequate healthcare helps challenge negative perceptions and foster understanding about the complex needs of individuals with these diagnoses.

Amplifying the voices of lived experience experts as advocates and speakers* is a powerful method for promoting understanding and reducing stigma for public audiences, especially for those who may not typically engage with social service workers or mental health advocates. By sharing their stories, survivors offer authentic perspectives that help community members understand the complexity of living with severe mental health conditions, fostering connection and removing the fears and inaccurate ideas that surround many of these diagnoses. Collaborating with local media outlets and leveraging social media platforms can amplify these messages to reach a broader audience and contribute to widespread education about the lack of accessible mental health care and the prevalence of human trafficking. By highlighting stories of resilience and healing after exploitation, anti-trafficking partners can significantly reduce stigma in their communities about trafficking and severe mental health conditions, encouraging others to speak up about their experiences and fostering an effective, compassionate community response.

PRIORITIZE CULTURALLY COMPETENT SERVICES

Building trust, a sense of belonging, and a feeling of safety can be incredibly difficult for trafficking survivors from minority cultures, especially when language, food, and social expectations differ greatly in a safe house program. Culturally competent services are vitally important in creating an environment where all survivors feel understood, valued, and

* For more information on including survivor voices in your work in an ethical, trauma-informed, and survivor-centric way, Safe House Project recommends the following resources:

- **Empowering Voices: Informed Consent & Survivor Stories** — Webinar available at <https://youtu.be/8eC1TZqIIWO> or www.safehouseproject.org/webinars/
- **Beyond Surviving: Ethical Practices for Employing & Supporting People with Lived Experience in the Workplace** — Webinar available at <https://youtu.be/nFXbgl5bk4> or www.safehouseproject.org/webinars/, article available at <https://www.safehouseproject.org/resources/>
- **Empowerment or Exploitation? Ethical Engagement of Survivor Leaders in Anti-Trafficking Organizations** — Article by M. Elizabeth Bowman & Brittany Dunn available at [https://22570428.fs1.hubspotusercontent-na1.net/hubfs/22570428/h.%2B803-Article%2BText_\(386-404\).pdf](https://22570428.fs1.hubspotusercontent-na1.net/hubfs/22570428/h.%2B803-Article%2BText_(386-404).pdf)
- **Ethical Practices for Survivor Hiring, Consultancy, & Media Engagements** — Webinar available at <https://youtu.be/YfdjN0A0OCY> or www.safehouseproject.org/webinars/



supported throughout their journey toward healing. By recognizing and incorporating diverse cultural practices in daily life, safe house programs can create spaces in which survivors feel comfortable seeking help without fear of judgment or misunderstanding. This is especially important for U.S. safe house programs serving trafficking survivors who do not speak English as a first language, and providing trauma-informed interpreters and translated materials can make all the difference in a survivor's ability to engage with therapeutic activities. This linguistic accessibility enables survivors to communicate their needs, share their experiences and emotions, and participate in the benefits of community living with other survivors.

Equipping staff with cultural competency training and intentionally hiring from diverse communities fosters a deeper understanding of how cultural backgrounds influence mental health perceptions, coping mechanisms, and healing preferences. For many safe house programs, this includes incorporating culturally significant holidays or celebrations, involving community support systems, and participating in cultural practices with survivors. Even activities as simple as cooking a survivor's favorite meal with them can significantly impact their sense of belonging and safety. By prioritizing cultural sensitivity and celebration of diversity, safe house programs create more inclusive spaces where all survivors can heal with dignity and confidence.

HELP SURVIVORS NAVIGATE HEALTHCARE

Undoubtedly, navigating the healthcare system is complex and convoluted, and much more so for trafficking survivors facing multiple and compounding health conditions. Dedicated case management is crucial for ensuring that survivors receive comprehensive evaluations and individualized treatment plans from trauma-informed medical providers. Safe house programs serving survivors should dedicate time for case managers with expertise in navigating both the physical and mental healthcare systems to guide survivors, including helping to schedule medical and mental health evaluations and appointments, coordinating care plans in-house, and ensuring that survivors have access to all types of necessary care. Managing regular follow-ups with medical providers allows case managers to monitor each survivor's progress, address any emerging challenges, and adjust care plans as needed to support long-term recovery.

COORDINATE REMOTE COUNSELING & MEDICATION MANAGEMENT

For safe house programs and survivors in rural or underserved areas, immediately accessing therapeutic support and psychiatric evaluations can be impossible, delaying survivors' ability to achieve stabilization and begin treatment. Utilizing secure telehealth services that prioritize privacy and

confidentiality can transform safe house programs' ability to consistently connect survivors to expert treatment without the barriers of travel or limited local resources. Remote counseling may also be more effective for survivors struggling with severe anxiety about in-person treatment, allowing them to better engage with providers. Virtual medication management bridges a significant gap due to the national lack of psychiatrists, ensuring that survivors can regularly evaluate the effectiveness of their medications, receive prescription adjustments, and monitor their progress without needing to travel.

ESTABLISH LONG-TERM PARTNERSHIPS WITH MENTAL HEALTH PROVIDERS

Building strong relationships with local mental health providers is essential for ensuring that survivors have ongoing access to long-term therapy and psychiatric care. By formally partnering with providers who specialize in trauma and human trafficking, safe house programs can offer survivors an established network of professionals who deeply understand the complexities of their healing journeys. These partnerships facilitate seamless and rapid referrals to therapists and psychiatrists who provide consistent support, helping survivors achieve initial stabilization and building trusting therapeutic relationships.

Establishing clear communication channels between safe house programs and mental health professionals cultivates a coordinated care network in the community, ensuring that survivors receive comprehensive support. These long-term relationships with providers can be instrumental in treating mental health crises, as access to a trusted provider can prevent escalation, reduce the risk of further traumatization, and help survivors stabilize more quickly. Consistent care from trusted providers also promotes long-term stability and steady progress, helping survivors achieve their healing goals more quickly and permanently.

ENGAGE SURVIVORS IN DEVELOPING CARE PLANS

Fostering a comprehensive sense of agency and empowerment is key to helping human trafficking survivors navigate their healing journey. By taking the time to walk survivors through their available options for treatment, safe house programs can help facilitate survivors in having both the knowledge and the power necessary to make informed decisions about their care. Providing multiple options for care providers and therapy modalities and involving survivors in decisions about medication encourages them to engage fully in their recovery, helping them rebuild their confidence in managing their health problems. Approaches should center around "doing with" the survivor to foster independence and create a safe place for growth.



This is especially important for survivors with severe mental health conditions, as medications often have serious side effects and can worsen the symptoms of other co-occurring issues. In addition, some medications for severe mental health conditions can be habit-forming, which may be particularly concerning for survivors with histories of addiction or substance abuse. By discussing the benefits, common side effects, and potential for dependence with survivors, mental health care providers can encourage survivors to make educated choices about which medications to incorporate in their treatment to best support their long-term stability. Incorporating survivors' preferences, perspectives, and voices into their care plans improves both their immediate outcomes and their long-term ability to recognize and respond to changes in their well-being.

This collaborative approach to restorative care ensures that survivors feel respected, supported, and heard throughout their healing journey, even when receiving treatment outside of a safe house program. Encouraging survivors to provide feedback on their care also allows programs to continuously hold their partnering medical providers to the highest standards, ensuring that their services remain responsive and survivor-centered.

CONCLUSION

Addressing the prevalence of severe mental health conditions experienced by survivors of human trafficking requires an intentional investment by the anti-trafficking field into accessible trauma-informed care for all survivors, regardless of diagnosis. This goal calls for transformational change in both direct care programs and the field as a whole, which regularly exclude survivors with complex and severe conditions due to a widespread inability to provide specialized care. Far too many survivors are left without options for restorative care due to their mental health challenges — a reality that must no longer be tolerated.

However, addressing the unique complexity and interconnected nature of trafficking-related trauma requires more than experience with severe mental health conditions. To provide the best-quality care to trafficking survivors, mental health care providers must be equipped with specialized knowledge and resources designed for trafficking-related trauma. The extremity and co-occurrence of many survivors' conditions requires both clinical expertise and deep understanding of profound psychological, neurological, and relational impacts of prolonged exploitation. Without this specialized preparation, well-intentioned mental health providers risk misdiagnosing, under- or over-diagnosing, further traumatizing, or inadequately supporting trafficking survivors, further compounding their barriers to healing. Therefore, the call is not simply for greater access to services, but rather greater access to the right services, offered by providers who holistically understand the

intersection of trafficking-specific trauma and mental health conditions.

Safe house programs and supporting services must prioritize expanding their ability to care for survivors with severe mental health conditions, especially for those with complex dissociative, psychotic, and personality disorders. This will require a conscious effort to cultivate relationships with specialized mental health experts, regularly implement evidence-based therapeutic modalities, and invest in ongoing staff training to ensure that they are equipped with the knowledge and compassion necessary to support all survivors with excellence.

By prioritizing comprehensive access to mental health care, removing existing barriers to care, and fostering collaborative partnerships, the anti-trafficking field can transform opportunities for survivors with severe mental health conditions to achieve lasting healing and independence. Only through embracing these systemic changes can the field truly address the lifelong impact of trafficking and ensure that every survivor has the opportunity to thrive beyond exploitation.