THE IOM HANDBOOK ON

Direct Assistance for Victims of Trafficking

IOM International Organization for Migration

IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental body, IOM acts with its partners in the international community to: assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

Opinions expressed in the chapters of this manual are those of the contributors and do not necessarily reflect the views of IOM.

Publisher: International Organization for Migration
17, route des Morillons
1211 Geneva 19
Switzerland
Tel: + 41 22 717 91 11
Fax: + 41 22 798 61 50
E-mail: hq@iom.int
Internet: http://www.iom.int

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Direct Assistance for Victims of Trafficking

IOM International Organization for Migration

Cooperazione Italiana allo Sviluppo
Ministero degli Affari Esteri

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Preface

Objectives

IOM has had some 13 years of experience in implementing counter-trafficking activities and has provided assistance to over 14,000 victims of trafficking in all regions of the world. With a growing number of organizations, especially local NGOs, now providing or intending to provide assistance to victims of trafficking, IOM would like to share its experience and lessons learned. This Handbook summarizes and systematizes this experience. IOM recognizes that each victim is unique and requires and desires different assistance. As well, the nature of trafficking is different around the world and is ever evolving, requiring changing responses. Therefore this Handbook is not meant to provide a single methodology for the provision of assistance to victims of trafficking, but to offer suggestions and guidance, based on IOM's many years of experience. IOM hopes that it will be helpful to all organizations providing such assistance to victims, but especially for organizations who are just beginning to develop victim assistance programmes and can benefit from IOM's experiences.

This Handbook provides guidance and advice necessary to effectively deliver a full range of assistance to victims of trafficking from the point of initial contact and screening up to the effective social reintegration of the individuals concerned. Although the Handbook covers assistance to minors, it does not do so in the depth necessary for the concerned practitioner who should be sure to also refer to UNICEF's Guidelines on the Protection of Child Victims of Trafficking.

Structure of the Handbook

The Handbook is designed to be read as a whole, but it can also be used to refer to specific topics dealt with in specific chapters. All the chapters and

appendices are closely interrelated. To address such complex issues in the most professional manner possible, it is important to adopt a holistic approach. In order to gain maximum benefit from this Handbook, the reader is advised to read and develop a sound knowledge of the entire contents.

The Handbook is divided into seven sections described below. The chapters are set out in sequential order. It is recommended for the reader to proceed systematically and become well acquainted with the whole content of each successive chapter. However, where specific guidance is needed on a specific topic, each chapter can also be consulted on its own.

Chapter 1	Security and Personal Safety
Chapter 2	Screening of Victims of Trafficking
Chapter 3	Referral and Reintegration Assistance
Chapter 4	Shelter Guidelines
Chapter 5	Health and Trafficking
Chapter 6	Cooperation with Law Enforcement Authorities
Appendix I	Ethical Principles in Caring for and Interviewing Trafficked Persons
Appendix II	Interview Checklist
Appendix III	Glossary

The various chapters address the following topics and key themes:

Chapter 1 **Security and Personal Safety**

This chapter sets out the key principles concerning security and personal safety, and covers the topics of risk assessment, high-risk cases, risk management, security of confidential data, best practice in security procedures and personal safety for staff and beneficiaries.

The key theme of the chapter is the recognition of the increased risk to staff when providing assistance and protection to trafficking victims, and the adoption of a set of basic security standards and procedures intended to minimize and manage such risks.

Chapter 2 **Screening of Victims of Trafficking**

This chapter presents a formula to enable organizations to better distinguish between the different crimes of trafficking in human beings and people smuggling, and outlines a methodology for the screening and identification of individuals seeking assistance as trafficking victims. Topics covered include relevant international legal standards on the issue, the screening process itself, assessment indicators and specific assessment questions, victim response and treatment, additional corroborative material and the final decision-making process.

The key theme of the chapter is to provide guidelines for organizations to accurately identify trafficking victims so as to be in a position to effectively address their needs and provide them with assistance and protection.

Chapter 3 **Referral and Reintegration Assistance**

This chapter covers the whole area of victim referral and the subsequent provision of a wide range of support measures up to and including successful reintegration. Topics covered include the preparation of and implementation of assisted voluntary return of trafficking victims, assessment and planning for reintegration assistance, and the provision of reintegration support.

The key theme of this chapter is the provision of effective and appropriate assistance and protection to victims of trafficking, on a case-by-case basis in accordance with their needs and fundamental human rights.

Chapter 4 **Shelter Guidelines**

This chapter covers the establishment of shelters for victims of trafficking, shelter management and staffing, procedures for assisting residents of the shelter, the treatment of shelter residents and the provision of shelter services and assistance.

The key theme of this chapter is the establishment of safe shelters and the provision of appropriate and effective assistance and protection to victims of trafficking in a shelter environment.

Chapter 5 **Health and Trafficking**

The health chapter provides comprehensive instructions and advice on health and human rights issues, e.g., conceptual frameworks, ethical and safety principles, issues affecting care, special health considerations, medico-legal health aspects, clinical procedures and management, health planning and staff health issues.

The key theme of the chapter is the development of minimum standards of care and the provision of specialized health services in accordance with the needs of the trafficking victim. The chapter focuses on service provision not only against the background of human rights, but also the public health interests of the countries of origin, of transit and of destination.

Chapter 6 **Cooperation with Law Enforcement Authorities**

The final chapter provides detailed instructions and advice on the sensitive issue of cooperation with law enforcement authorities in combating trafficking in human beings. The chapter sets out the background, risk and rationale of such cooperation and the topics covered include the legal options and rights of trafficking victims, the establishment of Memorandum of Understanding with law enforcement, liaison with police units, technical cooperation and capacity building, intelligence sharing, and transfer of witnesses in criminal proceedings.

The key themes of the chapter are (1) ensuring that victims of trafficking are informed of their criminal justice options and provided an opportunity to realize those options, and (2) the development of an ethical and professional reciprocal cooperative process between service delivery organizations and law enforcement agencies to ensure the better protection of victims' rights under the criminal justice system and to provide the basis for a medium-term strategy to improve the rate of detection and prosecution of traffickers and end the impunity with which they operate.

Appendix I **Ethical Principles in Caring for and Interviewing Trafficked Persons**

Appendix I provides basic instructions on the appropriate behaviour any staff member should have in order to respect the rights and specific situation of the trafficked person.

Appendix II **Interview Checklist**

Appendix II provides a checklist of issues to be considered and addressed at the beginning of each interview between service delivery organization staff and individuals who seek assistance as victims of trafficking.

Appendix III **Glossary**

A glossary is provided to clarify key terms used throughout the Handbook and during the process of identifying and providing assistance and protection to victims of trafficking.

Basic Principles

The instructions and advice offered in this Handbook are themselves based on the following principles governing counter-trafficking activities:

- A commitment to curtail human trafficking and to protect the rights of those who have become victims of trafficking, and to act to achieve respect for and protection of the human dignity and well-being of victims.
- The protection, safety and the respect of human rights of actual and potential trafficking victims are the guiding principles to be followed at all times.
- All services to trafficking victims are provided on the basis of the informed consent of a victim and, concerning support under the Assisted Voluntary Return programme, such assistance shall only be extended to victims who have freely chosen to return home.
- This Handbook reflects the international standards set out in the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children.

- It reflects the international standards set out in the United Nations Office of the High Commissioner for Human Rights – Principles and Guidelines on Human Trafficking and Human Rights.
- In providing assistance to children who have become victims of trafficking, organizations should always act in accordance with the best interests of the child.

Key Guidelines

- **Do no harm.** To do no harm is the first principle of most medical ethical guidance. Given the extreme risks associated with trafficking, the fragile state of many of its victims, and the potential for increased trauma, the significance of this basic rule cannot be overstated. It is the ethical responsibility of every organization providing assistance to victims of trafficking to assess the potential for harm of any proposed action and, if there is any reason to believe that carrying out an interview or conducting an examination or procedure will cause the individual to be worse off than before, it should not be undertaken at that time.
- **Individualized treatment and care.** While acknowledging that trafficking victims share some common experiences and circumstances, organizations should recognize and respect the individuality of victims and, to the extent possible, provide personalized care and assistance. Throughout the assistance process, staff should strive to provide the most appropriate protection, assistance and support appropriate to the needs and circumstances of the individual victim.
- **Continuing and comprehensive care.** The range of services outlined in Chapters 3 and 4 of this Handbook are designed to offer a holistic approach to aid the recovery of trafficking victims, thereby offering a comprehensive continuum of care in accordance with the physical, psychological and social state of the victims.
- **Victim interviews and informed consent.** Throughout the assistance process, from initial contact and screening up to the final social reintegration, there are numerous instances where trafficking victims are interviewed in relation to a broad range of issues, such as initial screening interview, case history interview, assistance interviews, a range of health interviews and other procedures. Moreover, during many of these encounters, the victim will be required to make decisions and to provide

written consent to a number of actions or procedures. Guidelines on the approach to be adopted during the interview and the securing of a victim's informed consent are provided in Appendices I and II to enable staff to conduct interviews in a fair and professional manner, respectful of the human rights of the victims concerned. Staff should read these Appendices carefully before conducting any interviews.

- **Self-determination and participation.** Recognize the right and need of victims to make their own choices and decisions, and encourage them to participate in decision-making as much as possible. By working in collaboration with victims, staff should aim to restore the autonomy of victims and to enable them to take decisions and actions affecting them. Such collaboration will help them to regain control over decisions affecting their lives and increase their confidence to determine the next courses of action.
- **Non-discrimination.** Staff must provide the best possible assistance to victims of trafficking without discrimination, for example, on the basis of gender, age, disability, colour, social class, race, religion, language, political beliefs or status.
- **Confidentiality and right to privacy.** Confidential trafficking data should not be disclosed without the victim's prior knowledge and informed written consent. (See Chapter 5 regarding the disclosure of data necessary to enable law enforcement agencies to secure the safety of other victims still under the control of traffickers, or of those who are about to be trafficked.)

Note on Terminology

The term "victim" has generated much debate in the context of violence against women; many argue that it implies powerlessness, rather than the resilience of the victim and therefore prefer to use the term "survivor". However, in the area of human rights and protection, the term "victim" is used to refer to someone experiencing injustice for which the perpetrator is responsible. It indicates that the person or persons experiencing human rights violations have the right to protection, assistance and reparation (Billings et al., 2005). In the context of this report – which focuses on protection and assistance – we use the term "victim" with the above clarification to

highlight the rights of the victim to protection as well as the responsibilities of government and civil society to afford this protection.

There is much debate about the choice of terminology when speaking of "prostitution" as opposed to "commercial sex work", with terminology often reflecting the ideological position of the speaker. In the context of this report, we speak of prostitution and prostitutes. However, the choice of wording does not imply any ideological stance on the part of IOM nor should the use of the words "prostitute" and "prostitution" imply any negative judgement of persons engaged in such activity.

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Richard Danziger
Director
Counter-Trafficking Service
IOM

1 Security and Personal Safety

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The specific aim of this chapter of the Handbook is to provide guidance to service delivery organizations on the security issues which arise at each stage of the victim assistance process. These issues are presented here in one comprehensive section. The reader will find that some of the points raised here are repeated elsewhere at relevant sections throughout the Handbook. This is intentional, since good security procedures cannot be over-emphasized or repeated too often.

Key Principles

- **Trafficking in human beings is often controlled by international organized criminal networks and the potential level of risk to which victims of trafficking and service delivery personnel who interact with trafficking victims are exposed must, therefore, be considered as significant.**

- **Without overstating the degree of risk, the key to managing such situations lies in the careful assessment of the security risk involved in each case, and the constant adherence to basic best practice security procedures.**
- **Total security cannot be guaranteed in any situation and, while in many cases no risk to service delivery personnel will be involved, it is a fundamental principle of best security practice to consider each case from the outset as a potential security risk, and for security risk and risk management to be assessed according to the known circumstances of each case.**

Security Issues and Risk Assessment

Providing assistance to trafficked persons is an inherently risky business and no security system, no matter how sophisticated and well equipped, can completely eliminate the element of risk. The capacity of the traffickers to retaliate against victims who have managed to escape and/or have testified against them is well documented. Therefore, the risk posed to trafficking victims by their exploiters cannot be overstated.

There have always been risks to the victims of trafficking and, though less so, to those who assist them. That risk may be expected to increase as service delivery organizations help more victims to escape from their exploiters and more victims testify against their traffickers.

The duty of care to victims and staff incumbent on service delivery organizations is to ensure that the risks are properly identified and assessed at every stage of the assistance process and that, within realistic and reasonable means, appropriate security measures are taken to ensure that the risks are effectively managed. The guidance set out in this chapter is designed to explain the process of doing so.

1.1 Risk Assessment

The first step in confronting this threat is to properly identify and assess the level of risk. Effective risk assessment involves a generic risk assessment conducted in the country, continuous review of the risk assessment,

and specific assessment of risk in response to specific events. To facilitate this process, a range of risk indicators to be considered in each case is set out below. However, it should be borne in mind that the list is not exhaustive and, depending on the circumstances in each country and each case, other risks and risk indicators may be present which should be assessed by local staff according to their best knowledge of local circumstances and expertise. Where there is strong cooperation between the service delivery organization and the relevant local or national law enforcement authorities, the process of risk assessment should be conducted in close consultation with them.

GENERIC RISK ASSESSMENT

It will be necessary to conduct a periodic review of the generic risks posed by the activities of traffickers. The process described here is designed to gauge such risks from the outset. The first stage of risk assessment is to evaluate the prevailing circumstances in the country concerned. The following indicators should be considered.

Generic risk assessment indicators

- **The extent and impact of trafficking in the country.**
- **Is the country concerned one of origin, of transit or of destination, or any combination thereof?**
- **How many trafficking victims may be expected to seek the service delivery organization assistance?**
- **The extent to which trafficking is controlled by organized criminal groups.**
- **Their known or estimated capacity to plan and implement reprisals against the victims and/or service delivery organization staff.**
- **The capacity of the local law enforcement agencies.**
- **The extent of endemic corruption and how it adds to the level of risk.**
- **The level of governmental commitment and support to combat trafficking in human beings.**

Note: Individual organizations which do not have the capacity or resources to conduct a generic risk assessment themselves can obtain relevant in-

formation from the police, local or international NGOs, United Nations offices, other intergovernmental organizations, foreign embassies, or others.

CONTINUOUS REVIEW OF RISK ASSESSMENT

It is of critical importance to conduct an ongoing process of assessing generic risk. It is not enough to conduct an assessment once as it will only constitute an effective security measure if it is regularly reviewed and updated. The intervals will vary depending on the prevailing circumstances.

- **Conducting risk assessments and having in place a risk management plan is the responsibility of every service delivery organization.**
- **The risk assessment should be reviewed on a monthly basis, at the least. Depending on the circumstances of a case, risk assessments may have to be reviewed on a weekly or daily basis during periods of high risk.**

SPECIFIC ASSESSMENT OF RISKS IN RESPONSE TO SPECIFIC EVENTS

While a continuous generic review of risk is an essential component of any risk assessment, a specific review is called for whenever specific events pose an additional or increased threat. Each case will present different specific challenges and risks and each case will need to be assessed on the available information and indicators.

The list set out below is an example of a range of specific events that should be the subject of specific risk assessment – please note that this list is a sample and should not be regarded as comprehensive. In addition to each of these examples, the following factors affecting risk should be factored into the assessment:

- All escaped victims are at risk of reprisals from traffickers, irrespective of whether or not they have cooperated with law enforcement agencies.
- These risks are immediately magnified in those cases in which the victims cooperate with law enforcement agencies because the victims then pose a much higher risk to the liberty of the traffickers.

- In any case in which it is established that the traffickers have already become aware that a victim has or intends to cooperate with law enforcement officials, the risk levels increase and become more immediate.

Examples of specific risk events

- **The point at which a victim is first referred to the service delivery organization for assistance, especially if it can be foreseen that the assistance package will include admission to a shelter and or cooperation with law enforcement agencies.**
- **Any assisted movement of victims in cases where they have already provided evidence to a law enforcement agency and where there is any reason to believe that the traffickers are aware of this fact.**
- **In relation to victims being cared for in shelters – any planned movements outside of the shelter to attend hospitals, clinics or other welfare or social assistance appointments.**
- **In relation to any victim in the service delivery organization's care who is cooperating with law enforcement – any movement to keep appointments in relation to that cooperation, such as attendance at premises to make statements, or attend identification parades, or police medical examinations.**
- **Attendance at court buildings, especially any planned attendance to provide testimony at the trial of the traffickers – especially as the traffickers will be aware of it because they will have been informed as part of their rights as accused persons.**
- **Any movement of a victim or member of staff related to transferring the victim from one country to another to enable that victim to testify against traffickers in that other country – again, the risk level will be very high because the traffickers are likely to be able to predict the timing and route of the transfer, either in the origin or destination country, or both.**
- **Any incident that can be interpreted as attempted intimidation of a victim or member of staff – such as anonymous and threatening phone calls, or repeated calls where the caller hangs up without speaking, the repeated and prolonged appearance outside of shelters of unknown persons or vehicles or the overt following at a distance of a victim or member of staff.**

RISK MANAGEMENT PLANS AND DOCUMENTATION

Each risk assessment, be it generic, review or specific, must be accompanied by a risk management plan designed to address the areas of risk identified during the assessment process:

- The initial generic review should be accompanied by a risk management plan specifying the minimum level of security standards and the appropriate procedures to ensure that the risk is reduced to a minimum and effectively managed.
- As a risk assessment review is carried out as part of the continuity plan, a new risk management plan will only be necessary if the risk has increased or new risks have been identified.
- Whenever an immediate review was conducted in response to a specific threat or event, it must be accompanied by an updated risk management plan designed to address the new risk.

The plans should be fully documented and should comprise the assessment of the fresh risk followed by the plan for implementation of additional security measures designed to effectively manage such new risk.

Conducting risk assessments and developing risk management plans are necessary for service delivery organizations to protect the victims served and the staff who assist them. Each procedure should be fully documented and all documentation, whether electronic or other, must be treated confidentially and in accordance with best practices on the handling and security of confidential personal and trafficking data (see below).

1.2 Handling and Security of Confidential Personal and Trafficking Data

It is of critical importance to handle confidential data concerning the victim, the trafficking process and the service delivery organization staff with all due regard to security considerations and rules.

- **Service delivery organizations should ensure that trafficking victims are fully informed as to the purpose of the collection of data about them and the uses to which it will be put, as well as to their own rights to access the data.**
- **Service delivery organizations should ensure that no personal data of victims of trafficking be released unless the victim gives written and fully informed consent authorizing the release of personal data for specific purposes and uses.**
- **In view of the increased risk posed by organized criminal activities to trafficking victims and support staff, the service delivery organization must at all times use all due diligence in the management and disposal of confidential personal data.**

The sensitive nature of confidential personal and trafficking data and the importance of handling such data with all necessary care cannot be overemphasized. At all times victim case files should be handled with the utmost care and confidentiality.

The guidelines below represent a minimum standard of care and due diligence in regard to the handling of personal data. IOM recommends that service delivery organizations develop their own standards which comply with these minimums and that staff be provided with guidance to ensure that they adhere to the standards. Additional guidelines can also be found in the Council of Europe's Convention for the Protection of Individuals with regard to Automatic Processing of Personal Data:[1]

1.2.1 CONFIDENTIAL PERSONAL DATA OF TRAFFICKING VICTIMS

For the purpose of the following guidance, confidential personal victim data shall be defined as:

> Any personal data, health record or description that might reveal the identity or location of a trafficking victim, or any private and personal detail concerning a trafficking victim in the organization's care.

1.2.2 HANDLING AND DISPOSAL OF CONFIDENTIAL PERSONAL AND TRAFFICKING DATA

In view of the sensitive nature of the work involved, it is most important that best practices are observed regarding personal data and information of service delivery organization staff in addition to that directly concerning the trafficking victim, and that such data be kept confidential.

Recommended Important handling principles

- The key principle governing the handling of confidential as well as more general data concerning victims and trafficking is the "need to know". Service delivery organization staff should follow this rule in all cases and disclose data internally and externally only to such persons whose need and right to receive such information is acknowledged.
- Within each service delivery organization, the need to know should also apply between functions within the organization – no confidential data should be disseminated outside of the counter-trafficking section and the security handling principles should be as diligently applied within the service delivery organization as without.
- In particular, a trafficking victim's confidential personal data should not be disclosed by service delivery organizations to anybody without the prior written and informed consent of the victim concerned.
- Even where a victim has consented in writing to the disclosure of confidential personal and/or confidential trafficking data, service delivery organization staff members are still bound to assess the contents of the data to ensure that disclosure does not increase the risk to the victim or member of their family, any other victim or member of the service delivery organization staff. If that is a possibility, the service delivery organization should reserve the right to withhold the data in the interest of the victim or other party that may have been identified as being put at risk if the information is disclosed.

Paper copies of confidential data

The provision of assistance will generate hard copies. It is likely to be unavoidable that confidential personal and confidential trafficking data will sometimes have to be printed. In such cases IOM suggests that the follow-

ing guidance be applied to all printed material containing data referred to above:

- **All copies must be kept secure and under lock and key either at the office of the service delivery organization or shelter when not in use.**
- **When in use, they should never be left unattended, or left lying on desks, tables or in areas accessible to others.**
- **When paper copies are no longer required, they should be disposed of by being shredded or similarly destroyed.**
- **To that end, all service delivery organizations involved in assisting trafficking victims should try to ensure that a shredding machine is available and functioning on the premises.**

1.3 Best Safety Practice – Service Delivery Organization Staff

The guidance below is recommended at the initial contact with trafficking victims. All members of staff engaged in this type of activity should also bear in mind that proven cases of infiltration of victim assistance programmes have already been identified and staff should always remain alert to this risk.

Under no circumstances should any confidential personal or confidential trafficking data be disclosed over the telephone to any individual whose identity and credentials are not known.

1.3.1 BEST PRACTICE – INITIAL VICTIM CONTACT

Direct telephone contact by a victim

- Obtain full particulars and details of how to contact the victim, establish a contact system with the victim, giving them relevant phone numbers for contacting your organization, but not disclosing your street address or location.

- If the victim cooperates, obtain telephone number and ring back immediately to confirm and discuss the situation.
- Record the time of the call and note any telephone number given by the caller.
- Be aware while on the phone of who may be within earshot.

Victim contact via a different service delivery organization

- Ascertain all the particulars of the victim and the case history.
- Speak with the victim and make an appointment for an interview.
- Give the victim only the contact numbers as set out above.
- Ensure that the organization's staff members do not disclose any details other than those indicated above.

1.3.2 BEST PRACTICE – VICTIM INTERVIEWS

Service delivery organization personnel may be required to deal with trafficking victims at the office or at other locations, such as police stations, detention centres, and the offices of lawyers or of other partners. The following procedures should be followed:

Interviews held at your service delivery organization offices

- Where safety constraints allow, it is preferable to conduct interviews with trafficking victims away from the office to limit the number of persons who know the location of the office.
- Interviews should only be arranged and held by appointment.
- If contact has been made through a partner organization and the victim wishes to be accompanied by a member of its staff the identity of that person should be confirmed by the organization in question.
- Upon arrival at the office, the victim should be vetted at the door, either on the closed circuit television (CCTV) system or via the "spy hole" in the door.
- The interview should be conducted in a private room at the organization's offices, but at least one other staff member should be informed that a colleague is conducting an interview in order to be able to periodically verify the progress and good order.

Interviews away from the offices

As a basic security measure, interviews away from the service delivery organization office should normally be conducted by two staff members. However, this may not always be possible, in which case the following guidance is recommended.

- If the victim sought the service delivery organization's assistance through another NGO, the interview could be arranged at the referring organization's premises.
- Where an interview can safely be held at the referring organization's premises, at least one staff member from the referring organization should be present for the duration of the interview.
- If the interview is to take place at a police station, detention centre or other government premises, at least one member of the staff of the premises should be in the building for as long as the interview is taking place. The member of staff of the other organization should not be allowed to be present during the interview itself unless the victim specifically requests it.

Interviews at independent locations

- Under no circumstances should an interview take place at any address provided by the victim.
- Meetings should only take place at a neutral venue selected by the service delivery organization.

1.3.3 PERSONAL SECURITY

The following points are to be noted:

- There is no such thing as complete security.
- Personal security can be enhanced by a combination of risk assessment and management, and taking responsibility for personal security.
- Even though it is possible to cause staff anxiety through overstating the level of risk, all personnel who are required to interact with trafficking

victims should be fully informed of the risks involved. All new members of staff should be provided with a detailed trafficking and security briefing upon taking up their post.

- For the sake of personal security, staff members dealing with trafficking victims should always remain aware of their immediate surroundings and situation, in particular when meetings take place at a neutral venue.
- Always be aware, when discussing cases of trafficking, of who may be within earshot.

Information about specific security concerns and practices as regards shelters for victims of trafficking is provided in Chapter 4, section 4.2.6.

Note

[1] http://conventions.coe.int/Treaty/en/Treaties/Html/108.htm

2 Screening of Victims of Trafficking

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2.1 Introduction

This section aims to assist service delivery organizations to identify and assist trafficking victims by using a standardized system for screening individuals who request assistance. The guidance is intended for all instances involving the referral of trafficking victims to service delivery organizations, irrespective of whether the organizations are located in countries of origin, transit or destination. The guidance applies equally to female and male individuals who seek assistance as victims of trafficking and is especially important for minors, given the special vulnerability and needs of children.

2.1.1 REFERRAL TO SERVICE DELIVERY ORGANIZATION

Trafficking victims may be brought to the attention of service delivery organizations by a wide variety of stakeholders, including:

- Public authorities, such as the police, health authorities, social services;
- IGO-NGO partners;
- Others, such as embassies, churches and church organizations, human rights lawyers;
- Individuals such as other victims, relatives or friends of victims;
- Clients of individuals trafficked for sexual exploitation.

Note: If an organization comes in contact with a victim of trafficking and is unable to assist them or to provide for all of their needs, every effort should be made to identify and refer them to an organization which can provide the necessary assistance.

2.1.2 PURPOSE OF SCREENING

It is important to properly screen persons referred as trafficking victims to service delivery organizations for assistance to ensure that they are in fact trafficking victims and not smuggled or other irregular migrants, or other individuals in an abusive or vulnerable situation who may be in need of assistance and/or protection. Furthermore, care should be taken to assess whether the presumed victim is in fact not a victim of trafficking or someone in need of assistance, but someone actually trying to infiltrate the service organization for other motives.

Why it is important to properly identify victims of trafficking

- **In many destination countries trafficking victims may be mistaken for irregular migrants and summarily deported or put in detention facilities without being properly identified.**
- **The nature of the assistance and protection needed by the different categories of people seeking assistance is likely to be different to that needed by trafficked individuals.**
- **Trafficking victims are likely to have immediate and acute physical, sexual and psychological health needs that are not normally present in cases involving smuggled or other irregular migrants.**

- **Trafficking victims are victims of serious crimes, and particular security arrangements and procedures are necessary since the service delivery organization personnel assisting them are themselves exposed to particular risks.**
- **There are indications that organized criminal groups have attempted to infiltrate IGO-NGO support and assistance programmes to locate their victims who have either escaped or who testify, or are about to testify, against them.**

In the course of working with victims of trafficking, agencies are likely to receive referrals for people who are not victims of trafficking, but who are still in need of assistance – for example, victims of domestic violence or sexual assault, pregnant youth, or irregular migrants. If service delivery organizations cannot assist these other categories of people, they may wish to refer such individuals to other organizations designed to assist them. It is a good idea to keep an updated list of agencies which provide such assistance in order to facilitate referrals.

2.1.3 LIMITATIONS OF THE SCREENING PROCESS

Before going into the details of the screening process, service delivery organization staff should be aware of the following:

- **The process is not and cannot be perfect and cannot guarantee against errors in the assessment of an alleged trafficking victim.**
- **The process set out below is based on a generalized approach to human trafficking and the identification of victims.**
- **Depending on the national, regional or international context, contradictions and exceptions will exist in relation to many of the general points made below, and it is important that service delivery organizations adapt and adjust the generalizations to their local conditions.**
- **The process should be regarded as a general identification framework that can be enhanced by local service delivery organizations through their experience and knowledge of the trafficking situation in the country concerned, and their dealings with victims of trafficking.**
- **The framework is a model for identification under ideal conditions. However, field experience shows that ideal circumstances are rarely found. In many cases, available data may be insufficient to evaluate the pre-interview indi-**

cators, the individual may be unwilling or unable to answer any or all of the questions and additional corroborative material may not be available.

- **The screening and identification of trafficking victims will ultimately depend on the experience and judgement of local service delivery organization staff, based on their cumulative assessment of all available information.**

2.1.4 UNDERSTANDING HUMAN TRAFFICKING

To screen victims effectively, service delivery organization staff must be able to distinguish individuals who have become victims of human traffickers from such that involve people smugglers or others who abuse or violate the rights of an individual (e.g., domestic violence). Though these may be similar in a number of aspects, they concern very different criminal justice issues. An effective method of screening and identifying a trafficking victim is to evaluate all the circumstances and available information in each case and to consider the issue from three distinct perspectives:

- The legal context
- The criminals involved
- The victim

2.1.4.1 The legal context

To determine whether an individual is in fact a victim of trafficking, it is necessary to understand the legal definition of what constitutes trafficking in human beings. To assist the identification process, service delivery organizations should look to the international benchmark definition of trafficking contained in Article 3 of the United Nations Supplementary Protocol to Prevent Suppress and Punish Trafficking in Persons, Especially Women and Children (supplemental protocol to the United Nations Convention Against Transnational Organized Crime).[1] Some regions may also have their own convention such as the Council of Europe Convention on Action against Trafficking in Human Beings.

At the national level, many countries have already adapted their laws to address the issue of trafficking in human beings. However, counter-trafficking

legislation in many countries remains sub-standard when compared to the UN benchmark. Whilst service delivery organizations should always consider the terms of national legislation because it will affect the terms upon which the host government will define a trafficked victim, they can look to the UN Protocol definition to develop their own standard. Where no national counter-trafficking law exists, service delivery organizations can use the UN Protocol definition as this benchmark. Whichever legal definition is being used, the objective is to consider the circumstances of each case and compare them against the legal text.

According to the UN Protocol definition, three interdependent elements must be cumulatively present to constitute a trafficking offence, which we shall refer to as: (1) activity; (2) means; (3) purpose:

- **Activity –** the recruitment, transportation, transfer, harbouring or receiving of persons;
- **Means –** the threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or a position of vulnerability, or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person;
- **Purpose –** to exploit the person in the ways listed in the article.

Each of the three elements must be present to breach the Protocol: the activity must be realized by one of the means, and both must be aimed at achieving the exploitative purpose. If any one of the three constitutive elements is missing, the necessary conditions for a crime of trafficking have not been met as determined by Article 3 of the Palermo Protocol. (Special exception is made in relation to child victims under sub-paragraph C, which specifically excludes the need for the presence of the means to constitute a breach of the Protocol).

United Nations Trafficking Protocol definition

Article 3 of the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, signed in December 2000, in Palermo, Sicily states:

(a) "Trafficking in persons" shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or

other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs;

(b) The consent of a victim of trafficking in persons to the intended exploitation set forth in subparagraph (a) of this article shall be irrelevant where any of the means set forth in subparagraph (a) have been used;

(c) The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered "trafficking in persons" even if this does not involve any of the means set forth in subparagraph (a) of this article;

(d) "Child" shall mean any person under eighteen years of age.'

The following points are helpful to distinguish smuggling from trafficking:

Activity – both traffickers and smugglers transport and transfer people – therefore, both commit the first stage of the crime as defined by the UN Protocol.

Means – smugglers do not normally use any of the means listed in Art. 3: there is no element of distortion of the free will of the person, either by force, deception or abuse of power. Thus, this condition, which is necessary to constitute a trafficking offence, is not met and distinguishes smuggling from trafficking.

Purpose – even though it may sometimes be argued that smugglers do abuse the position of vulnerability of the persons in their charge, they do not do so for the purpose of exploiting the migrants in the manner set out in Art. 3. The relationship between smuggler and smuggled migrants is solely for the purpose of leaving one country and crossing into another against payment and the relationship between the two stops at the point at which the illegal entry is achieved. What the migrant does after that is of no further concern to the smuggler, unlike the trafficker.

Connections between smuggling and trafficking

The victim of trafficking often starts out as a willing smuggled migrant. However, when the relationship between the smuggler and the migrant does not end upon entry into the foreign country and the smuggler continues to exert control over the smuggled migrant and to force him or her to work under exploitative conditions using the means set out above, the situation is no longer one of smuggling but that of trafficking. As well, smuggled migrants are often vulnerable to trafficking upon their entry into the destination country. The smuggled migrant may then be recruited, transported and exploited by a person who has no connection to the initial smuggler. For example, in the United States, Mexicans are often smuggled into the country where traffickers find them in a vulnerable position, recruit and traffic them to another region of the country for forced labour.

As a further means of distinguishing between trafficking and smuggling within the legal context, it is instructive to examine the different approach taken by the international jurists who drafted the smuggling protocol. The definitive difference in legal terms is highlighted when the smuggling protocol is juxtaposed with the trafficking protocol. As can be seen, the terms of the smuggling protocol do not focus on victims but upon the breach of the rights of a State party. The word "victim" does not appear in the smuggling protocol; in effect, the State is regarded as the "victim'. It can also be noted that trafficking can be international or internal in nature and can involve the legal as well as the illegal movement of people. Smuggling, on the other hand, always involves the illegal crossing of an international border.

United Nations Smuggling Protocol definition

The UN Protocol against the Smuggling of Migrants by Land, Sea and Air, states that:

(a) "Smuggling of migrants" shall mean the procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or a permanent resident

(b) "Illegal entry" shall mean crossing borders without complying with the necessary requirements for legal entry into the receiving State

2.1.4.2 The criminal

The second step to distinguish between the trafficker and the smuggler is to consider the crime from the perspective of the perpetrator and to ask: what was the intention of the act?

Trafficking in human beings differs from people smuggling in that the objective of the trafficker is to exploit the victim for his own profit, **after** their entry into a third country or other internal re-location has been accomplished, during the course of an exploitative and coercive relationship that will be sustained by the trafficker for as long as possible. In smuggling cases, the smuggler's relationship with the smuggled migrant normally ends once the fee is paid and the illegal entry has been achieved. It is the element of coercion, by whatever means, that is one of the key distinctions between the two crimes; trafficked victims are not free to end the relationship with the trafficker without risking serious consequences.

2.1.4.3 The victim

The third method is to consider the issue from the viewpoint of the victim and what has been inflicted on her or him. For smuggled migrants, whilst they may face acute risks of injury, abuse or even death during the smuggling process, there is no element of coercion or deception about the illegal objective of the relationship with the criminal smuggler.

Whilst evidence shows that smuggled migrants are often exposed to serious danger during the transportation phase, it is not characteristic for them to be subjected to systematic physical, sexual and psychological abuse or to be deprived of their liberty and subjected to exploitation over a significant period of time in the sex industry or illegal labour markets. However, most if not all of these characteristics are likely to be present in trafficking cases.

In some cases of internal trafficking, it may be very difficult to distinguish trafficking from traditional or accepted practices and therefore difficult to identify the trafficker or victim. For example, in Afghanistan, women and girls may be exchanged for debt relief or to end a blood feud.[2] The woman or girl exchanged has no say in the matter, is under the power and control of

her new husband and his family, and is often treated by the recipient as a domestic and sexual servant. In Indonesia there is also a tradition of sending children to the homes of wealthier relatives to serve as domestic helpers.[3] These children are often very young and, depending on the employer, may be subjected to physical and sexual abuse, long working hours, little or no pay, insufficient food and poor accommodation, and no opportunity for education or play. In many cases traditional practices are so normalized in society that the abuses and exploitation are not recognized. These practices should be reviewed from the perspective of the victim and in the framework of the UN Protocol. Each case should be separately analysed to determine if it constitutes trafficking.

2.1.4.4 The trafficking phenomenon

A basic understanding of the determining elements of the crime of trafficking is necessary for those preparing to interview presumed victims. The following points are intended to reflect the current state of knowledge regarding the complex criminal offence of trafficking in human beings and the trends associated with it. It should be noted that these trends vary from region to region and country to country and change with time as traffickers change their methods to escape detection. Therefore, the following are general remarks provided only as a background to the crime; they should be considered and adapted locally by service delivery organizations to reflect national or regional conditions.

Scale of trafficking

The actual scale of trafficking has never been accurately assessed for a variety of reasons, such as differences in definition among the different agencies involved, a lack of proper monitoring of the areas in which exploitation occurs and the concealment strategies of the traffickers, among others. Consequently, the estimated numbers of victims are markedly different. For instance, in 2005 the United States Trafficking in Persons Report estimated that between 600,000 to 800,000 persons were trafficked across international borders annually worldwide (not taking into consideration internal trafficking within countries);[4] UNICEF estimated that 1.2 million children are trafficked worldwide each year;[5] while the ILO estimates that 12.3

million people are subjected to forced labour worldwide, including at least 2.4 million as a result of human trafficking.[6]

Types of exploitation

Whether most trafficking victims end up in conditions of servitude for the purpose of sexual exploitation or forced labour is not known, but trafficking into sexual exploitation is currently the most widely recognized form. It appears to be the most profitable for the traffickers and the most physically and emotionally damaging for the victim because of the persistent physical, sexual and psychological abuse that accompanies it on a daily basis.

Which of the categories predominate in terms of numbers cannot be stated with any certainty, and will depend on the location. For instance, in the European Union, trafficking for the purposes of sexual exploitation currently appears to be the largest category. In other regions of the world, particularly in regions comprising countries of origin, such as Central and South-east Asia, Southern and West Africa and South and Central America, the situation is less clear and it is likely that trafficking for a variety of exploitative labour purposes in agriculture or sweatshops, or for street begging or selling predominates. On a global scale, taking both internal and external trafficking, it may be more accurate to regard trafficking for the purpose of labour exploitation as the single largest category. These national and regional differences emphasize the need for service delivery organizations to adapt the screening framework to reflect local circumstances.

Victims of trafficking

Similarly, it cannot be affirmed with any degree of certainty whether more men or women fall victim to trafficking. What can probably be said is that worldwide more women and children become victims of trafficking, although this may not be true of particular regions and countries, where young men and boys are often trafficked into bonded labour or as child soldiers.

National and regional variations and characteristics underline the need for service delivery organizations to be aware of such differences when considering the Pre-interview Assessment Indicators that constitute the first stage of the two-stage identification process set out below.

2.2 Pre-interview Assessment Indicators

The screening process consists of two stages:

- The assessment of a range of indicators that can be evaluated before actually interviewing the individual.
- An interview with the individual consisting of a set of questions focusing on the recruitment, transportation and exploitation phases of the trafficking experience.

The screening and identification process begins by considering the circumstances surrounding each case **before** asking the person concerned specific trafficking-related questions. Information concerning the topics listed below is likely to be available from the referring agency or, in the case of an individual who independently seeks service delivery organization assistance, can be gained through preliminary general questions.

Caution regarding indicators

It should be noted that the indicators listed below are intended to assist in the overall assessment process, are generalizations, and that exceptions exist in relation to all of them. Local circumstances and experience may indicate the need for additional indicators or adaptation of the indicators. Service delivery organization personnel should adapt and expand the process accordingly. All indicators should be considered cumulatively as none will provide the answer on its own.

The following indicators should be considered:

Age

All available indicators point to growth in the trafficking of children and very young adults. Generally speaking, therefore, the older the individual, the less likely the case is to involve trafficking.

Trafficking for sexual exploitation or forced labour will normally centre on younger victims, as traffickers and their associates know that arduous physical labour in slavery-like conditions demands younger and fitter in-

dividuals. The same can be said concerning trafficking into sexual exploitation, as client preference is for younger victims who are then more profitable than older ones. In the case of organ donation, the younger and fitter the donor, the better it is for the trafficker and potential buyer. As well, there are indications that younger people may be more easily deceived, coerced and controlled by traffickers, making them easier prey.

However, older individuals are also trafficked; for example, in South-east Asia, where elderly victims are trafficked to Thailand for the purpose of street begging. Nor is age a significant factor for the purpose of trafficking into domestic servitude or for seamstress work, which may involve women of varying ages.

However, as far as age can be one of many indications of trafficking, victims tend to be young. The number of minors trafficked increases yearly, and they are particularly vulnerable as they can be exploited in many different ways: in the sex industry, the illegal labour market, military service, in robberies or other forms of criminal activities, as domestic servants or for their organs.

Sex

Trafficking for sexual exploitation predominantly affects women and girls, since heterosexual prostitution remains the largest and most profitable form of prostitution. However, male trafficking for the purpose of prostitution, particularly of teenage and younger boys, is also increasing and should not be excluded. The latest intelligence assessments point to a rising trend in the internal and external trafficking of children for the purpose of paedophile abuse, sexual tourism, and use in the production of commercial and non-commercial child pornography, and that the risk can affect girls and boys equally.

The role and importance of sex in trafficking for labour exploitation depends on the type of labour involved; if the labour exploitation consists of physically demanding labour in mines, fields or on fishing vessels, it is more likely to affect males than females. Conversely, if the labour consists of light agricultural work, such as crop picking, or sweatshop labour or do-

mestic slavery, then it is more likely that the victims will be female. The scale of exploitation of either men, women or children of all ages for forced labour often occurs within a region and typically involves boys and men in physically demanding labour such as mining, fishing and harvesting, and girls and women in manufacturing sweatshops and domestic labour.

Nationality/Ethnicity

The supply chain of victims relies on the exploitation of a combination of factors including poverty, discrimination, and lack of opportunity. Although it cannot be excluded, it is far less likely that a victim of trafficking will originate from a wealthy industrialized country. However, there are exceptions. In particular, evidence on trafficking of children for purposes of sexual exploitation have increasingly noted victims of trafficking from wealthy, industrialized countries like the United States, often within internal trafficking flows. As well, in some regions certain ethnic minorities may be more vulnerable to trafficking than other populations.

Knowledge of local, regional and national conditions and trafficking trends is valuable in this context. Internal and regional trafficking patterns are often driven by the “pull” factor exerted by some cities inside a country, or of one country on another. Economic growth and client demand are significant factors influencing the direction, scale and composition of trafficking, whether it occurs locally, regionally or internationally.

Documentation

The geographical extent of the trafficking chain will have an impact on the use and relevance of documents. Clearly, in the case of internal trafficking, possession of identity documents may not have the same significance as in external trafficking cases. The point may not even arise, unless there is a legal requirement to always carry some form of identity documents and where traffickers deprive their victims of identity documents to control and coerce them into submission.

In the regional context, the use of genuine or bogus documentation may also be less prevalent because the victims, particularly children, often do not possess any form of identity papers and are clandestinely transported across porous "green" borders. Again, however, this varies by country and region, depending on border controls, as well as the ease or difficulty of getting falsified documents.

The use of documents is more prevalent in the case of intercontinental trafficking as this is more likely to involve the use of aeroplanes, trains or ferries, where the illegal entry will be an overt one requiring proof of identity and travel documents. Documents may be real, containing true information about the victim, or they may be falsified, using fake names or nationalities, and, not uncommonly, falsified birthdates to increase the age of minors. In such cases, the traffickers may give the passports or travel documents to the victim to pass through immigration or police control points and then collect them back again.

In the context of trafficking for sexual exploitation at the regional and intercontinental level, the seizure of documents is a regular feature of the control and coercion mechanisms used by the traffickers, and the lack of documents in the victim's possession can be a strong indicator of trafficking. However, it must be borne in mind that the same is true in the case of the majority of asylum seekers and some instances of people smuggling, and this indicator will have to be judged on its merits and according to the context and circumstances of each case.

Last location

The referred victim's last exploitative location immediately prior to referral to the service delivery organization will always be an important indicator. For instance, if the person was picked up at a mine, agricultural site, sweatshop, restaurant kitchen, fishing vessel, in domestic service or any place known for sexual exploitation such as brothels, call-girl agencies, bars, hotels and similar locations will always be a strong indicator of trafficking because of the close connection to conditions of exploitation and/or illegality.

Context

The circumstances leading up to the referral will also serve as key indicators, and the referring agency should be asked to provide as much information as possible concerning them. For instance, the removal from brothels by police, or a "client rescue" or a raid by immigration or police of a factory or a farm will always be relevant. Cases that involve the identification and rescue of trafficking victims by other NGO partners will help to simplify the screening process.

Signs of abuse

Any signs of physical injury can be a positive indicator of trafficking. Characteristically, traffickers subject their victims to persistent physical and psychological abuse that is not generally found in cases involving people smugglers. The key issue here for assessment, subject to the availability of such information, is the continued abuse. Smuggled individuals are abused and put at risk and, as case histories have shown, often even die during the transportation phase, but the necessary distinction to be made to decide whether the case is one of trafficking rather than of smuggling, is the extent and persistence of the abuse after arrival at the new location and the coercive, deceitful, exploitative relationship with the traffickers.

Assessment of the referring agency

The views and assessments of other referring professionals working in this area, including law enforcement authorities, immigration authorities, and other service delivery organizations, will always be of relevance for the screening process and should be included in the overall assessment.

Current service delivery organization knowledge and experience

Service delivery organization personnel have to evaluate all the above elements and ask themselves whether the information available on a particular case is consistent with their knowledge and experience of trafficking activities and manner of operation typical of the particular region.

Each indicator is capable of being interpreted in more than one way. Therefore it is important to evaluate them cumulatively when making a determination.

2.3 Screening Interview

2.3.1 SPECIAL CONSIDERATIONS FOR INTERVIEWING MINORS[7]

The following guidelines are recommended when interviewing minors (anyone under 18 years of age). Additional guidance on interviewing and caring for minors is provided in Chapter 5, section 5.6.

- Only staff trained in the special needs and rights of children should question child victims. Wherever possible, child victims should be questioned by staff of the same sex.
- Find out as much as possible about the child's case prior to the interview and make clear and friendly introductions (talking about something the child is familiar with helps to establish a rapport).
- Create a space that is safe and comfortable for conversation (include toys, books, games, etc., to help build a rapport).
- Establish a rapport by talking about, or doing things that are not related to the trafficking experience (e.g., discuss things the child is familiar with, play games).
- Dedicate adequate time for discussions and do not rush.
- Keep the atmosphere simple and informal (e.g., do not assume an air of interrogation or press for responses).
- Use appropriate and child-friendly language (pick up terms the child uses).
- Explain things in a manner the child can easily comprehend (use visual aids wherever possible).
- Questions should be adapted in order to take into consideration the age and mental capacity of the child.
- Begin with open-ended questions, allowing the child to give her/his own account. Avoid leading questions, e.g., "Did the person abuse you?" and use more open questions, such as, "What did the person do?"
- Do not pursue and press for details when there are signs that the child has told all s/he knows. However, also bear in mind that children will

leave information out if the right question is not asked, and will give the answer they believe the interviewer wants to hear.

- Interviews of minors should take place in the presence of a parent. In cases where this is not possible, due to a parent not being present or in case there is suspected or known family involvement in the trafficking, in the presence of a trained guardian, psychologist or social worker.
- Close the interview in ways that reassures the child that s/he has done well, and that you will be available whenever s/he needs to talk again.[8]

2.3.2 VICTIM RESPONSE AND TREATMENT

- **Whether an individual has become a victim of traffickers, is a smuggled or irregular migrant, has been exploited or abused or is otherwise vulnerable, the individual must be treated with sensitivity and due respect for her or his human rights.**
- **Recommended guidance for interviewing of trafficking victims is provided in the Ethical Principles in Caring for and Interviewing Trafficked Persons below.**

Screening interviews are likely to be a challenging task for the service delivery organization staff member who may be confronted with an individual who was able to survive and flee only by being very circumspect and suspicious of everybody and very careful with information. During a screening interview, it is not uncommon for trafficked persons to react to the interviewer in a traumatized, hostile, suspicious, aggressive or defensive manner, or a combination of these. It may be very difficult in the initial interview to obtain enough information to determine conclusively if the person is in fact a victim of trafficking.[9]

The person may not feel able or be willing to be interviewed and answer questions that relate to traumatic or painful events. Such inability or reticence may have many causes. In addition to the often legitimate fear and anxiety over the possible consequences for themselves or their families, they may in fact suffer from mild to severe memory loss owing to the trauma suffered. Memory loss is particularly acute in the time around the “initial

trauma" or the period when the individual first became aware of the danger they were in – which, of course, is also the period about which officials and others want to know more. However, pressing for details that the person either cannot or does not want to recall, or asking about events or periods that the person may have blocked out, may increase their anxiety and impede your ability to obtain information on other subjects.

Reluctance to reveal details

Victims of trafficking have many legitimate reasons why they may be reluctant to discuss the details of their trafficking experience, especially during initial interviews. A few are listed below. Service providers should be aware of these in order to be patient and non-judgmental in their approach to victims:

- **Fear of traffickers. Victims may be afraid of reprisals against themselves or their family.**
- **Fear of law enforcement. Victims may be fearful of being arrested for breaking the law – for illegal entry into the state, working without a permit, or for engaging in unlawful activities related to their trafficking (prostitution, drug use, etc.).**
- **Loyalty to trafficker. Victims may have personal relationships with those who trafficked them. The presence of such ties should not be presumed to be indicative that the person is not a victim or was acting voluntarily.**
- **Lack of trust. During the course of being trafficked, victims have often had their trust in people severely violated. Self preservation may make them very distrustful of others and suspicious of service providers' motives.**
- **Memory loss. Due to trauma or other causes (drug or alcohol use, for example) victims may not be able to remember all of the details of what happened to them. They may try to make up details to fill in blanks. Changes in the details of victims' stories may be a result of memory loss and should not be interpreted that the victim is being intentionally uncooperative.**

If a person shows acute signs of anxiety, the interview should be suspended or terminated until it is possible to continue. It is important during the course of the interview to monitor non-verbal forms of communication such as signs of fear or anxiety or acute tiredness. Whenever there are reasons to believe that the person being interviewed is suffering from acute

trauma, the assistance of a psychologist should be sought before proceeding further.

Within the framework of the interview guidance set out below, the approach of the service delivery organization interviewer should be to show understanding and to explain that the objective of the interview is to identify the most effective way for the organization to assist and protect, and that this can be done only if they have relevant information from the victim. The objective of the screening process is to decide whether an individual has in fact been trafficked and the questions below are designed to assist in that process. Everything should be done to put the individual at ease, such as providing comfortable furniture and surroundings in the interview room, and ensuring that the person's basic needs have been met – checking if they are hungry, thirsty, cold, or in need of a toilet.

The questions will have to be asked during the first meeting between a vulnerable and probably traumatized victim and the service delivery organization interviewer. How the interviewer conducts this initial interview will depend on the interviewer's assessment of the situation, considering among other things the person's condition and responsiveness. Obviously, the use of a questionnaire format is not likely to put the trafficking victim at ease and should therefore be best avoided wherever possible. The interviewer can decide which questions are relevant in relation to each particular case and adapt the interview accordingly.

Given the interview's importance in the screening process, it is essential that the person being interviewed actually understands what is being said. If there is any doubt as to the ability of the individual to understand the context and detail of the interview, an interpreter should be present to assist wherever possible.

The interviewer should bear in mind that the indicators and questions set out in this section are first and foremost designed to assist with the screening process, and not necessarily to be applied strictly in each and every case. As far as possible, the style of the interview should be determined by the condition of the victim.

2.3.3 ETHICAL PRINCIPLES IN CARING FOR AND INTERVIEWING TRAFFICKED PERSONS

Before interviewing or assisting victims of trafficking, all service delivery organization staff should carefully read and review Appendix I to this Handbook: Ethical Principles in Caring for and Interviewing Trafficked Persons.

2.3.4 USING THE SCREENING INTERVIEW FORM

The Screening Interview Form example provided at the end of this chapter (Annex I) is intended to assist in identifying victims of trafficking. This, or a similar form, may be completed in respect of individuals that are referred to the organization as identified victims of trafficking by other agencies, such as NGOs or police. Notwithstanding the assessment of the referring agency, the service delivery organization may still wish to go through this procedure in order to confirm the original determination and to formally create and open a file on the individual.

2.3.4.1 Interview checklist

The following basic checklist provides summary guidance in interview techniques for service delivery organization staff. Detailed information on interviewing victims of trafficking is provided in Appendix I: Ethical Principles in Caring for and Interviewing Trafficked Persons, and should be read carefully before beginning any interviews.

Conditions

- Where possible, ensure that the interview takes place in a closed private space where others cannot overhear or interrupt.
- The only persons allowed to be present should be the victim, the interviewer(s), an interpreter (where necessary) and a qualified support person (such as a child's guardian, legal or psychological counsellor) where appropriate.

- If there is any doubt as to the ability of the individual to understand the language of the interview, every possible effort must be made to secure the services of an interpreter.
- Mobile phones should be turned off.
- If a closed space is available, a "do not disturb" or similar sign should be placed on the door to prevent interruptions.
- If no closed and private space is available, the interviewer should endeavour to find as private a place as possible where the interview cannot be overheard.
- Avoid adopting a judgmental or interrogative style of interviewing.
- Try to establish a rapport with the individual that makes her/him feel respected and that she/he is someone whose views should be believed.

Introduction

- The interviewer should introduce her or himself to the individual and describe her or his role in the organization.
- Ascertain that the individual feels secure and comfortable.
- Ascertain whether or not she or he needs to use the bathroom or requires some refreshments.
- Ascertain if the individual is suffering from any pain or discomfort or whether the individual has any problems that require urgent medical attention.
- If the individual reports that she or he has an urgent medical problem, the interview should not proceed until a medical professional has attended and carried out an examination.

Explanation

- Give a brief explanation of the role of the organization in the provision of assistance to trafficked victims and of the purpose of the interview that is about to begin.
- Explain how the information provided will be used.
- Explain to the individual that the interview may include questions concerning the history of what has happened to her or him and that some of the topics may be upsetting, painful to recall and may bring back difficult memories.

- Tell the individual that she or he can take time in answering the questions and may take a break at any time if necessary.
- Ensure that the victim understands that the interview is voluntary and that the person is not required to answer any questions. Explain that the more information that can be provided, however, the better the organization may be able to help. Explain any limitations to the assistance the organization can provide (for example if assistance is only for trafficked persons, irregular migrants, children, etc.)
- Explain that if the organization is not able to provide direct assistance because the individual does not qualify, the organization will try to help and identify a qualified group or individual that can provide assistance.

Final points before beginning the interview

- Inform the individual that all answers will be kept strictly confidential. Specify what will happen with the information provided and how and with whom it may be shared.
- Explain to the individual that she or he can ask questions at any time or seek clarification or repetition of what has been explained or stated at any time.
- Ascertain that the individual has clearly understood all of what has been explained.
- Ask the individual if she or he has any questions at this stage.
- Ask the individual if she or he agrees to participate in the interview.

2.3.4.2 Completing the Screening Interview Form

The Screening Interview Form (see Annex I) is divided into the following six sections:

- Registration and case data
- Recruitment phase
- Transportation phase
- Exploitation phase
- Additional corroborative material
- Decision

Each section is to be completed, although the extent to which this will be possible will depend upon the level of cooperation provided by the individual. The interviewer should bear in mind that individuals may exhibit a range of responses such as open hostility or trauma and that the manner and timing of the interview may have to be adjusted accordingly.

Before being interviewed, an individual should be informed that:

- **All answers will be kept strictly confidential by the service delivery organization.**
- **It is necessary to answer the questions to enable the service delivery organization to determine the most appropriate assistance in the particular case.**
- **A refusal to answer the questions might preclude any assistance being provided by the service delivery organization as such assistance may be strictly reserved for victims of trafficking.**
- **That at the end of the interview they will be informed about the kinds of services and assistance for which they may be eligible, information about organizations which may be able to assist them, where and how they can report any criminal offences against them if they choose to do so, what sort of legal assistance or protection may be available for them.**

The questions below correspond to the questions on the Screening Interview Form provided in Annex I at the end of the chapter. The comments below are presented in general terms and exceptions are possible to all of them. No single answer to any of the questions can resolve the issue on its own; they must be considered cumulatively together with the pre-interview assessment indicators described above.

Recruitment phase

1. How was contact initiated between the individual and the recruiter?

   Contact is either initiated by the trafficker through a network of personal or family contacts, or the victim, for instance by responding to an advertisement for employment abroad.

In cases of internal or regional trafficking, particularly for forced labour, the recruitment is often no more complicated than direct personal contact with the individual or the family. Where children are concerned, they may be sold by destitute parents or allowed to go with the "recruiter" (who could be a close or distant relative) for what the parents may believe to be a better future for the child. Often it is expected that the child would return and in the meantime to have earned some money or learned some useful skills. The interviewer should be careful not to demonize the parents, who may care very deeply for the child and may have felt that they had little choice but to send the child away.

In some regions, trafficking for labour exploitation has a long history and has become a part of the local way of life. In such cases, no formal or recognizable recruitment structure may exist, but rather, arrangements may be made through existing networks of personal contacts in villages or towns, where the recruitment may even be seasonal for agricultural labour. In some instances, particularly in the trafficking for forced labour, recruitment may be no more than the knowledge of a particular opportunity through word of mouth; the individual may initiate movement of their own accord. In other cases, there are very structured mechanisms in place to support labour migration, and recruitment for trafficking may be hidden within these same structures.

Where sexual exploitation and transnational transfers are involved, recruiting is sometimes done through advertising in the print media, the radio, TV or the Internet. The ads typically offer a variety of opportunities abroad, such as job offers, language courses or tourism. It is also not uncommon for young women to be recruited by a man who has taken time and effort to establish himself as her boyfriend prior to trafficking her. Both male and female traffickers may also befriend female potential victims not only as boyfriends but also as kind individuals who are willing to help out girls in distress (for example, those facing economic problems or difficult family relationships). They deceive their victims by exhibiting lavish lifestyles (allegedly on the proceeds of a job similar to the one promised) and convince victims that they too could lead a similar life.

2. What kind of job was promised or expected, either at another location in the home country, or abroad? What were the wages and conditions promised or indicated at the final destination?

Trafficking involves a wide range of exploitative situations, and whether or not the individual knew in advance the precise nature of the work or the conditions under which the work would be conducted, will depend on the circumstances of the case and the way the traffickers work. What can be safely assumed is that the individual was deceived either concerning the nature of the work, or the conditions, and/or the payment she/he would be receiving. Trafficking victims may have been completely or partially deceived regarding the work or activity. For instance, they may know the kind of job they will be expected to do, but not the working conditions or the level of payment; for example, women and girls may be told that they are going to work as waitresses or dancers, but not that they would also have to "entertain" their clients, nor how. Often the nature of the work is known, but not that the workers will be kept in slavery-like conditions with little or no wages.

In some instances, local authorities or organizations in both origin and destination countries may be familiar with particular job promises and recruitment strategies that have been used. Local intelligence may be helpful in flagging particular trafficking networks.

3. Was any money handed to the recruiter in advance?

Often the financial arrangements are pivotal because the crime is usually committed for financial gain; however, it should be borne in mind that trafficking is not only done for financial gain but also for other motives, such as, for example, trafficking for military service, servile marriage, or domestic service.

Trafficking often involves some form of debt bondage where the victim is kept in bondage and forced to pay off a debt out of the earnings retained by the trafficker.

4. Was the individual transported by force out of the country of origin or to another location inside the country to be exploited?

In some instances, trafficking victims, especially children or young adults, may be abducted. Abduction is always a very strong indicator that trafficking is involved.

Transportation phase

5. Who paid the travel expenses?

Again, in many trafficking cases, both for sexual and for labour exploitation, the victims are usually impoverished and rarely have the money to pay for their own travel. In some instances, the traffickers will pay these costs as part of their recruitment strategy. However, upon arrival, victims earning are taken and traffickers control their victims through this debt. Any account of this kind is a strong indicator of trafficking. It should also be noted that in many cases of smuggling the smuggler pays the expenses and the smuggled migrants have large debts that they must repay to their smuggler out of their earnings in the destination country. Depending on the arrangements for repayment and the conditions in which the migrant was kept upon arrival, cases which appear to be smuggling may really be cases of trafficking if the real intent of the "smuggler" was to place the victim in debt bondage and to exploit them at the point of destination.

It is important to note that travel expenses can also be incurred and paid for by traffickers in internal trafficking cases. In other instances, particularly internal or regional trafficking, where movement may not be expensive or difficult, victims of trafficking may initiate travel on their own, based on reported opportunities of employment at the place of destination. Upon arrival, traffickers use their vulnerability to "recruit" and force them into a place of control and exploitation.

6. Were any borders crossed and, if so, were they crossed clandestinely or openly? If openly, were the documents used to gain entry the trafficking victim's own identity documents or false ones, or were false visa entitlements used?

Many trafficking victims cross borders clandestinely, either on foot or concealed in vehicles, but many also travel openly, using their own genuine documents that may or may not contain false visa entitlements, or they may be given forged or stolen documents.

Transportation procedures largely depend on the context and location. Entry into a neighbouring country or inside the region may be more easily achieved by covert means; whereas travel and entry into more distant countries is more likely to involve overt travel and the production of documents, as it normally involves travel by air, train or ship and involves border controls through which the victims must pass.

Moreover, in cases of trafficking where recruitment is achieved through deception, the traffickers have an interest in maintaining an appearance of legality by using the victim's own documents; not to do so risks triggering suspicion on the part of a deceived victim. In cases involving sexual exploitation, particularly in Europe and North America, victims are mainly moved openly with their own or good-quality fake documents, since traffickers can exploit their victims more effectively if they can move them freely around the country of destination, rather than having to keep them hidden as illegal entrants.

7. With whom are the documents now?

Trafficking victims are not normally allowed to keep their own documents, as they may use them to escape. Confiscation of documents is a typical control measure used by traffickers to intimidate and coerce their victims. But, as stated earlier, it should be borne in mind that the absence of documents is also a feature in asylum and smuggling cases.

However, there are indications that these trends are changing and that in some contexts victims retain their documents, but are coerced or threatened to stay in other ways. Therefore, if someone has their documents, it should not be assumed they that are working freely.

8. Did the victim spend any significant amount of time in transit in third countries and, if so, did she or he engage in any activity in these countries? What type of activity was involved?

   Trafficking victims are not always transported directly to the country of final destination. Frequently the process can extend over a significant amount of time, even weeks and months, and involve a number of different transit locations in which the victims may be coerced into exploitative activities. Where such a case history exists, it can be a strong trafficking indicator.

Exploitation phase

9. What activity has the individual been engaged in since arriving at the final destination?

   The objective of trafficking in human beings is some form of coercive exploitation, whether it is sexual or labour or any of the other identified forms of exploitation. Therefore, evidence that the victim was forced to engage in activities such as forced labour, prostitution, street begging or selling, or domestic servitude is a clear indicator of trafficking, including internal trafficking (or, in cases of alleged trafficking for human organs, if the victim has one or more organs removed).

   As the primary objective of trafficking is the exploitation of the victim for profit, the confiscation of all or most of the wages due to the victim for his or her work after arriving at the final destination is a key indicator of trafficking.

10. How soon after arrival at the final destination did this activity begin?

    The timing is a key indicator. In trafficking cases, the exploitation phase will generally begin immediately or very soon after entry since the trafficker is interested to realize profits or derive services from the victim as soon as possible. If there is a significant time gap between the arrival and the beginning of an exploitative activity, it may instead indicate the presence of an irregular migrant engaged in irregular work under ex-

ploitative conditions as a result of being unable to secure regular work as an undocumented migrant. However, it could also be an indicator of the person having been internally trafficked by persons other than those who smuggled them into the destination country.

For example, a woman may enter a country legally or illegally of her own free will, either independently or with the help of smugglers, and then subsequently work as a prostitute, independently of those who smuggled her. That is not a case of trafficking. However, if a pimp recruits her after her arrival with the intention of moving her and coercing her into working for him under slavery-like conditions, the case would become one of trafficking.

11. Was the person coerced into engaging in any activity? If so, how?

The existence of a coercive relationship is central to the crime of trafficking. The extent to which a victim is forced to engage in an activity is likely to vary depending on whether the victim was abducted or deceptively recruited. In abduction cases, the victim has been coerced from the very outset of the crime. In cases where the victim has been entirely deceived as to the nature of the work, the element of coercion is likely to come into play immediately; for example, a victim who genuinely believed that she was going to be employed as a dancer or waitress will have to be coerced into prostitution after arrival as she becomes aware of the trafficker's true intentions.

Alternatively, in the case of victims who knew in advance of the requirement to work in illegal labour or the sex industry, coercion may enter the picture only after they become aware of the real nature of the working conditions and/or the withholding of their wages.

Traffickers employ various methods to coerce their victims that not only deprive them of their free will and dignity, but also prevent their escaping. Such methods include the use or threat of physical, sexual or psychological violence against the victims, or against their family or other persons close to them, social and linguistic isolation, the creation of fear of exposure, stigmatization and rejection, insecurity and suspicion against the police, and deep distrust of any outside authority or

agency. Traffickers may also develop a dependence on alcohol or drugs amongst their victims, and control their access to food and water. They may also control and monitor them with weapons, camera surveillance, or dogs. If these or similar experiences are found to affect the person being interviewed, they are strong indicators of trafficking.

12. How much money did the individual earn through this activity?

The earnings will vary with the kind of activity involved. A woman trafficked into prostitution, for instance, may well earn more in one day than a forced labourer in a whole week. However, it is also a fact that the person concerned may never have seen any, or only a small part, of such earnings since they are frequently retained by the traffickers and their accomplices, sometimes with the false promises that payment will be made at the end of the service period.

Moreover, in some situations payment is not foreseen at all, such as in domestic service, where the victim works in exchange for food and lodgings, or in trafficking for military service, where the victims participate in the ransacking and share in the plunder, or are provided with food and drugs instead of wages.

13. Was the individual allowed to keep the earnings?

In the majority of cases, trafficking victims are deprived of all or most of the wages they may have earned, either for the repayment of alleged debts, or under the guise of deductions for other purposes, or simply denied. In contrast, smuggled migrants can earn money once they have arrived. They maintain control over it and spend it either locally or remit some of it to their families in the country of origin.

However, even when there is evidence that an alleged victim has been remitting money home, this does not invalidate the allegation of having fallen prey to traffickers, as traffickers may be paying small amounts to their victim to keep them complacent and prevent attempts at escape, or they may establish bogus accounts in the name of a victim's family and use it to launder their proceeds.

14. Was the alleged victim made to repay a debt by the traffickers and their accomplices? If so, how much and for what?

As stated earlier in this section, debt bondage is a common feature of all forms of trafficking, whereby the victims incur vastly inflated debts in return for the provision of documents, visa entitlements, travel costs, accommodation, and other expenses. Victims' debts may also be compounded on arrival where they are charged inflated prices for food, clothing or accommodation, are required to purchase materials needed to do the work, or with false claims of damage or theft, making it nearly impossible ever to pay off their "debts".

Examples from countries around the world abound. For example, it is common for West African and Thai females to be levied a debt bond of between USD 30,000-50,000 to be repaid to the traffickers out of their earnings as prostitutes. In Latin America, money is advanced to the victims either for their migration expenses or for other purposes, such as a loan for the family for health expenses or for buying a house. These debts are then used against the women to keep them in exploitative conditions. In Ethiopia, women trafficked abroad for domestic labour exploitation are expected to pay back costs incurred by the trafficker to arrange travel and documentation as well as fees for arranging the "employment". Victims are informed by their employers after arrival that payment has been made to the broker (trafficker) for their services thus compelling them to work for free until such time that the employer decides that the amount is paid in the form of services. In Ethiopia there are also cases where trafficked women who find themselves in forced prostitution or exploitative domestic service have been asked to pay for allegedly broken/damaged/stolen goods in the place of work estimated at exaggerated amounts, worsening pre-existing debt bondage.

15. What were the working conditions like?

The more inhumane and restrictive the working conditions are, the greater the likelihood that the case is one of trafficking. Continuous control of the victim in conditions of extreme exploitation is a central feature of trafficking.

16. What degree of freedom of choice and movement did the individual have?

    Trafficking victims will be given little or no freedom regarding the nature of the work, the working hours or the services they are required to provide. Moreover, in many cases they will usually not be allowed much freedom of movement and are often held in conditions amounting to sequestration, unable to go outside except in the company of one or more of the traffickers.

Additional corroborative material

Additional supporting material may be used to corroborate the victim's account and help in the decision-making process. Documents or other supporting material may be available from the police or NGO partner, or be provided by the victims themselves. The following are examples:

- Police or immigration reports;
- Any travel documentation or travel tickets;
- Immigration departure or landing cards;
- Reports of any medical treatment provided for any injuries both prior to referral and treatment provided through the assistance process;
- Copies of employment contracts or copies of the original advertisement;
- Diary entries, letters written by the victim;
- Witnesses' testimonies;
- Photos on the situation of exploitation;
- Medical or psychological analysis.

Decision

At the end of the interview, the interviewer should cumulatively evaluate all of the available material in relation to the three categories discussed above:

- Pre-interview assessment indicators (see section 2.2 above)
- Answers provided by the victim during the screening interview
- Additional corroborative material (as described above)

Having done this, it will be necessary to decide, as accurately as possible under the circumstances, and based on all the available information, whether the person interviewed is a victim of trafficking, a smuggled migrant, an independent economic migrant in an irregular situation, or another category of exploited or vulnerable individual in need of assistance. Once the decision is made, the service delivery organization will decide if they are able to assist the person through their programme or if they can refer the individual to another agency for assistance.

In cases where individuals are screened as **not** being eligible for assistance as a victim of trafficking, or where the individual declines the offer of assistance, it is recommended that the interviewer records a brief summary of the reasons behind the decision in the "Remarks" box. This can provide a measure of self-protection against any subsequent complaint, and also may be used to improve the programme procedures in future.

In either case, the person interviewed should be informed about the kinds of services and assistance for which they may be eligible, information about organizations which may be able to assist them, where and how they can report any criminal offences against them if they choose to do so, and what sort of legal assistance or protection may be available for them.

Additional points

The final box shown on the form is for "Remarks" and is to be used to record any other relevant data which are not already recorded elsewhere on the form.

Note: The category "NA" is shown as a response option to a number of the questions. In this context, the response "NA" means that the requested data is "Not available". Therefore, if the response to any given question is that the answer is "not known" to the individual, or that the question is "not applicable" to the individual or the circumstances, or that the question was "not answered" by the individual, the generic response "NA" would be ticked.

Notes

[1] http://www.uncjin.org/Documents/Conventions/dcatoc/final_documents_2/convention_eng.pdf; http://untreaty.un.org/English/notpubl/18-12-a.E.doc

[2] IOM (2003). *Trafficking in Persons: An Analysis of Afghanistan.* International Organization for Migration, Kabul, Afghanistan.

[3] Rosenberg, R. (Ed.) (2003). *Trafficking of Indonesian Women and Children*. International Catholic Migration Commission and the Solidarity Center: Jakarta, Indonesia.

[4] U.S. State Department (2005). *Trafficking in Persons Report:* June 2005. United States Department of State, Washington, DC.

[5] UNICEF (n.d.) Fact Sheet:Trafficking. UNICEF. Downloaded from http://www.unicef.org/protection/files/trafficking.pdf

[6] ILO (2005). *A Global Alliance Against Forced Labour: Global Report under the Follow-up to the ILO Declaration on Fundamental Principles and Rights at Work 2005.* International Labour Office, Geneva, Switzerland.

[7] For additional guidelines for interviewing and assisting minors, please see also: *Guidelines on the Protection of Child Victims of Trafficking:* Provisional Version. 2006. UNICEF, Child Protection Section, NY; *UNICEF Reference Guide on Protecting the Rights of Child Victims of Trafficking in Europe*. 2006, UNICEF Regional Office for CEE/CIS http://www.unicef.org/ceecis/protection_4440.html; United Nations Convention on the Rights of the Child: General Comment on Treatment of Unaccompanied and Separated Children Outside their Country of Origin: http://www.unhchr.ch/tbs/doc.nsf/(symbol)/CRC.GC.2005.6.En?OpenDocument; *Let's Talk: Developing Effective Communication with Child Victims of Abuse and Human Trafficking.* September 2004.UNICEF: Kosovo.

[8] Home Office, Crown Prosecution Service, et al. (2001). *Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, Including Children.* London: Crown copyright.

[9] In such cases, the person should be treated as a presumed victim, given time to recover and reflect, and be provided appropriate services until a firm determination can be made.

Annex I Screening Interview Form

International Organization for Migration

IOM-OIM

Screening Interview Form

IOM Mission in _____ **Confidential**

Registration Data **IOM Individual ID:**

Name: **Surname:** **Nationality:**
Gender: (M/ F) **Country of birth:**
Date of Birth: (dd-mmm-yyyy) **Place of birth:**

Case Data

Type of referring organization: (NGO/ IO/ Law Enforcement/ Embassy/ IOM Mission/ Self-referral-Walk-in/ Other/ NA)
Specify- Name:
Location:
Screening date: (dd-mmm-yyyy)
Screening location:
Name of IOM CT Interviewer:
Interviewee's language:
Interpreter? (Yes/ No)
Name of interpreter:

RECRUITMENT

How was contact initiated between the individual and her/his recruiter?
(Personal Contact/ Newspaper advertisement/ Radio advertisement/ Internet Advertisement/ Television advertisement/ Sold by family member/ Kidnapped/ Other)

If OTHER, specify

What kind of work did the individual believe s/he was going to be engaged in following arrival at the final destination?
(Au pair/ Baby-sitter/ Agricultural work/ Domestic work/ Sweatshop labor/ Selling / Begging/ Other form of low-level criminal activities/ Dancer-Entertainer/ Sex-worker/ Waitress/ Other/ NA)

What was the individual told would be her/his salary following arrival at final destination?
(Equivalent in USD per month)
Did the individual pay any money to the recruiter in advanced? (Yes/ No)
If YES, how much? (Equivalent in USD)
If NOT recruited, was the individual forcibly abducted by the traffickers? (Yes/ No)
If YES, was the individual abducted and forcibly transported to another location in her/his country of origin? (Yes/No)
Was the individual abducted and forcibly transported out of her/his country of origin? (Yes/No)

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IOM Mission in _____ **Confidential**

TRANSPORTATION

If any travel costs were incurred before departure, who paid them?

Specify the means of transportation used: (On foot / Vehicle / Ferry / Train / Aircraft / Other / NA)

Did the individual cross the border at an official entry point? (Yes/ No)

If NO, where and how border was crossed-

If YES, specify-

Did the individual use her/his own identity documents or were false identity documents provided? (Own/ False-Forged/ NA)

Was an entry/exit visa required? **Entry visa:** (Yes/ No)

Exit visa: (Yes/ No)

Where are the identity documents now? (With the individual/ With the employer/ With the police/ With the trafficker/ NA)

Did the individual spend any time in transit countries? (Yes/ No)

If YES, specify-

Did s/he engage in any activity in these countries? (Yes/ No)

Which activity?

(Au pair/ Baby-sitter/ Agricultural work/ Domestic work/ Sweatshop labor/ Selling / Begging/ Other form of low-level criminal activities/ Forced military service/ Dancer-Entertainer/ Sex-worker/ Waitress/ Other/ NA)

EXPLOITATION

What activity has the individual been engaged in since her/his arrival at the final destination?

(Au pair/ Baby-sitter/ Agricultural work/ Domestic work/ Sweatshop labor/ Selling / Begging/ Other form of low-level criminal activities/ Forced military service/ Dancer-Entertainer/ Sex-worker/ Waitress/ Other/ NA)

If OTHER, specify

How soon after arrival at the final destination did this activity begin? (During the week of arrival/ A week after arrival)

Was the individual forced to engage in any activity against her/his will? (Yes/ No)

If YES, how? (Threats/ Physical violence)

How much money did the individual earn from this activity? (Equivalent in USD/month)

Was the individual allowed to keep her/his earnings? (Yes/ No/ Partially)

Did the individual have to pay a debt to recruiters/transporters/exploiters? (Yes/ No)

If YES, specify- **How much? (Equivalent in USD/month)**

What was the debt for?

What degree of freedom of movement did the individual? (Totally denied/ Only accompanied/ No restrictions imposed/ NA)

What were the conditions of exploitation?

Excessive working hours
Limited/ no freedom of choice

IOM Mission in _____ **Confidential**

CORROBORATIVE MATERIALS

Additional corroborative materials

- **Police or immigration reports**
- **Any documentation or travel tickets**
- **Immigration departure or landing cards**
- **Medical reports relation to abuse suffered during the trafficking process**
- **Copies of bogus employment contract or copies of the original advertisement**
- **Letters written by the individual**

DECISION

Is the individual a VICTIM of TRAFFICKING? (Yes/ No)

if NO: (Smuggled migrant/ Victim of other type of crime/ Irregular migrant/ Suspected infiltrator)

Is s/he willing to return home? (Yes/ No)

Is s/he eligible for the IOM ASSISTANCE Programme? (Yes/ No)

If NO, why? (Declined IOM assistance/ Has deportation order/ Suspected infiltrator/ Other)

If OTHER, specify

If DECLINED IOM ASSISTANCE, why?

(Is afraid/ Wants to stay in the country/ Does not trust IOM or NGO/ Other)

If OTHER, specify

Remarks

Referral and Reintegration Assistance

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Introduction

The purpose of this section is to provide service delivery organizations with a step-by-step guide on how to best assist screened and identified victims of trafficking, from the point of first screening and status determination as a victim of trafficking, through to the referral and reintegration process, whether in the victim's country of origin, the country of destination or a third country.

Respecting victim preferences and needs for protection

Return to the country or community of origin is not always the best solution or the desired solution for the victim. Organizations working on behalf of victims therefore need to take into consideration that some trafficked persons may fear persecution or threats to their life or freedom in countries of origin and may thus be unable or unwilling to return. Victims who express an inability or unwillingness to return should be referred to asylum procedures or to other specific protection mechanisms for victims of trafficking in countries of destination or transit. Organizations may also wish to advocate on behalf of the victim for a longer stay in the country of destination or for permission to move to a third country, if that is the desire of the victim. Assistance providers should also keep in mind that return to the country of origin should not require that the victim return to the community of origin unless that is the victim's preference. If possible, services should be provided to assist the victim in relocating to a community of his or her choosing.

This chapter is presented in two interrelated parts:

- Referral and relocation
- Reintegration assistance

The two sections offer an extensive review of various assistance options and guidelines and comprehensive explanations on how to use each section. Nonetheless, due to the very nature of trafficking in human beings it must be stressed that each case must be dealt with individually, on a case-by-case basis, and that this section cannot be said to be fully exhaustive as

to the full range of options that could be available to a specific individual in a specific country.

Furthermore, it is recognized that certain types of reintegration assistance might not be available in certain cases, perhaps because of financial constraints or due to the particular national context. It is also unlikely that any one organization will provide all of the assistance a victim requires or will be able to assist the victim throughout the process of identification, referral, return and reintegration. However, the Handbook is designed for all organizations working at all stages of the protection and assistance process and in countries of destination, transit and origin.[1] Therefore not all of the sections will be equally relevant for all organizations. Service delivery organizations are encouraged to read the entire chapter in order to understand the full process and to improve coordination amongst organizations; however, they should bear in mind that only some of the sections will relate to the services they themselves provide.

The subject of shelters and other facilities that provide direct assistance to victims is a particularly complex and sensitive issue with important implications for both the referral and the reintegration process; accordingly, specific issues related to shelter management are addressed separately in Chapter 4.

Issues imperative for the effective referral and reintegration, such as mental health and related approaches, must be considered at all stages and it is therefore essential that this chapter is read in conjunction with Chapter 5 on Health.

BASIC PRINCIPLES FOR PROTECTION AND DIRECT ASSISTANCE

Based on relevant human rights principles and the United Nations Palermo Protocol, the following key principles should guide all assistance and protection measures, including shelter activities, undertaken by service delivery organizations:

Respect for and protection of human rights

As trafficking in itself constitutes a serious human rights violation and often leads to further violations of the rights of victims of trafficking, all assistance and protection efforts should strive at the restoration of the victims rights and the prevention of further violations. Human rights underpin all aspects of humanitarian work. Service delivery organizations should take care to respect the basic human rights of all assisted victims as expressed in the major global and regional human rights instruments, the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination against Women, and other relevant international instruments and standards, including General Comments from the human rights monitoring bodies and the OHCHR Recommended Principles and Guidelines on Human Rights and Human Trafficking. Victims of trafficking should also be made aware of their rights and responsibilities under these instruments.

Informed consent

All assistance provided to victims of trafficking should proceed on the basis of the victim's full and informed consent. From the initial admission of the trafficking victim to the service delivery organization programme up to the victim's full reinsertion into society, it is incumbent on service delivery organizations and their partner organizations to explain relevant actions, policies and procedures in such a way that the victim can understand them before seeking consent to any proposal or action.

Assuming the victim is literate it is recommended that at some stages in the assistance process, the victim be required to indicate her or his consent in writing. If staff cannot communicate in a language the victim understands, all necessary efforts should be made to secure the assistance of an interpreter for oral and written communication.

In the case of a child victim, their guardian should be consulted on all matters and consent to any action taken. Pursuant to Article 12 of the Convention on the Rights of the Child (CRC), a child's views and wishes should

be elicited and taken into account. To allow for a well-informed expression of such views and wishes, it is imperative that such children are provided with all relevant information concerning, for example, their entitlements, services available including means of communication, the asylum process, family tracing and the situation in their country of origin (CRC arts. 13, 17 and 22 (2)). In guardianship, care and accommodation arrangements, and legal representation, children's views should also be taken into account. Such information must be provided in a manner that is appropriate to the maturity and level of understanding of each child. As participation is dependent on reliable communication, where necessary, interpreters should be made available at all stages of the procedure.[2]

Non-discrimination

IOM recommends that service delivery organizations have a written policy of non-discrimination to ensure that staff provides the best possible assistance to victims of trafficking without discrimination on the basis of gender, sexual orientation, age, disability, colour, social class, race, religion, language, political beliefs or any other status. Service delivery organizations should also take care that partner organizations and organizations to which victims are referred to observe the same obligation in regard to trafficking victims.

Confidentiality and right to privacy

All information and communication regarding the victim must be treated with due regard for the victim's right to confidentiality and privacy. From the first meeting with the victim up to the completion of the assistance process, staff should assure the victim that all personal information regarding the person and the particular case will be kept confidential. Confidential information includes, but is not limited to: information provided by the victim, information provided by health and other service providers and information regarding the victim's legal status. Service delivery organizations should ensure that staff handle all victim data responsibly, only collecting and sharing information related to the victim within the limits of the "need-to-know" principle and with the victim's informed consent.

IOM recommends that organizations have a stated policy that no information should be released without the prior knowledge and informed consent of the victim concerned, except where the victim's safety or the safety of others is at issue. For more information and recommendations for procedures regarding the storage of personal data please refer to Chapter 1, section 1.2 and Chapter 5, section 5.17.

With regard to child victims of trafficking, the Committee on the Rights of the Child has, in paragraphs 29-30 of its General Comment No. 6, stated that States parties must protect the confidentiality of information received in relation to an unaccompanied or separated child, consistent with the obligation to protect the child's rights, including the right to privacy (art. 16). This obligation applies in all settings, including health and social welfare. Confidentiality concerns also involve respect for the rights of others. For example, in obtaining, sharing and preserving the information collected in respect of unaccompanied and separated children, particular care must be taken in order not to endanger the well-being of persons still within the child's country of origin, especially the child's family members. Furthermore, information relating to the whereabouts of the child shall only be withheld vis-à-vis the parents where required for the safety of the child or to otherwise secure the "best interests" of the child.

Self-determination and participation

In recognition of the right and need of victims to make their own informed choices and decisions, service delivery organization staff should encourage them to participate as much as possible in the decision-making process regarding them. Staff should strive to work together with the victims towards the restoration of their self-respect and autonomy and to strengthen their confidence to assume responsibility for themselves and regain control over their lives and their future. With regard to the specific rights and needs of children, please see section on "Informed Consent" above.

Individualized treatment and care

While recognizing that trafficking victims share a number of common experiences and circumstances, staff should acknowledge the individuality of victims, including individual, cultural, gender and age differences and differing experiences of persons before during and after being trafficked, and, to the extent possible, provide personalized care and assistance. Throughout the assistance process, staff should strive to provide the most appropriate protection, assistance and support measures appropriate to the needs and circumstances of individual victims.

Comprehensive continuum of care

The services provided should be part of a holistic approach to aiding the recovery of trafficking victims, thereby offering a comprehensive continuum of care in accordance with their physical, psychological and social condition. In order to ensure the appropriate nature and quality of the assistance offered to trafficking victims, and to ensure that as many of the victim's needs as possible are met, service delivery organizations should consider collaborating with other experienced assistance providers and establishing cooperation agreements and referral mechanisms regarding the provision of appropriate and comprehensive services to victims.

Equitable distribution of resources

Service delivery organizations should strive to distribute and provide all services, materials and resources equitably and according to the needs of the victims. Service delivery organization staff should keep in mind other services that might be available for victims and should assist victims in accessing all available resources and services, including services provided by non-governmental, intergovernmental and state organizations.

Best interests of the child

All assistance and protection provided to children should be based on the principle that the best interests of the child will always be the paramount

consideration. Issues in regard to providing assistance to minors are incorporated throughout the chapter. Additional guidance for caring for and interviewing children is provided in Chapter 5, section 5.6.

3.1 Referral and Relocation for Assistance

Operational procedures for the safe and dignified referral of, and initial assistance to, victims, whether from abroad or from within their home country, are outlined in this part of the chapter.

3.1.1 INTERNATIONAL REFERRALS

There are four main scenarios regarding victims in destination or transit countries:

- The victim was referred to the service delivery organization for voluntary return assistance by another agency, such as the police or NGO partners.
- The victim approached the service delivery organization directly for return assistance, or a referral was made by the family or persons close to the victim, or a client.
- The victim is returned by another organization, e.g., an NGO or state institution, and the service delivery organization provides assistance only in countries of transit and origin.
- The victim seeks permanent or temporary residence in the destination or transit country.

In the first three, it will be necessary for the referring[3] organization in the destination or transit country to arrange for assisted voluntary return of the victim as well as immediate pre-departure assistance, and to plan for re-integration assistance such as medical, psychological, and legal counselling, to be provided by a receiving organization in the country of origin.

In the case of a foreign victim seeking a residence permit in a destination or transit country, it will be necessary for the service delivery organization to

refer the victim to and liaise with the appropriate authorities in the country, including asylum authorities, such as UNHCR, in cases where the victim expresses a fear of returning home.

3.1.1.1 International travel preparation procedures

In order to respect the rights of victims, organizations must ensure that the victim's return is voluntary and based on the victim's informed written consent. To that end, service delivery organizations providing assistance with return may wish to have victims sign a voluntary return declaration.

The average length of time needed to organize an assisted voluntary return will depend on the circumstances in each country and related to each individual. Time is required to secure all of the necessary documentation, of course, but time is also necessary for psychological and medical stabilization and to provide victims with an opportunity to reflect on their options in a safe and secure environment before making significant decisions.

This time factor will play a significant role in the delivery of services before the return of the victim. In most cases, the process of securing return to the country of origin will take several days or weeks and this will determine the range of services to be provided. The victim's immediate well-being is the main concern during the pre-departure phase; therefore, priority is usually given to security and health issues, but other services may be offered as time and availability allow.

During the initial encounter with the victim and in the absence of any pressing needs, the victim should be allowed to recover during the first day and informed that a staff member will review plans and assistance possibilities with them later, often the following day.

Pre-departure medical assistance

Pre-departure medical assistance is usually limited to basic health care or emergency health care, and a basic medical assessment. During the basic medical assessment, special attention should be given to any med-

ical condition that might be highly infectious (e.g., tuberculosis) and affect the health of other victims, or service delivery organization staff or pose a public health risk during accommodation and travel. The medical condition of the victim is assessed to determine whether or not there are any health problems that could hinder her or his safe travel, or require medical support for the land and/or air portions of the return travel.

This question should be handled with care and any medical treatment limited to respond to urgent physical or psychological needs only. There are risks in starting a victim on a longer-term course of treatment and/or medication that cannot be sustained in the country to which s/he is being returned, for instance, because of differences in medication regimes, and this should be avoided. If the victim's health needs are urgent and cannot safely be delayed until the victim arrives home, treatment should be provided by an appropriately licensed medical practitioner retained by the service delivery organization or provided by the state. If it is known that treatment cannot be provided for a specific medical condition in the country of origin, efforts should be made to provide this assistance in the country of destination or a third country.

Any particular medical condition that might have an impact on the kind and extent of arrival assistance needed should be mentioned to the receiving organization.

Temporary accommodation

Depending on the time it takes to arrange and coordinate a safe assisted voluntary return journey (considering health as well as security issues), it may be necessary to secure safe accommodation for the victim in the interim period. Accommodation may be obtained through a local IGO, NGO, or government structures if the service delivery organization does not have its own shelter.

Temporary documents and/or visas

The victim may not possess any identity or travel documents as they may have been confiscated by the traffickers. To facilitate the issuance of tem-

porary travel and/or identity documents it will be necessary to contact the relevant embassy or consulate to obtain replacement travel documents, often a bureaucratic and time-consuming process. Contact should, however, not take place in cases when the victim has expressed a wish to apply for asylum or during pending asylum procedures. It is usually a good idea to contact all relevant diplomatic missions in the destination country to explain the service delivery programme, and explore if and how they can facilitate the victim's return. It is recommended that the meetings be coordinated with the receiving organization in the country of origin which may be able to supply additional information for the meeting.

Security alert

In order to ensure security it is best for information to be kept confidential and for as few people as possible to have access to the information. Even a well-meaning and trusted person can accidentally provide information to someone who seeks to harm the victim or assistance personnel. Therefore, when communication with anyone, including embassy or diplomatic personnel, caution should be taken to provide only the minimum amount of information required to obtain the necessary documents or assistance. Services of embassies or diplomatic missions should not be sought for victims who have expressed a wish to apply for asylum based on a fear of returning home.

Return of minors

Assisting with the voluntary return of trafficked minors is a complex and sensitive issue. Paragraph 84 of the CRC General Comment No. 6 stipulates that "Return to the country of origin is not an option if it would lead to a 'reasonable risk' that such return would result in the violation of fundamental human rights of the child, and, in particular, if the principle of non-refoulement applies. Return to the country of origin shall in principle only be arranged if such return is in the best interests of the child." Service delivery organization return assistance applies where a trafficked minor expresses the wish or agrees freely with the recommendation of a legal guardian to be assisted to return home and a risk assessment confirms that it is safe for the child to return. In assisting unaccompanied minors to return to their home country or a third country, the following must be ensured:[4]

- **The best interest of the child has to be the paramount consideration for all parties during the whole process (pursuant to the Convention on the Rights of the Child, and usually specified in the national laws or policy / practice of the referring country);**
- **Participation and the right of the child to express his or her views freely;**
- **The consent of the parent or legal guardian;**
- **Tracing of the family (so long as family tracing does not jeopardize the best interests of the child or the rights of the family members being traced);[5]**
- **Sufficient information and counselling of the child and / or the guardian;**
- **Family assessment to determine the availability of family support (consent and ability of the family to care for the child) or an appropriate care provider as well as reintegration mechanisms in the receiving country;**
- **Depending on the laws in the referring country, the child should come under the protection of the social service institutions acting in *loco parentis.* Where this is so, permission must be sought from the agency concerned before the minor is removed from the country;**
- **Where there is suspicion of family-related trafficking, it is important that all due consideration be given to such an eventuality, and that a family assessment is made to clarify if family involvement was a factor in the trafficking process.**

Security assessment

A security assessment should be conducted for each individual prior to the voluntary return process. Please refer to Chapter 1 for more information on assessing and mitigating security risks.

In some communities it is culturally, socially and legally acceptable for family members to shun and even kill a woman for having brought disgrace on her family. If the victim suspects (or there are other reasons to suspect) that there will be potential acts of violence against her / him returning to this type of setting, alternative arrangements should be discussed with the victim and actively pursued, according to her / his wishes.

Pre-departure reintegration plans

Pre-departure reintegration planning should be limited to a basic individual assessment as described below, focusing on "needs and wants", including a basic medical assessment, but could also consider the perceived possibility and motivation of the victim (see section 3.2.1 below).

The creation of a fully-fledged reintegration plan should be left to the receiving organization in the country to which the victim is returned who will be responsible for the reintegration assistance. It is of utmost importance to give the victim a realistic idea of the available options and possibilities, and not to create unrealistic expectations, which might be detrimental for the effective reintegration of the individual concerned.

Travel grant

Sometimes the disbursement of a travel grant or of relevant supplies, such as food and water, for returning victims is a necessary condition for their effective return. The purpose of a travel grant or supplies is to facilitate a victim's return and should be sufficient to cover any costs, needs and meals during the return of the victim, particularly if travel through a transit country is necessary. Where possible, the victim should be provided with the services needed rather than cash. For example, it is sometimes best to provide the victim with a pre-arranged accommodation, a boxed meal or supplies of medication rather than cash. This helps to protect against loss of cash or inappropriate spending during travel.

It is best to arrange for assistance for the victim upon their arrival to their final destination. Service delivery organizations without a presence in the location should search for other reliable partners to provide the assistance. However, if the victim wishes to return to a place where no adequate reintegration programmes exist, it may be necessary to provide other forms of direct assistance such as medical treatment or reinstallation grants before return.

Pre-departure preparation of the victim

The service delivery organization should provide a basic overview of the specific return assistance that will be provided. Returning victims are usually particularly interested to know how long it will take before they will return home. Based on the particular circumstances (e.g., whether identity documents are available) the interviewer should assess the necessary steps required and the estimated length of time it will take to complete the process. The victim should be clearly informed about the process and about the average length of time it takes. They should also be informed about anything which could potentially speed up or delay the process so that they are not surprised if departure is sooner than expected or delayed.

To facilitate the orderly and safe return of the victim, the service delivery organization should adequately prepare the victim before return. Information on the following should be provided:

- Available rights and options, and the rules for return and their justification;
- The telephone number of the receiving organization as well as the name of an individual whom to contact there;
- Payment of a travel grant, if relevant;
- Prohibition to consume any alcohol during the journey, particularly if on medication;
- The assistance available in the receiving country.

When informing the victim about various reintegration options it is important to stress that the final reintegration plan will be drawn up in the receiving country after a final reintegration assessment.

It is of the utmost importance to give the victim a realistic picture of the options available in the receiving country, as a false picture given by the staff of the referring mission will be detrimental to the effective reintegration of the victim.

The service delivery organization should try to ensure that the following conditions are met prior to a victim's departure/referral:

- That her or his physical and mental condition allows for a safe and voluntary departure from the temporary and current accommodation.
- That the victim has indicated understanding and consent regarding all departure procedures.
- That in cooperation with the victim, a safe and appropriate place to stay on arrival, at least on a temporary basis, has been determined.
- That all necessary legal, administrative, identity and travel documents of the victim have been secured prior to departure.
- That all relevant service referrals and suggestions for follow-up care have been explained and provided to the victim.
- That when referring a victim to a service delivery organization in the receiving country all necessary documentation and available security information have been forwarded to the receiving organization, see below.
- That when referring a victim to a partner NGO or other service provider in a transit country or the receiving country, all travel and service arrangements have been secured and confirmed in advance and recommendations have been sent to, and received by, the partner NGO or other service provider.
- That the victim has been given a copy of all relevant personal documentation, including documentation of medical care, case progress and other data, as necessary.
- That the victim has been fully informed of all the steps regarding departure, transportation and follow-up assistance.

Victims in transit and destination countries seeking temporary residence permits

Article 7 of the Trafficking Protocol recommends that State Parties consider adopting legislative or other appropriate measures that permit victims of trafficking to remain in its territory, temporarily or permanently, in appropriate cases. In countries where there is such a mechanism for the issuing of permanent or temporary residence permits (or a temporary or humanitarian visa), victims of trafficking should receive information about the relevant procedures and next steps. Based on the victim's personal circumstances (e.g., qualifying for a visa due to participating in legal proceedings against the traffickers or some other relevant status) and service

delivery organization's prior administrative experience (how long it usually takes to process the paperwork and receive a decision, the likely success etc.), the interviewer should assess the necessary steps required and the estimated length of time it will take to complete the process. The victim should be clearly informed about the process and about the average length of time it takes. They should also be informed about anything which could potentially speed up or delay the process so that the victim is prepared and to minimize the potential for upsetting surprises. Service providers should be aware of the amount of time the process may take so that they can appropriately plan for the services to be offered and provided.

Victims in transit and destination countries seeking asylum

Service delivery organizations working with victims of trafficking need to be well aware that some victims may fear returning to their home countries and communities. Victims should thus be ensured access to asylum procedures and/or to other protection mechanisms in countries of destination or transit, depending on where they have managed to escape their traffickers and seek help. The fact that some victims of trafficking would be in danger if returned to their home countries is acknowledged through the inclusion of the savings clause in Article 14 of the Trafficking Protocol.

Article 14 of the Trafficking Protocol stipulates that "Nothing in this [Trafficking] Protocol shall affect the rights, obligations and responsibilities of States and individuals under international law, including international humanitarian law and international human rights law and, in particular, where applicable, the 1951 Convention and the 1967 Protocol relating to the Status of Refugees and the principle of non-refoulement as contained therein."

The principle of *non-refoulement* is often referred to as the cornerstone of international protection. The principle of *non-refoulement* as enshrined in the 1951 Convention Relating to the Status of Refugees (hereafter the 1951 Convention) has acquired the status of customary international law. This means that, over time, this principle has become binding on all States, including those which have not yet become party to the 1951 Convention. All countries must respect the principle of *non-refoulement* which includes:

(i) Not returning asylum seekers or refugees to a place where their life or liberty would be at risk; (ii) Not preventing asylum seekers or refugees – even if they are being smuggled or trafficked – from seeking safety in a country, as there is a chance of them being returned to a country where their life or liberty would be at risk; (iii) Not denying access to their territory to people fleeing persecution and who have arrived at their border (access to asylum).

Non-refoulement obligations also exist under international and regional human rights instruments, including in Article 3 of the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Human rights obligations developed by the Human Rights Committee in its General Comment No. 31 (paragraph 12)[6] may also be of particular relevance for victims of trafficking fearing inhuman or degrading treatment or punishment, including from non-State actors, in their home countries.

In regard to children, the Committee on the Rights of the Child explains, in its General Comment No. 6, that "...in fulfilling obligations under the Convention [on the Rights of the Child], States shall not return a child to a country where there are substantial grounds for believing that there is a real risk of irreparable harm to the child, such as, but by no means limited to, those contemplated under Articles 6 and 37 of the Convention, either in the country to which removal is to be effected or in any country to which the child may subsequently be removed."[7]

The principle of *non-refoulement* could be violated if victims of trafficking who would fear persecution or other serious harm in their countries of origin, for example in the form of re-trafficking, reprisals from traffickers or criminal networks and/or ostracism, social exclusion or discrimination to the extent that it would amount to persecution, would be returned. For example, some victims may fear being re-trafficked in their countries of origin, or fear reprisals, harassment, threats or intimidation by traffickers or persons linked to the trafficking network. It is also not uncommon that victims of trafficking fear intimidation or discrimination by the authorities in their countries of origin, and/or social exclusion or ostracism by family members and the community. Child victims of trafficking who have been trafficked by their families may be at particular risk of various forms of ill-treatment if returned to their home communities.

Pursuant to the 1951 Convention Relating to the Status of Refugees, a refugee is a person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country. A victim of trafficking who has a well-founded fear of persecution in her or his country of origin on account of one or more of the five grounds in the refugee definition would thus qualify for refugee status. While the experiences and human rights violations inherent in a trafficking scenario would always amount to persecution, reprisals, harassment, threats or other forms of intimidation, social exclusion or ostracism may lead to serious human rights violations and amount to persecution in the light of the opinions, feelings and psychological make-up of a particular victim. Given the serious violations of numerous human rights inherent in a trafficking scenario, a victim of trafficking may have experienced particularly atrocious forms of persecution which can impact on her or his subjective fear of returning home and thus her or his refugee claim.

In asylum cases involving child victims of trafficking, it is essential to apply the refugee definition in an age- and gender-sensitive manner, with an understanding of child-specific forms and manifestations of persecution. Child victims of trafficking, for example, may have been subjected to child-specific forms of exploitation such as child pornography, child sexual exploitation, forced labour, camel jockeying and forced adoption. UNHCR's Guidelines on International Protection on the application of Article 1A (2) of the 1951 Convention and/or 1967 Protocol relating to the Status of Refugees to victims of trafficking or persons at risk of being trafficked provide detailed guidance on how to apply the refugee definition to victims of trafficking.[8]

Victims of trafficking who fear returning home but do not qualify for refugee status pursuant to the 1951 Convention may nonetheless be eligible for other forms of permanent or temporary residence permits provided for by national laws (see Victims of Trafficking in Transit and Destination Countries Seeking Temporary Residence Permits, above).

Interviewers and counsellors working for service delivery organizations should therefore be alert to identifying victims possibly at risk of perse-

cution in their countries of origin. Relevant questions regarding potential threats or risks that a victim might fear should be asked during counselling sessions and in initial screening interviews. All victims should also be provided with information regarding the possibility to seek asylum and, where such a possibility exists, procedures for granting specific residence permits granted to victims of trafficking.

A victim of trafficking who has been determined to be a refugee may additionally fear reprisals, punishment or re-trafficking in the country of asylum. If a refugee is at risk in her or his country of refuge or has particular needs which cannot be met in the country of asylum, she or he may need to be considered for resettlement to a third country.[9]

3.1.1.2 International communication procedures

It is important to ensure a constant and prompt flow of information between referring and receiving service delivery organizations to coordinate the return process and to avoid security threats. The following series of notifications is recommended as a minimum standard and includes:

- Notification of a request for assistance by the referring organization;
- Confirmation of request for assistance by the receiving organization;
- Reintegration assistance request by the referring organization;
- Reintegration assistance confirmation by the receiving organization;
- Post-departure confirmation by the referring organization;
- Arrival confirmation by the receiving organization.

Security alert

Communications can be intercepted. Therefore, to ensure security during transportation it is imperative to ensure security during the process of communicating the transportation details. All such communications should be conducted using the highest possible level of security, such as encrypted emails or secured telephone lines.

Notification of a request for assistance by the referring organization

The information provided by the referring organization to the receiving organization should include:

- Name of the presumed victim;
- Date of birth and place of residence in the country of origin (if returning to country of origin);
- The Screening Interview Form (see Chapter 2, Annex I);
- Any suspected or actual medical condition or vulnerability of the person concerned;
- Security and risk assessment;
- Estimated date and time of departure, if applicable;
- Any other issues of relevance.

Recommended guidelines for the identification and screening of victims of trafficking are set out in Chapter 2, including Annex I, Screening Interview Form. Whenever an NGO or another referring organization identifies a potential victim, the organization should endeavour to carry out a screening procedure to determine whether the identified person is, in fact, a victim of trafficking pursuant to the Palermo Protocol. This form provides a tool for carrying out such a process.

This information should be shared with the receiving organization. Based on this information, as well as direct consultation with the referring organization, it is up to the receiving organization to determine whether or not the referred person is eligible for assistance in accordance with the mission and guidelines of the organization itself.

Confirmation of request for assistance by the receiving organization

If the receiving organization concludes that the identified person is, in fact, a victim of trafficking and/or is entitled to reintegration assistance under the terms of their programme, they should notify the referring organization of their agreement to accept the victim and provide reintegration assistance.

If the determination concludes that the person in question is not a victim of trafficking or is for other reasons not eligible for assistance, the receiving organization should inform the referring organization that they will not be able to assist the individual since the case does not satisfy the preconditions to be included in their programme. They should also provide a recommendation for a referral to another organization which may be able to provide the necessary assistance.

The confirmation message should include:

- Name of the victim;
- Date of birth and place of residence in the country of origin (if returning to country of origin);
- Confirmation that the victim qualifies (or does not qualify) for reintegration assistance based on the identification and screening guidelines;
- Confirmation that the victim will be met at the arrival point and by whom, if applicable;
- A request for any additional information, if necessary.
- A referral to another organization if the person does not qualify for their assistance.

Reintegration assistance request

After the status of the person concerned is confirmed and the referral accepted, a reintegration assistance request should be forwarded by the referring organization to the receiving organization. This request outlines the assistance requested by the victim. This is not a reintegration plan. Reintegration plans should be developed by the organization coordinating reintegration services in the receiving country. However, if the victim has vocalized specific needs or wants or if the referring organization is aware of specific needs, these should be forwarded to the receiving organization.

Reintegration assistance confirmation

Having reviewed the reintegration assistance request, the receiving organization should determine whether they can provide the proposed as-

sistance. If so, a confirmation that the reintegration assistance requested will be provided should be communicated to the referring organization. If financial assistance is necessary to provide the requested assistance, this should be stated clearly.

Post-departure confirmation by the referring organization

Where a victim has been accepted for assistance and an international transportation is needed to provide assistance then a post-departure confirmation should be forwarded by the referring organization. Following the physical departure, immediate confirmation should be sent to the receiving organization. If any last minute changes in the schedule occurred, they should be highlighted.

The post-departure notification should contain:

- Name of the victim;
- Date of birth and place of residence;
- Travel data (means of travel, carrier's name, etc.), date and time of arrival at the final destination;
- Name(s) of escorts;
- Any other relevant information.

Arrival confirmation by the receiving organization

The receiving organization should send an arrival confirmation either by e-mail or by telephone to the referring organization on arrival of the victim. The arrival confirmation should contain:

- Name of victim;
- Date of birth;
- Confirmation that the victim arrived and was met at the point of arrival;
- Any other relevant information.

3.1.1.3 International travel procedures

Travel planning

Once consent, authority and funding for return assistance have been obtained, the provisional travel itinerary should be arranged, pending the issue of travel and identity documents. Where possible, the travel schedule should aim to get the victim to the receiving country as early as possible in the day and only on working days. Once the provisional travel itinerary has been settled, an advance notification should be sent to the receiving organization.

Means of transportation

The service delivery organization should strive to standardize the return process between the referral country and the receiving country so as to better provide for a safe, dignified and humane return for the victim. For security reasons, the preferred means of transportation is usually air travel as it is more structured and predictable than most other forms of transport, such as travel by train or bus, and is therefore to be preferred for the safety of the victim. If air transportation cannot be used, efforts should be made to identify alternative routing and transport with as few transit points as possible.

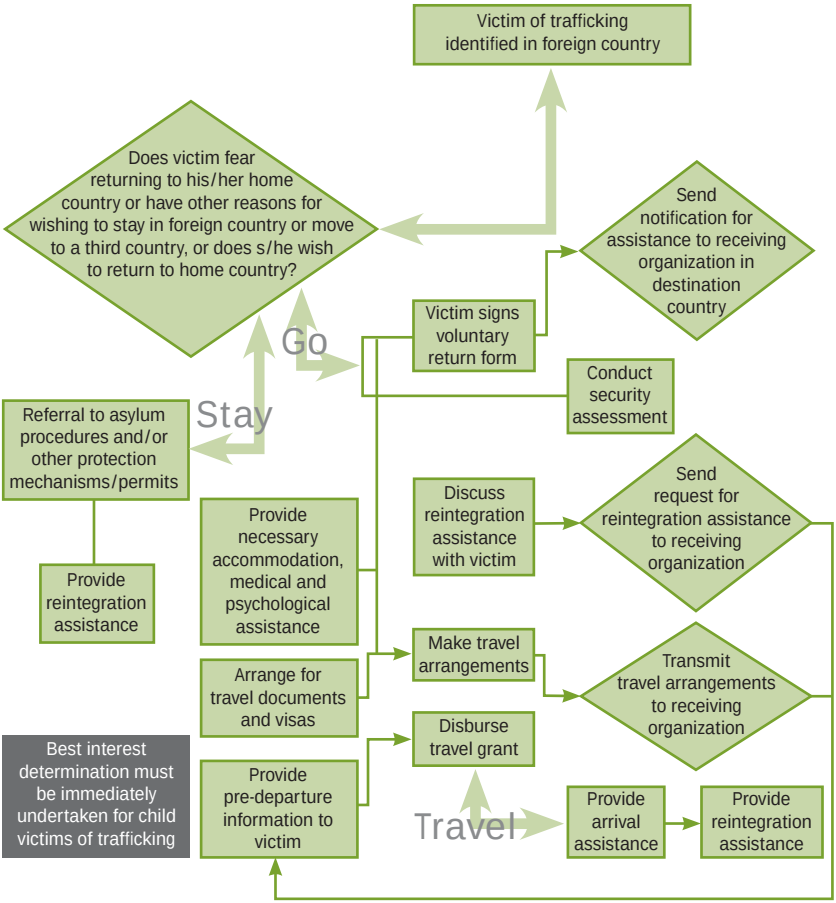
3.1.2 IN-COUNTRY REFERRALS

The operational procedures outlined below should be followed to ensure the safe and dignified referral and reintegration of victims who have returned to their home countries by their own means, or who are referred by other organizations and require reintegration assistance.

This may arise in three situations:

- Where the victim has arrived home as a result of deportation or administrative removal from the destination country and either contacts, or is referred to, the service delivery organization for assistance;

Figure 1 Flowchart for International Referrals



- Where the victim has arrived home independently and either contacts, or is referred to the service delivery organization for assistance;
- Where the victim was trafficked within his/her own country.

Whatever the circumstances, the service delivery organization in the receiving country will have to address all of the issues of reception and reintegration support.

3.1.2.1 In-country preparatory procedures

In all cases, all assistance should be voluntary and based on the victim's informed written consent or, in case of illiteracy, verbal consent.

Medical assistance

The institution, organization or authority requesting reintegration assistance should determine a victim's fitness to travel, if applicable, for the in-country referral. The service delivery organization should be given pre-departure information on any perceived or actual medical condition or vulnerability before the travel takes place.

Specific guidelines regarding the provision of medical assistance are covered in Chapter 5 of this Handbook.

Security and risk assessment

A security and risk assessment should be conducted for each individual about to be included in a reintegration assistance programme. This should be conducted as described in Chapter 1 and as early in the identification and assistance process as possible.

The referral of minors

The same basic considerations apply to in-country referrals as for international referrals described in section 3.1.1 above.

3.1.2.2 In-country communication procedures

As in the case of international referrals, it is of utmost importance for the safe and effective referral and reintegration of the victim concerned to maintain a constant, rapid and full flow of information between the referring organization and the receiving organization.

It is often easier to coordinate and facilitate the effective and safe reintegration at the national rather than international level, as both organizations are usually aware of the restrictions, possibilities and potential concerns related to the reintegration process. However, it is recommended that the same series of notifications be applied to in-country referrals, especially those requiring transportation or movement of the victim. See section 3.1.1.2 above for details.

3.1.2.3 In-country travel procedures

In cases requiring the travel of the victim, it is recommended that staff from the referring organization accompany the victim until seated in the preferred means of transportation, such as plane or train. In cases which do not require travel, it is recommended that staff from the referring organization accompany the victim to the initial meeting with the receiving organization.

3.1.3 ARRIVAL ASSISTANCE

In order to ensure the victim's safe return and/or referral it is imperative to organize arrival assistance to the victim. There have been documented cases of victims having been met on their return by the traffickers and quickly re-trafficked before the assistance organization could assist them.

To better protect the victims, IOM recommends that organizations strongly encourage victims to accept arrival assistance as part of their return assistance package. A victim who has assistance to return home should be encouraged to accept arrival assistance as well. Note: this is not a recommendation to require continued assistance once returned, only for arrival assistance.

If the referring organization has a presence in the receiving country, arrival assistance can be arranged through that office; if not, a range of other possibilities are likely to exist, including cooperation mechanisms with other organizations. Organizations should make appropriate arrangements in advance of return.

The same general rules can be followed for in-country referrals, i.e., referral inside a country, and arrival assistance should be provided accordingly.

3.1.4 CASE FOLLOW-UP

In cases where a victim of trafficking has been referred for follow-up services, the receiving organization should make every effort to communicate the status and well-being of the person concerned to the referring organization (see also Monitoring of Reintegration in section 3.2.6 below). It is not recommended that the referring organization contact the individual referred independently. Such communication should only take place in coordination with the receiving organization responsible for the reintegration assistance and with the victim's permission.

3.2 Reintegration

The purpose of this part of the chapter is to provide service delivery organizations with a guide on how to assist victims of trafficking from the first point of contact with the victim by the receiving organization, through the whole reintegration process. Accordingly, it applies to both international and in-country victim referrals. It is equally applicable for victims who are returning to their country of origin as for those who have been granted the right to stay in the country of destination or transit or in a third country.

This section provides an in-depth review of the assistance processes and various reintegration options available to victims of trafficking. It should be borne in mind that reintegration services for victims of trafficking vary from country to country and from programme to programme, and that reintegration options are often directly linked to effective programme development and funding possibilities.

The aim of the reintegration process is to provide for a victim's safe, dignified and sustainable reinsertion into society and a normalized life. Accordingly, the reintegration assistance to victims of trafficking can include a full range of services, from shelter assistance or other accommodation, medical and psychological care, social and legal counselling to reintegration grants, school reinsertion, and vocational training. Some assistance will be provided directly by the receiving organization – or the primary organization facilitating the victim's reintegration. However, many services are likely to be carried out and administered in the victim's place of residence by other NGO and governmental partners.

All services and reintegration assistance should be made available to the victim on a strictly voluntary basis. IOM recommends that service delivery organizations adopt a policy that staff must explain to the victims the possible consequences and implications of all assistance provided. Services should be provided only with the victim's informed consent, with due regard for his or her privacy, and in the strictest confidence.

3.2.1 REINTEGRATION ASSESSMENT AND PLAN

The reintegration assessment is important for the establishment of a reintegration plan for each and every victim. Two types of assessments should be carried out for each victim:

- Individual assessment, focuses on factors directly related to the victim;
- Situational assessment focuses on the independent situation of the victim's environment, for example the specific socio-economic situation and reintegration assistance infrastructure in the country and/or region to which the victim has returned.

The unfortunate reality is that the possibilities available for any one assisting organization will not always be sufficient to meet a victim's needs. Thus, it is essential to give the victim a realistic picture of the options and possibilities available, and not to give rise to unrealistic expectations that could be detrimental to the effective reintegration process.

Reintegration plans should be developed only in the receiving country and never in the referring one, since the organization in the referring country are not in a position to conduct adequate situational assessments in the receiving country or to prevent that the victim misconstrues anything said by the referring mission or organization as promising specific reintegration options. Instead, the referring organization should inform the victim that a final reintegration plan will be determined in the receiving country. However, the referring organization should conduct a basic individual assessment of the victim's needs and wants, as described below, and forward it to the receiving organization together with the pre-departure notification.

The victim's immediate well-being should always be the main concern during the reintegration process; therefore, priority is usually given to security and health issues, particularly if there are limited human and financial resources and time available.

3.2.1.1 Individual reintegration assessment

This assessment should be conducted by persons who are most familiar with the victim's case. This could include a service delivery organization staff member, a social worker, a child's guardian, an NGO staff member, or a psychologist. Such persons should assess the reintegration options aiming for the successful reintegration and reinsertion into society of every victim based on the following four criteria:

- First and foremost, the needs of the victim, which may include physical, psychological, psychiatric, legal, social and economic needs.
- The particular wants of the victim, his or her individual desires for particular reintegration options or services that may or may not be available.
- The possibilities available to a particular victim that may be affected by his or her particular circumstances, for example, age, gender, level of education or work experience.
- The perceived level of victim motivation, for example through engagement and results related to reintegration assistance provided and/or personal circumstances.

In the case of an international referral, the personal assessment should be initiated by the referring organization, but finalized by the receiving organization in the country of origin.

3.2.1.2 Situational reintegration assessment

The individual assessment must be accompanied by a situational assessment. This assessment should be conducted by persons who are most familiar with the victim's case, as well as with the victim's particular home region in the country of origin. This could include a service delivery organization staff member, a social worker, NGO staff or a psychologist. Such persons should assess the reintegration options of every victim based on the following two situational criteria:

- The options available to the individual for reintegration, for instance: certain types of vocational training may not be accessible in the particular region of origin or cannot be provided because of lack of necessary funds. Likewise, shelters, medical services, government welfare or educational programmes may or may not be available in the victim's place of residence.
- The relevance of proposed reintegration assistance to a victim's particular situation. For example, vocational training must be relevant to the victim's region in the country of origin (e.g., vocational training as an accountant would be misplaced if there is unemployment among accountants or if accounting is not a typical feature in the victim's region).

3.2.1.3 Reintegration plan

Building on the individual and situational assessments, a comprehensive reintegration plan can be developed. In developing a reintegration plan, it is important that the receiving service delivery organization, or the relevant NGO partner, helps the victims to set realistic goals suited not only to personal needs, skills and qualifications, but also to the opportunities available in the country, region and place of residence in which reintegration will take place, in accordance with the reintegration assessment. Furthermore, the reintegration plan must be based on actual services that the service

delivery organization and/or its partners and current programmes can provide. This should be accounted for during the reintegration assessment.

Even if changes may have to be made in future, it is recommended that a reintegration plan is developed as a written plan between the assisting organization (e.g., IGOs, NGOs, government authorities) and the victim. Its specific format will vary from country to country and organization to organization, but would usually include and address the following components, as applicable:

- Family mediation/reunification;
- Medical/Health;
- Financial (reinstallation grants, family or dependant support grants);
- Legal;
- Education/vocational training/apprenticeship;
- Income-generating activities;
- Security.

As noted earlier, it is essential that services be provided only with the victims full and informed consent. Therefore, the organization should consider having the victim sign consent forms for each of the components above, as applicable. In the case of minors, they, as well as their parent or official guardian, should sign the consent forms.

The actual reintegration plan also functions as a tool for monitoring and evaluation purposes, as seen below.

3.2.2 THE REINTEGRATION PROCESS

After a reintegration plan has been determined, the actual process of reintegration can begin.

3.2.2.1 Mechanisms for the provision of reintegration assistance

Direct assistance to victims of trafficking may include a broad range of services from shelter assistance, medical and psychological care to social

and legal counselling and vocational training. Some assistance may be provided directly by the receiving service delivery organization. However, for practical reasons, many services may need to be provided by other organizations or by the State. In some cases one organization may not have the ability to provide all services or the organization may not have a presence in the victim's place of residence and must therefore rely on other organizations for assistance. Similarly follow-up treatment and monitoring will need to be handled by an organization with a presence near the victim's place of residence.

The three main mechanisms to provide reintegration assistance to victims of trafficking are:

- **Initial support by the receiving service delivery organization;**
- **Longer term reintegration support by the receiving service delivery organization or referral to other organizations or the State;**
- **Government support to the victim (MoL, MoE, or others).**

3.2.2.2 Initial support by the receiving service delivery organization

Such support may include arrival assistance, immediate and comprehensive medical/psychological examination and treatment, short-term housing and help with various other social, legal and economic needs of the victim. The receiving service delivery organization should make every effort to take steps to avoid that a dependency situation occurs through its reintegration programmes, and should aim at helping the victim to achieve a normalized life and self-reliance. Long-term support, however, must be provided by either non-governmental or governmental support structures.

3.2.2.3 Longer term reintegration support

Longer term support for victims is necessary for their effective reintegration. If the receiving service delivery organization has appropriate services, they may provide the bulk of services directly. Otherwise, services may be provided through one or more local NGOs. NGOs are well positioned not only to provide direct assistance to victims, but also to conduct, or assist in

conducting, the reintegration assessment and preparation and implementation of the reintegration plan. Furthermore, NGOs can play a critical role in the ongoing task of monitoring a victim's reintegration progress.

Activities for ensuring the safe and humane reintegration of victims into society may include:

- **Medical / psychological examination and treatment / counselling to victims of trafficking in their place of residence;**
- **Family mediation / counselling;**
- **Monitoring of the reintegration process in the victim's place of residence;**
- **Monitoring accommodation and care arrangements for child victims of trafficking;**
- **Assistance with school reinsertion;**
- **Development of vocational programmes;**
- **Vocational counselling and training for victims;**
- **Job placement and employment counselling;**
- **Grants for resettlement and for vocational training for victims;**
- **Assistance for the retrieval of lost documents, such as IDs and passports;**
- **Legal assistance regarding civil issues (divorce, retrieval of property, civil liability);**
- **Legal consultation and representation for victims acting as witnesses in criminal cases (see also section 3.2.3.4 below and Chapter 6, section 6.5);**
- **Maintaining emergency and informational telephone hotlines;**
- **Ensuring the security of the victim by maintaining regular contact;**
- **Accompanying victims for emotional support as well as assisting them in accessing needed services and ensuring their rights are respected;**
- **Providing safe transportation.**

The receiving service delivery organization should support and work in close collaboration with a network of local and international NGOs. This support and collaboration plays an important role not only for the effective reintegration of victims but also for the sustainability of reintegration mechanisms.

It is helpful if organizations formalize their cooperation through memorandums of understanding and / or other agreements in order to ensure that

both organizations understand their own and the other's roles and responsibilities. The receiving service delivery organization should monitor the activities of the organizations to which they refer victims for assistance in order to ensure the effectiveness and the quality of the services provided.

3.2.2.4 Government support to victims

Sometimes reintegration assistance to victims of trafficking is provided directly through government structures. As with all assistance, a memorandum of understanding with the government, which clearly outlines agreed functions and responsibilities and the services to be provided, is helpful. The reintegration support provided by the government to victims of trafficking often takes the form of social and job counselling, vocational training, health-related assistance, protection and various forms of educational reinsertion.

3.2.3 TYPES OF REINTEGRATION ASSISTANCE

While the assistance provided to each victim will depend on the individual needs of the victim, the assistance described below has generally been found to be of interest to victims of trafficking:

- **Medical / Health Care Services**
- **Counselling**
- **Financial Assistance**
- **Legal Assistance**
- **Reinsertion into the Educational System**
- **Vocational Training**
- **Micro-Enterprise and Income-Generating Activities**
- **Job Placement, Wage Subsidies, Apprenticeship Programmes**
- **Housing and Accommodation**

3.2.3.1 Medical/Health

Victims of trafficking may be experiencing particular health problems due to the ill-treatment and exploitation to which they have been subjected during the trafficking process/scenario. Such health problems include HIV/AIDS, sexually transmitted diseases and PTSD. Returning victims of trafficking are more exposed and more vulnerable to various significant health risks. To ensure a successful reintegration process, the victim's physical and mental well-being should be considered a priority.

If there is a rehabilitation centre in the country, comprehensive medical examinations can be undertaken there. If long-term follow-up medical treatment is needed, the service delivery organization should undertake to provide such treatment at appropriate institutions located in the area of the victim's residence and facilitated through local organizations or institutions.

As with all assistance, this should be administered only on the basis of an informed decision taken by the victim. Before conducting any tests or administering any treatment, any service delivery organization must always receive a victim's informed and voluntary written consent. Medical treatment should be aimed at addressing a victim's physical and psychological needs. Where possible, it should also aim to educate a victim about any diseases contracted, and the possible causes and cure and other reproductive and mental health issues, as relevant.

Furthermore, the victim should always receive copies of all medical tests and results. The medical staff responsible for the victim should prepare suggested treatment plans or follow-up schedules for victims and, with the victim's consent, may also provide these to an NGO operating in the victim's area of residence able to assist in implementing the plan.

Specific guidelines regarding the provision of medical assistance are provided in Chapter 5 of this Handbook.

3.2.3.2 Counselling

Basic information about the provision of counselling for victims of trafficking is provided below. Providers should also consult Chapter 5, section 5.12.2 for more information on the provision of mental health support to trafficked persons. Counselling should only be provided by appropriately trained personnel. Counsellors specifically trained to work with children should be engaged to work with child victims of trafficking.

Preparation

Counsellors should prepare adequately for counselling sessions with trafficking victims. This includes reviewing the victim's case file before each counselling session. If necessary, the counsellor may wish to consult with other service providers or shelter staff for victims staying in shelters regarding the assisted person's progress and special assistance needs (i.e., interpretation or special care).

The counsellor should always reserve sufficient time for the sessions to allow the trafficking victim to freely discuss concerns, while allowing enough time to assess any progress made and to review practical solutions and the next steps. At least one hour should be set aside for the first one or two sessions.

Formulating short-term goals

Once the victim's main concerns, needs and coping strategies have been discussed, the counsellor should work with the victim to formulate short-term goals for the recovery and social reintegration process. Appropriate short-term goals are specific targets that further a victim's stabilization and recovery, and are achievable within the time frame available (e.g., during a victim's stay at a shelter). The counsellor and the victim should set out specific goals as well as a timeframe in which to achieve them.

Mobilizing resources

Once the main issues of concern and constructive coping mechanisms and short-term goals have been determined, the counsellor should formulate the appropriate assistance to help the victim to achieve these short-term goals and to make a recovery. Such assistance can include, but is not limited to, medical care, legal services, family mediation, vocational training, assistance to find a job and other rehabilitation or reintegration services. The counsellor should discuss the assistance options with the victim and ascertain her or his interest in accessing the recommended services.

Preparation and planning

After the particular services needed and the next steps have been identified, it will be necessary to develop a plan to ensure the availability of such services and the means to achieve the set goals. At this stage the counsellor will suggest tasks to be realized by the service delivery organization staff as well as the victim, e.g., for staff to arrange a medical examination for the victim, while the victim might be required to review the information about medical care contained in the information packet, to consider any further questions for the physician, attend the medical examination and follow any treatment recommended by the physician.

The nature and number of tasks assigned to the counsellor or service delivery organization colleagues and the victim will depend on the victim's condition, circumstances and aims. During the first few days of assistance, the counsellor can encourage the victim to undertake minor tasks, such as basic self-care responsibilities like regular meals, adjusting to regular schedules and getting physical exercise.

Individual counselling

Individual counselling for victims consists of relatively brief interventions focused on practical problem solving and behaviour. The objective of individual counselling is to help the trafficking victim to learn or develop skills to cope with, and adjust to, the immediate circumstances with a view to a full recovery.

Short-term counselling should be strictly distinguished from psychotherapy. Counselling are short-term interventions aimed to assist trafficking victims to cope with specific life situations and the immediate next steps in the process towards recovery, and in no way aims to bring about the reorganization of a person's personality.

Issues to be addressed in counselling sessions

The range and nature of issues covered during counselling sessions will vary depending on the condition, experiences, circumstances, cultural background, age, gender and needs of a trafficking victim. Generally, they will be short-term interventions that focus on the most immediate and realistic needs of the person concerned.

For most victims, the counselling sessions will deal with problem-solving strategies and coping mechanisms in relation to the following issues of immediate concern to the victim:

- Restoration of emotional and physical stability and well-being;
- Personal safety and that of family members from traffickers;
- Avoiding criminal penalties and other sanctions;
- Cooperation with law enforcement agencies in legal proceedings against traffickers;
- Whether and how to contact family members and return to community of origin and family;
- Likely reaction by family and the community members regarding the absence and possible return of the victim of trafficking;
- Necessary timeframe to complete paperwork, administrative documents and relevant legal proceedings;
- Where and with whom to live;
- Financial means of support and sustainability.

Possible solutions to each of these concerns will depend on the particular case, the victim's circumstances and available resources. Specific issues regarding assistance in many of the above areas will be examined under the relevant sections of this Handbook. However, in approaching each of these problems the following principles should be borne in mind:

Counselling principles

Victims should be given assistance and support to:

- Build or restore competence, coping mechanisms and decision-making skills;
- Develop their own resources to realize their personal development potential;
- Formulate practical solutions according to their individual needs and circumstances.

The counselling for children should take into account the language, culture and development of the children concerned.

Role of the helper/counsellor

Experts in social work recommend an approach which empowers the client, viewing clients as "persons with assets and potentialities, as resources rather than carriers and/or sources of pathology".[10] It is based on the belief that the client is best able to understand his or her problems and is therefore the best person to design and implement a plan for resolving those problems. From this perspective, the duty of the helper is focused on helping the client to rebuild his or her self-esteem and self-confidence, build on his or her own personal resources, and help the person to see that s/he is in control of his or her life and capable of making his or her own decisions.[11]

The role of the helper, therefore, is to assist the client in designing and implementing a plan which helps the client identify and resolve problems and articulate and achieve goals. The primary interest in the helping process is to promote self-help/growth such as coping skills and solving one's own problems by drawing on one's own inner resources and strengths.[12] Helpers function as enablers, brokers/advocates and teachers for their clients.

- As an enabler, the helper assists the client in identifying needs, defining goals, recognizing his or her own strengths, and helping him or her to find solutions to problems and ways to achieve his or her goals.

- As a broker/advocate, the helper assists the client in identifying available resources, helps the client evaluate the available resources, and facilitates contact with or referrals to other resources.
- As a teacher, the helper develops the skills and information base of the client so that the client is better able to make informed decisions, resolve his or her problems or achieve his or her goals.[13]

Helpers should always remember that the helping relationship is different from personal relationships; it is a professional one and should have clear direction and purpose. In so doing, the objectives of the client are clarified, the challenges and strengths more evident, and the responses for the client and social worker more apparent.[14] This approach to the helping relationship is not cold or tough love. In fact the helper should demonstrate empathy, warmth and genuineness in his/her approach to clients.[15]

3.2.3.3 Financial

Several kinds of financial assistance may be available to victims for the reintegration process. The kinds of financial assistance available depend on the programmes of the organizations involved in the victim's return and reintegration. If such financial assistance is available, it is important to explain to the victim the differences between each type of grant for which s/he is eligible and to clarify its specific purpose.

Many types of cash grants may facilitate reintegration. Some examples include:

- Reinstallation grants;
- Family or dependant support grants.

Reinstallation grants

A reinstallation grant is given in the country in which the victim is reintegrating and is designed to support the victim's successful social reintegration. Experience shows that differences in the amounts of reinstallation grants create conflicts between victims returning from different countries or through different programmes and hinder the effective reintegration ef-

fort in the country of origin. Although the amounts need to vary from country to country due to differing costs of living, to avoid perceptions of providing preferential treatment to some, it is helpful to provide the same for all victims assisted under the auspice of one service delivery organization in a particular country.

The reinstallation grant is intended to facilitate the effective and dignified reintegration and reinsertion process into society, and to cover basic costs such as housing, food, clothes and other necessary items, for an initial period, usually between 30 and 90 days after referral. It is often possible to provide the reinstallation grant in several instalments, such as one instalment for each of the first three months after the victim has returned to her or his home country or settled in another country. The appropriate amount of a reinstallation grant should be determined by the receiving organization in the receiving country responsible for the reintegration process and based on the economic reality of the country concerned.

Family or dependant support grants

Family or dependant support grants can be given by the receiving service delivery organization in the receiving country. These are provided on a case-by-case basis where there is a clearly identifiable need, for example, if an assisted victim has sick or dependent parents, a new-born baby, is pregnant and cannot work, and the like. Again, the amount of the grant should be determined by the receiving organization on a case-by-case basis. Consideration should be taken by the organization to avoid long-term dependency. The possible provision of family or dependant support grants should be directly related to the effective implementation of the reintegration plan as assessed and proposed.

3.2.3.4 Legal assistance

Legal assistance can be divided into two main components:

- Legal assistance regarding criminal proceedings;
- Legal assistance regarding civil proceedings.

Following appropriate action to address a victim's immediate needs, s/he should be informed of legal options as soon as possible, including civil and criminal legal proceedings. Victims of trafficking need to be informed of the possibility to cooperate with law enforcement agencies, the possibility of acting as witnesses in criminal proceedings, the legal options available for their protection if they act as witnesses and the possibility of pressing civil charges against their traffickers for the restitution of their belongings and compensation for harm and injury suffered. More information about victim's legal options is provided in Chapter 6, section 6.5.

Victims are often not aware of their rights and it is important to inform them of the legal options available and assess their chances of success as well as any related risks. Appropriate and timely legal assistance has proven to consequently reduce the victim's anxiety and help her or him make an informed decision as to whether or not s/he wishes to cooperate with law enforcement bodies or act in court. The victim should be fully informed of the possible ramifications of all options in order to formulate a clear decision regarding the type of legal assistance s/he requires.

Victims testifying against their traffickers might require additional counselling and support prior to and after their testimony. Service delivery organizations could arrange special counselling sessions to address these issues.

Assistance with civil proceedings

Victims of trafficking may be entitled to press civil charges against their traffickers for injuries and harm suffered and restitution of their assets. It is usually possible to combine civil charges with the criminal proceedings. As well, victims may have other issues which require legal assistance such as divorce, custody of their children, property disputes, etc., which are not directly related to their trafficking cases and do not involve their traffickers.

In civil cases, legal assistance could include:

- **Assistance with divorce**
- **Retrieval of passport and/or other identification papers**
- **Restitution of assets**

- **Property claims**
- **Inheritance**
- **Parental rights**
- **Compensation for loss and injuries**

3.2.3.5 Reinsertion into the education system

Sometimes victims of trafficking have not completed their education, which further reduces their chances of finding work. Helping victims of trafficking complete their interrupted education should be considered a priority whenever possible. In cooperation with national authorities, the receiving service delivery organization can facilitate the reinsertion into the education system and/or provide financial support for a victim's education.

Educational facilities located in the area of the victim's place of residence are to be preferred regarding any educational reinsertion deemed necessary as part of a victim's reintegration plan. It will often be necessary to complement educational support with housing allowances. If suitable education cannot be found in the vicinity of the place of residence temporary relocation should be considered.

University

In view of the high costs involved, service delivery organizations do not usually provide funds for university education. However, there have been instances where such support was given when funding allowed, or when a victim only needed a few more courses to complete an interrupted university course, or employers agreed to hire a victim if the university education was completed. Victims wishing to complete their university education should be assessed by the service delivery organization to determine whether this would be appropriate under their reintegration plan. Good candidates for a degree programme should be able to show a certain level of independence and reliability and the potential to successfully complete the degree course and secure employment.

School/technical school

For many victims reintegration assessments indicate that ongoing education or vocational training would be an appropriate course of action for the person concerned. If a service delivery organization is not able to fund such services directly they might consider researching other ways of providing them. Service delivery organizations may wish to contact appropriate government offices – such as employment offices and ministries of education – as well as other NGOs and IOs to learn about other available programmes which could extend services to their beneficiaries.

Academic tutoring

Academic tutoring is particularly useful and often essential for the effective reintegration of trafficked minors as they often have lengthy gaps in their education due to having been trafficked. It should help them to make up for the lost school years and should be a priority task in the case of minors. This should also be considered to facilitate the effective reinsertion into the school system.

3.2.3.6 Vocational training

Service delivery organizations should assist victims to set realistic employment goals commensurate with their abilities, skills and education level, and the available employment opportunities in the area. All effort should then be made to provide vocational training necessary to realize such goals. Vocational training is an important element to be included in reintegration plans since it helps to ensure the sustainability of the social reintegration of victims of trafficking by increasing their chances for gainful employment and increasing their confidence and general life skills.

Vocational training should be voluntary, teach the necessary skills to find employment, and be offered on a case-by-case basis in accordance with a comprehensive reintegration assessment. Vocational training is often offered by, or in cooperation with, NGOs, educational institutes, charitable organizations and religious groups, or government partners. The service

delivery organization should seek out available resources and should try to ensure that the training meets the needs identified in the victim's original reintegration plan and is relevant to local conditions.

3.2.3.7 Micro-enterprises and income-generating activities

Adult victims of trafficking typically face immediate economic hardship on their return home, either because of the harsh economic conditions in the country and/or lack of professional and practical skills, sometimes linked to depression and other psychological problems, as well as social stigmatization due to the crime they have suffered. Such difficulties heighten the risk of renewed trafficking as the returning victims find themselves confronted with the same problems that induced them to leave in the first place.

Income-generating activities and grants for the creation of micro-enterprises can be an effective means to increase the victim's independence and self-reliance. Small income-generating activities can help in this regard by strengthening the victim's self-confidence and autonomy and increasing the family income. To be effective, income-generating projects often need to be integrated into and supported by other protection and reintegration components, such as psychological assistance and vocational training.

An expert group, usually consisting of the service delivery reintegration staff and other relevant service providers, should consider potential candidates for such activities, depending on previous work experience, educational background, skills and the necessary upgrading of such skills to manage a micro-business, and a business-oriented personality. As always, a victim's personal and situational assessment is to be assessed to match the skills with existing opportunities in the local labour market.

Caution: Not all victims of trafficking make good entrepreneurs. Often victims of trafficking are young and inexperienced and lack the commitment and dedication necessary to undertake the task of starting a business of one's own. Care should be taken not to push victims into starting their own business, as failure may have consequences for the victims' self esteem and may lead to depression.

Developing and managing a micro-enterprise programme requires specialized skills and expertise. Service delivery organizations are encouraged to seek out existing and successful programmes in the receiving country and to work with them to extend their programmes to victims of trafficking.

Most victims of trafficking will require more than just capital in order to successfully start and maintain a business. Assistance for micro-enterprises usually follows a standard four-step model. Partner organizations may be able to provide one or all of the steps necessary:

- Business plan training;
- Micro-enterprise management training/income-generation training;
- Access to in-kind grants;
- Evaluation.

Micro-enterprise programmes can also be complemented by an apprenticeship programme or vocational training. Combining an apprenticeship with an income-generating programme may offset a lack of previous work experience.

3.2.3.8 Job placement, wage subsidies and apprenticeship programmes

Returning victims often need significant assistance in finding and maintaining a job. Often they are returning to countries with limited job opportunities and low salary scales – possibly the reason why they were vulnerable to being trafficked in the first place. As well, many victims have little experience looking for jobs, presenting themselves effectively to employers, or even keeping a schedule. Assistance and counselling may be necessary not only to help victims find well-paid positions, but also to manage their relationships with the employer and colleagues in order to maintain their position. A roster of potential employers could be created as a future resource. Relevant state agencies may be asked to help identify and contact potential employers.

Public institutions and companies are often reluctant to employ untrained returnees or to finance the training themselves. In such cases, appren-

ticeship programmes and wage subsidies may be possible alternatives to facilitate the reintegration process. Where feasible, the service delivery organization could subsidize the wages for selected beneficiaries during the first few months while they work in companies and gain useful working experience. Alternatively, the equipment needed to work for a certain company could be provided. In that way the service delivery organization would assist employers by offering them the financial means and equipment to hire victims of trafficking, thus helping to ensure their successful social reintegration and self-reliance.

Where it was agreed to either pay or subsidize the wages of a victim of trafficking for a certain time, the employer may be expected to hire the individual concerned. But, even where this is not the case, the trainee would have benefited from the necessary training and experience to be able to seek and find employment somewhere else. This being said, however, the service delivery organization must remain vigilant not to actually contribute to creating dependence by subsidizing wages for returnees rather than encouraging them to become independent and self-reliant and all efforts should be made to prevent this from happening.

Wage subsidies should not exceed market wages for the particular position. Wage subsidies are not intended simply to increase the income of the victims. The purpose of the wage subsidy is to encourage the employer to hire the victim by allowing the employer to pay lower than normal wage or by providing an unpaid internship for the victim for a limited time. Once the victim has proved s/he is a reliable employee s/he should be paid fully by the employer. Paying higher than market wages will only increase reliance on the wage subsidy or result in disappointment when his or her salary is reduced by the employer. If the position does not earn a liveable wage then alternative employment options should be considered.

Privacy and security alert

Victims' right to privacy must always be respected. Employers or potential employers should not be told about the victim's trafficking experience or other aspects of their past that are not relevant to the proposed employment. Not only would this violate their privacy but could also increase security risks.

3.2.3.9 Housing and accommodation

Where countries of origin have shelters or rehabilitation centres for adult victims of trafficking, it is standard practice for victims to live there for the initial period following their arrival. If the victims are not able to support themselves, cannot or do not wish to return to their families, and have no permanent place of residence the service delivery organization should assist them to live in a shelter or halfway house. To be able to identify possible shelters or halfway houses, cooperation agreements with NGOs and welfare authorities should be established. Victims normally remain at these facilities free of charge for a number of months while they complete their vocational training, search for jobs and hopefully find work and become independent. In addition, and depending on the case, a housing allowance might be provided for the success of the reintegration plan and its components, such as vocational training.

Although secure accommodation can be provided through rehabilitation centres it is not the primary purpose of such facilities, rather it is to provide complex and comprehensive medical care, and not to provide long-term housing or support to victims of trafficking. Once their immediate health needs are met, victims are required to return to their region of origin in their home country. Because they will usually have ongoing health needs, victims should be put into contact with shelters and halfway houses that may be able to provide longer-term accommodation.

Housing allowances are an alternative to shelters, in support of a sustainable reintegration and a normalized life. It should be the goal of any service delivery organization's programme to realize the full social integration of the victim as soon as possible. Accordingly, a small housing allowance, for example a rental subsidy over a limited period of time, is often a preferred option, as shelters may sometimes create dependence and frustrate the reintegration process.

Finally, on a case-by-case basis and if there is a security threat to victims, alternative housing should be provided. (Note: recommendations for managing shelters is provided in Chapter 4 of this Handbook.)

3.2.4 REINTEGRATION ASSISTANCE TO MINORS

On their return home, victims of trafficking (in particular minors) can face severe health problems and economic hardship because of the harsh economic conditions, lack of professional and practical skills, depression and other psychological problems, and social stigmatization. The vast majority of minors referred for assistance suffer from a wide range of psychological and physical traumas that need to be identified and treated. Health issues facing minors are particularly complex. Reintegration assistance can be given where a trafficked minor, regardless of status, expresses a wish or agrees freely with the recommendation of a legal guardian to access various reintegration assistance options directly or indirectly, i.e., through NGO partners or provided by the receiving service delivery organization. The economic circumstances of the family also affect the minor's chances for successful reintegration. Assistance, including economic support and counselling may need to be provided not only to the victim, but also to their family. Before providing reintegration assistance in the home country, wherever possible the following should be ensured:[16]

- The best interests of the child as stated in the Convention on the Rights of the Child, and usually reflected in the local laws or policy/practice, have to be considered during the whole process by everybody involved;
- The consent of the legal guardian;
- Sufficient information and counselling of the child and/or the guardian.

The service delivery organization should work closely with, and seek the advice of appropriate specialized agencies, such as UNICEF or specialized NGOs and relevant government authorities, in the reintegration of minors. Depending on the legislation of the referring country, the child should come under the protection of the state social services, if necessary. (For more information on the provision of services to minors please also refer to Chapter 5, section 5.6.)

3.2.5 OPERATIONAL SECURITY RELATED TO THE REINTEGRATION PROCESS

Because of the risk of any direct or indirect interaction with criminal elements related to the very nature of counter-trafficking programmes, the heightened risk during the reintegration process needs to be taken into account and addressed accordingly. In order to deal with security issues related to the reintegration of the victim, organizations assisting victims should constantly consider any changes in the situation reported by the staff, victim or partner organizations and adjust the security assessment accordingly. The receiving service delivery organization should work closely with the local police and/or other implementing partners who are considered trustworthy to protect all beneficiaries and staff during the reintegration process.

The recommended security measures and practices for staff and beneficiaries presented in this Handbook should be adjusted, as necessary, to prevent and counter security threats and concerns. Risk assessments should be made more often, temporary security measures added, and training sessions conducted to strengthen the operational security and integrity of the reintegration process. (Please refer to Chapter 1 for more information.)

3.2.6 MONITORING OF REINTEGRATION

After their return, regular contact should be maintained with victims for both security and monitoring purposes to ensure their effective reintegration. Trained partner organizations working near the victim's residence may be able to provide not only direct assistance to victims, but also to prepare and implement the reintegration plan and to conduct the reintegration assessment. Monitoring of the reintegration process is indispensable to be able to provide verifiable indicators related to the success of the reintegration programme.

Monitoring reports should be completed for each victim assisted on a monthly basis during the first three months of the reintegration-monitoring process. This should be followed by at least two additional three-month reports during the remaining reintegration-monitoring period. In addition to

the continuing review of the victim's reintegration progress, the monitoring procedure should also seek to verify whether the victim or his or her family have been threatened and/or harassed. (See Sample Monitoring Report, Annex I of this chapter.)

The monitoring of victims for a period exceeding one year should be avoided (with the exception of minors), as this could add to the stigmatization and be counter-productive to the normalization of the situation and the effective reintegration process. For minors, UNICEF recommends monitoring until the age of majority.[17]

Support groups

Victim support groups can be a very effective tool to support successful long-term reintegration. Not only do the members of the support group assist and support one another, they may also contact the service delivery organization when additional assistance is needed or problems are encountered.

3.2.7 EVALUATION

The service delivery organization should continuously review, evaluate and, where necessary, adjust its reintegration assistance and related procedures. The following evaluation methods may be useful:

- Victim evaluation
- Self evaluation
- External evaluation
- Donor evaluation
- Evaluation as part of the monitoring process of implementation of a National Action Plan

3.2.7.1 Victim evaluation

The reaction by beneficiaries to the reintegration assistance provided can be a useful indication of the project's strengths and weaknesses, and whether all the medical, psychological, financial, social and legal needs are

actually met or whether any additional needs should be taken into consideration in future projects.

Service delivery organizations may develop an evaluation form to be completed anonymously (if possible) by each victim assisted. It should cover all stages of the reintegration process, such as the assistance received in the referring country, departure and arrival assistance, medical and psychological assistance, reintegration grants, vocational programmes and training, legal assistance and any other form of assistance, as appropriate.

3.2.7.2 Self-evaluation

Continuous self-evaluation will allow for in-country monitoring of the strengths and weaknesses of the current reintegration situation and add to the organization's institutional knowledge of how best to plan and what to include in future reintegration efforts.

3.2.7.3 External evaluation

To achieve unbiased evaluation of its reintegration procedures, the service delivery organization could engage external agencies to evaluate and report on the strengths and weakness of its programmes and to offer recommendations for any necessary improvements.

Notes

[1] Long-term reintegration assistance remains challenging. As there have been few in-depth evaluations of long-term reintegration programmes and long term follow-up of victims can be difficult as those victims assisted move on with their lives and lose touch with service providers, little is known about best practices for long-term reintegration. Therefore, this remains beyond the scope of this Handbook.

[2] Committee on the Rights of the Child, General Comment No. 6, CRC/GC/2005/6, 1 September 2005, para. 25.

[3] In the context of victims requesting return to their country of origin or to a third country, the term "referring organization" will refer to the organization which assists the victim in the country where s/he is initially identified, arranges for

his or her travel and coordinates with an organization to assist him or her on arrival. The term "receiving organization" will refer to the organization which assists the victim on arrival and provides reintegration assistance or referral for such assistance.

[4] Other relevant texts regarding unaccompanied minors: UNICEF (2006). *Guidelines for the Protection of Child Victims of Trafficking,* UNICEF: NY; *Statement of Good Practice*, Third Edition, 2004, issued by the Separated Children in Europe Programme; European Union, Council Resolution of 26 June 1997 on unaccompanied minors who are nationals of third countries, and Guidelines for the Protection of the Rights of Children Victims of Trafficking in Southeastern Europe, UNICEF, May 2003.

[5] UNICEF (2006). *Guidelines for the Protection of Child Victims of Trafficking,* UNICEF: NY, p. 25.

[6] General Comment No. 31 [80], The Nature of the General Legal Obligation Imposed on States Parties to the Covenant, adopted on 29 March 2004 (2187th meeting), CCPR/C/21/Rev.1/Add.13.

[7] Committee on the Rights of the Child General Comment No. 6, CRC/GC/2005/6,
1 September 2005, para. 27.

[8] UNHCR Guidelines on International Protection on the application of Article 1A (2) of the 1951 Convention and/or 1967 Protocol relating to the Status of Refugees to victims of trafficking or persons at risk of being trafficked, HCR/GIP/06/07, 7 April 2006.

[9] UNHCR Guidelines on International Protection on the application of Article 1A (2) of the 1951 Convention and/or 1967 Protocol Relating to the Status of Refugees to Victims of Trafficking or Persons at Risk of being Trafficked, para. 28 and UNHCR, *Resettlement Handbook*, November 2004 edition, Chapter 4.1.

[10] Libassi and Maluccio (1986) as sited in DuBois B. and Miley, K.K. (1996). *Social Work: An Empowering Profession*. Allyn and Bacon: Needham Heights, Massachusetts, p. 215.

[11] Volpicelli (2004). *Understanding and Counteracting Trafficking in Persons: The Acts of the Seminar for Women Religious.* International Organization for Migration: Rome, Italy.

[12] Ibid.

[13] DuBois B. and Miley, K.K. (1996). *Social Work: An Empowering Profession.* Allyn and Bacon: Needham Heights, Massachusetts.

[14] Ibid.

[15] Ibid.

[16] Other reference texts relevant to unaccompanied minors: *Statement of Good Practice*, 2000, issued by the Separated Children in Europe Programme; European Union, Council Resolution of 26 June 1997 on unaccompanied minors who are third-country nationals and *Guidelines for the Protection of the Rights of Children Victims of Trafficking in Southeastern Europe,* UNICEF, May 2003.

[17] UNICEF (2006). *Guidelines for the Protection of Child Victims of Trafficking,* UNICEF: NY, pp. 30-31.

Annex I Monitoring Report

Name of organization:

Section 1 : Personal data of victim
Name:
Surname:
Date of birth:
Marital status:
Children:
Postal address:
Phone:

Section 2: Reintegration
1. For how long contacts were maintained with the victim?
2. The date of the last meeting:
3. Assistance options provided within the period:
   - Consultations
   - Courses
   - Psychological support
   - Health care assistance
   - Family mediation
   - Legal assistance
   - Education
   - Housing
   - Transport
   - Other:
4. Employment:
   - Got a job (facility, position)
   - Unemployed
   - Student
   - Other:
5. Does s/he get paid for work?
   - Regularly
   - Partly
6. What problems had s/he encountered after returning home?
7. Is s/he harassed/threatened by a trafficker?
   - Yes
   - No
8. If "yes", how? Whom has s/he approached for protection?
9. Was s/he contacted by law-enforcement bodies?
   - Yes
   - No

10. Did s/he wish to cooperate with law-enforcement bodies?
    - Yes
    - No
11. What plans for the future does s/he have?

4

Shelter Guidelines

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The purpose of this chapter is to provide comprehensive guidelines for the establishment and management of a shelter for victims of trafficking. The word "shelter" is used to refer to a wider group of facilities providing accommodation and assistance to victims of trafficking, such as medical rehabilitation centres, transit shelters and half-way houses, unless otherwise specified.

What constitutes a shelter?

Shelters may take many forms and are dependent on many factors, such as: availability of funding, security concerns, availability of services, capacity and demand for shelter, etc. As a result, shelters may house few or many persons, they may be in temporary locations, and they may be situated in a variety of locations:

- **Houses;**
- **Apartments;**
- **Hotels;**
- **Rooms in special facilities (such as hospitals);**
- **Churches.**

Shelters may be specialized for trafficked persons only or may house other persons in need of similar assistance, such as victims of other crimes (e.g., domestic violence).

The guidelines provide basic principles together with concrete suggestion for shelter management for organizations working with shelters for victims of trafficking in countries of destination, transit and origin.

4.1 Establishment of the Shelter

All shelters should aim for the following:

- **Adequate, safe and secure temporary living environment for victims of trafficking.**
- **Adequate, safe and secure working environment for shelter staff.**
- **Facilitate stabilization of the victim to prevent further harm and enable maximum recovery.**
- **Well-trained staff working in a collaborative, interdisciplinary manner to provide a comprehensive continuum of care for victims.**
- **Quality protection and assistance to victims based on individualized case service plans.**
- **Operate effectively and efficiently within counter-trafficking victim assistance and protection frameworks in various countries and regions.**

The organization managing the shelter should take care that the shelter operates in accordance with local rules and regulations. Often this requires registration and/or licensing with the State Social Services. Alternatively, a memorandum of understanding could be established with the govern-

ment for the management and running of the shelter. In either case, the responsibilities involved in the creation and/or management of a designated shelter for victims of trafficking can be detailed in writing – either in a memorandum of understanding (MOU) with the relevant ministry or government authority and the partner organizations involved, or in the registration or licensing documents or the service delivery organization managing the shelter. The following sections should be considered for inclusion in the written documents establishing the shelter.

Fundamental principles

Once appropriate partners have been identified the fundamental principles and practical details of the cooperation arrangements as set out below should be clearly defined. The following are some suggested fundamental principles:

- To contribute to the protection and assistance of trafficking victims through effective cooperation between relevant partners.
- For all parties, the safety and protection of trafficking victims and presumed victims is of paramount concern at all times.
- All assistance provided will reflect the international standards and guidance set out in the UN Palermo Protocol on Trafficking in Human Beings; the Principles and Guidelines on Human Trafficking and Human Rights of the United Nations High Commissioner for Human Rights; and the United Nations Convention on the Rights of the Child.
- Participation in assistance programmes will be on a voluntary basis only, at the free and informed will of the victim.
- Trafficked persons should not be held in immigration detention centres or detention facilities.
- With the exception of instances where the safety of another person is involved, organizations will not be required to disclose information without the consent of the victim or in circumstances where disclosure would not be in the best interests of the victim.

These five fundamental principles should be incorporated into any agreement to cooperate with ministries, government authorities, NGOs or international organizations, irrespective of the area of cooperation.

Purpose of the shelter

This clause states the intention to establish/manage a shelter for victims of trafficking.

This clause should also indicate whether the shelter is intended strictly for short or medium-term use.

Intended beneficiaries

Although the purpose is to provide shelter to victims of trafficking, it is recommended to further specify whether all or only some categories of victims are the intended beneficiaries of a particular shelter. The intended beneficiaries' clause can also specify the formal or informal referral mechanisms for the admission of intended beneficiaries to the shelter. This can be useful to avoid problems and confusion regarding the future admission of victims.

The list below gives some example of categories of victims who may or may not be the intended beneficiaries:

- Persons who have become victims of a particular type of trafficking (i.e., sexual exploitation, domestic labour, child labour, child soldiers, agricultural labour, among others);
- Female victims;
- Male victims;
- Adult victims;
- Adult victims with children;
- Child victims;
- National victims;
- Foreign victims;
- Foreign victims willing to be repatriated;
- Foreign victims seeking a temporary residence permit.

Accommodation of minors

- **Children should be placed in safe accommodation as soon as possible after their identification.**
- **Children should be provided accommodation appropriate for their age and maturity.**
- **Children should be housed with other children of their own age and gender.**
- **Efforts should be made to house family members together (if safe and appropriate given individual circumstances and when in the best interests of the child).**
- **Child victims should never be placed in detention facilities.**
- **Organizations providing shelter to minors should ensure that they apply for and receive the necessary authority to house the minor, in accordance with local law.**

For more information and guidance on the provision of services to child victims of trafficking please refer to Chapter 5, section 5.6.

Range of services

This clause may include a brief list of essential services to be provided at the shelter. The following protection and rehabilitation assistance are typically included:

- Safe and secure temporary housing;
- Meals;
- Medical assistance;
- Psychosocial assistance and counselling;
- Legal counselling;
- Basic material needs.

Depending on whether the shelter is located in a country of transit, destination or origin, this clause may also refer to:

- Voluntary return assistance;
- Reintegration assistance such as:
  - Education/school reinsertion;
  - Vocational training;
  - Job placements;
  - Family mediation.

Expenses

If the agreement includes organizations which will be providing funding, this clause can be used to specify budget and pay schedules agreed to by the respective parties regarding shelter expenses, for example:

- Funds for constructing a shelter;
- Funds for reconstructing or refurbishing a shelter;
- Funds for maintenance of the shelter;
- Funds for furniture and equipment;
- Funds for transportation of staff and victims;
- Funds for victims' housing, meals, medical assistance, psychosocial assistance;
- Funds for necessary and incidental supplies;
- Government subsidies for rent or other services.

Providing or obtaining shelter premises

If appropriate, this clause can be used to specify who has the responsibility to obtain the shelter premises.

If local laws require shelter registration, this clause can also specify which party is responsible for the appropriate registration.

Hiring and providing shelter staff

This clause can be used to specify who has the responsibility to hire or provide shelter staff and pay the related salaries and expenses. In some cases, contracting parties will share the responsibility for hiring and paying individual shelter staff. It is not usually considered essential to specify the number of staff and staff description. Responsibilities for staff training, staff supervision, disciplinary measures and technical assistance can also be stated in this clause.

Shelter security

This clause specifies individual or joint responsibility for the security of the shelter premises. Responsibility for the security of the shelter should include protection for victims entering, living in and leaving the shelter, as well as for shelter staff. (See also Chapter 1, sections 1.3 and 1.4.)

Service agreements with other organizations or institutions

This clause is used to specify the existence of (or plans for) service or co-operation agreements with government bodies and NGOs providing assistance and services for victims at the shelter. This clause can also outline the basic criteria for the establishment of such service agreements, including standards of care and conformity with shelter operational standards and principles.

Shelter insurance

This clause should specify which organization is responsible for obtaining insurance for the shelter and which type(s) of insurance are required.

4.2 Premises and Lay-out of Shelter

The health and safety of all residents and staff in any shelter are of the utmost importance. All shelters should provide a clean, safe and comfortable environment inside secure and carefully planned surroundings. All shelter facilities and furnishings should be in good repair and in compliance with local health, fire, electricity and building codes.

4.2.1 PHYSICAL FEATURES OF SHELTER FACILITY

Precise features of the shelter facility will depend on the availability of suitable premises, available funding and support for the shelter. However, most shelters should provide 24-hour service and include the following:

Kitchen and dining area

Food preparation and serving areas should be adequate to ensure safe food preparation and storage. Kitchens should contain appropriate cooking, serving and eating utensils.

Group living area

Enough space for groups of residents to congregate and engage in activities.

Bathroom facilities

Toilets and washing and bathing facilities should be in good repair, clean and available in sufficient numbers. Shelter residents should be called upon to keep the facilities clean.

Sleeping facilities

Shelter residents should have adequate sleeping space, their own bed in good repair, clean bed linen, and a place to store their clothing and personal items. Keeping in mind that many trafficking victims were often forced to make do with a minimum of comfort or even the floor or doubled up with other victims, it is important not to duplicate this environment in the shelter, even for short periods. In case of emergencies, staff may decide that it is safe and appropriate to allow residents to sleep in cots or other appropriate alternative arrangements. Such alternatives should be used on a strictly short-term basis until more space becomes available at the shelter or suitable arrangements are made at an alternative location.

Private counselling room

At least one room at the shelter should be available at all times for private, individual discussions and counselling with shelter residents. Conversa-

tions with victims and counselling of victims will include sensitive, confidential information that should not be overheard by other staff members or residents. Therefore, it is advisable for this room to be located away from common areas in the shelter.

Office for shelter staff

One room at the shelter should serve as an office for the staff. This room could also be designed to serve as a sleeping or resting room for staff who overnight at the shelter.

Medical examination room

Depending on the premises and whether medical assistance is available either on-site of off-site, the shelter might contain a medical examination room. When the medical officer or physician is not in this room, it should be kept securely locked at all times. It is especially critical that medication remain locked in secure cabinets in this room.

Each shelter should contain a first-aid kit and related items, regardless of the presence of an individual medical room.

Laundry and washing facilities

Laundry and washing facilities should be free of charge and available on the premises.

Recreation area

Indoor and safe outdoor recreation space should be available, even if small.

Storage space

It is advisable for each shelter to have a designated storage room. Shelter supplies, items of personal hygiene, extra clothing for residents and other goods will require a fair amount of space, so it is best to store these items in one room. The following items are often needed and should be purchased, kept by an inventory list, stored in a locked storage space, and made available upon request:

- Cleaning supplies for shelter;
- Personal hygiene supplies for residents;
- Extra clothing and footwear for residents (seasonal);
- Travel bags;
- Other material goods.

4.2.2 MAXIMUM SHELTER CAPACITY

The shelter's maximum capacity (total number of residents who can be safely accommodated) should be determined in consideration of potential admissions of additional residents. In accordance with local health and safety regulations, shelter staff supervisory capacity and resources and the number of appropriate sleeping spaces inside the shelter will determine the shelter's maximum capacity. It is advisable that the service delivery organization and the shelter staff draw up a contingency plan in case the shelter reaches maximum capacity. It should specify alternative arrangements for secure placement and services for victims who cannot immediately be admitted to the shelter for lack of space.

4.2.3 MAINTENANCE

Each shelter should have a service agreement regarding routine and emergency maintenance and repairs. Because of the sensitive and confidential nature of the shelter, shelter staff must know in advance who to contact for any maintenance work and related issues. The shelter should obtain an advance agreement for maintenance services from a service provider who can be relied on to respect the rules of the shelter. Service agreements should include provisions for the maintenance and repairs concerning:

- Physical structure of the building;
- Utilities (including plumbing and electricity);
- Furniture;
- Equipment ;
- Motor vehicle (where available).

4.2.4 SANITARY CONDITIONS AND SERVICES

Each shelter should maintain standards of cleanliness and hygiene in line with local health regulations and practices. Shelter residents should co-operate and participate in the maintenance of the shelter and be responsible for keeping their sleeping space clean. Each shelter should establish and post cleaning responsibilities for staff and residents, along with specific daily tasks. Shelter staff should be responsible for ensuring that the requisite standards of cleanliness and hygiene are observed throughout the shelter. Depending on the size of the shelter, the number of shelter residents and the staff composition, it might be necessary to hire cleaners.

The following is an example of daily shelter tasks and regulations:

Kitchen, food preparation and eating areas:
- To be cleaned thoroughly at least twice a day;
- Written instructions to ensure that residents are provided with three nutritious, well-balanced meals or the ingredients for a well-balanced diet, plus two snacks a day for children;
- Post kitchen rules and opening hours;
- Reasonable dietary arrangements for residents requiring special diets.

Bathroom and toilets:
- Cleaned thoroughly at least once a day;
- Post schedule for use of bathing facilities, if necessary.

Sleeping areas:
- Cleaned once a day;
- To be kept clean and neat by residents;
- Linens, pillows and blankets washed regularly;
- Written policies and procedures regarding security of residents' belongings.

Offices and meeting areas:
- Cleaned once a day.

Entire premises:
- Swept and dusted regularly;
- Free of smoke.

4.2.5 SHELTER HOURS AND ADMISSION POLICY

Each shelter should establish and make known clear policies regarding opening hours of the shelter and admission of new residents. These policies should be established together with and publicized among all relevant referral sources and other partner organizations. Admitting new residents to the shelter at normal working hours enables the staff to provide appropriate services to the new resident, while also minimizing disruption to shelter activities and residents. Each shelter should establish a policy regarding minimum notice and time needed to prepare for the admission of a new resident. The time needed to make appropriate preparation must take account of the time necessary to establish an initial case file for the victim, conduct an initial safety assessment, determine who will conduct the first meeting with the victim, and ensure the availability of any additional assistance providers, if needed.

However, there may be pressures to admit victims outside the regular hours. Shelters should consider the impact on shelter residents when accepting admissions late at night. All effort should be made to make the new resident comfortable while minimizing the disruption to the other residents.

4.2.6 SECURITY

To ensure the effective management of the risk areas identified through the generic risk assessment process (see Chapter 1, section 1.1), appropriate standards and procedures to ensure maximum security for the victims and staff and to minimize the risks involved must be developed and duly implemented, as regards the following areas:

- Shelter premises;
- Non-shelter accommodation;

- Staff;
- Visits to shelters;
- Residents;
- Confidentiality, administrative and documentary risks.

Security standards and procedures – the shelter premises

The guidance set out below is a "best practice" model, based on IOM's experience to date. Clearly, factors such as the availability of suitable premises, appropriate funding and the level of government support for the project will determine the optimum solution achievable in each setting.

- Where financially and practically possible, a security specialist should be retained to conduct a security review and assessment of the proposed building. If available, this could be done by a police specialist as part of the cooperation agreement. Otherwise and if finances permit, an external security specialist could be retained for the job.
- Each shelter should have a comprehensive fire safety/evacuation plan. Any measures taken to protect against intrusion must also take into consideration emergency evacuation – therefore, any alarm or locking system fitted to doors or windows must have an interior quick release capacity.
- Older shelter premises in some countries may be fire prone due to ageing electrical or structural standards and all efforts should be taken to mitigate this risk.

Physical security presence at shelters

Although a physical security presence at the entrance and around the perimeter of the shelter might be desirable and advisable, this must be weighed against two other factors:

- The overt presence of guards also alerts everybody in the vicinity to the presence of the shelter.
- The presence of uniformed guards may have a negative psychological impact on the residents.

If a security presence is desired, for shelters established in active cooperation with a government agency, a 24-hour police guard to secure the premises may be possible. Where this is not the case, it may be possible to negotiate contingency security arrangements with the local police and have panic alarms or other alert systems linked to the local police station to trigger an immediate police emergency response in the event of an incident. Whether this is of actual benefit will depend on local conditions. Although the physical presence of high-calibre security officers can be of advantage, this is not necessarily always the case.

Also, the security of the premises may be ensured by hiring a private security agency instead of the police. In that case, however, apart from the question of available funding, a full screening and vetting procedure must be completed before issuing a contract.

The decision to request or to accept a security presence will depend on the anticipated level of risk and local circumstances. As a best practice security measure, some form of physical security presence is always recommended.

It may also be possible to arrange for a full security assessment to be carried out in respect of the premises through the local police or through a private security company.

Security standards and procedures – non-shelter accommodation

In some locations, assisted victims of trafficking may be individually supported in the local community in private, independent accommodation that is entirely separate from the shelter concept of accommodation.

Where this situation does apply, staff will need to consider a number of additional risk assessment and security issues before providing support measures. Where it is proposed to accommodate an assisted victim in private accommodation, the following issues should be considered:

- Pre-assignment risk assessment of the immediate locality and its suitability for the assisted victim; does the locality suffer from a high crime rate; is the assisted victim likely to encounter individuals or groups that might pose a risk to her or him?

- Pre-assignment risk assessment of the specific house or apartment; ease of access and egress, collective and individual security of the location; convenience of the location if the individual is likely to have to attend numerous medical, psychological or other appointments?
- Means of communication present at the location; does the assisted victim have access to landline or mobile communications with which to call emergency assistance if necessary?
- Notification to local police; if the local police are regarded as reliable and competent, should they be informed of the presence of the assisted victim in their area and, if so, does the assisted victim agree to this proposal?
- Will any other person share the accommodation with the assisted victim and, if so, does this person(s) represent any risk to the safety of the victim?

In these types of cases, the topics of security guidance set out below in relation to the personal responsibilities of assisted victims will apply to them and should be followed and the guidelines for staff on the management of confidential documentation will also apply in full.

Security standards and procedures – staff

Staff vetting and contractual obligations

To assist and accommodate trafficking victims at the shelter also entails considerable risk for the physical safety of the residents and the staff. That risk must never be underestimated, particularly as it can be expected to increase as more victims seek help and decide to cooperate with local law enforcement officials.

Therefore, and in view of the sensitive nature of the work involved, staff should only be hired after a rigorous and in-depth clearance procedure. Unless the individual is already well known to the service delivery organization, candidates should be required to submit detailed application forms, setting out their personal history, qualifications, previous employment and their personal motivation to work for the organization or at the shelter. The application should be accompanied by supporting documentation and subject to rigorous background enquiry and clearance.

The candidates should be informed of the sensitive nature of the appointment and their duties and of the possible security risks involved. Their suitability in this regard should be rigorously assessed. All staff at the shelter should sign employment contracts that oblige them to observe strict confidentiality regarding all information and material they come across in the course of their duties, in particular the confidential personal and confidential trafficking data. The same obligation of confidentiality should apply to staff of partner organizations or volunteers working in shelters.

Suggested staff security procedures

While the service delivery organization has a duty of care towards the shelter staff, it is incumbent on staff members to enhance their own security by taking personal responsibility for their own safety and adhering to security guidance. To enhance security, IOM recommends that the following procedures be followed:

- Hold regular staff briefings on the trafficking and security situation so that all staff members are fully up-to-date with the latest risk assessment.
- Any information exchanged between staff members should be strictly limited by the principle of “need to know” to what is absolutely necessary for the proper conduct of the work at hand.
- Under no circumstances must any confidential personal or confidential trafficking data be disclosed over the telephone to any individual whose identity and credentials are not known to the service delivery organization staff member.
- Under no circumstances are personal details, addresses or telephone numbers of shelter staff to be disclosed to anybody not part of the regular staff.
- No staff details, apart from first names, are to be disclosed to persons accommodated at the shelter.
- Staff members should always remain aware of their surroundings.
- Staff should always act to ensure the safety and welfare of the trafficking victims accommodated at the shelter.

Basic security training

Whether basic security training is either desirable or available will depend on local circumstances. Basic security training for staff is not intended as a full personal protection course, as that level of training is unlikely to be justified and might actually unsettle rather than reassure staff. Where a basic training course is available or could be provided by the local law enforcement agency, it is advisable to secure a short training course that addresses issues such as basic self-defence techniques for staff and possibly for victims, security awareness and risk assessment, awareness of immediate surroundings, basic surveillance awareness and anti-surveillance techniques as well as basic personal protection measures such as panic alarms and anti-personnel sprays.

Additional training in basic first aid may also be important for shelter managers and non-medical staff. It may also be advisable to secure training in tactical communications, personal behaviour-recognition of danger indicators and de-escalation techniques that could be important assets for staff in managing unruly victims or unwanted visitors.

Security standards and procedures – visits to shelters

Shelters often generate a great deal of interest among professionals in the field, donor representatives, academics and journalists, who may request to visit the shelter. The issue is very sensitive as regards the security, welfare and privacy of the residents and staff. However, refusing access to all might be unrealistic and perhaps even counter-productive to the work of the organization. Therefore IOM recommends that shelters establish strict rules for visitors to the shelter. Having clear guidelines can help ensure that the welfare and privacy of the residents is the paramount consideration in responding to all requests, makes it easier for staff to handle specific requests, and makes it easier for donors and other interested parties to understand and adhere to the organization's established policies. The established policy should bear in mind the need to:

- Protect the location of the shelter;
- Protect the shelter from infiltration from traffickers;
- Respect the privacy of the shelter residents, recognizing the shelter is serving as their temporary home;

- Protect the identity of the residents and staff;
- Ensure the welfare and best interests of the residents.

IOM recommends that organizations consider the following issues when establishing guidelines for visitors to shelters:

- The number of visits and of visitors to the shelter should be kept to an absolute minimum. IOM recommends that organizations set a limit on the maximum number of visitors at any one time – for example, that there cannot be more than two visitors to the shelter at any one time.
- Visitors are to be allowed only within the framework of a strict timetable of pre-arranged appointments which are established so as to cause the least disturbance to shelter residents.
- Each request to visit the shelter must be examined and cleared by the service delivery organization.
- Before granting access to the shelter for a visit, the service delivery organization should conduct a psychological assessment with the shelter psychologist to ascertain that a visit would not involve any negative psychological consequences for the victims accommodated at the shelter.
- The visit should only be allowed to proceed if it is established that no negative psychological consequences for the recovery of the residents are to be expected.
- Visitor(s) should **not** be given the exact address of the shelter nor allowed to come to the shelter directly, but should be taken to the shelter by one of the staff of the organization.
- Throughout the visit, the visitor(s) must be accompanied by shelter staff.
- No visitor(s) shall be allowed to meet or speak with a resident victim without the express consent of the person concerned and the approval by the shelter psychologist. If approved by the psychologist, the shelter psychologist or staff must be present throughout such a meeting.
- Visitor(s) are not allowed to bring cameras or any other recording device to the shelter and any camera or recording device is to be retained by the shelter staff and kept safe throughout the time of the visit.
- All visits by outsiders are to be carefully noted and the full record kept by the shelter manager.
- Establish a clear policy on media access to the shelter – see below.

Media access

Organizations must be very careful regarding representatives of the media. Some shelters may choose not to allow media access under any circumstances, others may wish to allow it under certain conditions if the journalists are known and trusted. If allowed, all of the above mentioned rules should still apply – including those prohibiting cameras and recording devices and regulating interviewing and speaking with residents.

Security standards and procedures – shelter residents

Shelter responsibilities

The following procedures are recommended to ensure maximum safety and security of the residents:

- Residents should be advised to remain aware of their surroundings at all times.
- A member of the staff should accompany any resident who is required to attend a potentially sensitive appointment outside the shelter or organization premises (such as to the doctor, lawyer, or police).
- If the appointment is with the police or other law enforcement officials, the trafficking victim should be accompanied by a legal counsellor.

Responsibilities of residents

The presence of trafficking victims at the shelter will always involve a certain degree of risk for all concerned. When victims return to their home country they may want to contact family members or friends, who could pose a potential risk for the security and safety of the shelter. Similarly, as residents cannot be obliged to always remain in the shelter throughout their stay, there is a risk that they act against the advice of the shelter staff and visit their former haunts and associates, and make their presence known. In some cases the victim may still have emotional ties to the trafficker or recruiter and wants to re-establish contact and rebuild the relationship.

Given these risks, residents at the shelter must be made fully aware of and prevailed upon to assume their personal responsibility not only to protect

themselves, but also the safety and security of other residents and of the shelter and the staff in general.

For that purpose, and to facilitate the proper functioning of the shelter, residents must observe certain security procedures and house rules. Organizations should establish clear procedures and rules and make sure that all residents and staff are aware of them. Rules might address such issues as personal responsibility for a range of domestic tasks and standards of conduct to ensure good relations with the staff and other residents. It is highly advisable that the rules include an absolute ban on the use or possession of drugs, alcohol, weapons and mobile phones, and on the receiving of unauthorized visitors.

Before they are formally admitted, prospective residents should be required to read and sign a copy of the security procedures and house rules.

Security standards and procedures – confidentiality, administrative and documentary risks

All confidential personal and confidential trafficking data, be it electronic or in paper form, should be handled and destroyed carefully. See recommended instructions set out in Chapter 1, section 1.2.

A further aspect to be borne in mind is that shelters can be very busy places as residents and staff interact in the course of their daily activities. This interaction and the familiarity it creates can erode basic security procedures concerning the maintenance and security of confidential records and of other security aspects.

- **As a fundamental condition of shelter security, it is essential for all confidential personal records and documents concerning residents and employees to be kept safe and secure.**
- **It should be the direct responsibility of the shelter manager to ensure the security of all confidential documents and records.**
- **It should be the direct responsibility of the shelter manager to ensure the strict observance of the security rules and instructions by all.**

The main objective of these security measures is to ensure:

- No confidential personal data concerning victims or employees, or any other confidential trafficking data may be accessed or disclosed by unauthorized persons either by accident or by design.
- All documents and records concerning residents at the shelter are kept to the absolute minimum necessary to manage and audit the shelter programme.
- Strict adherence at all times to the principle of "need to know" in order to keep information passed on to third parties to the absolute minimum.

4.3 Shelter Management and Staffing

4.3.1 COMPOSITION OF SHELTER STAFF

The number, job description and qualifications of shelter staff working in each shelter will vary according to the overall needs and resources of individual shelters and missions. In order to determine the most appropriate composition of shelter staff, the service delivery organization and relevant partners should consider the following:

- Range of services offered by the shelter;
- Whether most services are provided on-site or through referral to partner service providers;
- Average or likely number of residents to be assisted and accommodated;
- Average duration of stay at the shelter.

At a minimum, each shelter should have one or more core shelter employees to be responsible for the following duties:

- Shelter management;
- Direct counselling and/or psychological assistance;
- Supervision and general care of residents;
- Financial oversight and procurement.

4.3.2 SHELTER MANAGEMENT

Each shelter should have one core staff member as shelter manager, who shall have overall responsibility for shelter management. The shelter manager maintains overall responsibility for the shelter's day-to-day operations, including supervision of shelter staff and the services to residents. The shelter manager ensures respect for the principles and goals of the shelter, and the safety, health and well-being of shelter residents and staff.

A sample list of potential responsibilities for the shelter manager is described below:

- Oversee the day-to-day operations of the shelter. Develop, implement, coordinate and evaluate plans designed to meet the needs of shelter residents.
- Establish and monitor an effective administrative infrastructure, and guide and direct the staff, residents and services of the shelter.
- Ensure that staff adheres to shelter principles, goals and policies concerning resident care, resident assessments, interventions, service referrals, and general assistance to shelter residents, including help with personal problem solution. This includes medical, counselling and legal assistance, where necessary and other relevant services, such as meals, material needs and activities.
- Decide on resident intake and departure.
- Maintain safety and security systems, tests and procedures.
- Ensure that accurate programme and client records are maintained and kept confidential. Ensure that all necessary documentation is complete.
- Participate in identifying, hiring, orienting, training and supporting shelter staff and service providers.
- Supervise and evaluate the work of shelter staff. Chair and participate in weekly staff meetings, review case service plans, handle and seek solutions to staff grievances, and administer disciplinary measures, as appropriate and necessary.
- Coordinate staff schedules to ensure continuous coverage – manage shelter staff vacation, sick leave and other absences.
- Monitor staff performance.
- Maintain visitor records.

- Submit monthly reports as necessary.
- Supervise expenditures under the existing budget and make budget recommendations.
- Oversee maintenance to ensure cleanliness and good functioning of the shelter building and equipment.
- Liaise with other counter-trafficking officials concerning counter-trafficking activities, developments, coordination and cooperation.
- Perform any other related duties, as required.

4.3.3 DIRECT COUNSELLING AND/OR PSYCHOLOGICAL ASSISTANCE

Each shelter should have one or more staff responsible for direct counselling and/or psychological assistance. Such assistance to shelter residents is generally provided by social workers, counsellors or psychologists, under the supervision and with the support of the shelter manager.

Social worker/counsellor

The social worker/counsellor provides counselling to shelter residents, and organizes and monitors care and services offered according to individual case plans developed in cooperation with other care providers.

A sample list of potential responsibilities for the social worker/counsellor is described below:

- Conduct first meeting with victim and shelter orientation for residents.
- Ensure resident understands and accepts services offered at the shelter.
- Identify resident's immediate and secondary needs.
- Develop individual case service plans together with the resident, the shelter staff and other care providers.
- Conduct appropriate service referrals to on-site and off-site service providers.
- Accompany residents to appointments with service providers, when necessary or requested by resident.
- Monitor residents' cases and progress during stay at shelter.

- Participate in the determination of shelter departure date and follow-up referrals and services.
- Establish and arrange departure procedures with residents and ensure that residents understand procedures and referrals.
- If located in a transit or destination country, remain available for communication with service providers in resident's country of origin and obtain three-month progress report after resident's departure.
- If located in a country of origin, monitor individual cases and provide appropriate follow-up for a period of six months after resident's departure from the shelter.
- Establish and maintain contacts and exchange of updated information with other service providers where the shelter is located and the country of origin.
- Attend weekly staff meetings and individual case conferences.

Psychologist

The shelter psychologist is responsible for interviewing residents to identify their mental state and ability to function in the given circumstances and environment. The psychologist may also provide individual or group therapy, design and implement behaviour modification programmes and collaborate with other care providers to develop and implement treatment and intervention programmes for residents, as necessary.

A sample list of potential responsibilities for the psychologist is described below:

- Assess residents and conduct diagnostic tests.
- Advise residents on how to deal with immediate crises and problems.
- Provide support and care to residents.
- Identify and recommend residents who show signs of psychiatric disorders for psychiatric treatment.
- If the mental capacity of a resident is in question, conduct an assessment with the person concerned and inform the shelter manager and other relevant service providers accordingly.
- Participate in the establishment of individualized case plans for residents.

- Participate in case disposition, including timing, circumstances and service referrals in relation to a resident's departure from the shelter.
- Contribute to overall shelter activities and programme development.
- Attend case conferences.
- Attend weekly staff meetings, as necessary.

4.3.4 SUPERVISION AND GENERAL CARE OF RESIDENTS

Shelter staff should include staff attendants to provide general supervision and care for residents on a 24-hour basis. Shelter attendants shall perform their duties under the supervision and with the support of the shelter manager.

Shelter attendants

Each shelter should have two or more shelter attendants responsible for the supervision and general care of residents. Shelter attendants oversee shelter activities during the day, maintain a physical presence at the shelter during the night and ensure compliance with shelter rules and security procedures.

A sample list of potential responsibilities for the shelter attendants is described below:

- Generally supervise and ensure that residents comply with shelter rules and regulations.
- Organize, provide and facilitate daily activities in accordance with daily routine and shelter manager instructions.
- Record entry and exit of residents.
- Record entry and exit of all visitors previously approved by the shelter manager.
- Record any medical appointment and procedures undergone by residents.
- Ensure that residents understand and sign a consent form for medical and other relevant services.
- Ensure that residents follow security rules and instructions.

- Ensure that residents and staff follow the rules to maintain a clean and comfortable environment at the shelter.
- Ensure that residents treat each other with the necessary respect and care.
- Handle problems between residents, or resident complaints to the shelter manager in a timely and appropriate manner.
- Perform general cleaning, washing and upkeep as required.
- Notify the financial assistant/procurement assistant of any shortages in normal supplies and shelter items.
- Notify shelter manager of any maintenance or repair needed.
- Inform shelter manager of any problems, security risks or unusual incidents.
- Keep written log of activities and daily occurrences at shelter.
- Submit weekly written reports of daily shifts and occurrences.
- Attend weekly staff meetings.

4.3.5 FINANCIAL SUPERVISION AND PROCUREMENT

Shelter staff should include one staff member (either a financial officer or a finance and procurement officer or assistant) with primary responsibility for overseeing shelter finances and procurement.

Finance and procurement officer

The finance and procurement officer is responsible for the maintenance of a proper record of all shelter expenditures; the purchase of necessary items within the limits of the available shelter budget, under the supervision and with the support of the shelter manager.

A sample list of potential responsibilities for the financial officer is described below:

- Maintain detailed and accurate records of all expenditures.
- Ensure the careful and efficient use of shelter resources.
- Arrange for timely payment of all shelter expenses and bills.

- Keep the shelter stocked with fresh, canned and dry food supplies for immediate consumption and to be kept in reserve, appropriate clothing, footwear, hygiene supplies, travel bags and other necessary items.
- Purchase (or delegate and supervise the purchase) of necessary supplies in consultation with shelter management.
- Submit weekly financial reports detailing all expenditures to the shelter manager.
- Attend staff meetings, if required, or provide shelter supervisory presence at shelter during meetings, if required.

4.3.6 OTHER STAFF MEMBERS

Depending on the shelter's resources, needs and whether services are provided mainly on-site or off-site, shelter staff may include health practitioners, teachers, activity coordinators, interpreters, teachers and others, as necessary.

4.3.7 USE OF VOLUNTEERS

Some shelters use volunteers to assist with the growing number and variety of services and activities offered to residents. As a general rule, while volunteer assistance may be used to supplement services and activities provided at the shelter, volunteers are not normally used to conduct essential tasks normally assigned to regular staff. Some shelters have effectively used volunteers to assist with the following:

- Language skills;
- Computer skills;
- Drama and dance therapy;
- Arts and crafts.

The use of volunteers will necessarily depend on security concerns, resources, supervisory capacity, residents' needs and the value-added of volunteer services. It is always advisable that a regular staff member always be present during any activity conducted by a volunteer. To ensure conformity with security regulations and quality control, all volunteers should:

- Undergo initial vetting and personal background verification;
- Sign shelter rules;
- Sign confidentiality agreement;
- Undergo introductory counter-trafficking training.

Volunteers working with children should undergo specific training and awareness sessions concerning the special needs and rights of child trafficking victims.

4.4 Shelter Staff Management and Training

The shelter manager should have primary responsibility for developing and overseeing the following aspects of shelter staff management:

- Staff training;
- Staff code of conduct;
- Staff schedule;
- Staff supervision.

4.4.1 TRAINING AND STAFF DEVELOPMENT PROGRAMMES

Each staff member should be given a general shelter and counter-trafficking orientation session in the first weeks of employment, to be coordinated by the shelter manager. The orientation should be supplemented by job-specific orientation and appropriate training, as required by the employee's experience.

Suggested training topics include:

- The trafficking phenomenon;
- General principles of law and rights of victims of trafficking, including reference to the Palermo Protocol and an overview of relevant national counter-trafficking laws and regulations;
- General guidelines for interventions aimed at healing and recovery of traumatized victims;
- Remedial action or intervention to promote recovery and support the rehabilitation of trafficking victims;

- Specific skills in communicating with traumatized victims;
- Multidisciplinary approaches and team work in delivering services;
- Principles of crisis management;
- Basic counselling principles;
- Specific counselling principles as applied to trafficking victims;
- Information on available support services and specialized services in the area;
- Safety and security training;
- First-aid training.

Follow-up training and specialized training sessions should be organized by the shelter manager, in accordance with shelter staff needs and developments in the counter-trafficking field.

4.4.2 SHELTER CODE OF CONDUCT / STANDARD OPERATING PROCEDURES

Each shelter should develop and enforce a Code of Conduct / Standard Operating Procedures for shelter staff. The Code of Conduct should be developed in accordance with the service delivery organization's counter-trafficking policies. Suggested key principles are detailed earlier in this Handbook. Among other procedures, the Code of Conduct might specify that shelter staff is to strictly abide by the Shelter Security and Confidentiality Rules (see Guidance for Staff Code of Conduct and a sample of a Staff Confidentiality Agreement in Annex I and II respectively, at the end of this chapter).

4.4.3 STAFF SCHEDULES

The shelter manager should ensure the establishment and maintenance of a schedule to provide for constant staff coverage of the shelter 24 hours a day seven days per week. To ensure continuous shelter coverage at all times, alternative staff members should be designated to step in for staff members who may be absent because of illness or an emergency.

To be efficient, the staff schedule has to consider the appropriate ratio between staff and residents. This will depend on the available shelter staff, the shelter capacity and number of residents at the shelter at any one time and the services provided, and the needs of residents and the capacity of the shelter staff to deliver the highest possible standard of care. The staff/residents ratio should be reviewed regularly to make sure it is still working effectively.

4.4.4 SUPERVISION

Weekly staff meetings

Weekly staff meetings help to ensure proper monitoring and supervision of staff activities and resident case histories. Regular weekly staff meetings provide the opportunity to discuss the following issues:

- Case coordination;
- Overall case progress;
- Incoming/departing cases;
- Means to resolve any case problems;
- Ethical issues;
- Relationships with other service providers and counter-trafficking actors;
- Conflicts or grievances between residents and/or staff;
- Evaluation of shelter policies and procedures;
- Review resident questionnaires;
- Any other general shelter issues or concerns, as necessary.

Individual meetings and supervision

The shelter manager should also meet with shelter staff individually from time to time, as necessary, to discuss and ensure the following:

- **Direction.** The targets set for shelter staff should be realistic and attainable, in accordance with the prevailing conditions and available means to achieve them.

- **Coaching.** The shelter manager shall ensure ongoing informal training and coaching for shelter staff, and encourage them in their tasks.
- **Feedback.** Feedback helps to assess, approve, encourage or criticize staff performance and to maintain communication on all aspects related to the work of the shelter, and to air and deal with prevailing conditions or any difficulties that may be experienced by shelter staff or residents.
- **Counselling.** In case of any problems related to a staff member's conduct or performance, or the conduct of a resident, the shelter manager should bring this to the attention of the person concerned and encourage and advise on improvement.
- **Discipline.** If any of the shelter rules and regulations are disregarded or contravened, the shelter manager should take appropriate action. S/he should call the staff member's attention to the existing rules and their purpose, and why it is essential to respect them. Any action or conduct in breach of security regulations or the duty of confidentiality, should receive the most serious attention.

4.4.5 BURNOUT

Burnout is a state of physical, emotional and mental exhaustion caused by long-term involvement in an emotionally demanding situation. Staff working with victims of trafficking must be encouraged to take care of themselves and set limits on the amount of emotional energy they can safely expend on their work. Managers must be mindful that the stress confronting those providing care and services to traumatized persons, such as trafficked victims, results in a variety of psychological reactions that can cause secondary stress disorders and lead to secondary trauma. If constant stress is allowed to build up over time "burnout" can occur.[1]

For an in-depth discussion of staff support, including recognition of burnout and steps to take to prevent and address it, please refer to Chapter 5, section 5.15.

4.5 Procedures to Assist Victims at the Shelter

The purpose of the remainder of this part of the chapter is to provide guidelines for shelter staff regarding actions taken from the moment of a trafficking victim's admission to the shelter up to the time of departure from the shelter. The guidelines aim to cover shelter procedures carried out in countries of transit and destination as well as in countries of origin. Frequently, the procedures will be the same regardless of whether the shelter is located in a country of transit, destination or origin. Such common procedures will be discussed below.

Some of the procedural guidelines will inevitably overlap and complement referral, return and reintegration procedures, and the reader should consult specific guidelines for referral, return and reintegration which are discussed earlier in this chapter. Shelter procedures will also depend on the particular circumstances, needs and extent of assistance required by individual victims. The resulting variation in procedures will be addressed throughout the guidelines.

Review Appendix I: Ethical Principles in Caring for and Interviewing Trafficked Persons

Before interviewing or assisting victims of trafficking, all service delivery organization staff should carefully read and review Appendix I to this Handbook: Ethical Principles in Caring for and Interviewing Trafficked Persons and Appendix II – Interview Checklist.

4.5.1 BASIC CONCEPTS IN WORKING WITH VICTIMS AT THE SHELTER

To ensure appropriate care and intervention for shelter residents, all shelter staff should have a firm grasp and understanding of trafficking phenomena, the effects on trafficking victims and the implications for service delivery. Shelter staff should be familiar with the characteristics of trafficking and the trafficking process. Key principles, elements of the crime of trafficking and the trafficking process, and issues related to psychological, emotional and physical health effects are examined elsewhere in this Handbook and

will not be repeated here. It is recommended that all shelter staff be familiar with the guidelines set out in this Handbook.

Basic concepts – staff attitude and demeanour

The particular attitude and demeanour of shelter staff towards the victims is of utmost importance in the rehabilitation and social reintegration process. Shelter staff should be mindful of the following in their contacts with victims of trafficking:

- **Acceptance.** This implies a sympathetic attitude to residents. This can be conveyed through genuine concern, sympathetic listening, a non-censorious response and the encouragement of a climate of mutual respect. It is important that the victim does not feel blamed.
- **Affirming individuality.** Staff should try to acknowledge the unique qualities of a particular resident. Understanding of and attention to individual residents can be conveyed by giving residents the opportunity to express their own feelings and concerns.
- **Objectivity.** Staff should try to examine situations objectively and not interject personal opinions and judgements into their working relationship with shelter residents.
- **Victim's energy level.** Interventions should be adjusted to the physical and emotional state of the victim concerned. This may mean avoiding lengthy questioning and being attentive to what is being said or not said by a particular victim at the shelter.
- **Controlled emotional involvement.** Staff should be sensitive to expressed or unexpressed feelings, and demonstrate an understanding based on their knowledge of human behaviour, and respond accordingly. Shelter staff should not appear cold or lacking interest, but at the same time they should not identify too much with the client or become too involved emotionally.

Basic concepts – establishing a trust relationship

Shelter staff must be mindful that the crime of trafficking causes a severe breakdown of confidence and trust for the victims and that to rebuild trust and a normal relationship for trafficking victims requires patience, concen-

tration and skill. It is important to use care when trying to rebuild an atmosphere of trust and confidence, and to encourage communication without exerting any undue pressure. The shelter staff should be empathetic and non-judgemental, while also striving for a moderate level of emotional discharge.

A combination of verbal and non-verbal means to show empathy can be most effective when meeting victims at the shelter. Helpful techniques for working with victims in the shelter include:

- Focusing on the individual situation;
- Listening carefully;
- Responding honestly, humanely;
- Being calm, attentive, concerned, empathetic;
- Avoiding a controlling, patronizing attitude;
- Offering decision-making control, when possible;
- Explaining the system of assistance for trafficked victims;
- Knowing available resources for trafficked victims;
- Being flexible to meet individual needs;
- Getting extra help and support for victim and self when needed.

In addition to developing one's own style of working effectively with trafficking victims, shelter staff must develop methods of intervention with victims determined by the psychological and physical condition, circumstances and interest of the victim concerned.

4.5.2 ARRIVAL AT THE SHELTER

It is important to be well prepared in advance for the arrival of a victim at the shelter. In most cases, the shelter manager will have primary responsibility for ensuring advance preparations before a victim's arrival at the shelter, but the manager may wish to delegate this to other staff, if appropriate. (More information on best practices for interviewing victims is available in Appendix I of this Handbook: Ethical Principles in Caring for and Interviewing Trafficked Persons. Reference should also be made to Chapter 5, section 5.12.2 for additional guidance on mental health support for trafficked persons.

4.5.3 DETERMINING WHO WILL CONDUCT THE FIRST MEETING

Usually the shelter manager will determine who will conduct the initial meeting with the victim at the shelter. In some shelters, it will be the shelter manager who conducts the first meeting, while in others the shelter psychologist or social workers will do so.

Whoever conducts the initial meeting should have the following competence:

- Rapport-building skills;
- Language skills, if relevant;
- Psychological skills, if it is known that the victim suffers from psychological problems;
- Professional experience in dealing with children, if the victim is a child.

Ideally, interviews with trafficked children at the shelter should be carried out by professionally qualified persons who have special training regarding the psychological, emotional and physical development and behaviour of victimized children. If possible, it is also recommended that such experts be of the same or similar cultural background and speak the same language as the child.

The person conducting the first meeting with the victim should not be the only staff member working at the shelter at the time of the interview. Because the first meeting requires the full and undivided attention of the person meeting the victim, another shelter employee should be in attendance to ensure proper supervision and assistance of the other residents.

4.5.4 TIMING AND SETTING OF THE MEETING

It is usually the responsibility of the shelter manager to establish and confirm the date and time of the victim's arrival at the shelter. The staff member assigned to conduct the first meeting should schedule at least an hour of uninterrupted time. Therefore, it is advisable to avoid scheduling arrivals at the end of the appointed staff member's working shift.

In general, shelter staff should try not to conduct the first meeting with more than one victim at the same time. If a shelter has to admit several victims at once, additional staff members should be present to conduct individual meetings with new residents.

If there is any doubt about the victim's ability to communicate effectively in the language of the person conducting the first meeting, it is advisable to conduct the meeting at a time when interpretation is available.

Each shelter should have agreed policies with referral missions and other referring partners regarding the hours for arrivals at the shelter. When possible, shelters should limit new admissions to specified working hours (unless circumstances require an emergency admission outside normal hours). Each shelter should have a policy requiring minimum prior notice of the arrival of a new resident to have sufficient time to establish an initial case file for the victim, determine the person to conduct the first meeting with the victim, and to ensure the availability of any additional assistance providers, if needed.

4.5.5 SETTING OF FIRST MEETING

The first meeting should take place in a private, confidential space in the shelter. The ideal setting in which to conduct an interview should be a spacious, well-lit and comfortably furnished private room. Ideally, at least one room at the shelter should be available at all times for private, individual meetings and counselling with shelter residents.

First meetings with victims will include sensitive, confidential information that should not be overheard by other staff members or residents. Therefore, it is advisable for this room to be located away from common areas in the shelter. If possible, the first meetings should not be held in the office of the shelter staff. The staff member conducting the meeting should strive to minimize any distractions during the meeting, which includes the presence of other staff, ringing phones, etc. As well, no other residents should be allowed to be present in the room.

4.5.6 OBJECTIVES OF THE FIRST MEETING

There are four main objectives for the first meeting with a victim at the shelter:

- Establish rapport;
- Ensure safety;
- Provide victim with shelter information and orientation;
- Obtain information about the victim to form the basis of service delivery and an individualized case service plan.

Establishing rapport

The first interview of a victim at a shelter serves to establish an initial rapport with the victim. In all cases, the aim of establishing rapport is to reassure the victim that s/he is safe and with people concerned to assist his or her recovery. How the shelter employee conducts the first meeting with the victim will depend on the interviewer's particular style, assessment of the situation, the responsiveness and condition of the victim, as well as the amount of information previously available about the victim.

In most cases, the person conducting the interview will introduce her/himself by first name, explain her/his position and role at the shelter and inquire whether the victim needed anything, such as a glass of water or a cup of tea, before going on to discuss the services offered at the shelter.

During the discussion the person conducting the first meeting must be alert to the physical and emotional state and the responses of the victim to their discussion. Bearing in mind the effects of trafficking on the victim as outlined elsewhere in this Handbook, the interviewer should acknowledge an understanding of the situation and endeavour to gain the trust of the victim, for instance by expressing concern, but also by acknowledging the courage of the victim in trying to regain control over his or her life.

Reassure the victim

It is important at this early stage to reassure the victim of physical and emotional safety. To successfully start on a recovery process, the victim's basic physical and emotional safety must be ensured.

Therefore, the person conducting the first meeting must reassure the victim that the shelter is conceived to ensure the safety and needs of the residents and staff. Such needs encompass safety from the traffickers and their accomplices, physical and emotional autonomy and safety, as well as food, basic necessities, medical care and other assistance, as necessary. Once the preliminary contacts and reassurances have been completed, the victim can be introduced to shelter rules and orientation.

Provide victim with shelter information / orientation

Once the preliminary introduction and the victim's safety and comfort have been assured, the aim of the second part of the first meeting is to inform the victim about the shelter and shelter services.

Since it is one of the main objectives of the shelter to aid the recovery process, which involves restoring a victim's sense of control, choice and a certain predictability of the environment, it is important to discuss the following areas with newly arrived victims.

- Informing the victim of his or her rights and responsibilities at the shelter;
- Ascertaining the victim's consent;
- Fostering the victim's awareness of the services available and the active participation and decision-making required to establish a personalized service plan;
- Obtain information about the victim to form the basis of service delivery and an individualized case service plan.

4.5.7 SHELTER RESIDENTS – RIGHTS AND OBLIGATIONS

Shelter residents' rights

Explain to the victim that shelter residents are entitled to certain rights, to be respected by staff and other residents, and that a copy of an outline of such rights is included in the information packet handed over at the end of the meeting. Although some persons may choose to hand over a copy of the resident rights along with the information packet at the beginning of the meeting, this could actually distract the victim's attention from the rest of the meeting. For that reason it is preferable to provide all documentation at the end of the first meeting.

During the meeting the new residents should be given an overview of their rights, with particular emphasis on the rights to consent, confidentiality and self-determination. As a condition for admission to the shelter, the victim would already have given verbal and written consent to the service delivery organization, and copies should be placed in the victim's shelter packet and case file. However, in order to ensure the full awareness and understanding of the right to consent, the victim should be required to state in her or his own words, to the extent possible and depending on the particular condition, her or his right to consent to all services received through the shelter.

The victim should also be informed of the possibility of bringing to the attention of the shelter staff any complaints concerning services or the particular treatment at the shelter through the available grievance procedure, under which a private meeting with the shelter manager may be arranged to discuss any concerns and to identify appropriate solutions.

A written outline of the rights of residents at the shelter should be published and a copy made available to all residents in their native language.

The following is an example of resident rights and is repeated in Annex III at the end of this chapter:

The rights of shelter residents

All residents of this shelter shall:

- Be treated with due respect and cultural sensitivity;
- Be entitled to confidentiality;
- Have the right to privacy;
- Have a role in identifying and setting their own service goals and plans;
- Be entitled to receive the services based on their full and informed consent;
- Be informed regarding the services provided and their purpose in a language they understand;
- Have reasonable access to their personal records.

Residents should also be informed that if there is reason to believe that any of the stated rights have been violated or if a resident has reason to be aggrieved regarding the treatment or the services provided at the shelter, a private meeting with the shelter manager can be requested to discuss such concerns.

At this stage, and depending on the circumstances and the psychologist's opinion of the victim's case and condition, the interviewer may briefly review the victim's legal rights. In most cases, however, a discussion of such legal rights should normally take place after the victim has had at least one day to rest and to recover, and to review the information about shelter services and discuss a service plan with shelter staff.

Shelter residents' obligations

It is important to explain and make clear that shelter residents have a duty to observe certain obligations towards themselves, the shelter staff and other residents at the shelter.

A copy of the Residents' Rules will already have been handed to the newcomer, and they should now be reviewed together with the person conducting the meeting. Though it may not be necessary to review each individual rule in detail, the person conducting the meeting should make sure that

the new resident has a general understanding of the rules and of the obligation to observe them.

An example of shelter rules is included below:

General shelter rules

- All other residents and shelter staff are to be treated with respect and courtesy.
- All domestic and other tasks assigned by shelter staff are to be accepted and performed as required.
- All residents are responsible for the orderliness and cleanliness of their own sleeping space at the shelter.
- The property and resources of the shelter are to be used with all due care and respect.
- Each resident is personally responsible for personal items not given to the staff for safe-keeping.
- The shelter schedule, including waking hours and lights-out at the shelter, is to be observed.
- The consent of the shelter staff is to be obtained before leaving the shelter.
- All prescribed treatments and the recommendations by the responsible physicians, psychologist and shelter staff is to be followed, and the medication taken in the dosages and at the times prescribed.
- All shelter residents shall observe strict personal hygiene.
- Shelter residents shall not shout or make loud noises.
- Smoking inside the shelter is not permitted.
- Off-limits shelter areas (i.e. staff office, medical examination room) are not to be entered without express permission of the staff.

The general rules should be adjusted for child victims of trafficking, taking account of their age and maturity. The following are sample rules for minors:

- Observe personal care and hygiene.
- Perform housekeeping chores, such as making the bed and keeping things tidy.
- Respect the rights of others and their property.

- Cooperate with residents, staff and others.
- Attend and participate in all scheduled activities.

After having explained the General Rules, the new resident is informed that a copy of the rules in the person's native language is included in her or his case file, and that a copy is published in the shelter. If for some reason the victim has not already signed a copy of the rules, or if the shelter does not possess a signed copy, the victim should be requested to sign another one at the end of the first meeting. (A sample of shelter rules are provided as Annex IV at the end of this chapter.)

Shelter security rules

Following the discussion of the general rules, the person conducting the interview should engage in an in-depth discussion of the security rules. It is imperative that the person conducting the interview reviews each of the security rules with the victim and makes sure that the victim understands and is willing to abide by the rules.

The following are examples of security rules which should be explained to the victim:

- No drugs, alcohol, weapons or other forms of contraband of any description are allowed in the shelter at any time.
- No mobile phones or pagers are allowed in the shelter at any time. Such items must be handed over to the shelter staff for safe-keeping when entering the shelter, and will be returned on departure from the shelter.
- No unannounced and unchecked visitors are allowed in the shelter at any time.
- No local, national or international telephone calls may be made at any time other than in the case of an emergency, or if authorized by shelter staff, in consultation with the shelter manager.
- The location of the shelter or any personal details of any resident or staff member of the shelter shall not be disclosed to anybody.
- The full name or other personal details of a victim shall not be disclosed to any other resident or staff. Only first names are to be used, unless expressly indicated otherwise.

- The security instructions issued by the shelter staff concerning contact with family members or persons close to the resident and other persons outside the shelter are to be closely adhered to.
- Whenever outside the shelter, the security instructions issued by shelter staff concerning any movements and contacts with persons outside the shelter are to be strictly adhered to.
- Any suspicious contact or activity must be immediately reported to the shelter staff.

After the security rules have been explained, the victim is to be told that a copy of the rules in his or her native language is included in his or her case file and that a copy is displayed in the shelter. If for some reason the new resident has not already signed a copy of the rules, or if the shelter does not possess a signed copy, the victim should be requested to sign another one at the end of the first meeting.

Once the person conducting the interview is satisfied that the victim fully understands the rules and is willing to abide by them, the available shelter assistance and services should be explained.

4.5.8 SHELTER ASSISTANCE AND SERVICES

In view of the considerable amount of information to be covered during the first meeting and the need to ensure the victim's understanding, consent and participation regarding the available services, IOM recommends that only a brief overview of such services is provided during the first meeting to be followed by a more in-depth discussion the following day. The victim should be told that a list and description of available services is included in the information packet and that these will be more fully reviewed together with shelter staff the following day.

A list of the services available in a language the victim understands should be displayed at the shelter. It might address the following information:

- Transportation home;
- Meals;
- Basic material package;

- Medical care;
- Counselling;
- Psychological care;
- Legal information;
- Specialist care, if needed;
- Recreational activities.

Shelters in transit and destination countries could also offer assistance to obtain temporary residence permits and/or Assisted Voluntary Return programmes, and help with:

- Identity and travel documents;
- Transportation home;
- A safe place to stay on arrival;
- Referrals for follow-up services and reintegration possibilities.

The reintegration services in shelters in countries of origin could also include assistance and information regarding:

- Family mediation and counselling services;
- Identity and social assistance documents;
- Medical care;
- Psychological care and psychiatric assistance;
- Legal assistance;
- Educational and vocational assistance;
- Assistance to find a job;
- Small business or micro-credit programmes;
- NGO partners;
- Reintegration monitoring.

Please refer to Chapter 3, section 3.2, Reintegration, for details in developing and implementing reintegration plans with victims of trafficking.

4.5.9 IN-DEPTH CONVERSATION WITH VICTIM

Before interviewing or assisting victims of trafficking, all service delivery organization staff should carefully read and review Appendix I to this Handbook: Ethical Principles in Caring for and Interviewing Trafficked Persons and Appendix II: Interview Checklist.

Having provided a basic overview of the shelter services, the next step should be to conduct a more extensive conversation with the victim to gain more information.

This part of the first meeting is intended to:

- Obtain more and comprehensive information about the victim;
- Provide the victim with an opportunity to tell her or his story;
- Identify immediate needs and concerns of victim.

Obtaining more information from victim

The person conducting the meeting should try to obtain the necessary information about the victim to enable shelter staff to complete and clarify the information given. At this early stage in the proceedings, it is important to bear in mind any confusion and contradictions in the information given, and difficulties and limitations in the information obtained so far. The physical and mental condition and circumstances in which the person concerned arrived at the shelter will affect her or his ability and willingness to answer specific questions. In fact, the victim may be exhausted, confused, disoriented and afraid and may have difficulty remembering or describing certain details coherently. If any of these symptoms are present, it is up to the person conducting the interview to consider whether to proceed with the interview or postpone it to a later date when the victim will have had time to rest and to calm down.

The interviewer should be aware of the possible reasons why a victim may either not respond or be reluctant to disclose personal information. These include:

- Shame and embarrassment
- Fear of police involvement
- Previous involvement with law enforcement agents.

The interviewer may try to reassure the victim by:

- Offering the victim clear and gentle reminders about the purpose of the assistance;
- Reassuring the victim that s/he is in a protective environment;
- Reassuring the victim that all information is strictly confidential.

If these attempts are unsuccessful, than the interviewer should be flexible and consider whether to reconvene the meeting later that same day or the following day, possibly with the assistance or in consultation with the shelter psychologist or shelter manager.

Opportunity for the victim to give a personal account of events

The interviewer can invite the victim to give a personal account of recent events in order to gain more information and a clearer picture. Besides offering the opportunity to learn more about the victim, the possibility to give a personal account enables the victim to speak about events or details that are particularly important or painful. The process of telling the story should also serve to establish a better and closer rapport with the interviewer as it tends to create a link between the victims and the person with whom they are speaking, thereby helping to foster interconnectedness and a basis for trust.

It is neither necessary nor recommended that the victim should disclose every detail of the experience lived through. The degree of detail is likely to be affected by the number of times and the manner in which the victim has already been questioned prior to arriving at the shelter.

It is important to let the victims recount their experience in their words, and the interviewer should:

- Validate the range of feelings expressed;
- Make the victim feel supported;
- Maintain a non-judgemental attitude.

Establish victim needs

Immediate needs

After speaking freely about incidents or issues of the victim's own choosing, the interviewer should identify issues of immediate concern to the victim and ascertain any immediate needs. The interviewer should emphasize again the importance of the victim's concerns and that the services and assistance provided are formulated and implemented in accordance with the victim's wishes, interests and participation. If the victim has already stated the most important personal needs and issues, the interviewer should confirm their significance, for instance by restating them and asking the victim to confirm their importance.

In other cases, the interviewer will have to further explore the victim's state of mind in order to infer or ascertain priority areas. The interviewer's level of experience is likely to assist the victim in this process. For example, for victims in transit and destination countries, their main priorities often focus on being safe from traffickers, the protection from criminal sanctions and the desire to return home. In countries of origin, the main priorities often concern the initial contact with family members and their likely reaction, fear of public disclosure of their trafficking experience, and the state of their health.

After restating the priorities to the victim, it is important for the interviewer to validate the concerns expressed. Sometimes the concerns expressed by the victim will not appear to be particularly logical or coherent. In such cases, the interviewer should try to identify a practical component of the victim's concern, while still validating the general feelings expressed.

Distinguishing between crisis and emergency

When determining the immediate needs of a victim, it is vital to distinguish between a crisis and an emergency situation. Although both involve an element of urgency and the need for attention, that urgency is particularly acute in an emergency situation, which is a sudden state of danger or a medical condition that requires immediate action or treatment and can suffer no delay.

Common physical trauma symptoms distinguished from a medical emergency

In most cases, the service delivery organization staff and the shelter manager will have ensured that any victims in need of urgent medical attention would have received appropriate care prior to their admission to the shelter. However, shelter staff should always be alert to physical signs that are generally found in trafficking victims, and signs that indicate that the person concerned is in need of immediate medical attention.

Physical reactions commonly presented by trafficked victims are referred to in Chapter 5 of this Handbook. The person conducting the first interview should be able to recognize such signs and record them in the initial case file, while also inquiring into the victim's overall physical condition. If there is any indication that the person is in need of urgent medical attention, the interviewer should explain the situation to the victim and contact the shelter physician or medical officer for a medical consultation.

Psychological crisis distinguished from psychological emergency

To determine whether a newly arrived victim requires psychological care to be provided in the normal course of medical care, or whether there is the need for urgent psychological or psychiatric attention, the interviewer should be competent to distinguish a psychological crisis from a psychological emergency, the latter calling for urgent attention.

Crisis: Most trafficking victims who arrive at the shelter are in a state of psychological crisis owing to stress and the resulting psychological imbalance, where their normal response mechanisms are insufficient to cope with the difficulties unaided, or have been altogether paralysed by their recent experiences. That condition may last for a few days to several months and calls for ongoing care, counselling and support. It is usually characterized by extreme anxiety and agitation, or depression and a feeling of defeat, leaving the victim unable to cope with daily routine activities in a normal manner, or even at all.

Appropriate crisis intervention will include further assessments, counselling and other interventions designed to recover the victim's previous level of adaptive functioning as soon as possible.

Emergency: By contrast, a psychological emergency is an acute situation that requires an immediate response to avoid possible resulting harm.

What constitutes an emergency?

- **Risk of suicide – victim expresses or implies a desire to harm her/himself;**
- **Risk of physical harm to others – victim expresses or implies desire or ability to harm others;**
- **Victim shows signs of seriously impaired judgement and endangerment (e.g., delirium, dementia, acute psychotic episodes).**

If any of the above is either present or there is reason to suppose their presence, the interviewer should immediately consult with the shelter psychologist, the shelter psychiatrist, the shelter physician and/or the shelter manager. Further instructions on how to handle such psychological emergencies are given in Chapter 5, section 5.12.2 of this Handbook.

In the case of a minor, the legal guardian or other appropriate child protection authority should be immediately contacted regarding emergency care.

If the initial interview has not revealed any need for emergency care, or if the necessary emergency care has already been provided, the person interviewing the victim should proceed to the final step of the first meeting with the victim.

4.5.10 ENDING THE FIRST MEETING

As a final step in the first meeting with the victim, the interviewer should:

- Provide the victim with the information packet;
- Have the victim sign the rules and consent forms;
- Outline the next steps for victim.

Shelter information packet

Each shelter resident should receive a shelter information packet containing all the relevant information in a language the resident can understand. This packet should contain:

- Information about the organization providing services
- Information about the services available
- Sample consent form
- Shelter Rules
- Security Rules

Have the victim sign the rules and consent forms

Once the victim has been given the information packet, the interviewer should obtain signed copies of the following documents from the victim:

- Consent form
- General shelter rules
- Shelter security rules

If the victim refuses to sign these documents, the interviewer should explain that nobody can remain at the shelter without giving their full and informed consent by signing each of the documents. If the victim still refuses to sign the documents, the interviewer should try to ascertain the reason for the refusal. It is advisable to seek the assistance of the shelter manager or shelter psychologist to confirm the victim's reasons and intent. If the person concerned refuses to sign the documents because s/he does not wish to reside at the shelter, the shelter staff cannot and should not try to make her or him stay or sign the documents against his or her will.

Each shelter should have a written policy determining whether a person who is not willing to stay at the shelter could receive other services and assistance from the shelter on a day-care, non-resident basis. In the affirmative, the victim should be informed of the policy and the related conditions to receive such assistance.

If a victim is not willing to reside at the shelter or does not wish to receive any additional services from the shelter on a non-resident basis, the interviewer should present the victim with a list of other possible assistance options, including assistance from partner NGOs, IGOs or government bodies. If the victim indicates an interest in receiving assistance from one or more of these, the shelter or the service delivery organization staff should initiate action for appropriate referrals and contacts to facilitate the delivery of alternative assistance to the best of their ability.

The final disposition of the victim's case and attempts to facilitate referrals should be recorded in the victim's case file.

Outlining the next steps for the victim

After receiving the information packet and signing the necessary forms, the victim should be informed of the next steps in the process. These will often depend on the assistance requested by the victim and whether the victim is in a country of origin, transit or destination.

Responding to questions from the victim

Once the information packet has been handed over to the victim and any questions related to consent settled, any other questions about the shelter, its policies and related services should be addressed and any questions the victim may have answered to the interviewer's best ability. If the interviewer is unsure how to respond to particular questions, this should be noted and discussed with other shelter staff and the victim informed accordingly.

4.5.11 BASIC NEEDS PACKAGE AND INITIAL RECOVERY PERIOD

After the first meeting, the victim should be shown around the shelter, receive a basic material needs package (including hygiene supplies and seasonable clothing, as necessary) and assigned a sleeping space. If possible, a locker (or locked cabinet) where he/she can store personal items is usually welcomed.

The victim should be allowed to go to her or his sleeping quarters early to rest. Although shelter staff should always take care to promote the observance of the shelter schedule, it should also be considered that at least a few days will be necessary before a new shelter resident will be able to adjust to the normal schedule. Without any previous experience of living in another shelter and conforming to regular hours, the victim is probably used to being awake at night and sleeping at odd times during the day. Gentle changes in schedule, together with daily exercise should help the resident to adjust to normal hours.

In most cases, new residents will share a sleeping room with other residents. If more than one bed is still free, the newcomer could be allowed to choose. The shelter staff should inform the other residents at least a few hours before the new arrival.

Some shelter staff find that asking other residents to help prepare a space for the new arrival establishes an element of camaraderie among them and fosters a willingness to help. When there are several nationalities, persons of the same nationality tend to prefer sharing the same room. However, staff should also consider the ability of residents to get along with one another, and should try to accommodate them wherever they fit in best and are most comfortable.

If the shelter has sufficient space, it may be possible to have a room to oneself; however, the trafficking victim will probably not be used to being alone in a room and feel more comfortable and secure occupying a room with others. When possible, staff should consult with the victim regarding his/her preference in this regard.

4.6 Special Considerations for Children

(For more information on caring for and interviewing minors please refer to Chapter 5, section 5.6.)

Whenever possible, child victims of trafficking should be housed with others of their same age and gender and not mixed with adult populations. Shelter staff should be specially trained to work with vulnerable children and in

particular with sexually abused children. Shelter Staff should also consult local, national and international standards regarding accommodation for unaccompanied and victimized minors. In all instances, shelter staff must consider the circumstances and best interests of each child.

4.7 Shelter Services and Assistance

Victims residing in shelters may also require the reintegration services described in Chapter 3, section 3.2.3. Shelters which cannot provide such services directly can refer victims staying at their shelter to other organizations for these services. The next section does not repeat the descriptions of how to provide these services, but describes the unique circumstances surrounding services and assistance provided by shelters. In conjunction with the person being assisted shelter staff should develop an individualized case service plan for each shelter resident.

Shelter services may include:

- **Counselling;**
- **Medical care;**
- **Psychological care;**
- **Psychiatric care;**
- **Legal assistance;**
- **Recreational activities;**
- **Additional Reintegration Services (education, vocational training, income generation, job placements, financial assistance) ;**
- **Identification, travel document and AVR assistance;**
- **Pre-departure assistance.**

These shelter services and assistance are described in more detail below.

4.7.1 COUNSELLING

Individual and group counselling are important services provided by shelters. Individual counselling is described in Chapter 3, section 3.2.3.2. Reference should also be made to Chapter 5, section 5.12.2 for more informa-

tion on providing mental health support to victims of trafficking. In addition, many shelters will provide regular group counselling and educational sessions for victims. The purpose of group counselling is to provide victims with a safe and supportive environment where they can develop personal and interpersonal skills; in particular, their ability to express feelings more effectively.

Group sessions should be designed to foster active learning and encourage victims to work on problems and to talk about them. The sessions should give the victims the opportunity to learn that others share similar experiences and difficulties, and to learn about themselves as they hear how others work out their problems.

Participation in a group counselling session should be strictly voluntary and adapted for particular needs, ages and cultural orientation of victims.

Role of group counsellor / leader

The role of the group counsellor or leader is to facilitate productive, respectful communication within the group. The group counsellor will provide some structure for the group, e.g., by introducing the topic and goals of the session, but also allow the participants to provide direction. He or she may point out common themes and provide feedback and support as needed.

At the beginning of each session the group counsellor should remind participants that the contents of the group discussion are confidential. However, any topics and discussions likely to involve sensitive information about individual victims, especially regarding personal legal matters, should be avoided and reserved for individual, private discussions.

Topics covered in group sessions

Topics of group sessions can cover a wide range of issues relevant to trafficking victims. Counsellors should try to organize sessions that focus on individual topics with an educational component.

Since most victims express concern about their social and physical well-being, the following topics should be considered for inclusion:

- Family relationships;
- Self-esteem;
- Depression;
- Anxiety;
- Stress reduction;
- Nutrition;
- Hygiene;
- STDs and HIV/AIDS.

4.7.2 MEDICAL CARE

A victim's physical and mental well-being is critical to his or her recovery. Each shelter should have on-site or, via referral, off-site medical care for trafficking victims. The medical facilities and/or medical staff present at each shelter will vary according to the resources of individual shelters.

IOM recommends that shelters that arrange either on-site or off-site medical care for victims with physicians who are not shelter employees have a written service agreement regarding the provision of medical care for victims. Whether the medical care is provided by a public or private health facility, or a medical NGO, the service agreement should state the terms of service, standards of care, confidentiality and the fee schedules for relevant medical services.

Each shelter resident should be recommended a course of medical treatment at the initial meeting and during follow-up service plan meetings with shelter staff. Shelter staff should also provide the following in a language the resident understands:

- Information about medical care in the Shelter Information Packet;
- Medical examination and treatment forms;
- Pre- and post-examination counselling sessions, including on STD and HIV issues;
- Treatment schedules and a treatment administration log;
- Individual medical records of examinations and of treatment received.

Specific guidelines regarding the provision of medical assistance are covered in Chapter 5 of this Handbook.

4.7.3 PSYCHOLOGICAL CARE

Each shelter should provide either on-site, or, via referral, off-site, a psychological assessment and care for trafficking victims in need of such assistance. Whether or not a particular shelter has a psychologist available will depend on the resources and needs of individual shelters.

IOM recommends that shelters that arrange either on-site or off-site psychological care for victims with psychologists who are not shelter employees have a written service agreement regarding the provision of psychological care for victims. Whether the medical care is provided by a public or private health facility, or a medical NGO, the service agreement should set out the terms of service, standards of care, confidentiality and the fee schedules for psychological services.

Psychological care for children should be provided by professionals with specific expertise and experience in providing psychological assistance to traumatized and at-risk children.

Reference should also be made to Chapter 5, section 5.12.2 for more information on providing mental health support to victims of trafficking.

4.7.4 PSYCHIATRIC CARE

Each shelter should develop policies regarding referrals or the provision of psychiatric assessments and care for trafficking victims in need of such assistance. Whether or not a particular shelter has a psychiatrist on its staff will depend on the resources and needs of individual shelters. Whether or not a particular professional, such as a physician or a psychologist, may formally refer a victim to a psychiatrist will depend on local practices.

IOM recommends that shelters which arrange either on-site or off-site, inpatient or out-patient psychiatric care for victims with psychiatrists who are

not shelter employees have a written service agreement regarding the provision of psychiatric care for victims. Whether the medical care is provided by a public or private health facility, or a medical NGO, the service agreement should set out the terms of service, standards of care, confidentiality and the fee schedules for psychiatric services.

Regarding psychiatric care for children, shelter staff should consult the child's guardian or other appropriate child protection authority concerning consent for psychiatric consultations and treatment.

Reference should also be made to Chapter 5, section 5.12.2 for more information on providing mental health support to victims of trafficking.

4.7.5 LEGAL ASSISTANCE

In many cases legal assistance can be provided within the shelter facilities. If the shelter does not have legal professionals on staff, they should make arrangements with a legal service provider – whether private, public or non-profit – to provide legal assistance for shelter residents. Shelter staff should, at a minimum, also provide the following written information in a language the resident understands:

- Legal information regarding the status of trafficking victims in the country where the shelter is located (Shelter Information Packet);
- Information regarding international standards for trafficking victims (Shelter Information Packet).

When providing legal assistance to minors, shelter staff must always keep in mind that a separate legal regime exists for minors and that minors must receive legal assistance in compliance with international norms.

For more detailed information on the provision of legal assistance to victims of trafficking see Chapter 3, section 3.2.3.4 and Chapter 6, section 6.5.

4.7.6 RECREATIONAL ACTIVITIES

Shelters should plan a sufficient amount of daily recreational activities for residents who are willing and able to participate. Such recreational activities give residents the opportunity to:

- Work with fellow residents;
- Fight boredom and focus attention on alternative, constructive tasks;
- Regularize sleeping hours with increased energy levels and physical exercise;
- Develop skills and self-esteem through activities.

Recreational activities can include practical tasks, such as:

- Menu planning (nutrition);
- Shopping lists (budgeting);
- Setting table (orderliness and pride in appearance);
- Cooking (nutrition, pride in appearance, taking care of oneself and others);
- Cleaning (housekeeping skills).

It may also include physical exercises to enhance fitness, body control and confidence, such as:

- Calisthenics;
- Aerobics;
- Yoga;
- Group sports.

Arts and crafts activities are therapeutic activities that foster skills and enable residents to make gifts for children and family members at home.

Particular recreational and educational activities should be designed for child and adolescent victims of trafficking, so that they are able to participate in regular development-enhancing activities appropriate for their age and level of development.

4.7.7 ADDITIONAL REINTEGRATION SERVICES

Shelter residents may also be in need of additional reintegration assistance which may or may not be provided by shelter staff. Shelters should work with victims to assess their needs and make arrangements with other organizations for the provision of needed services which cannot be provided by the shelter. Examples of such services include: reinsertion into the educational system, vocational training, micro-enterprise assistance, income-generating activities, job placements, or financial assistance. More information on the provision of such assistance is provided in Chapter 3, section 3.2.3.

4.7.8 IDENTITY AND TRAVEL DOCUMENTS AND ASSISTED VOLUNTARY RETURN FOR VICTIMS IN TRANSIT AND DESTINATION COUNTRIES

In most cases, the service delivery organization staff will be responsible for assisting victims to secure necessary identification documents, travel documents and return assistance for shelter residents in transit and destination countries. In such cases the role of the shelter staff is to:

- Coordinate the relevant procedures with the person in charge;
- Obtain the relevant information from the shelter resident;
- Keep the shelter resident informed about the progress of the paperwork involved and the likely time needed for completion;
- Ensure that individual case service plans are developed in accordance with the timeframe of assistance and overall well-being of shelter resident;
- Provide pre-departure planning and assistance, including referrals for follow-up services.

4.8 Developing a Case Service Plan

Shelter staff should develop a personalized case service plan for each victim. After the first meeting with the victim, the interviewer should meet with the shelter manager and other relevant staff members to discuss the most appropriate course of assistance. The extent and scope of the ser-

vice plan for each victim will depend on the victim's condition, immediate needs, shelter resources, anticipated length of stay at shelter and victim consent. Preliminary recommendations for the development of the service plan should be reviewed and discussed with the victim.

Each victim's case service plan should contain the following:

- Documentation of assistance recommended and provided to the victim;
- Documentation of assistance accepted and received by the victim;
- Signed consent forms;
- Statement of victim's short-term goals to be achieved prior to departure from shelter;
- Progress reports regarding victim's goals and overall case;
- Daily notes regarding victim's overall progress;
- Documentation of shelter to be completed prior to victim's departure;
- Documentation of victim's communication with family members or friends;
- Recommendations and referrals made for follow-up care.

Case service plans for children and adolescents should be developed in consultation with the legal guardian or other appropriate child protection authority. In all cases, the views and wishes of the child victim are to be considered, with appropriate emphasis placed on the child's age and level of development. The degree of participation in decision-making and the creation of an assistance plan will depend on the physical and psychological age of the child in question.

Discussions with the victim regarding the most appropriate course of assistance and progress made will usually take place during individual counselling sessions.

4.9 Departure from the Shelter

In most cases, the shelter manager will be responsible to ensure the appropriate and smooth departure of residents from the shelter, and confirm that the appropriate departure procedures have been followed. In addition, the shelter manager or another staff member should complete a checklist

for departure. A sample checklist is provided in the Departure Procedures Form, Annex V, at the end of this chapter.

Victims assisted within a shelter environment should be given the opportunity to provide feedback regarding the quality and suitability of shelter services. In addition to inquiries regarding the services during individual counselling and service planning sessions with residents, shelter staff may also ask residents for written feedback before their departure. For that purpose, residents may be given a departure questionnaire one or two days ahead of their departure, to be collected on the day of departure and kept on file to be reviewed by the staff during a staff meeting at the end of each month. A sample of a Resident Departure Questionnaire is provided in Annex VI at the end of this chapter.

4.10 Records Management

Each shelter should have written policies and specific procedures and instructions regarding the collection, storage and use of shelter records and all data regarding residents and staff.

All shelter records should be handled in accordance with the service delivery organization security procedures as well as national and international guidelines regarding the collection, storage, use and disclosure of personal data.

When no longer required, all paper records relating to victims and staff, whether they contain personal details or not, should be destroyed as confidential waste and shredded in a shredding machine. (For more information on data security please refer to Chapter 1, section 1.2 and Chapter 5, section 5.17.)

Note

[1] Adapted from S. Kahill, "Interventions for Burnout in the Helping Professions: A Review of the Empirical Evidence," *Canadian Journal of Counseling Review,* 22:3 (1988).

Annex I Guidelines for Staff Standards of Conduct

FOREWORD

This section might include a statement of the guiding principles or mission of the organization. It may also include a statement articulating the need for a code of conduct: to ensure that the conduct of staff contributes to achieving the aims of the organization; to maintain the organization's reputation; to articulate and consolidate standards of conduct and professionalism expected of the organization's staff.

Core values and guiding principles

In this section, the organization can articulate the values to which the organization is committed, for example a commitment to fundamental human rights, social justice and the dignity and worth of all persons, a commitment to demonstrating integrity, truthfulness and honesty in all their actions, a commitment to promote and practice tolerance, understanding and respect for all, without distinction as to race, gender, religion, colour, national origin, marital status, sexual orientation, age, physical disability or political conviction, and/or a commitment to use the resources of the organization in a responsible manner.

Commitment to the standards

In this section there can be a statement committing staff members to actively uphold the standards of conduct.

Freedom from discrimination

In this section the organization can have a statement to which staff commit themselves to respect at all times the dignity, worth and equality of all people, without regard to race, gender, religion, colour, national origin, marital status, sexual orientation, age, physical disability or political conviction.

Freedom from harassment

In this section the organization can have a statement to which staff commit themselves to avoid engaging in any form of harassment and committing the organization to provide a work environment free of harassment. Any form of discrimination or harassment, including sexual or gender harassment, as well as physical or verbal abuse at the workplace or in connection with work, can be prohibited. Staff members can be warned not to threaten, intimidate or otherwise engage in any conduct

intended, directly or indirectly, to interfere with the ability of other staff members to discharge their official duties. Staff members can be clearly informed that they cannot use their official function for personal reasons to prejudice the positions of colleagues they do not favour.

Gender equality

In this section, the organization can commit itself to uphold the equality of men and women and to contribute to remove all barriers to gender equality.

Conflict of interest

Staff should be informed about what constitutes a conflict of interest and what steps staff should take if confronted with a potential conflict of interest. It can be clarified here what steps a staff member should take if s/he is called upon to deal in an official capacity with a matter involving an enterprise or other concern in which he or she holds a financial interest, directly or indirectly.

It can also be clarified here that staff should not offer or promise any favour, gift, remuneration or any other personal benefit to another staff member or to any third party with a view to causing him or her to perform, fail to perform or delay the performance of any official act. Similarly, staff can be warned neither to seek nor accept any favour, gift, remuneration or any other personal benefit from another staff member or from any third party in exchange for performing, failing to perform or delaying the performance of any official act.

Staff members can be warned not to use their office or knowledge gained from their official functions for private gain, financial or otherwise, or for the private gain of any third party, including family, friends and those whom they favour.

Use of property and assets

The organization can use this section to describe any rules regulating the use of the property and assets of the organization.

Staff-management relations

The organization should use this section to highlight any management – staff relations issues, for example, to articulate the importance of instilling an environment of respect, the right to form and join associations or unions to promote their interests, and the importance of fully involving and consulting staff on matters affecting them.

Contact with the media

In this section the organization can articulate any rules or regulations regarding contact with the media – who can represent the organization to the media, what kind of information can and cannot be revealed, etc. This section could also include issues of contact with the media regarding counter-trafficking beneficiaries.

Use and protection of information

In this section the organization can articulate rules and regulations regarding distribution of information, rules regarding confidential information and the like. This section could also include the importance and responsibility of staff in protecting information with regard to counter-trafficking beneficiaries.

Security

This section could include security rules and regulations which must be followed – especially for those assisting trafficking beneficiaries. Some examples of security rules are provided in Annexes II, III, and IV, Chapter 4 of this Handbook.

Personal conduct of staff

In this section the organization can articulate any standards of personal conduct expected of staff. This might include affiliation with any person suspected of being involved in an activity that violates national or international law or human rights standards, such as trafficking in human beings.

Outside employment and activities

In this section the organization can articulate rules regarding outside employment or activities, such as teaching, speaking engagements or producing books or articles for publication, political activities, etc.

Gifts, honours and remuneration from outside sources

Here the organization can articulate rules regarding the receiving of gifts and honours and if and how they should be reported.

Annex II Staff Confidentiality Agreement

I understand the importance of maintaining confidentiality in order to protect the safety of the shelter, its residents and the shelter staff.

I am required to keep a resident's information confidential, and will not disclose personal information without the permission of the resident or my supervisor in case of an emergency.

I will not discuss resident or shelter operational matters with the media unless I request and receive express permission from my supervisor regarding the nature, purpose and limits of any communication with the press.

I will not discuss resident matters in public areas.

I will keep the location of the shelter confidential.

I will not discuss matters related to staff or operation of the shelter in public areas.

I will direct any questions or concerns regarding confidentiality to my immediate supervisor.

I understand that a wilful violation of the confidentiality policy can entail disciplinary action against me, including suspension or termination of employment.

_____	_____
Staff signature	Shelter manager signature

Annex III Rights of Shelter Residents

All residents of this shelter enjoy the following rights:

- To be treated with dignity and respect;
- Confidentiality;
- Respect for privacy;
- Self-determination in identifying and setting service goals and plans;
- To be treated with cultural sensitivity;
- To receive services based on full and informed consent;
- To be clearly informed in a language understood by the resident regarding the purpose of the services offered and administered;
- Reasonable access to personal records.

If there is reason to believe that any of these rights were disregarded, a private meeting may be requested with the shelter manager who will promptly discuss such concerns.

Annex IV General Shelter Rules

- Treat the other residents and staff with respect and courtesy.
- Accept and undertake to fulfil domestic tasks assigned by shelter staff.
- Keep your own sleeping space at the shelter tidy and clean.
- Respect the property and resources of the shelter and use them properly and responsibly.
- The shelter is not responsible for any personal items not given to the staff for safe-keeping.
- Observe the shelter schedule, including waking and sleeping hours (lights-out).
- Permission must be obtained from shelter staff before leaving and when entering the shelter.
- All recommended treatment by physicians, psychologist and shelter staff is to be followed.
- Medication must be taken in accordance with the dosage and at the times prescribed.
- All shelter residents must observe strict personal hygiene.
- No shouting or loud noises are allowed at the shelter.
- Smoking inside the shelter is not allowed.
- Off-limit areas at the shelter (e.g., staff office, medical examination room) may not be entered without the express permission of the staff.

The General Rules are to be adjusted for child victims of trafficking, depending on their age and maturity. The following are examples of such rules for minors:

- Take care of yourself and observe good personal hygiene.
- Perform your own housekeeping chores (make your bed, etc.).
- Show respect for the rights of others, for yourself and for your property.
- Interact cooperatively and actively with residents, staff and others.
- Attend and participate in all scheduled activities.

Annex V Staff Responsibilities for Shelter Departures

Staff member:
Resident:
Date and time of departure:

This is to confirm that the following procedures have been observed by shelter staff:

Travel procedures and the next steps have been explained to the departing resident who confirmed having understood all necessary steps and procedures consequent on departure.

Departing resident has signed and received a copy of the Shelter Departure Form.

Departing resident has been asked to complete the anonymous questionnaire concerning shelter services.

Departing resident has received the following documents:

- Confirmation of "Fit to Travel" document;
- Personal health and medical treatment records;
- Relevant case file documents (including signed consent forms);
- Contact information for follow-up service providers.

All personal items and money held by staff during the resident's stay at the shelter have been returned.

Departing resident has retrieved all other clothing and personal belongings.

Departing resident has clothing and footwear appropriate for prevailing weather and travel conditions.

Departing resident has been provided with adequate travel bag(s) for personal belongings.

Departing resident received a lunch package.

Departing resident has returned any items belonging to the Shelter.

Signature of Shelter Staff Member	Date

Annex VI Shelter Resident Departure Questionnaire

ANONYMOUS RESIDENT DEPARTURE QUESTIONNAIRE

The purpose of this questionnaire is to collect information on the opinions, impressions, ideas and suggestions of residents so that the shelter can provide the most appropriate and optimal services to all shelter residents.

This anonymous questionnaire will be placed with the other questionnaires collected this month. At the end of each month, staff will review the questionnaires in order to assess, review and make any necessary changes to services provided at the shelter.

We appreciate your answers to the following questions:

Do you feel you were treated reasonably and fairly at the shelter?
☐ Always ☐ Usually ☐ Rarely ☐ Never

Do you feel that that the staff provided proper information about available services?
☐ Always ☐ Usually ☐ Rarely ☐ Never

Do you feel that that the staff provided proper information about the status of your case?
☐ Always ☐ Usually ☐ Rarely ☐ Never

Do you feel that the staff properly considered your wishes and views?
☐ Always ☐ Usually ☐ Rarely ☐ Never

Do you have any comments regarding the following services you received at the Shelter?
- Shelter accommodation/premises
- Food
- Medical care
- Counselling
- Legal assistance
- Recreational/vocational/educational activities

Are you satisfied with the services offered by the Shelter?

If you could change something regarding the shelter or services, what would it be?

Do you have any other comments or suggestions for the Shelter?

5

Health and Trafficking

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5.1 Introduction

Until recently, much of the support in the fight against trafficking has focused on information exchange, criminal and juridical cooperation, and return and reintegration assistance. In the last couple of years, however, a number of protocols,[1] declarations[2] and published studies have also called attention to the serious health concerns related to trafficking. These documents highlight the need to develop minimum standards of health care and provide specialized services that specifically match the health needs of the trafficked persons and the communities affected by trafficking.

Trafficked persons regardless of whether trafficking is for the purpose of labour, sexual or any other form of exploitation are exposed to a range of health-related problems. During captivity, they experience physical violence, sexual exploitation, psychological abuse, poor living conditions and exposure to a wide range of diseases, which may have long-lasting consequences on their physical, reproductive, and mental health.[3]

In recognition of these health concerns, the Budapest Declaration (Annex I) notes that “more attention should be dedicated to the health and public health concerns related to trafficking”. Specifically, it recommends that trafficked persons should receive “comprehensive, sustained, gender, age

and culturally appropriate health care (...) by trained professionals in a secure and caring environment." To this end, IOM has developed minimum standards for the provision of mental health.[4]

A RIGHT TO HEALTH

According to the World Health Organization, "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" and "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".[5]

Several human rights instruments emphasize the relationship between health and human rights and the rights of trafficked persons to receive health care when available.[6,7,8,9] More specifically, the "2000 United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children" recognizes that the effects of trafficking on an individual's health are multidimensional (i.e., physical, psychological and social) and therefore proposes a multidisciplinary service approach to recovery.

Trafficked persons have a right to health. Relevant policies and practices must observe full respect for the rights of the individual, be non-discriminatory, and reflect the principles set forth in all relevant international conventions and other instruments.[10]

CHAPTER OVERVIEW

This chapter provides guidance on the provision of health care for trafficked persons. It offers information based on standard medical protocols, existing research, current practices carried out by organizations working with trafficked persons, and health intervention strategies for related areas (e.g., immigrant and refugee health, violence against women, child abuse).

This health chapter should be read in conjunction with the other parts of this Handbook

MINIMUM STANDARDS OF CARE

In many countries, affordability and availability of minimum levels of human, logistical and material resources may be beyond the capacity of the national health authorities. In search of best practices, there is a need to develop standards for the provision of health care for trafficked individuals. Organizations providing assistance to trafficked persons can work in partnership with governments of affected countries to develop minimum standards of provision of health care for trafficked persons.

5.2 Health Dimensions of Trafficking

A study of the health dimensions of trafficking classifies health needs into three groups.[11] This is based on;

- Stages in the trafficking process;
- Spheres of marginalization and vulnerability;
- Risk, abuse and health consequences.

STAGES IN THE TRAFFICKING PROCESS

Health risks and needs of the trafficked persons can be identified according to the five stages in the trafficking process.[12,13] These stages are:

- Pre-departure;
- Travel and transit;
- Destination;
- Detention, deportation and criminal evidence;
- Integration and reintegration.

The **pre-departure stage** concerns the period before a person is physically caught up in a trafficking scenario. It reflects a person's vulnerability for recruitment, as well as the mental and physical health characteristics present at departure, which in turn will affect that person's health and health-related behaviour throughout the trafficking process. Trafficked persons often come from areas with poor health systems that lack adequate

resources and are difficult to access, resulting in that few if any of their health problems have ever been diagnosed or treated. It is thus important to take into account an individual's medical history predating departure when conducting medical assessments, and planning care interventions.

The **travel and transit stage** is the period beginning with the person's recruitment and ending with the arrival at the point of destination. This stage is also known as the time of the "initial trauma" because it is often here that the individual first realizes the deception, is in life-threatening danger with little or no control, and is often exposed to dangerous modes of transportation, high-risk border crossings and arrest, threats and intimidation and violence, including rape and other forms of sexual abuse.

The **destination stage** is when an individual is put to work and subjected to a combination of coercion, violence, exploitation, debt-bondage or other forms of abuse. It is rare for a trafficked person to be able to seek medical or other assistance prior to being released from the trafficking situation. Some will emerge with multiple infections, injuries and illnesses, and complications resulting from lack of adequate health care.

The **detention, deportation and criminal evidence stage** is when an individual is in the custody of the police or immigration authorities for alleged violations of criminal or immigration laws, or cooperating in legal proceedings against a trafficker, exploitative employer or other abuser. In some detention facilities, the conditions are very harsh and pose physical health risks. Also, contacts that are almost exclusively with authorities (e.g., arrest, giving evidence, testifying in criminal proceedings) can have side effects on mental health that may be mitigated with psychological support.

The **integration and reintegration stage** is a period consisting of a long-term and multifaceted process, which is not completed until the individual becomes again an active member of the economic, cultural, civil and political life of a country.[14] Escaping from the trafficking situation does not automatically guarantee a straight road to recovery. Trafficked persons often experience anxiety, isolation, aggressive feelings or behaviour, self-stigmatization or perceived stigmatization through others, difficulty in accessing necessary resources, in communicating with support persons as well as negative coping behaviour (e.g., excessive smoking, drinking, drug use).

These problems can be exacerbated by pre-existing health conditions, as well as by anticipated difficulties to face during reintegration into family and/or community.

SPHERES OF MARGINALIZATION AND VULNERABILITY

Health risks and needs of trafficked persons can be identified by looking at other vulnerable groups, such as:

- migrants and refugees;
- persons who have experienced violence, torture, sexual abuse, childhood physical and/or sexual abuse;
- prostitutes, including child prostitutes;
- exploited labourers.

Abused and exploited in multiple ways and marginalized by their physical, psychological and social position, trafficked persons share some of the vulnerability and health-related characteristics of these other groups. Given the scarcity of information on health and trafficking, it is helpful to review the existing literature and research on these groups, looking at service models that have been developed to assist them.[15,16] This information can be used to meet the challenge of providing appropriate health services for trafficked persons.

RISK, ABUSE AND HEALTH CONSEQUENCES

Many of the risks, abuses and health consequences associated with trafficking can occur simultaneously or overlap. Some of these include:

- physical abuse/physical health;
- sexual abuse/reproductive health;
- psychological abuse/mental health;
- forced, coerced use of drugs and alcohol/substance abuse;
- social restrictions and manipulation/social well-being;
- economic exploitation and debt bondage/economic well-being;
- legal insecurity/legal security;

- abusive working and living conditions/occupational and environmental health, and
- risks associated with marginalization/health service utilization and delivery.

5.3 Ethical and Safety Principles for Care Provision[17]

(See Appendix I: Ethical Principles in Caring for and Interviewing Trafficked Persons.) Please note that whenever the text below refers to "trafficked person", and in cases where the trafficked person is an unaccompanied minor, or an adult who requires a legal guardian, it shall be read to mean "trafficked person or her/his guardian".

All professionals are obligated to provide the support and services necessary to foster the well-being of trafficked persons in their care, observing at all times, basic principles of ethics and safety. Considering that every professional encounter is viewed as part of the recovery process of the trafficked person, specific professional skills are therefore required. Positive encounters can help build an individual's trust in others, increase self-confidence and nurture hopes for the future. Negative experiences can cause individuals to feel ashamed, stigmatized, disempowered and hopeless.

- **In the case of children (under 18 years of age) and individuals who require special assistance such as the mentally disabled, the principles below must be considered in conjunction with other relevant specific procedures (e.g., for unaccompanied minors, persons in need of an appointed guardian or legal representative).**
- **All the principles and guidelines in this chapter apply equally to capable trafficked persons (adults with mental and physical capacity to understand, communicate and make informed decisions about their life) as well as children and adults who require special assistance as described above.**
- **Health practitioners/other professionals must at all times act in the best interest of the child or special adult, and always act in good faith.**

DO NO HARM

"Do no harm" is the first principle of most medical ethical guidance. Given the extreme risks associated with trafficking, the fragile state of many of its victims and the potential for increased trauma, this basic principle cannot be overrated. It is the ethical responsibility of every health practitioner to assess the potential for harm, and if there is any reason to believe that carrying out an interview, or conducting an examination or procedure, will cause the individual to be worse off than before, it should not be undertaken at that time. Treat each individual and situation as though there was a significant potential for harm until there is evidence to the contrary.

ENSURE SAFETY, SECURITY AND COMFORT

Before speaking with a trafficked person, it is essential to make certain that s/he feels safe and secure. Even if the risks to an individual's safety has been reviewed at other times for other purposes, support persons must ask whether the individual feels safe at that particular moment and whether there is anything more that could be done that would allow her/him to feel more secure.

It is important that all trafficked persons be asked specifically whether they are in immediate need of medical care. Physical and psychological symptoms can become especially acute when an individual is under pressure – such as in an interview or service setting. Support persons should specifically inquire:

- "How are you feeling right now?"
- "Are you currently feeling any pain or discomfort, or do you have any health problems for which you would like to see a doctor or nurse?" (for medical practitioner: "...discomfort or health problems that you would like to tell me about before we begin?")

5.4 Understanding a Trafficked Person's View of the World: Issues Affecting Care

Health care providers must understand the effect of past abuses and stresses related to current and future circumstances may have on trafficked persons. Despite the health provider's good intentions and generous efforts, a trafficked person's reactions can inhibit staff's ability to carry out their work, and may become an obstacle to the trafficked person's recovery.

Caution: **Before assuming that all behaviours and emotions displayed by a trafficked person are manifestations of past trauma, one must consider that certain behaviour may be a reaction of self-defense to a perceived or actual danger. It is critical to immediately establish whether anxiety, an unwillingness to talk or other stress reactions are related to present and actual threats, such as fear of reprisals by traffickers, or harm or disapprobation by others (e.g., family members, co-residents, former co-workers).**

LIVING THROUGH TERROR

Accounts by trafficked persons suggest that the control tactics used by traffickers, employers and pimps are similar to those associated with perpetrators of torture, domestic violence or child abuse:[18]

- **Terrorizing:** to instil persistent and relentless fear;
- **Lying and deceiving:** to undermine individuals' trust in their perception of themselves and their understanding of the world around them;
- **Maintaining unpredictable and uncontrollable conditions:** to destabilize individuals and to dismantle their ability to plan or anticipate events based on their former concepts of the world, forcing them to relinquish previous life strategies in exchange for responsive and self-defensive survival strategies;
- **Eliminating all decision-making power:** to create the sense that the individual's well-being or very survival depends on pleasing the perpetrator and is always at the pleasure of the perpetrator, and

- **Emotional manipulation:** to maintain control over and intimacy with the individual by manipulating feelings, such as love and dependence (in the case of those who are in intimate partner relationships with the perpetrator). This manipulation also commonly involves the traffickers' efforts to falsely highlight some positive virtues of the trafficking activity in a way that can appeal to the trafficked persons' mind set, such as how the journey or work will enable them to send more money home to dependent family members, enable them to fulfil social or religious obligations, help them fulfil their individual dreams and aspirations for a better life.

The aim of these forms of violence, coercion and psychological manipulation, is to render the person dependent and subservient by destroying the individual's sense of self and connection to others.

First, the person is put in "extreme survival conditions" in which the person is forced to face the[19] very real possibility of death. The perpetrator makes the person know that s/he no longer controls her/his safety – the perpetrator does.

The second stage involves "physical exhaustion". Individuals are forced to work long hours with no free time and only minimal rest, which gives perpetrators significant control. Without time to recuperate, the individual is exhausted, unable to plan or contemplate self-defence strategies, and must simply focus on responding appropriately to commands and perceived threats.

The final elements to ensuring dependence are control and isolation.[20] In a captor-captive situation, the trafficked person's only substantial contact is with the trafficker, and perceptions of the world and of her/himself are reflected through the trafficker's skewed construction of the universe. In that way, the individual becomes a non-person – solely a reflection of the demands of the perpetrator. Many trafficked person's reactions to a trafficking experience are psychological and physiological responses, or coping mechanisms, of which the individual is often neither conscious nor in control.

(Refer also to sections 5.5 and 5.8 of this chapter on Special Considerations and the Mental Health subsection under the Clinical Guidelines be-

low in this chapter for a more detailed discussion about the psychological effects of trafficking on a person's mental health.)

FEARS

Although many of the reactions following a trafficking experience can be related to the survival strategies that have developed, others must be attributed to the individual's anxiety about the present and the future.

Trafficked persons outside their home countries are likely to experience all of the problems associated with being an immigrant or refugee. These may include a feeling of alienation, language and cultural barriers, anxiety over residence, remaining and return, and feelings of dependence and over-reliance on the service provider.

Trafficked persons also face the stresses related to potential or actual social disapprobation or humiliation associated with what has happened to them. It is not uncommon for trafficked persons to be rejected and shunned by their family or community for having been forced to work as a prostitute, having been sexually abused, failing to return without the promised income, or for leaving a debt unpaid.

REACTIVE BEHAVIOURS AND SUPPORTIVE RESPONSES

All practitioners working with trafficked persons should try to understand the reasons why trafficked persons behave the way they do. This will help them know how best to offer assistance and to appreciate why trafficked persons refuse care, fail to keep follow-up appointments, or not take medicine. Each individual responds to trafficking differently. Many persons will seem traumatized and defeated, while others may respond with greater independence and self-assuredness. In either case, the same assistance principles apply. At all times, the rights of trafficked persons must be respected, treated as individuals and offered the best care available.

Among the most significant service-related difficulties in assisting trafficked persons are the problems of diminished capacity to trust others and

themselves, and the sense of loss of control over their own life. The loss of control over one's body and what happens to it (e.g., sexual abuse, forced unsafe labour practices, etc.) is particularly relevant for those entering a medical setting where they will, in a sense, have to release control over their body to the health practitioner.

In a service setting, trust is essential, but for the trafficked person, trusting another person and accepting assistance means to delegate part of the control over her/his life to somebody else. The paradox is, of course, that rejecting help (and in many cases, acting self-destructively) gives individuals the impression that they are in control because they are the ones taking action, and not permitting someone else to act for them.

The following table highlights some of the more common emotions identified in persons who have been trafficked, suggests how these reactions might affect service provision, and proposes supportive ways in which a service provider might respond.

Further details are also provided under sections 5.5, 5.7.1 and 5.8 of this chapter, entitled Special Considerations and in the Mental Health and HIV/AIDS sub-sections of the Clinical Guidelines below.

Supportive Responses to Common Reactions to Trafficking in a Service Setting[21]

Common reactions to trafficking	How reactions may be manifest in a service setting	Supportive responses to negative reactions
Fear, insecurity, anxiety	Reluctance to meet people, to go outside, or to be alone; trembling, shaking or heart racing; difficulty sleeping and nightmares; difficulty sitting still, or concentrating.	Implementation of security measures; description and reassurance of security measures; confidentiality, and security of physical venue; accompaniment to outside appointments or errands.
Mistrust of others	Wariness of service provider and of offers of assistance; reluctance to disclose information; giving false information; difficulties in relationships with support persons, co-residents, others in programme, family, etc.	Patience and persistence in developing relationships; unconditional provision of practical assistance and moral support; regular inquiries into needs and well-being.
Mistrust of self, low self-esteem	Passivity, difficulty making decisions or trusting one's decisions; difficulty planning for the future; hyper-sensitivity or hyper-responsiveness to others and outside influences.	Creating small tasks, setting short-term goals, fostering short-term accomplishments, validating achievements.
Self-blame, guilt, shame	Difficulty in making eye contact, difficulty in expressing oneself; difficulty in disclosing details of events and feelings; reluctance to undergo physical examinations, to participate in group or other forms of therapy.	Reassurance that what happened was not her/his fault, reminder that trafficking is a crime that victimizes many people and that they are not alone; reminder of her/his courage and resourcefulness under extreme conditions.
Anger towards self or others	Hostility or violence towards support persons or others (e.g., co-residents, family); self-inflicted physical harm; sabotaging her/his own process of recovery; over-reacting; unwillingness to participate; blaming or accusatory towards others; uncooperative or ungrateful responses.	Patience; remaining calm in the face of hostility; not reacting with anger, hostility, or showing frustration; implementation of reasonable and proportional measures to ensure person's safety; implementation of reasonable and proportional measures to ensure safety of others.
Memory lapses, dissociation	Inability to recall details or entire passages of past; altering accounts of past events; seeming unwillingness to respond or to answer questions.	Not judging or condemning the person; not pressuring or harassing the person; understanding the importance of forgetting for some people.
Isolation, loneliness	Sadness, depression, disengagement from others and activities, lethargy; seeming self-absorbed or self-centred; believing no one can understand.	Offering phone contact (or other contact) with family, friends, etc.; opportunities to participate in one-to-one or group activities; planned tasks or events.
Dependence, subservience or defensiveness	Inability or reluctance to make decisions; desire to please; easily influenced; inability to assert self or personal preferences; regular complaining; refusal or reluctance to accept assistance, advice.	Assigning small tasks; setting limited goals; reassuring the persons of their abilities and capacity, not fostering dependence by assuming all responsibility for the person's welfare (allowing persons to choose when, how or if they wish to be assisted).

5.5 Special Considerations

This section addresses issues that require special attention or procedures when assisting trafficked persons. It aims to describe cultural competence (i.e., providing culturally sensitive care), highlight particular vulnerabilities and special needs related to gender, clarify facts about HIV/AIDS, call attention to the problem of substance misuse, and discuss some of the complexities of the health practitioner-patient relationship.

5.5.1 CULTURAL COMPETENCE

The term "cultural competence" is often used in medical and non-medical settings to refer to the ways ethnic, racial, national, social and linguistic factors affect health care, and the relationship between patients and providers. Gaining cultural competence involves developing an awareness and acceptance of and responsiveness to cultural differences in all of these senses. Responding appropriately to these differences is not only essential to providing effective care, but also an obligation dictated by internationally accepted human rights instruments, such as the of International Covenant on Economic, Social, and Cultural Rights.[22]

Cultural competence has been defined as "the complex integration of knowledge, attitudes and skills that enhances cross-cultural communication and appropriate/effective interactions with others." It includes:

- **Knowledge of the effects of culture on the beliefs and behaviour of others;**
- **Awareness of one's own cultural attributes and biases and their impact on others;**
- **Understanding the impact of the socio-political, environmental and economic context on the specific situation.[23]**

Because of the diversity of health practitioners, client population and settings where care is given, achieving cultural competence may require a significant investment of both time and resources. It involves acquiring attitudes, behaviour, knowledge and skills that nearly always must be learned (or at least supported by a learning process), and undeniably demands the interest and willingness on the part of both management and staff.

Distress manifests itself in different ways and can appear as behaviour that is difficult to assess or to understand. Misunderstandings can lead to misdiagnoses.

Diagnosis and support for mental health must take into account that psychological reactions are culturally and socially determined. The ways that individuals experience and react to traumatic events are tied to their personal history and culture. The ways in which their family, community, and society experience trauma and how they respond is likely to have a major impact on how a trafficked person responds.

Conceptual models from one society may be inadequate or inappropriate to address the suffering of individuals from another culture or background. Support strategies common in western settings may be alien or even offensive compared to how others deal with traumatic events. For example, offering debriefing sessions or encouraging individuals to recount past events may provide little solace for individuals from cultures where forgetting is a normal means of coping with past difficulties, or where revealing intimate or embarrassing details is not acceptable except within a family setting.[24]

For persons from many backgrounds the notion of counselling itself has negative, even dangerous connotations. For example, persons from societies where psychiatry is associated with institutionalization, or from cultures where it is thought to be unnatural to “manipulate a person’s mind”, may strongly object to, be fearful of, or suffer greater distress, by participating in counselling efforts. Health practitioners should seek background information of the culture and religion of their client, to provide appropriate assistance.

Health practitioners may find it useful to ask questions such as: “If you were at home, how would you react to the problems or feelings you are experiencing now?” In that way, support persons may be able to assist individuals to access resources that may be helpful such as visiting religious institutions, religious figures, or traditional healers, or carrying out rituals.

To develop the necessary cultural competence, individuals who are required to deal with trafficked individuals of various nationalities should make a critical self-assessment to detect and remedy any of their own stereotypes,

prejudices or preconceptions regarding diverse nationalities and cultures with whom they will come into contact during their work. Some of the most common prejudices relate to economic or social class, i.e., between the financially advantaged and the less advantaged, or the educated and the less educated. Considering that heath and support practitioners are likely to belong to a more advantaged economic or social class than their clients, it is important to consider how these advantages affect attitudes to and treatment of clients who may be from poor or uneducated backgrounds. All trafficked persons must be treated with respect and spoken to in a manner that, while ensuring clear communication and understanding, is not condescending.

Another important step to developing cultural competence is to familiarize oneself with, and show respect for, the traditional healing systems and beliefs particular to the cultural groups with whom one works. Providers should integrate these approaches into their treatment plans, whenever possible and appropriate.

In addition, wherever available, it is useful to employ cultural mediators. A cultural mediator is a go-between who understands the motivations, customs and codes of both the migrant and the dominant culture.[25] This can help the client to better understand the practitioner and vice versa.

Culturally competent services should be seen as central to the well-being of all individuals. Training is recommended so that staff may acquire the attitudes, behaviour, knowledge and skills necessary to work with due respect and effectively with trafficked persons and with each other in a culturally diverse working environment.

5.5.2 TRAUMA AND MEMORY

It is not uncommon for individuals who have experienced trafficking-related trauma to be unable to recall details of events, including names, dates and locations. Neither is it unusual for individuals to remember events differently over time. Memory loss is particularly acute during the period around the “initial trauma”,[26] or when the individual first realized the danger – which often coincides with the periods about which officials and others

want to receive information (i.e., travel arrangements, names of trafficking agents, ports of entry, etc.).

Physiological and psychological responses that inhibit absorption and memory at the time of the trauma may later prevent individuals from being able to remember and to provide accurate accounts of events. When confronted with danger, physiologically, the "fight or flight response" takes over, during which chemicals are released by the brain that inhibit selective attention or the ability to filter perceptions.[27] During a traumatic episode, the individual no longer concentrates or observes, but instead becomes hyper-vigilant regarding all stimuli so as to be able to react quickly to the next perceived threat. The information lost as a result of the physiological response of the autonomic nervous system, combined with common feelings of self-blame that can cause later dissociation, can strongly inhibit a person's capacity to recall events and details.

If a trafficked person cannot remember or changes the account of events, this does not mean that the individual is lying or being uncooperative. It is essential to show patience in relation to memory problems, and not to discourage individuals from adding to, or altering their initial account of events and details of their experience later, as memories may return.

5.5.3 SEX AND GENDER

Sex and gender play a significant role in health and health care. Recognition of the impact that sex – the biological fact of being a male or a female, and gender – the cultural definition determining masculinity and femininity, have on health is important in designing effective health-promoting activities.[28] A gender-sensitive approach is also a rights-sensitive approach and recognizes the principles of non-discrimination and the right of women and men to equitable treatment. Although there may be a preponderance of women among trafficked persons, men, male adolescents and boys are also being trafficked, and have experienced sexual violence, abuse and exploitation with the associated health problems.

Whenever possible, it is important to offer women and female children and adolescents the option of being seen by a woman practitioner. If none is

available, a woman should be present during the physical examination. Similarly, it is as important to offer men and male adolescents the option to be seen by a male practitioner.

In most social and political contexts, it is the rights of women that are most commonly denied or overlooked.

Violence against women

Trafficking in women is a serious and widely acknowledged form of violence against women. The term "violence against women" means any gender-based act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether in public or private life. It encompasses, but is not limited to, the following:

- Physical, sexual and psychological violence in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation.
- Physical, sexual and psychological violence in the community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution.
- Physical, sexual and psychological violence perpetrated or condoned by the state where it occurs.[29]

Acts of violence against women also include forced sterilization, forced abortion, coercive/forced use of contraceptive devices, and female infanticide.

Most often, violence against women is perpetrated by someone close to them. Survey findings indicate that between 10 and 50 per cent of women have been hit or otherwise physically assaulted by an intimate partner.[30] It is revealing to gain insight into a woman's history of family violence, including domestic violence, to accurately assess and treat women's physical

and mental health and, most importantly, to understand safe and healthy future options for reintegration planning. Domestic violence is a very sensitive issue for many women. Past abuse is often best broached by practitioners trained in mental health, or by experienced medical practitioners in the context of establishing the medical history of a woman. Practitioners must be prepared to respond appropriately to distress resulting from this line of inquiry.

Sexual violence

Sexual violence is defined as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or act to traffic women's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work".[31] In the context of trafficking, sexual abuse is extremely common, including for women trafficked into forms of forced labour. Sexual violence and non-consensual sex acts may include "forced prostitution, forced exposure to pornography, forced pregnancy, forced sterilization, forced abortion, forced slavery, forced marriage".[32]

Sexual assault has significant social and personal implications relevant to mental health support. Psychological reactions to sexual violence are such that different responses are required than those for non-sexual traumatic events. The response to sexual violence has to acknowledge the deeply personal harm and the stigma, real or painfully felt by the victim, resulting from such an experience and its destructive force for the self-esteem, confidence and often the very will to survive of the person concerned.

The stigma associated with sexual abuse and prostitution causes many obstacles for mental health support and recovery, and erects barriers to communication and disclosure, self-esteem and forgiveness. It often provokes negative reactions and rejection from family and community members. Women who were trafficked are commonly blamed for the sexual assaults perpetrated against them, particularly women who are forced into prostitution. The real and felt stigma caused by sexual abuse and prostitution also affects the willingness of women to seek help. Service providers must take due account of the breakdown in personal esteem and the instinct for self-

protection and survival caused by sexual violence and abuse, and bear in mind the negative social reaction when contacting outside sources for the support and assistance of women victims of trafficking and their accommodation.

Working with individuals who have been victims of sexual violence requires tact and understanding. A person who has been the victim of sexual violence has been forced to give up all sense of control over her own person and life. During encounters with police or health practitioners, women may feel a similar sense of loss of control. Having to endure questioning or examinations can further heighten a woman's feeling of submission, helplessness, shame, self-blame and increase the trauma. It is, therefore, of great importance to approach them with sympathy and kindness, to gain their confidence. Once they regain some degree of self-esteem and confidence, and are able to trust the persons offering assistance, the information to be gained concerning their ordeal will facilitate a better diagnosis, treatment and their eventual recovery.[33]

Respect for privacy and modesty

In certain situations, a practitioner will have to show understanding and respect for a woman's embarrassment and reticence regarding medical examinations and the topic of sexuality. Patience will be required to help a trafficked woman to understand that a gynaecological examination is a standard procedure and the questions asked part of the routine of the examination. The victim of trafficking will, or might have to be reassured that she is not being singled out or treated differently on account of her experience. It may be necessary to let her know that, far from being an isolated case, the medical staff have had to deal with many similar cases, and show the necessary understanding to help her to relax and answer the questions necessary to help her. It may also be necessary to employ terms and language familiar in the particular cultural context when referring to sensitive and potentially embarrassing body functions and body parts.

5.5.4 DISCRIMINATION AND TRADITIONAL FEMALE ROLE

Health practitioners should be ready to recognize their own preconceptions and the socially and culturally based stereotypes of the trafficked person. Women, particularly those who have been victimized, may, for example, not disclose or may minimize events or health conditions for fear that they will not be believed. Women may not assume their right to information about their own health or may, out of respect for the authority and knowledge of a medical practitioner, particularly a male practitioner, underestimate their own ability to comprehend medical information or their need to be informed.

Appropriate health information and educational material should be made available on topics such as nutrition and hygiene; general reproductive functioning and gynaecological care; sexual health, safe sex practices, contraception, and sexually transmitted infections (including symptoms and potential long-term risks). Health professionals should assist with the development of appropriate health promotion activities. Different activities should be conducted for women, men, sexual minorities, and children.

The health practitioner must always seek to ensure that health-related services are provided without any form of discrimination or subject to any considerations other than the health and recovery of the trafficking person involved, and that the full range of rights, including the right to information and the right to make informed choices, are upheld throughout the period of consultation and treatment.

The low social and economic status of women in many countries further diminishes their chances of participating in normal professional and civil life and limits their access to the necessary resources to fend for themselves. In many cultures a daughter is expected to take care of her parents. Women who return without the money they were expected to earn during their promised employment away from home may be subject to feelings of profound guilt and shame. They may be exposed to reproach, punishment and retaliation by members of the family for having dishonoured the family, particularly in cases where the family paid money to arrange the alleged job opportunity.

In some communities it is culturally, socially and legally acceptable for family members to shun and even kill a woman for having brought disgrace on her family. If the victim suspects (or there are other reasons to suspect) that there will be potential acts of violence against her/him returning to this type of setting, alternative arrangements should be discussed with the victim and actively pursued, according to her/his wishes.

5.5.5 SEXUAL AND REPRODUCTIVE HEALTH

Trafficking in women has serious implications for sexual and reproductive health. Harm to the reproductive and sexual health of women who have been trafficked generally results from sexual abuse. Women who are not trafficked into forced prostitution also frequently suffer sexual abuse or exploitation. Sexual and reproductive ill health has social, psychological, and physical implications, each of which must be treated professionally and with all due care. Women who are trafficked and sexually abused are often exposed to sexually transmitted infections, including HIV. Testing for detection of such infections should be offered to all these women, on a voluntary basis, and accompanied, where appropriate, by pre- and post-test counselling (see section on HIV/AIDS). Both testing and reporting of results should be carried out promptly and confidentially.

Health practitioners should provide women with the necessary information in a language they can understand and in a culturally appropriate form on:

- **Sexual health, safe sexual behaviour and contraception;**
- **Sexually transmitted infections, symptoms and potential long-term risks;**
- **Reproductive health, pre-natal and ante-natal care;**
- **HIV/AIDS, including pre- and post-test counselling information;**
- **General reproductive functioning and gynaecological care;**
- **Female circumcision (where appropriate);**
- **Right to health and sexual expression.**

Key stakeholders should work in partnership where necessary, and adapt information aimed at enhancing women's knowledge and self-determination related to her reproductive and sexual health. In relation to reproductive health, there are certain key issues that warrant special attention. They are outlined below.

Pregnancy

Health practitioners must respect the personal decisions of individuals in their care, assisting them with pre-natal, obstetric, and post-natal support. These services must be offered at all stages of the trafficking process. Assistance should be offered to the greatest level possible within the budgetary constraints of any counter-trafficking protection and assistance scheme and within the local legal restrictions.

Trafficked women who are pregnant should:

- be treated with sensitivity and in a non-judgemental way;
- not have necessary examinations and care unduly delayed;
- receive appropriate and adequate counselling, care, and follow-up assistance.
- not be removed from a country if travel or return poses perinatal risks, particularly relevant in cases in which pregnancy or birth-related complications have been diagnosed for which the services in the country of return might be inadequate.

In cases where a woman requests the termination of her pregnancy, she should receive information on her options in the host country as well as counselling and a referral to appropritae health services without delay. WHO estimates that there are approximately 200,000 deaths annually from unsafe abortions, and that the rate is higher in developing countries than in developed countries (330 deaths per 100,000 abortions).[34]

Contraception

Health practitioners should advise trafficked persons on available contraceptive methods and share culturally appropriate health education material explaining contraceptive choices, methods and techniques, in accordance with international standards established by WHO and UNFPA.

In many countries, women have no or very little choice regarding their pregnancies. The subject of contraception might, therefore, be addressed

within the broader framework of a woman's right to information without the threat of coercion or violence.[35]

Infertility

Among the most common concerns in terms of reproductive health is the fear women have of infertility resulting from a trafficking experience that involved sexual violence. It is important to clarify myths and realities regarding infertility in addition to carrying out any necessary medical procedures related to infections or injuries.

While sexual and reproductive health are often among the most significant trafficking-related outcomes, they are not the only area of medical assistance trafficked women require, nor are they always among the women's foremost concerns. When considering health consequences of trafficking, it is common for policymakers and practitioners to focus on sexual and reproductive health problems (i.e., STIs, genital trauma) to the exclusion of the other health complications women may have.

5.5.6 SEXUAL MINORITIES

The category includes transgender, men who have sex with men, and women who have sex with women. Because sexual minorities comprise a marginalized and traditionally ostracized population, they warrant special attention and the development of practices that are sensitive to their specific vulnerabilities and health needs. The discrimination and marginalization faced by these persons can have ill effects on mental health. One should demonstrate acceptance, respect and concern in a manner that reassures the individuals concerned that they are listened to and not judged. The rights of sexual minorities are grounded in the fundamental rights established in international human rights instruments.[36]

It is common for sexual minorities to be subject to discrimination and persecution, including violence against them, and to have experienced sexual violence in relation to their sexual identity. In some cultures, women are

raped with the consent of their families to "cure" them of their lesbianism. Homosexuals (or men suspected to be so), often face rape and are subjected to degrading comments and gestures, battery or even murder.

There should be no attempt to alter an individual's identity. Therefore if an individual is biologically male, but identifies as a woman, the practitioner should in all conversations treat the individual as a woman. In terms of medical treatment, it is necessary to address both biological and transgender aspects of the individual. Sexual minorities who are transgender may be taking hormone medication. Individuals may not know the dosages or names of the drugs they have been taking. It is the responsibility of practitioners to attempt to identify the specific needs of the individual, and provide prescriptions for hormones as needed.

5.5.7 CHILDREN OF TRAFFICKED WOMEN

A significant number of trafficked women are single parents and often the children will be living in their home country. However, there will be cases where women have given birth to children after they were trafficked and the children are living in the country to which the mother was trafficked. This becomes a particularly serious concern for both mother and child if the women are picked up during police or immigration raids and the children are left behind. The fears and concerns of mothers for their children must be acknowledged, in particular as in some cases there are real reasons to fear reprisals against their children by traffickers. If the children are in their home country, the women should be offered the opportunity to contact their family at home. When the children live in the same country as the mother, the service provider should consult with the trafficked mother regarding contacting the police or other relevant officials, such as social services, who may be able to assist in assuring the welfare of the children.

5.6 Children and Adolescents

Children and adolescents are trafficked into many of the same forms of labour and for similar purposes as adults (e.g., factory work, domestic

service, prostitution, and as brides). They are also exploited in ways that are more particular to children (e.g., child pornography, camel jockey, begging, mining, and organ donation).[37] During a trafficking experience, a child is exposed to a physical and psychological environment that damages her/his potential for normal and healthy development.

Children are not small adults

Practitioners assisting children victims of trafficking should not treat them as small adults, but be sensitive to the special needs of a child in such difficult conditions.[38]

The health consequences of trafficking can be devastating to young people because the abuses occur at a time when they are developing physically, psychologically and socially. Adolescents develop their understanding of a complex world and their role and place in it. Behaviour patterns acquired during that period tend to last throughout adult life, and adolescents do not yet fully comprehend the extent of their exposure to risk. Particularly for trafficked pre-adolescents and adolescents the traumatic and disempowering experience further aggravates an already difficult and complex development phase during which they begin to come to terms with issues determining their identity (sexual and otherwise) and self-esteem.

5.6.1 CARING FOR TRAFFICKED CHILDREN AND ADOLESCENTS

The right of children and adolescents to health and to health services appropriate to their age and particular requirements are not only essential for their survival and well-being, but are also fundamental human rights grounded in international human rights instruments, in particular the Convention on the Rights of the Child (CRC), which states that the best interests of the child shall be a primary consideration.[39] Health practitioners should be guided by the standards set forth in this convention and other relevant international instruments and guidelines that address the rights of children, and of trafficked children in particular.[40]

Definition of children, adolescents and young people[41]

Convention on the Rights of the Child – UNFPA, WHO, UNICEF

Children	**0-18 years**
Adolescents	**10-19 years**
Youth	**15-24 years**
Young people	**10-24 years**

The definitions of children, adolescents and adults may change from culture to culture. Whether an adolescent has assumed the role and responsibilities of an adult commonly reflects his/her own culture. However, regarding paediatric and adolescent health management, cultural and legal definitions of the country or region concerned must be respected, but only to the extent they do not conflict with the international agreed norms for administering treatment, obtaining informed consent, medical case management protocols and similar standards of care. There is no room for cultural relativism when deciding whether to administer a certain paediatric dosage or an adult dosage of medication.

Caring for trafficked children and adolescents requires:

- Developing approaches that demonstrate respect and promote participation;
- An understanding of the complex ways in which their past experience has harmed them;
- Tailoring services to meet the needs of each age group and in ways appropriate to the age and characteristics of the child concerned and never merely following programmes designed for adults;
- Implementing strategies aimed at mitigating the effects of past trauma and fostering healthier patterns of development.

Participation

International standards state that children should be given the right to express their views freely on all matters concerning them, and their "views should be given due weight in accordance with the age and maturity of the child" (CRC, Article 12).[42] These rights must always be respected. In prac-

tice, this means whenever health examinations or procedures are to be carried out, practitioners must provide full information at a level a child can comprehend to allow the child to participate in decisions affecting her/his well-being. Practitioners must listen to children and take their views and decisions seriously, including decisions regarding their possible return to their family or country of origin.

A legal guardian may be appointed to represent a child or adolescent.

Caution: In some cases, the child's legal guardian may be an abusive parent or relative, or the individual that "sold" her/him to the trafficker. For this reason, it is of the utmost importance for support persons to sensitively ask the child about past experience of abuse, and how they came in touch with the trafficker, before revealing details of the child's case to family members. In cases where there is reason to believe the child was or will be abused if returned to the care of family members (or other former residence), support persons must seek legal advice and enlist the help of a competent social worker or other child psychology specialist.

(See also Chapter 3, section 3.1 on Return of Minors.)

Specialists in children and adolescents' health

Care for trafficked children and adolescents must be provided by trained professionals, aware of the their special needs,[43] which are clearly distinguished from those of adults. It requires the skills of practitioners cognizant and trained in developmental paediatrics and in adolescent medicine. Professionals trained to deal with child abuse should be recruited if that resource does not exist.

Providing information to and interviewing children

No medical examination or procedure must be undertaken until appropriate consent has been obtained, except in cases where the child's life is in immediate danger.

In addition to the general guidelines followed for all interviews (e.g., ensuring safety, informed consent, confidentiality – see also Appendix I, Ethical Principles in Caring for and interviewing Trafficked Persons and Appendix II, Interview Checklist), the additional and particular principles and techniques for providing information to and interviewing children, include:

- **Find out** as much as possible about the child's case prior to the interview and make clear and friendly introductions (talking about something the child is familiar with helps to establish a rapport).
- **Create** a space that is safe and comfortable for conversation (include toys, books, games, etc., to help build a rapport).
- **Establish** a rapport by talking about, or doing things that are not related to the trafficking experience (e.g., discuss things the child is familiar with, play games).
- **Dedicate** adequate time for discussions and do not rush.
- **Use** appropriate and child-friendly language (pick up terms the child uses).
- **Explain** things in a manner the child can easily comprehend (use visual aids wherever possible).
- **Keep** the atmosphere simple and informal (e.g., do not assume an air of interrogation or press for responses).
- **Begin** with open-ended questions, allowing the child to give her/his own account. Avoid leading questions, e.g., "Did the person abuse you?" and use more open questions, such as, "What did the person do?"
- **Do not pursue** and press for details when there are signs that the child has told all s/he knows. However, also bear in mind that children will leave information out if the right question is not asked, and will give the answer they believe the interviewer wants to hear.
- **Close** the interview in ways that reassures the child that s/he has done well, and that you will be available whenever s/he needs to talk again.[44]

5.6.2 CHILD GROWTH AND DEVELOPMENT, AND THE EFFECTS OF ABUSE

Child development refers to a level of maturity in terms of physical, cognitive, language, social-emotional, temperament, or fine and gross motor skills. Abuse and chronic stress affect a child physically, hinder learning,

retard growth and psychological development.[45] Children who are trafficked are subjected to a persistently threatening and dangerous environment. In the face of this type of chronic abuse and stress, children and adolescents develop a personality that is suited for survival, but that is ill adapted to cope in normal non-threatening situations.

According to the World Health Organization, children who are abused often feel compelled to form relationships and develop trust with caretakers who are dangerous. Children whose trust is abused are likely to have difficulty to cope with or develop autonomy and intimacy. Believing that adults are the caretakers and that they know best, children often assume that something must be wrong with themselves, and that they are therefore responsible for the ills that have taken place or the bad deeds that s/he has done. The development effects of abuse can be characterized in terms of loss of attachment, reduced self-esteem and fewer social relationships. There may also be problems of highly sexualized or highly aggressive behaviour, substance use, dissociation, self-injury or other dysfunctional ways of dealing with stress and anxiety.[46]

Health practitioners are responsible for employing health-promoting strategies, programmes and activities that recognize the child's level of development and help children and adolescents to reclaim and further develop their competencies for an active and meaningful life. This includes addressing a range of needs, including nutritional, physical, psychological development and education needs.

Previous family abuse and neglect, and trafficking

Children who are trafficked often come from environments that are violent, physically or psychologically harmful or unstable. Having been misled and abused in the trafficking situation confirms a child's negative and destructive perceptions of the world, of others and oneself.

Empirical evidence from shelters and support programmes for trafficked persons suggests that a significant portion of children who are trafficked either come from a dysfunctional family environment, such as abusive homes, single-parent households following divorce, separation or death of a parent), orphanages or public children's facilities, refugee centres, or

have run away from home and were living in the street. In some cases, children may have been sold or trafficked by close family members.

Recognizing the risks children face in their home environment is essential to any assessment of health needs, to understand children's perceptions of persons in positions of authority, and to assess options for integration and reintegration planning. In regions suffering from the effects of war, crime, political persecution, natural disasters or epidemics, the child's parents may be dead or no longer available and the trafficked child may be an orphan. In regions where adult HIV prevalence is reaching almost 40 per cent and large numbers of people are beginning to die of AIDS, there is concern that a whole generation of children without parents might become vulnerable to trafficking.

Child sexual abuse

Similar to trafficked adults, some children may have been sexually abused before and during a trafficking experience, or both. Studies on prevalence of child sexual abuse from 20 countries indicate that between 7 and 36 per cent of girls, and 3 and 29 per cent of boys have been sexually abused.[47] Once in the trafficking setting, sexual abuse and exploitation of children is common, even for children who are not working directly in prostitution.

Sexual abuse of children results in significant immediate and long-term adverse health consequences, including sexually transmitted infections, injuries to genitals, future sexual risk-taking and substance abuse, difficulty developing healthy sexual relationships, depression, and suicide.[48] Sexual abuse impacts on how children, particularly pre-adolescents and adolescents, perceive their body, their worth and their relationships with others (see Special Considerations on mental health, sections 5.5 and 5.8). For adolescents who are still exploring and developing their understanding of, and behaviour related to, their gender and sexuality, the violent and coercive introduction to sex and sexual relationships establishes patterns of harmful future relationships and practices.[49]

There are hindrances to disclosure of sexual abuse by children, i.e., feelings of guilt, belief in their own complicity, need to protect the abuser, warnings by abuser against disclosure, and fear of rejection or retaliation. Discus-

sions with children about sexual abuse are best carried out by professionals trained in the particular techniques to be used in speaking with children about abuse. In resource-poor settings, where experienced practitioners are not available, these discussions should be approached carefully and by an individual with whom the child has already established a strong rapport.

5.6.3 CHILD-FRIENDLY ENVIRONMENT

Age is a critical factor in determining appropriate mental health care and support. Caught in an abusive situation, children adapt their system of meaning and their behaviour to conform to the world they face. As one expert on trauma and violence explains, in abusive situations a child "must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness. Unable to care for him or herself, s/he must compensate for the failures of adult care and protection with the only means at his or her disposal, an immature system of psychological defences".[50]

Learning and education is one of the cornerstones of child development. As soon as possible, it is necessary to begin fostering learning by offering educational classes, tutorials, or entering children in local school programmes (when safe and appropriate). Where possible and appropriate, peer counselling and peer education techniques should be considered.

5.7 Mental Health Considerations in Caring for Trafficked Persons

5.7.1 MENTAL MORBIDITY

Mental health and mental illness are difficult to define because they are best viewed as points on a continuum. WHO suggests that concepts of mental health include:

> (...) subjective perceptions of well-being, self-efficiency, autonomy, competence, intergenerational dependence, and self-

> actualization of a person's intellectual and emotional potential. From a cultural perspective, it is nearly impossible to define mental health comprehensively.[51]

IOM has described mental health care to be understood in its broadest sense, i.e., broader than the lack of mental disorders, and not as a synonym for psychiatric care. A "psychosocial approach" has been described as a particular way of comprehending and dealing with mental well-being. Taking a psychosocial approach implies a link between social and cultural factors and the functioning of the "psyche" or, more generally, mental well-being. This means, that to understand the functioning of the individual, the individual must be seen within his or her context, whether that includes the family, community, or culture. A psychosocial approach also implies that the mental well-being of an individual or a group can be affected by acting on the social factors surrounding them.[52]

At present, the research on mental health and trafficking is scant. Most of what is known about the psychological reactions of trafficked persons is based primarily on accounts of organizations working with trafficked persons, the trafficked persons themselves, and an extremely limited amount of qualitative research.

5.7.2 PSYCHOLOGICAL COERCION AND ABUSE IN THE TRAFFICKING CONTEXT

Psychological coercion and abuse are hallmarks of trafficking in persons, and are fundamental tactics used by traffickers to manipulate individuals and effectively hold them hostage. Psychological control tactics include intimidation and threats, lies and deception, emotional manipulation and the imposition of unsafe, unpredictable and uncontrollable events. Such psychological abuse is generally persistent and extreme, and frequently perpetrated in such a way as to destroy an individual's psychological and physical defences. First, the individual is forced into "extreme survival conditions" during which the possibility of death is made real and the individual realizes the loss of control over personal safety and exposure to the trafficker. The second stage involves "physical exhaustion". Individuals are forced to work long hours and days, which gives owners significant control (and

increased profits). With no time to rest, the individual is debilitated and unable to consider any options or contemplate defence strategies. Control and isolation are the final elements ensuring dependence. In a captor-captive situation, where the only substantial contact is with the trafficker, the individual's perceptions of the world and oneself are a reflection of her/his skewed construction of the universe.[53]

5.7.3 PSYCHO-ACTIVE SUBSTANCE ABUSE AND DEPENDENCE

Individuals who have been trafficked frequently encounter some form of substance abuse or misuse and may develop chemical dependence. Drugs and alcohol are commonly used by traffickers in the abduction and/or control of trafficked persons. Addictive substances are used not only to make individuals more compliant, but are frequently also introduced to create a dependence that forces the addicted trafficked person to rely on the trafficker as their supplier. Drugs may be used to make a woman who was forced into prostitution more submissive during her encounter with her first client. Drugs, illegal or legal, may be consumed, by force or voluntarily, to enable individuals to work longer hours, take on harder work (or more clients in the case of prostitution), endure abusive conditions and treatment, withstand activities they find degrading or abhorrent or to help persons anaesthetize themselves against the trauma and stress of the situation.

Practitioners working with trafficked persons must be aware of the reasons why individuals might develop a chemical dependence, and understand the associated signs and symptoms. If a trafficked person discloses a chemical dependence problem or a staff member suspects a problem, the individual should be referred to appropriately trained medical staff.

5.7.4 COMMON SOURCES OF STRESS WHILE IN THE CARE OF A SERVICE PROVIDER

Although being away from the trafficking situation and in the care of a service provider can bring psychological relief in many ways, this situation can also introduce a host of new tensions. Some of the most common sources of stress are described below.

Interviews with law enforcement agents. Encounters with police or immigration officials are stressful in many ways for trafficked persons. Many have reasonable fears that they are under suspicion or may be arrested, that they will not be believed, suffer from anxiety related to the intrusive and intense nature of an interrogation or investigation, believe that there are right and wrong answers that will fundamentally affect their future (e.g., immigration status, reprisals by traffickers) and have memory lapses or are unable to recall key details, besides a reasonable pre-existing fear and suspicion of law enforcement officials (often related to experiences or images of corrupt or dangerous officials).

Practitioners should prepare individuals for encounters with law enforcement officials by explaining the meaning of the encounter, the likely nature of the questions asked, and how it can and cannot impact their future.

Trial testimony and giving criminal evidence. Waiting to testify and testifying against a trafficker are among the most stressful events for trafficked persons. These experiences can re-traumatize a trafficked person no matter what stage of recovery has been reached. Qualified individuals should be identified to prepare victims of trafficking for an upcoming trial. Wherever possible, and in accordance with local laws, a qualified practitioner should assist persons to visit the courtroom where they will be testifying, and help them understand what questions might be asked (particularly the potentially aggressive and accusatory defence tactics).

Immigration application process. Not having legal status in a country makes trafficked persons nervous and prevents them from investing physically and psychologically in the future. It decreases an individual's sense of stability and increases the impression that they lack control over their own life.

Conversations with families or children. While phoning loved ones at home may bring relief and comfort, it may also make some feel sad, lonely, or guilty for being away. In some cases, family members may be harsh and accusing. Practitioners should understand that these conversations can be extremely emotional, and should make certain that they are available to provide support to individuals after they have had contact with individuals close to them.

Medical procedures, test results. Undergoing medical procedures and receiving results of medical tests can cause anxiety, especially for persons unfamiliar with western-style medical practices, using a health care system or the environment of clinical facilities. The formality of the setting and procedures, fears of not understanding what they are being told or what is happening, or the suspicion that tests will result in bad prognoses suggest the need for the presence of support persons who can help interpret what is happening and mitigate some of these fears.

Conflict or boredom in refuge/shelter settings. Shelter settings can be stressful for many reasons (various traumatized persons living together, persons with different ethnic and cultural backgrounds living side by side, limitations on movement or behaviour, slow pace of time and boredom, etc.). Persons may find unhealthy ways of dealing with free time and relieving the tensions of living in a transient situation (smoking, creating conflict, leaving the programme). Practitioners should try to prevent these problems by making it possible for residents to participate in physical activities (e.g., walks outside, exercise space) to the degree possible, while considering security issues and regular intellectual stimulation and entertainment (e.g., educational or entertainment activities books, radio, games). Please refer to Chapter 4 for more information on activities which can be offered in shelters.

Return. Anticipating returning home can cause fear, anxiety, distress, sadness or anger for trafficked persons who may fear reprisals, feel they have failed their family, or are anxious over how they will find a job or the income to support themselves and their family. Those providing psychological support to individuals who will be repatriated must dedicate as much time as possible to helping individuals prepare to return home. This may mean exploring emotions (sometimes mixed) about returning, helping individuals consider with whom they will live, what work they will do. For many trafficked persons it will mean helping them identify support services for their mental and physical health needs (see also sections 5.13 and 5.14 of this chapter).

Stress related to return may become acute during transit home, during air or train travel or while waiting in transit. It is not unusual for individuals to try to relieve their stress or numb themselves by ordering alcohol and

becoming drunk. It is important to warn individuals that drinking on the plane (and other forms of transportation) may be tempting, but that becoming drunk will create problems for them with the airlines (in some cases criminal charges for dangerous behaviour), and will make assistance upon landing extremely difficult.

5.8 HIV and AIDS

There are many misconceptions about HIV and AIDS that compromise health care and cause undue distress on behalf of both patients and providers. Because trafficked persons are vulnerable to exposure to HIV, it is important for all care providers to be informed about the biological, psychological and social implications of HIV and AIDS. (Please refer to IOM's Position Paper on HIV/AIDS, part of the suggested further reading list of the chapter on Health in this Handbook).[54]

WHY DO WE NEED TO KNOW ABOUT HIV AND AIDS?

The number of people becoming infected with HIV, the virus that causes AIDS, is still increasing. Anyone can be infected with HIV, regardless of social class, nationality, race, religion or sexual orientation. Everyone needs to be informed about HIV and AIDS, to know how to protect themselves and others.The best way to create an environment of compassion and understanding, and to fight discrimination and fear is to provide precise imformation about HIV and AIDS.

WHAT IS HIV?

- HIV stands for Human Immunodeficiency Virus.
- HIV is transmitted sexually and through blood between people.
- Persons who are infected with HIV remain infectious for life. Even when they look and feel healthy, they can transmit the virus to others.
- HIV infection is a permanent infection, for which there is no cure or vaccine yet.
- HIV infection is not AIDS, but it can lead to AIDS.

WHAT IS AIDS?

- When HIV enters the body, it damages the immune system that normally protects us from infections.
- AIDS is the abbreviation for Acquired Immune Deficiency Syndrome, which is a group (syndrome) of possible diseases that can result from infection with HIV.[55]
- Most people with HIV will eventually develop AIDS, but a person may be infected with HIV for a very long time, even many years, before the immune system is so weakened, or "deficient", that it cannot fight off infections as it used to and AIDS begins.[56]

HOW DOES A PERSON BECOME INFECTED WITH HIV?

- The main mode of HIV transmission is through unprotected sex with someone who is infected.
- This virus is also passed from one person to another through injections, for example by re-using a syringe. HIV can also be transmitted through transfusions of contaminated blood or blood products, although this mode of transmission has become extremely rare in countries able to systematically test donor blood.
- Infected pregnant women can pass HIV to their babies during pregnancy or delivery, as well as through breast feeding.
- One can be infected with HIV through the use of non-sterile cutting instruments such as needles, knives and razors when they draw blood.

HIV cannot be transmitted through everyday contact with infected people.[57] It cannot be transmitted by using the same toilet or shower, shaking hands, sharing dishes and utensils, using the same telephones, or sharing clothing with an infected person. One cannot become infected through sweat, tears, sneezes, coughs, or urine. HIV is not transmitted through insect bites, such as mosquito bites. No one has ever been infected with HIV by hugging someone who lives with the virus.

HOW CAN ONE PROTECT ONESELF AGAINST HIV?

HIV infections through sexual contact can be avoided by:

- abstaining from penetrative sexual intercourse;
- having sex with only one partner, who is not infected and who does not have sex with anyone else;
- using condoms properly;
- making sure that any needles, syringes and any other instruments used in a process that draws blood are either unused or sterilized.

WHAT ABOUT HIV TESTING?

It is possible to find out if one has been infected with HIV through a blood test. People who know their HIV status can protect themselves and their partners, can take appropriate care of their health and make more informed decisions about the future.

Knowing one is HIV positive may also have negative consequences, such as increased stress and uncertainty, difficulty in making and maintaining relationships, the burden of maintaining a secret if the result is not discussed with another person, and possible stigma and discrimination if one does discuss the result. In addition, being HIV positive may entail a number of restrictions, for example on immigration and freedom of movement, on employment and on health insurance.

The decision to have an HIV test should thus be carefully thought through, and should be voluntary. When they are properly counselled, it is IOM's experience that most of the trafficked women and children receiving IOM's return and reintegration assistance do request HIV testing, as well as medical and reproductive health examinations and psychosocial counselling.

IOM supports ***voluntary*** HIV testing of people who have been trafficked.

Some countries of origin require notification of HIV status of trafficked persons who are being returned. In such instances, IOM recommends that the individual be counselled, but that any HIV testing be done by an agency not involved in the

return. In so doing, the service provider will not be in a position of breaching confidentiality by releasing medical information, and will not be responsible for notifying the authorities of the receiving country.

Similarly, and since outside agencies are also bound to notify the country of origin of the individual's HIV status, IOM recommends that in such instances HIV testing should *not* be done in the country of transit or destination, but rather encouraged on return to the home country. HIV testing on return must include proper pre- and post-test counselling.

PRE-TEST AND POST-TEST HIV COUNSELLING

Professional counselling must be made available before an HIV test is carried out. Informed consent is also required prior to an HIV test. Post-test counselling should also be made available to all individuals, including trafficked persons and those who test negative. Those who test positive for HIV must be provided with competent and sensitive post-test counselling in as many sessions and for long as required.

The ultimate aims in providing pre- and post-test HIV/AIDS counselling are to ensure that:

- All migrants/trafficked persons fully understand the meaning of a test result.
- HIV positive persons are fully aware of the necessity to avoid transmission of the virus to other individuals.
- HIV-positive persons know how to avoid transmitting the virus to other individuals.[lvii]

(Please refer to the *IOM HIV/AIDS Counselling and Testing in the Context of Migration Health Assessment, Counsellor Guidelines,* forthcoming 2006.)

TREATMENT FOR HIV

People living with HIV can stay in good health for many years without special medical attention, simply by taking care of themselves; for example,

by eating nutritious food, getting adequate rest, practising good hygiene, keeping active and busy. People who know they are HIV positive can get proper treatment for infections and other conditions related to HIV.

The availability since 1996 of highly active antiretroviral therapy (ART) has profoundly modified the later course of HIV infections, especially in developed countries, and there is hope that ART will soon become available in developing countries too. Knowledge and practice about starting treatment is also expanding rapidly. Treatment requires monitoring, may cause potentially serious side-effects, and should normally be continued over the long term. In addition, improperly administered treatment is dangerous in that it may lead to the development of strains of HIV that are resistant to drugs.

HIV/AIDS VULNERABILITY OF CHILDREN

Children's social position puts them at high risk of being raped and sexually abused, which in turn may make them vulnerable to HIV infection. All over the world, the fear of HIV/AIDS has encouraged men to seek sexual partners among younger women, whom they presume to be less liable to be HIV infected. The myth that having sex with a virgin will cure HIV, AIDS or other STIs is reported from numerous countries. Sexually exploited children are also at a higher risk of acquiring HIV especially when they have repeated STIs and/or untreated STIs.

Children should be offered pre- and post-test HIV counselling appropriate to their age by individuals trained to work with children. As for adults, all HIV testing must be voluntary and accompanied by appropriate informed consent procedures (refer to section 5.6 of this chapter).

MOTHER-TO-CHILD TRANSMISSION

It is now possible to dramatically reduce the risk of transmission of HIV from mother to child by treatment of the mother before delivery. In all cases where a pregnant woman tests positive for HIV, health practitioners must ensure that she is offered such treatment. In practice, this may mean that if a woman is to be returned to a location where there is little possibility of a

safe delivery, service providers should investigate other options (including legal remedies) to assure that she can give birth in a location where she and the baby will receive appropriate treatment.

5.9 Medico-legal Aspects of Health Assistance for Trafficked Persons

Medico-legal dimensions of the trafficking process are an important consideration to be kept in mind by all health practitioners who are assisting trafficked persons. More detailed guidance is given in Chapter 6, Cooperation with Law Enforcement Agencies regarding victims' legal rights and law enforcement options. This section does not aim to advocate for victims to cooperate with law enforcement or to bring cases against their traffickers. It serves only to emphasize key principles and the expected role of the health service provider to assist the trafficked person should s/he voluntarily choose to cooperate with law enforcement. By understanding and implementing their medico-legal role, health workers can contribute significantly to such legal actions. For that reason, health workers need to be aware of the following principles involved in providing the medico-legal evidence of trafficking:

- All evidence obtained from medical records (including history, examination, laboratory, x-ray or other diagnostic results, as well as treatment) must be kept strictly confidential and only provided to law enforcement authorities with the permission of the trafficked person.
- Medical information may be requested by the courts, and service provider staff ordered to provide such evidence to official investigators working for the prosecution or defence of the alleged trafficker. It is, therefore, important that the health worker make the trafficked person aware of how her medical records or information may be used and, if the trafficked persons should refuse to assist with legal actions, to refuse the production and use of medical information in the case against the trafficker.
- In some cases, service provider health staff could be called on to appear in court as expert witnesses. The service provider could avoid having to present such risky testimony by recruiting an external forensic expert to collect medical evidence (with the consent of the trafficked person) and

present it as an expert witness in court. Service provider health staff should always be present during the meetings or examinations of the trafficked person by an external expert, to provide support to both the trafficked person and the expert, but only if the trafficked person wishes to have such support.

- Even though they are not themselves providing direct testimony to the court or to law enforcement officials, with the consent of the trafficked person, the service provider staff (preferably health or social workers who have a relationship with the trafficked person) should always accompany the trafficked person during all court appearances and investigative meetings with law enforcement agents, to provide psychological support and make the trafficked person more comfortable in collaborating successfully with such authorities.

Because of the possibility of courts ordering service provider staff or information to be made available to the court, the service provider health workers should have basic knowledge and training in forensic medicine. Such staff should be competent to identify relevant aspects of the history (e.g., rape, incarceration), and related signs on physical examination (e.g., signs of laceration, soft-tissue or bone injuries, malnutrition, etc.), request basic laboratory or x-ray tests to confirm a diagnosis, and preserve relevant records (e.g., case files containing results of the medical examination), including documents and photographs of lesions, wounds, injuries, etc.). The health worker should also have basic training to be able to obtain useful biological samples related to the case for further testing, if this should be requested during the investigation. Forensic experts may need to be consulted to assist with the legal case on behalf of the trafficked person.

5.10 The Practitioner-Patient Relationship

There is a power imbalance in the relationship between the health professional (e.g., nurse, doctor, psychologist, or social worker) and the client/patient. This imbalance often causes patients to be reluctant to ask questions, voice their opinions, question a health practitioner's opinion or make their own decisions regarding their health. For trafficked persons, their respect for the health professional may be reinforced by their feelings in relation to persons in authority developed when they were under the control

of their exploiters. In addition, it is not uncommon for individuals receiving assistance, particularly those who believe that their well-being, even their life, may depend on the unconditional acceptance of what others suggest, to aim to please, to "not cause problems" and to believe that compliance and good behaviour will ensure continued assistance.

On the part of the health practitioner, it is not unusual for them to assume a role of authority or caretaker, and respond in a manner that asserts their knowledge and authority. Health practitioners should take care not to adopt an authoritative or commanding tone, but rather an informative and reassuring one. They should use language and terminology that will be understood by the patient, and should regularly encourage and reinforce the patient's self-assessments and opinions. In addition, while conducting an examination or procedure, practitioners should support and reassure the patient by explaining, step by step, what they are doing and for what reason, and how long it will take. The most effective practitioners are those who are able to help the patient understand their medical condition and the prescribed treatment.

Another problem inherent in the patient-practitioner relationship is that, for many individuals, medical examinations are an intimidating, invasive, even humiliating experience. Many people around the world have never had a physical examination. In some areas, the medical practitioner may not touch the patient, but simply assess symptoms and suggest a remedy or offer a prescription. It is not at all unusual for a woman to never have had a pelvic exam, and to be unaware that such an exam exists as a routine part of a gynaecological assessment. Particularly for children, adolescents and women who have been sexually abused, this type of intrusive examination may seem like a further violation. For this reason, it is preferable to give women and girls the option to be examined by a female health practitioner. Every possible effort must be made to have that option availabe.

It is essential for the medical practitioner (or an individual's primary support person) to take the time to explain to the trafficked person the reasons for every procedure, and what it will specifically involve. It is helpful if the steps of any procedure are explained both ***before*** and ***during*** the medical examination.

5.11 Designing Health Components in Trafficking Projects

One should assume that all counter-trafficking protection and assistance services will involve a health intervention, and to plan ahead accordingly starting with the project proposal design, start-up and implementation phases. Requirements for each health component may, however, differ from one project to another and, certainly, from one country to the next.

The health project developer who, because of the nature of these actions, will need to be a health professional with sufficient authority and knowledge for this task should therefore conduct the following general actions. The list is merely illustrative and is adapted from the relevant parts of the planning process used by IOM for its resettlement health assessments worldwide.

Checklist for the design and implementation of a health component of a counter-trafficking protection and assistance project:

- Research and analyse the demography (including age and sex distribution) and disease epidemiology (especially diseases of public health importance, such as TB, hepatitis, malaria, sexually transmitted illnesses, HIV/AIDS, etc.) of the population from which the trafficked persons are likely to originate, as well as the population with which they are likely to interact during transit or at destination.
- Ensure that the appropriate authorizations have been obtained, or are on the way to being obtained, e.g., relevant Ministry of Health (licence to practice), local health authorities (camp, hospital or municipal for clinic or laboratory use), national health authorities (public health reporting requirements), relevant immigration, security or other government departments, etc.
- Assess/determine required local facilities and supplies within and outside the shelter to ensure that there are sufficient and appropriate facilities and space for housing and the provision of medical care for the anticipated number of trafficked persons at any point in time: clinical examination areas offering sufficient privacy and equipment, medical history and interviewing, physical examination and procedures (e.g., height, weight and phlebotomy), refrigeration and cold-chain maintenance for

temperature-sensitive substances (e.g., medication, vaccines, reagents, etc.) (see also the section on space management in this chapter).

- Identify and assess adequate local referral services for those who might require them. Develop referral/transfer protocols with hospitals, clinics and other medical services (including reporting guidelines, costing and financial remuneration, standards of conduct, quality of case management practices, etc.).
- Develop a procurement plan for medicines and medical supplies (including vaccines, personal hygiene and shelter sanitation supplies, etc.).
- Identify the medical documentation and records management requirements, including communications and e-mail, secure storage for medical information, data analysis, etc.
- Establish communication links with the appropriate health authorities at the return location (usually country of transit or origin) to ensure that the immediate post-arrival medical needs of the trafficked person are met.

5.12 Case Management Guidelines for Common Clinical Conditions Encountered in Trafficking

While the following section is routine in medical practice worldwide, it is important to emphasize the need for high vigilance in view of the barriers that may prevent the practitioner from knowing the antecedent health status of the individual prior to the trafficking process, the low level of knowledge about what to expect in a trafficked person's health status and in order to document the trafficked person's conditions as much as possible with a view to addressing them during recovery.

The health examination should include a detailed medical history (including history of family abuse or other conditions/events prior to trafficking), a complete physical examination, and a mental status examination by the appropriate health worker. Mental health testing should not be done unless it is really needed.

The practitioner must be knowledgeable about the complex range of symptoms and signs to be expected from trafficked persons if they have experienced sexual abuse and rape, such as sexually-transmitted infections,

unwanted pregnancy, and complications caused by previously attempted abortion.

(Refer to the *MHS Medical Manual (2001 edition),* pp. 30-33 for further details.)

The reader is encouraged to consult updates by WHO of case management guidelines through their website (www.who.int). In addition to other textbooks of medicine where case management is described in detail, two particularly useful resources for communicable diseases case epidemiology and case management practice guidelines are:

- *WHO Recommended Strategies for the Prevention and Control of Communicable Diseases,* WHO/UNAIDS, 2001, Geneva.
- *Control of Communicable Diseases Manual,* American Public Health Association (17th edition; 2000).

5.12.1 SEXUALLY TRANSMITTED INFECTIONS (STIs)

Sexually transmitted infections (STIs), such as gonnorhea and chlamidiasis, are a common finding among trafficked persons, primarily due to the sexual exploitation which is most often associated with trafficking. STIs of concern among trafficked persons include HIV.

Case management for STIs should be based on both prevention and treatment principles, and serological screening for STIs should be offered if laboratory facilities are available and reliable. However, in resource-poor services, where laboratory services to confirm a diagnosis are not available, the treatment of some STIs should follow the syndromic approach. Reference standards are compiled in two key documents which should be made available at all counter-trafficking protection and assistance programme locations. They are “Sexually Transmitted Diseases Treatment Guidelines – 2002, MMWR Recommendations and Reports, 3 May 2002/51 (RR06/) and “WHO Recommended Strategies for Prevention and Control of Communicable Diseases” (Copyright 2001, WHO, Geneva).

5.12.2 MENTAL HEALTH

The psychological reactions of trafficked persons depend on a variety of factors, in particular the individual's personal history, past events and, in most cases, stresses associated with present fears and uncertainties. Among past events, it is important to take into account that many trafficked persons have had traumatic or abusive experiences even prior to being trafficked. These pre-trafficking events compound the mental health stress factors encountered during trafficking and, furthermore, will have a serious impact during the reintegration phase. For those away from their home country, this may include emotions and tensions typically associated with migration (e.g., language and cultural barriers, alienation, loneliness, loss of former support network, etc.) and current uncertainties (e.g., residence status, administrative procedures). For individuals in either a destination or home country, the effects of trafficking-related trauma combine with present anxieties, such as concern over how their family will react, how they will find a job, or whether there will be reprisals from the trafficker for running away or for unpaid debts.

Although every individual will respond differently to a trafficking experience, some common reactions may include:

Psychosomatic reactions

- Aches, pains, headaches, neck pain, backaches, stomach aches, gastrointestinal problems;
- Trembling, sweating, heart palpitations;
- Unhealthy changes in sleep pattern or appetite;
- Immunosuppression and related complications (e.g., increased susceptibility to colds, flu, etc.), and
- Increased risk behaviour (e.g., smoking, alcohol, drugs, sexual risk-taking).

Caution: It is important not to assume that somatic complaints are always reactions to stress. Particularly because trafficked persons are likely to have suffered physical hardship, or have been intentionally injured, physical symptoms must be taken seriously and adequately assessed.

Psychological reactions

- Sense of hopelessness and despair, suicidal preoccupation;
- Explosive or extremely uninhibited anger without apparent reasons;
- Alteration in consciousness, including amnesia, transient dissociative episodes, reliving experiences, and
- Alteration in relations with others, including isolation and withdrawal, persistent distrust.

Caution: It is not uncommon for persons who have been trafficked to show hostility and demonstrate aggressive behaviour. It is important to fight the natural reaction to become angry, frustrated or to dismiss or reject the person. Try to recall that these expressions are not personal.

Although many of the psychosomatic and emotional reactions mentioned above could be considered normal reactions to an abnormal event (the traumatic trafficking experience), these reactions should be taken seriously as they can be the symptoms of a mental illness that needs special attention and care.

Some individuals may present serious forms of mental illness, such as mood disorders, anxiety disorders, adjustment disorders, Post-Traumatic Stress Disorder, and psycho-active substance abuse disorders.

Psychiatric diagnoses and labelling

There are two divergent perspectives related to psychiatric diagnoses, particularly the diagnoses of trauma-related symptoms. One view is that by offering someone a diagnosis of a recognized condition, it permits that person to feel less isolated or singular (i.e., abnormal or to blame) in terms of psychological experience. For some individuals, to receive a recognized diagnosis removes some of the burden of guilt or frustration about feelings and behaviour over which they have little control. Basically, people can become ill from undergoing severe trauma, not only physically, but also mentally and both need equal attention. And, from a practical viewpoint, in some countries the receipt of a recognized medical diagnosis enables an individual to access much-needed public resources.

From another perspective, by treating what are often understood as normal reactions to abnormal circumstances as pathological conditions, individuals may feel or actually be stigmatized in the short or long term. This can lead to misleading self-assessments, misconstrued identity and to marginalization if the individual is perceived as abnormal, unreliable or incapable of functioning like others.

What is mental health support?

Mental health support comes in many forms, changes over time and often depends on the resources available and the particular local customs and culture. To be effective, support strategies should be adapted to an individual's needs, situation (e.g., other sources of available support, duration of stay, etc.), personal profile (i.e., age, gender, culture, etc.) and personality. Assistance should also be holistic, recognize the multi-dimensional nature of mental health (i.e., physical health, social and economic well-being), and should offer multi-faceted forms of support (e.g., emotional, education, employment). While the past may have caused much of a trafficked person's current trauma, approaches to support should not consider past experiences and related memories only, but also help the individual to advance confidently towards a healthy and promising future.

It is important not to assume that western or modern psychological models are the only or the highest standard of response to psychological distress. While mental health support can take the form of sessions with a psychotherapist or social worker, it can equally well include participation in community development projects, participation in training, education or cultural orientation programmes, taking on a job or building new relationships or redeveloping existing ones.

In addition to formally structured activities, support persons working in shelter settings or with groups of trafficked persons suggest that casual or ad hoc meetings between trafficked persons, during which they can speak informally and share their feelings and concerns, have important therapeutic benefits.

Yet, experts assisting trafficked persons agree that care and understanding from those who are closest to them (family, friends and community) are the

most important factor in promoting resilience. Mental health problems resulting from trafficking are often enduring, and the best support is support that is available long-term and at times when the individual experiences difficult periods. However, even when individuals are in the very brief care of an assistance programme (either because they are repatriated or because there is no residential facility available), it is possible to provide mental health assistance.

Who can provide mental health support?

At the earliest opportunity when the service provider is able to provide a trained health professional to assist the trafficked person, every effort should be made to carry out a mental health status examination. It is important to be able to recognize those individuals whose mental health is severely impaired (either due to the trafficking process or a pre-existing mental illness), and who require immediate specialized attention. In particular, individuals who are at risk of harming themselves or others, or cannot take proper care of themselves due to their mental state (e.g., do not get dressed, do not eat, present psychotic reactions, etc.) may need medication to stabilize their condition, and, in some cases, may even need hospitalization. Therefore, to establish a correct diagnosis, it is essential that a health practitioner who is trained in mental health see all trafficked individuals who will be assisted by the service provider. Depending on the resources of the setting, this might be a general practitioner with training in mental health, a psychiatrist, a clinical psychologist, a psychiatric nurse or a social worker with psychiatric training. If individuals present serious impairments, these professionals must refer the case to a specialist, or begin (medical) treatment. Note: Not all the above-mentioned health practitioners can prescribe medication. Those who cannot must refer the individual case to a specialist who can.

Short-term or informal training courses (e.g., three-week training) in mental health or “counselling” are not sufficient to enable staff to be the primary diagnostician, or implement psycho-therapies or medical treatment.

Persons in the care of a service provider who do not require immediate specialized psychiatric attention (medical treatment, hospitalization), may

benefit from ongoing mental health support from psychologists, psychiatrists, nurses or social workers trained in mental health. In addition, persons who receive informal or short-term training in mental health or psychosocial assistance play an important role in providing a therapeutic environment (e.g., including sensitizing other staff) and offering psychosocial support to all trafficked persons.

When offering (mental health) support to trafficking victims, it is advisable that each individual is assigned to a case worker. A case worker can be a social worker, psychologist, nurse or a person who received training in psychosocial counselling. The case worker is part of the health support team and works under the general coordination of the key health support person mentioned elsewhere in this chapter. The role of the case worker is to ensure that:

- the trafficked person knows whom to contact for information and requests;
- the trafficked person does not feel lost in a maze of services and procedures;
- information is not disconnected or lost;
- personnel do not duplicate tasks;
- the trafficked person does not have to repeatedly share the same information, and
- the process of developing trust and relationship-building is fostered.

Stages of mental health support

No blueprint exists for mental health support for trafficked persons. However, patterns of recovery and strategies for assistance have been suggested by individuals in the field of mental health and professionals working with trauma survivors. Ultimately, the goal of all psychological support for persons who have survived a trafficking experience is to promote their ability to create a life for themselves beyond the trafficking situation.

Recovery is an individual process. As noted above, many factors influence an individual's resilience and ability to readapt to the surrounding world in healthy ways (e.g., severity and duration of trauma, personal traits, quality

of support, etc.). Several broad stages have been identified with assistance to persons who have experienced traumatic events.

Stage 1: Establishment of safety. The first task of recovery is to establish an individual's safety, and to restore power and control to the trafficked person, including control over their body, their emotions and their environment. No other activities can progress until the individual feels secure.

Stage 2: Remembrance and mourning. In theory, this is the stage when trafficked persons recount the story of what happened to them and grieve over what they have lost (both psychologically and physically). However, for some individuals, coming to this stage in the fullest sense may take longer than the time they are in contact with the service provider. The choice of when and how to face the details of the terrifying past should always be left to the individual.

Stage 3: Reconnection with ordinary life. The final task in recovery is the process of integrating or reintegrating into society and developing or redeveloping relations with others. This process can take a long time. For many it can take a lifetime. Psychosocial support that includes educational, occupational and economic aspects is an integral part of an individual's progress.

Common features of and decisions about mental health support strategies

Common features of effective responses to trauma include:

- avoiding victim-blame;
- a supportive environment;
- recognizing abuses as criminal victimization;
- providing information about traumatic reactions, and
- showing expectation that symptoms will improve.

Decisions regarding treatment strategies should be guided by the trafficked person's desire to participate and duration of stay. Other factors to consider include:

- treatment goals (e.g., functional improvement, addressing severe disruptive behaviour or co-morbid disorders);
- co-morbidity (presence of pre-existing disorders, serious pathologies);
- substance/alcohol abuse or dependence;
- severity of mental health problems, e.g., risk to self, others, ability to take care of oneself, and
- concurrent medical conditions.

The decision on which type of mental health support to provide can best be made by a health practitioner with mental health experience in consultation with the individual. See Annex II for a descriptions of several common western-style psychological support therapies. Ultimately, one of the most important aspects of mental health support relates to the way trafficked persons are treated by those around them, and the respect shown for their choices.[lviii]

5.12.3 HYGIENE AND SANITATION

Health conditions associated with poor hygiene and sanitation may be found among trafficked persons either due to the poverty and unsanitary housing or limitations on their personal hygiene. It is important to look for skin, ear, hair and eye infections (bacterial, viral or fungal) and to provide appropriate treatment when necessary. This includes scabies, lice infestation, mycoses, conjunctivitis and others. Besides overcrowding, polluted water or food can result in gastro-intestinal diseases, such as typhoid, shigellosis, intestinal parasites and others due to chemical or physical impurities exceeding certain acceptable standards for human consumption. Additionally, vector-borne diseases such as malaria, dengue fever, yellow fever, etc., can be transmitted in conditions of poor sanitation and overcrowding.

WHO Recommended Strategies for Prevention and Control of Communicable Diseases (WHO, 2001) provides specific guidelines on dealing with various types of diseases due to poor sanitation, personal hygiene, water quality or food contamination. Another source of standards is the American Public Health Association's manual *Control of Communicable Diseases in Man* (17th edition, Copyright 2000, APHA).

5.12.4 TUBERCULOSIS (TB)

Although research evidence so far is not sufficient, tuberculosis (TB) can be assumed to be a major implication of the trafficking process. This is plausible in view of the likelihood that the trafficked person has suffered from a low socio-economic status prior to being trafficked, in addition to overcrowding, malnutrition and substance abuse during the trafficking period. Furthermore, TB's known co-morbidity with HIV is yet another factor to consider when dealing with trafficked persons.

5.12.5 OCCUPATIONAL HEALTH

Occupational health problems are common in trafficking for labour exploitation or entertainment purposes, but could occur in a range of trafficking situations where there are occupational or non-occupational health hazards in the trafficked person's environment. Standard medical textbooks, as well as WHO guidelines, provide adequate case management strategies for prevention and treatment for most of these conditions, as do ILO publications on occupational safety and health for labour migrants.

Occupational health problems include the following categories of conditions:

- soft tissue injuries: e.g., cuts, wounds, punctures, crushing injuries, contusions, abrasions, bruises, injuries to the genitalia due to rape and sadistic practices, etc.);
- bone and muscle injuries: e.g., dislocations, fractures, sprains, amputation or loss of body parts and various musculo-skeletal disorders;
- skin conditions, including communicable diseases already mentioned above under diseases owing to poor sanitation/hygiene, in addition to non-communicable conditions such as chemical burns and rashes; look for scars (on abdominal flanks for organ extraction, particularly for a kidney);
- impairment/loss of hearing or of visual functions;
- haematological diseases (e.g., anaemia, leukemia);
- respiratory illnesses related to specific industries (e.g., pneumoconioses such as, silicosis and certain lung cancers);

- a higher risk of contracting specific communicable diseases, such as, brucellosis, salmonellosis, and other conditions to which people in contact with domestic/wild animals during trafficking (e.g., abattoirs, poultry farming, bone/meat processing, butchers, tanning industries, etc.) are exposed.

For further reading, please consult the ILO book entitled *Children at Work: Health and Safety Risks*.[lix]

5.12.6 VACCINE-PREVENTABLE DISEASES

Given that trafficked persons might have originally come from disadvantaged communities, the health practitioner should expect to find either no vaccination record, an incomplete vaccination status or no recollection by the trafficked person of the immunization schedules she/he might have completed. Accordingly, immunization services should be offered as part of the provision of health services to the trafficked person.

5.12.7 NUTRITION, INJURIES, DENTAL CONDITIONS, CHRONIC DISORDERS

These health conditions are commonly associated with trafficking and have been reported in various counter-trafficking operations conducted by IOM and its operational partners worldwide. Trafficked persons suffer from some of the same disease problems common to migrant workers, though the uniquess of the trafficking process and the working circumstances could result in more severe manifestations of these diseases. For instance, malnutrition is a common problem among both trafficked persons as well as migrant workers in general. Denied access to appropriate nutrition, exhausting labour and sexual exploitation, coexisting diseases and infections or substance abuse may all be factors leading to malnutrition among trafficked persons. Malnutrition can also lead to developmental disorders among trafficked children, haematological illnesses such as anemia as well as dermatological and dental problems.

The coercive nature of the trafficking process and the exploitative practices involved often cause musculo-skeletal and orthopaedic problems (particu-

larly among those trafficked for labour exploitation purposes), soft tissue injuries (including injuries to genitalia) and other trauma (including bullet or knife wounds, bruises, fractures, subluxation, etc.) in addition to their neurological and other consequences.

Among trafficked persons it is also usual to encounter other chronic conditions, such as respiratory and gastro-intestinal conditions, endocrine (e.g., diabetes mellitus, thyroid disorders), renal, hepatic or other metabolic disorders, as well as dermatological problems. These may have either preceded the trafficking process or been exacerbated/precipitated during the process. Lack of access to care during the trafficking process has prevented early presentation and secondary or tertiary prevention for the chronic condition in the trafficked person. As a result, and by the time the person comes into service provider care, these conditions may have become complicated and the prognosis may have worsened.

It is beyond the scope of this Handbook to detail the case management principles related to the chronic conditions encountered among trafficked persons. The important principles to bear in mind are that the trafficked persons have probably not had prior access to health care, and that their presence in the service provider care is an opportunity to provide them with what may be one of the first chances to receive adequate, sensitive and supportive care.

5.13 Health Planning for Trafficked Persons

This section aims to complement Chapter 3 on referral and assistance by providing guidance on health planning for trafficked persons entering an assistance programme, and for those leaving the programme. Please see the first part of the section on clinical guidelines and procedures further below in this Health chapter for more detailed health and medical planning requirements needed to develop projects, which establish the clinical process and infrastructure (e.g., equipment, supplies, referral/support services, medical escort supplies, etc.).

Developing a strategic health plan for each trafficked person entering an assistance programme is important to ensure that the health care is well-

thought out, and made clear to the individual that the available medical information is properly transferred and well coordinated within the service provider and with partner organizations in the countries of destination, transit and origin. These criteria should be considered and reflected from the outset.

The following outlines the basic steps to be taken in developing a health plan for a trafficked person.

Designate a key health support person, who will be responsible for the health care (including medical case files) of the trafficked person during that person's stay in the care of the service provider. The designated individual should have training in medicine, health care, psychology or health-related social work. Each field office should clearly identify, in writing, the responsibilities (including limitation of responsibilities) related to that person's role. If the key health support person does not speak the native language of the trafficked person being assisted, arrangements should be made for a trained and sensitive interpreter (see Appendix I: Ethical Principles in Caring for and Interviewing Trafficked Persons, 18, Provide Interpretation). The key health support person should have primary responsibility for conducting proactive liaison among service provider staff and with external entities, such as law enforcement bodies, particularly to decide with them the medical, social and legal care requirements for the trafficked person.

Conduct intake interview and initial health planning session. Carry out an initial interview and health planning session with the trafficked person at the earliest time possible. The aims of this intake and planning session are to:

- identify any immediate or urgent health needs (this also should have been done at the initial intake interview).
- explain the health and medical services that can and cannot be provided, including partner organization assistance. Be sure to clarify any limitations to services (see: Ethical Principles in Caring for and Interviewing Trafficked Persons, 5, Provide Information), offering details on physical health care, clinical tests available, mental health care, social support, etc.

- reassure the individual that all services are offered free of charge, and are provided only with their consent, and that all information is treated in the strictest confidentiality.
- administer or be present when all health questions in reintegration interviews and assessments are conducted for each case, including when sensitive questions about violence, sexual abuse or condom use are being asked of the person. Identify physical and psychological health concerns the individual may have, potential health areas for examination, the individual's wishes regarding her/his health care, and the likely timeframe during which the individual is expected to remain in the care of the particular field office.
- inform persons of the likely course of care that will be offered, and propose a tentative schedule for upcoming medical examinations, clinical testing, and counselling sessions, whenever possible.

Carry out consultation and scheduling with other practitioners. The key health support person should be responsible for contacting others who will be providing care (when possible, in a joint meeting) to present the trafficked person's case details and formulate a preliminary plan for care. Practitioners who are likely to be included in this "health committee" are the primary physician, psychologist and the social worker. In many cases where trafficked persons are scheduled to be repatriated quickly, time will be a significant factor in determining appropriate care. In certain cases it may be necessary for the health committee to make recommendations to delay the individual's return (e.g., pregnancy complications, HIV status, violence at home, etc., see below). Medical, clinical and counselling appointments should be made by the key health support person so that scheduling reflects the medical priorities and to avoid scheduling conflicting appointments.

Caution: It is critical that in cases where an individual needs urgent medical attention, or has medical problems that cannot or would not be appropriately treated in the country of origin (including, e.g., for lack of adequate medically trained professionals, for financial reasons, stigmatization, etc.), the persons responsible for an individual's health make sound judgements regarding the care that should be offered in the particular setting, and make corresponding recommendations to the individual concerned and to those in charge of the timing of that person's departure/

return (including law enforcement and immigration). It should be pointed out to the relevant authorities that it is unethical and in breach of basic human rights to return an individual in circumstances where such return would jeopardize that individual's health and that the voluntary nature and safety of return are fundamental principles.

Conduct a second health planning session with trafficked person to offer updated information and request medical consent. The main aim of this second meeting with the trafficked person is to describe the proposed care plan and to request her/his consent to proceed with the recommended care. This is the time when the key health support person should carry out the full consent procedure, offering comprehensive information about the proposed physical and psychological care (see Ethical Principles in Caring for and Interviewing Trafficked Persons, 5, Provide Infomation and 6, Request Informed Consent) and respond to any questions or concerns the individual may have. Individuals should be warned that, in some cases, they may be required to complete a second consent procedure and documentation for specific tests or procedures when they arrive at a partner organization facility or other outside care centre (e.g., hospital, public health clinic).

Report medical results as promptly as possible. As soon as the results of any medical test or procedure are available, the key health support person should schedule a private meeting to disclose and discuss the results.

5.14 Health Planning for Release from an Assistance Programme

Before releasing a trafficked person from care, it is necessary to ensure that the individual is fully informed about his/her health status and prepared to follow up on health needs identified during the period of care. Activities suggested to be carried out prior to the return and reintegration of trafficked persons into a home setting, or their integration into a new setting, are given below:

Conduct pre-release health briefing. Before a trafficking victim leaves the assistance programme, the key health support person must provide that

person with a copy of all documents relating to her/his health and medical treatment, preferably having the main diagnosis and basic information translated into the trafficked person's language while in the care of the service provider, reviewing the person's health conditions, the treatment provided and the current health status.

During that briefing, the key health support person should,

- discuss the past and current health status with each person, and explain any:
  - health problems identified while in the care of the service provider or a partner organization and their significance;
  - medical treatment or procedures carried out and the result of any treatment provided by the service provider and/or a partner organization, and
  - remaining health problems, proposed treatment to be carried out after the individual has left care, and the risks of leaving conditions untreated.
- provide copies of medical records, and of any other documentation required for medical follow-up treatment or referral.
- in cases where persons have begun a course of medication, provide written and verbal instructions on how (and why) to complete the prescribed course of treatment (explain risks of not completing the full course of the treatment). In cases where persons need additional medication not provided by the service provider, provide a prescription or adequate documentation to enable them to access necessary medication (e.g., prescription, advice to referral physician or care centre).
- review what has been said to ensure that the individual understands what s/he was told and to assess how well equipped s/he is (i.e., practically, psychologically, financially) to address her/his health needs once released from the service provider's care.

Facilitate follow-up and referral for medical care and psychosocial support for persons transferred to another service provider. When individuals are transferred from one service provider to another, medical information should be coded and transferred electronically **before** the individual leaves. (This, however, does not preclude the responsibility of staff to provide all persons with copies of their medical records). In addition, the key

health support person in charge of the individual's case is responsible for corresponding with the receiving organization or health practitioners and to provide all information on the individual's condition and specific care needs. This should be done only with the trafficked person's consent, **before** the individual arrives and according to the recommended procedures reflected in other chapters of this Handbook.

Facilitate follow-up and referral for medical care and psychosocial support for persons released from care. The service provider is responsible for collecting contact information on health-related resources both in the countries to which the departing individuals are likely to be returned, and locally for individuals who may have gained temporary (or permanent) residence status. This contact information should be in the person's native language. In addition to providing contact information, it is very important for medical staff to facilitate referral to outside organizations by directly contacting (by phone or letter) the organization or the individuals to which the trafficked person will be referred. This should only be done with informed consent of the trafficked person.

In addition, particularly in cases where the individual will be remaining in a country other than the country of origin, it is beneficial for someone from the service provider to accompany the individual during the first visit to help find the organization/centre, assist with administrative procedures and to reduce the stress that vulnerable persons feel when going alone to seek help from organizations or persons with whom they are not familiar. Whenever no payment is needed for outside services (public health systems), it is important to make this clear to the individual.

Assist with assessment of personal resources (i.e., family contacts or other outside contacts). The quality of an individual's support network is one of the most important factors determining resilience. It is the responsibility of the service provider to help identify the most beneficial environment for the individuals once they leave its care. In many cases, this review of resources should be conducted by the staff member who provided the primary psychosocial support (psychologist, therapist, social worker) because it very often involves carrying out an assessment of the trafficked person's relationship with family members or intimate partners. In some

cases, this will mean identifying relationships in which abuse has occurred (physical or emotional).

Caution: In the case of children and young persons, assessments of family relationships are of the utmost importance. In deciding to return a child to her/his home, the well-being (i.e., "best interests") of the child must be the first and foremost consideration. Staff must assess whether the child might be harmed in that environment, (e.g., will s/he be re-trafficked, suffer physical abuse). Staff must also assess how they might best ensure that the family will be able to afford, and be responsible enough to ensure that the child receives the necessary care, which will also include facilitating the necessary contact with paediatricians, social workers, or psychologists. If it is discovered that the child or young person previously suffered violence, abuse or neglect, service providers should work with the child, state social services, and other relevant parties to determine the best course of action for the child.

In some cases where individuals have given their consent for a service provider to contact a family member prior to their return, the service provider has been able to communicate the needs of the trafficked persons to key sources of support before their return. In certain cases where individuals request it, the service provider may wish to contact an individual family member or another person in order to:

- help family members or another person understand the nature of the individual's experience;
- explain that what occurred is a crime and not the fault of the person concerned, who should not be blamed;
- advise on any necessary security measures that should be taken;
- explain how the individual may be feeling and behaving in the upcoming period, and
- advise on the type of support family members can provide.

No contact must be made with trafficked person's family, intimate partner, or friends, without consent and without confirming what they do and do not wish to be said.

FITNESS TO TRAVEL AND MEDICAL ESCORTS

A fitness-to-travel assessment should be conducted once a trafficked person is being prepared for return at the point of transit or destination, as well as during the subsequent phase of reintegration in the country of origin. The assessment should be in line with the principles of orderly and safe travel for the trafficked person and other passengers. The return of unaccompanied minors should be based on the guardianship and ethical principles outlined in Chapter 3, Referral and Reintegration, of this Handbook, together with the principles and cautionary notes mentioned earlier in the present chapter.

The need for medical escorts (particularly during air travel) should be assessed and medical escorts assigned as indicated in the standard procedures discussed in further detail in the clinical guideline sections later in this chapter.

5.15 Staff and Health

This section addresses the occupational health needs of service provider staff and of partner organizations. It also reports that the health, attitudes and skill level of staff directly affect the well-being of the trafficked persons in their care.[lx]

Issues discussed include security, stress and other occupational health risks (including measures to reduce them), staff selection and support issues.

5.15.1 STRESS

Work-related stress is a relevant topic for those in high-risk, high-pressure occupations such as staff assisting trafficked persons. Stress is a physiological response to perceived threats that leads individuals to modify their behaviour to deal promptly with the event and to reduce the risk. When faced with regular or longer term “stressors” or cumulative stress, these modifications of behaviour are sustained, and often manifest themselves

as physical or psychological symptoms. These reactions may be helpful, even life-saving, in a threatening situation; but, once the threat has subsided or passed, they are often unhealthy and debilitating.

The sources of stress are multiple and significant. Some of the major causes of stress among support persons include:

- Security concerns;
- The urgency, level and range of needs of trafficked persons;
- The overall workload carried out by staff, particularly those in high-volume or low-resource offices;
- The burden of decisions, in particular determining "eligibility" of an individual for inclusion in an assistance programme which, for some, can be a life or death decision;
- Self-blame, frustration, anger when, for example, individuals leave the programme, falter, respond poorly to assistance, or do not meet expectations;
- Aggressive, seemingly ungrateful or resentful behaviour from trafficked persons being assisted;
- Being caught in often contradictory obligations, i.e., to help trafficked persons and to cooperate with law enforcement agencies, working within restrictions (legal, financial);
- The feeling of having only a limited impact, or that the other systems are failing, i.e., law enforcement, courts;
- Reluctance or inability to reveal problems or pressures to others (e.g., fear of appearing incompetent, a failure or unqualified for the job, perhaps feeling that to reveal limitations, might jeopardize one's job, the belief that one ought to be able to handle it all, or that to reveal feelings at work is counter to cultural norms;[lxi]
- Feeling that there is no one to speak to about problems, nowhere to shift any burden;
- The disapprobation of others outside of work, i.e., family members, friends, the community or general public, who disagree with the work, or who dislike the "type of people" being assisted (e.g., prostitutes, certain minority groups).[lxii]

A survey showed that the most common physical symptoms associated with stress were tiredness and difficulty in sleeping. However, these responses

may have represented a rather limited and culturally centred range of responses to the term "stress", and to the request for individuals to express negative feelings or problems related to their job.[lxiii]

When working with vulnerable people, it is not unusual for support persons to misjudge their capacity to assist (and the limitations of victims to respond), and their own needs. Individuals who are overworked and relied on heavily may neglect to recognize their own need for psychological support in their work. Even the most seasoned professionals can experience intense feelings of hopelessness, disappointment, failure, anxiety or anger when working with trafficked people. Clinical psychiatrist, Stuart Turner, notes that when providing support to survivors of torture:

> (...) there are at least two people to consider. In addition to the needs of the patient (...) those of the health professional (...) must be taken into account. (...) One of the most common difficulties occurs when the doctor or therapist is overwhelmed by the history of torture and the reaction of the survivor. There may be times when this tends to lead to a problematic, even damaging response.[lxiv]

Stuart Turner outlines the common feelings that occur among therapists. These are a sense of hopelessness, a feeling of omnipotence, and pushing away or avoidance of the clients' problems. All these can interfere with the provision of access to treatment.[lxv]

It is also important to consider the possibility that the support person may also have a personal history of physical violence or sexual abuse, or may currently be experiencing an abusive situation. Particularly in conflict or post-conflict settings, areas of civil or political unrest, the percentage of those who have experienced violence is likely to be high. In addition, domestic violence exists in nearly all countries and cultures. A support person's personal history of abuse or discrimination can play a role in the way s/he is affected by a trafficked person's story, and may even impede their work. Where appropriate, it can be helpful to identify ways of broaching the subject of past abuse with support persons. For some individuals, discussing their personal experiences and gaining the understanding and support of management or colleagues can be a source of comfort and strength; for

others, this type of discussion is a breach of privacy and an unwelcome intrusion into their personal matters.

Even if individuals do not work closely with trafficked persons, reactions of all staff members, regardless of their position, should be a matter of concern and be responded to appropriately.

5.15.2 MEASURES FOR SUPPORTING STAFF AND REDUCING STRESS

Staff recruited to serve trafficked persons must be carefully selected, supported and supervised. Among other criteria mentioned or implied in the earlier chapter on ethical and safety principles, some of the basic values and behaviour a health practitioner requires before being allowed to assist trafficked persons, is their adherence to the principles of respect, confidentiality, dignity and maintenance of the best interests of their beneficiary. Improving support measures to reduce the risks to staff health and improve well-being requires a multi-layered approach that incorporates prevention efforts with intervention and response mechanisms. A recent report on staff health and stress, found the work conditions to be the source of stress.[lxvi] Management must implement measures that support staff in ways that aim to prevent or reduce job-related stress. These must be appropriate to the setting, staff need, and cultural diversity, and should be identified and implemented in cooperation with staff members.

Prevention of stress

There are a number of key measures that both management and staff can undertake in order to reduce or prevent job-related stress and improve the physical and psychological well-being of staff in the field. These include:

- Management and staff must work together to ensure, to the greatest extent possible, that all staff are safe and feel safe. This is the first and most basic prevention measure related to stress.
- Management must regularly ask staff to share health- and stress-related concerns when they feel the need, and acknowledge the range of staff concerns.

- Management must undertake procedural and other measures to relieve staff of the weight of the responsibility related to decisions about cases (e.g., eligibility), so that staff are not obliged to carry the sole burden and assume personal responsibility for individual cases. This may include improving the definition of roles and responsibilities – highlighting the limits to staff responsibilities.
- Staff must recognize that there are limits to how much they can do, and limits to the resilience of those they are assisting. There will be some situations that cannot be resolved.
- Staff and management must work together to identify ways to accommodate cultural differences within the office.
- Staff and management should design the physical office space in ways that are conducive to working and to reducing stress.
- Staff and management must organize work in ways that allow adequate breaks and vacation time, and management must ensure that this time is actually used for that purpose.

Treatment for stress

Treatment in this case means ways of responding to, or reducing, job-related stress. In an assessment of actions taken to cope with stress, most of the staff who responded said they relied on self-help, with the most common sources of support being from friends or colleagues, and the family. It is important that staff do not have to rely solely on their personal resources, or ad-hoc encounters with colleagues in order to discuss problems and manage job-related stress.

Supervisors of staff in high-stress occupations need to identify and support programmes and techniques specifically aimed at “stress management”. Programmes aimed at relieving stress should have the overriding objective that **stress is a normal reaction to a high-pressure job and a demanding work environment,** so that no one should ever feel embarrassed about reacting to job pressures or be reluctant to discuss them in the work setting. The implementation of stress management programmes helps to emphasize this message, and to relieve people from the burden of having to hide job-related stress. To be effective, these programmes must take into account cultural values and practices. Offices trying to develop stress

management programmes should consult occupational health experts to ensure that proposed stress-reducing activities, office configurations and office policies meet the needs of the staff and are adapted to the setting.

5.15.3 SUPPORT AND RECOGNIZING BURNOUT

It is primarily the manager's role to provide staff with the necessary resources and support networks enabling them to work effectively with trafficking victims. Employees must be encouraged to take care of themselves and set limits on the amount of emotional energy they can safely expend on their work. Managers must be mindful that the stress confronting those providing care and services to traumatized persons, such as trafficked victims, results in a variety of psychological reactions that can cause secondary stress disorders and lead to secondary trauma.[lxvii]

If constant stress is allowed to build up over time, "burnout" can occur. Burnout is a state of physical, emotional and mental exhaustion caused by long-term involvement in an emotionally demanding situation.

In order to address signs of burnout among staff, Managers and other supervisors should recognize the following five categories of symptoms:

- Physical symptoms: Fatigue and physical depletion, exhaustion, sleeping difficulties, specific somatic problems such as headaches, colds and flu.
- Emotional symptoms: Irritability, anxiety, guilt, depressions, sense of helplessness.
- Behavioural symptoms: Aggression, callousness, pessimism, cynicism.
- Work-related symptoms: Poor performance, absenteeism, tardiness.
- Interpersonal symptoms: Weak communication with inability to concentrate, withdrawal from residents or co-workers.

Upon recognition of these symptoms, the manager or supervisor should consider and proceed to the following interventions:

- Give support similar to what staff are providing to shelter residents: emotional care, comfort, encouragement, advice and practical help.

- Remind them of limitations and realistic expectations.
- Make appropriate adjustments to schedules and responsibilities.
- Suggest and arrange counselling with external psychologist.
- During weekly meetings, encourage staff to express their feelings and frustrations, focus on developing positive strategies and solutions.

5.15.4 OCCUPATIONAL RISK TO BLOOD-BORNE PATHOGEN TRANSMISSION

Blood is the single most important source of HIV and of the hepatitis viruses B and C (HBV and HCV). IOM personnel may come into contact with blood or other body fluids from individuals whose status regarding blood-borne pathogens is not known. Although the potential for hepatitis B virus transmission is greater than for HIV, the modes of workplace transmission for these viruses are similar, both being transmitted in occupational settings by percutaneous inoculation – needle stick injury – and contact with open wounds, or with non-intact (e.g., chapped, abraded, weeping or dermatitic) skin or mucous membrane. The transmission of HCV is less well documented, but the major source of infection in the workplace is percutaneous inoculation.

Infection control efforts for blood-borne pathogens must focus on preventing exposure to blood as well as on delivering adequate hepatitis B immunization. Post exposure prophylactic kits should be made available to all staff exposed to occupational health hazards.

5.15.5 STAFF TRAINING

Training is an essential component of service provision. No staff member can be expected to perform to the highest standards without receiving adequate training. Some important areas to consider for training include:

- Trafficking: nature, dynamics, definition, forms, causes, forms of violence and exploitation, consequences (health, in particular), victims, perpetrators, stigma;
- Security measures;

- Staff roles and responsibilities, including limitations of roles and responsibilities;
- Human rights, health, discrimination, reproductive health, labour, migration, etc.;
- HIV/AIDS, including related myths and realities;
- Sexual and reproductive health;
- Violence against women;
- Trauma and its consequences;
- Culture, customs and practices (aimed at identifying the populations most commonly assisted).

The better informed staff members are about their work, the better they will feel about themselves, the more confident they will feel about the services they are providing and the better they will be able to assist trafficked persons.

5.16 Partner Providers of Health Services

Working with external health service providers will be necessary for the prime service provider for trafficked individuals that does not have sufficient in-house capacity. This section provides some health-related information to assist the service provider in assessing, selecting and dealing with outside partners providing further medical services for trafficked persons. Qualified partner organizations should be identified as early as possible in order to ensure that the full range of medical resources needed is available, and that external providers are properly informed and prepared to accept patients and medical emergencies. Outside health and medical services that may be required include, at a minimum, the capacity to deliver following:

Minimal requirements for the initial medical examination:

- **Medical and family history.** In accordance with all the required precautions, best practice and guidelines contained in earlier sections of this chapter.
- **Physical examination.** In accordance with same guidelines contained in this chapter.
- **Mental health.** Perform a mental status examination to identify those in need of immediate specialized attention.

Additional medical examinations may be indicated:

1. **Laboratory / radiological tests.** Including chest x-ray, blood and urine analysis, other laboratory tests (including HIV testing if informed consent as well as pre- and post-test voluntary counselling are provided to the trafficked person).
   In most scenarios, the lab and radiological tests may or may not be provided by partner organizations as part of the initial exams, depending on their own funding resources and availability of such services; or some may be done if emergency treatment is required.
2. **Specialized referral.** If needed to investigate, confirm or address any significant findings from the history, physical examination or laboratory tests, including psychiatric, reproductive health, surgical or other referrals.
3. **Medical information.** Reporting and feedback to the service provider, which should include findings from the above, a diagnosis (or tentative differential diagnosis), recommended further investigations or observations, recommended treatment and monitoring thereof, as well as prognosis for the patient.
4. **Occasional shelter or home visit (on-call basis).** For examinations, prescriptions, treatment monitoring, follow-up measures (e.g., injections, physiotherapy, counselling, etc.) and referral for further medical attention, as needed on a case-to-case basis.

There are several key components to selecting and working effectively with outside service providers. These include:

1. **Conduct a service assessment.** In assessing whether an outside provider's services are appropriate and adequate, categories of information that should be gathered about the services include the components below.

   This information can be gathered through various means, such as discussions, observing care practices, speaking with other professionals in the area or talking to former patients.

   - **Range of services.** What services do they offer and are they relevant to trafficked persons?

- **Capacity.** How many persons are on their staff who can provide each service; what are their working hours; how many patients can they treat for different services each day/week?
- **Quality.** How long has the organization been in existence; Is the equipment up to date; is the standard of patient care and clinical management in accordance with international standards (including standards of confidentiality, ethical relations with patients, accreditation of the institution and licensing of its individuals at the country's regulatory body for health care institutions and personnel, etc.)?
- **Personnel.** What is the staff's training and background; how many years' experience do staff members have in their current job, or the job they will be performing; which staff members will be primarily responsible for caring for the service provider's clients?
- **Training needs.** What is the feasibility (including time, effort and financial costs) of the service provider being able to train personnel of this partner institution in order to improve their standards of health care to levels in accordance with this Handbook?
- **Limitations.** Are there any services they cannot provide that are normally associated with that area of health care; are there any complications they are not able to handle; are there any restrictions (financial, gender, age, ethnic, etc.) to which they must adhere?
- **Reliability.** Are the working and reception hours respected? Will there be "extra" or "under the table" payments necessary beyond what is written in the contract (in locations where corruption is rampant); can they really do and deliver all they say they can?
- **Timeliness.** How quickly could a trafficked person get an appointment for various services; how long will test results typically take?
- **Language and culture.** Do they have access to professional interpreters (this is more common in developed countries with socialized medicine); do they have cultural mediators?

2. **Check organizational and staff attitude.** It is not acceptable for the service provider to form partnerships with organizations that have discriminatory policies or practices that will affect the care provided to trafficked persons. In many cases, partner organizations will require training and sensitization, particularly concerning issues related to violence against women and sexual abuse (see above).

3. **Require strict standards of confidentiality.** Because of the importance of confidentiality, selected partner organizations must, in terms of both their official policy and practice, have measures in place to ensure the confidentiality of patient files and information. Particularly in countries that formerly required public notification, in-patient management and contract tracing for individuals testing positive for sexually transmitted infections, including HIV, it is important to monitor to be certain that the rights of the trafficked persons are not being violated. Confidentiality standards should be written into service contracts, where applicable. If breaches of confidentiality occur, it may be necessary to terminate the partnership contract.
4. **Provide training and sensitization.** All partner organizations should be offered to participate in training and sensitization courses offered to service provider staff.
5. **Establish methods for information sharing.** Trafficked persons have a right to their medical and health files whether they are in the possession of the service provider or a partner organization. The service provider should have access to information in an individual's medical files on a need-to-know basis, and when staff members are responsible for reporting results to the individual.

5.17 Health Information Systems Management

For more information on managing personal data of victims of trafficking please refer to Chapter 1, section 1.2.

This section focuses on the health-specific information system and its management during the provision of services to trafficked persons. The way in which health and medical information is handled is important to the accurate diagnosis and treatment of trafficked persons and the effective communication of health data between service providers, as well as to ensure that trafficked persons are fully informed of their medical conditions and health needs and receive copies of their complete medical and health records, and to maintaining the confidentiality of the information gathered.

The aim of this section is to describe some of the basic aspects of managing information related to the health of trafficked persons in the care of the service provider.

5.17.1 HEALTH DATA AND DATA MANAGEMENT

Defining health data

Health data include all records pertaining to the physical, mental and social health of the trafficked person. A health information system is the way in which health data are collected, organized, stored and communicated.

Setting up and implementing a health information system

A health information system (HIS) should be set up as early as possible, preferably when the programme's management information systems (MIS) are being developed and before programme activities actually begin. Individuals hired to collect, enter and manage data, must be trained to use the system.

Case file security: Coding and confidentiality

For reasons of security and confidentiality, and to avoid the loss or misplacement of vital information, care must be used at all times with documents.

Individual's names should only be used on the master code sheet that associates the individual with a code number, which is itself kept secure with the only responsible person in the respective mission.

On all other documents, individuals should be identified by a designated code number. Code numbers should appear on the top of every page of the file in case documents become separated.

5.17.2 GENERAL GUIDELINES FOR CASE FILE INFORMATION SECURITY AND CONFIDENTIALITY

- Case files should be identified only by identification code numbers. Master files connecting individual names to identification code numbers must be kept in a secured location, with access restricted to the key health support person.
- Coded case files (those without names) must be kept in a secured location with access restricted to personnel authorized to work on the specific case.
- Communication about cases between staff members, or between staff and partner organizations, should take place only on a "need-to-know" basis, and with the consent from the trafficked person.
- Case files must never be left unattended (on desks, tables, in common areas, etc.).
- Information about cases should never be revealed to persons outside the office except in cases where specific permission has been granted by the trafficked persons.
- Communication about cases between staff members, or between staff and partner organizations, should never take place in a public location (in hallways, waiting areas, in an office with open door, in front of other residents, at a restaurant or café, etc.).
- Details of a trafficked person's case should never be discussed with another trafficked person. If, in certain cases and for therapeutic reasons it is useful to offer examples from a case similar to another trafficked person's experience, it is necessary to change names and alter personal details sufficiently so that the case being discussed cannot be identified.
- Staff members may discuss details of their work with the trafficked individuals they assist during (peer) supervision or in staff meetings. It is very common that a team of (mental) health workers receive regular, supervisory meetings with a senior health worker of the team or even an outside health professional assigned for this purpose (especially in the case of psychotherapists, supervision may be better provided by non-team members). It should be common practice for the health team to organize some type of "staff meetings", "rounds" or "supervision" where staff members can share with their peers the problems/questions they may have encountered in their work. Supervision and meetings among

the various members of the health team improves the quality of the work, promotes a coherent multi-disciplinary approach, and reduces work-related stress problems. Any information shared during such peer supervision or staff meetings must be kept confidential.

- Staff members are forbidden to discuss case and case details with the trafficked person's family or friends, except where the person gives the case of minors whose family member is also their official legal guardian, the child should be consulted to find out if, by revealing information about the child, s/he may be put in any danger or caused any harm.
- The same principles as above also apply to interpreters, and must be strongly emphasized (and included in service contracts) to those who are, contracted or not, full-time staff members of the service provider.

5.17.3 SHARING INFORMATION BETWEEN CARE PROVIDERS

Although there are a number of risks involved in sharing case file information, when information is shared following appropriate security and confidentiality procedures between a limited numbers of key persons assisting a trafficked person, the benefits outweigh the risks. Sharing information between social workers, psychologists, physicians and referral services reduces the need for trafficked persons to repeat information already given (some of which may evoke very strong emotions), and facilitates cooperation and proactive support by individuals assisting trafficked persons in health, social welfare and legal matters. The trafficked person must be made aware of the purpose of such practice and give her/his consent. Organizations must develop appropriate criteria and procedures for the sharing of information between various persons or organizations assisting trafficked persons.

Caution: Even when coding is used (replacing the name of individual), the individual can often still be readily identified by her/his basic data (demographic background, ethnicity, nationality, date of birth, family data, description of elements of trafficking process, etc.). As such basic data will be available in the individual's primary case file, and support persons and medical practitioners will have access to this file, it is unnecessary and imprudent to repeat these details on each of the person's health records.

Cryptography systems must be used for data exchange/file transfer through electronic means (e-mail system and Internet). Relatively simple and robust systems are already widely used and available on the market.

5.17.4 THE RIGHT OF TRAFFICKED PERSONS TO THEIR HEALTH RECORDS

All trafficked persons must be informed of their right to copies of all their medical records. They should receive a copy of these before leaving the service provider that has assisted them. In cases where medical records are in the possession of an outside medical organization (e.g., public hospital, private provider, etc.), service provider staff are responsible for assisting individuals to obtain copies of all records. Individuals also have a right to a copy of a forensic medical examination in order to pursue criminal or civil legal claims against a trafficker or others who abused or exploited them. In addition, for individuals returning to their home country and to insure proper follow-up health care, the service provider should use available translating resources to make certain the individual has a copy of a summary medical report written by the presiding physician in her/his original language.

Notes

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Annex I Budapest Declaration

The participants of the Regional Conference on Public Health & Trafficking in Human Beings in Central, Eastern and South-east Europe, held on 19-21 March 2003, in Budapest:

- **Affirming** that trafficking in human beings is a violation of human rights;
- **Concerned** that victims of trafficking in central, eastern and south-east Europe have been and continue to be exposed to a range of health-related problems, including, but not limited to, physical and psychological abuse and trauma, sexually-transmitted and other infectious and non-infectious diseases and complications, including HIV/AIDS and tuberculosis;
- **Recognizing** that some countries in the region are currently experiencing epidemic levels in the incidence of HIV and tuberculosis, particularly drug-resistant tuberculosis;
- **Convinced** that there is a need to address the health and public health aspects of trafficking in human beings;

Have agreed and committed themselves to the following:

- Despite much effort and progress in combating trafficking in human beings both regionally and globally, more attention and resources should be dedicated to the health and public health concerns related to trafficking;
- Victims of trafficking must be given access to comprehensive, sustained, gender, age and culturally appropriate health care which focuses on achieving overall physical, mental, and social well-being;
- Health care should be provided by trained professionals in a secure and caring environment, in conformance with professional codes of ethics, and is subject to the principle that the victim be fully informed of the nature of care being offered, give their informed consent, and be provided with full confidentiality;
- Minimum standards should be established for the health care that is offered to trafficked victims. These standards should be developed through a partnership of governments, inter-governmental and non-governmental organizations, and academic institutions, and should be based on comprehensive research and best practices;
- Different stages of intervention call for different priorities in terms of the health care that is offered to victims.

  During the initial rescue phase, which begins at the first point of contact between a victim and a health professional and often occurs in the country of destination and/or transit, care should focus on treatment for injury and trauma, crisis intervention, and basic health care, including counselling.

During the rehabilitation phase, which often occurs in the country of origin, care should focus on the long-term health needs and reintegration of the victim. Victims should be provided with health care which is tailored to their individual needs and circumstances.

Some examples of long-term health needs, without attempting to provide a complete and definitive list, might include counselling, follow-up care, and testing and/or treatment for sexually-transmitted infections, HIV/AIDS, tuberculosis, physical and psychological trauma, substance abuse, and other related problems.

- Trafficked children and adolescents are an especially vulnerable group with special health needs. The provision of health care to this group should follow a long-term, sustained approach, and must take into consideration the possibility of long-term mental and psychosocial effects.

  Moreover, the phenomenon of trafficked children and adolescents raises complex legal issues, including those relating to guardianship, that must be resolved if minimum standards for treatment and care are to be established.

  In all cases, the best interests of the child must be the primary concern and motivating factor;

- Shelters and rehabilitation centers play an important role in providing protection, assistance, health care, and security to victims. The operation and management of shelters and rehabilitation centers should follow a professional, standardized approach;
- Specialized training programs for multi-disciplinary health teams should be developed which focus on sensitizing health professionals about the special needs of trafficked victims;
- Psycho-social counselling plays a critical role in building trust, identifying the needs of the victim, gaining consent for the delivery of health care, engaging the person in setting out recovery goals, and assisting in long-term rehabilitation and empowerment;
- Social, recreational, educational and vocational activities organized in shelters and rehabilitation centers play an important role in re-building self-esteem, and therefore have positive health benefits for victims;
- Increased understanding is needed regarding the public health issues associated with trafficking. Non-stigmatizing and culturally-appropriate public awareness campaigns targeting at-risk groups, on both the supply and demand sides, should be implemented across the region;
- Governments should take increasing responsibility for prevention, as well as the provision of security, legal rights, protection and care to trafficked victims, especially children and adolescents, by ensuring access to national health structures and institutions;

- Governments, inter-governmental and non-governmental organizations should increase cooperation amongst themselves and across borders by coordinating and integrating the health care offered in destination, source and transit countries. Sharing of medical data, subject to the informed consent of the victim, and with the assurance of maximum levels of confidentiality and protection of information, is essential in ensuring continuity of care, effective case management and rehabilitation and reintegration.

The participants hereby commit themselves to the promotion and realization of the recommendations contained herein.

Annex II Descriptions of Several Common Western-style Psychological Support Therapies

Psychosocial rehabilitation can include activities, such as, health education, psycho-educational techniques, independent living skills training, social skills training, vocational training. These activities are generally for use in conjunction with other forms of therapy.

Creative therapies are the intentional use by a trained therapist of art, music, dance, drama in psychotherapy, counselling, special education or rehabilitation. These approaches are intended to foster self-esteem, hope and healthier social behaviour, and to diminish an individual's feelings of shame or guilt. It has been suggested that these therapies foster better access to implicit (as opposed to explicit) memory systems, and may increase the impact of other therapeutic processes.

Group therapy models offer social cohesion, encouragement and support from other members of the group who have undergone a similar experience. Group encounters can help individuals gain validation, self-esteem, communication and conflict resolution skills. In this setting, individuals can also learn to control hostility and express shared concerns for the future.

Individual therapy sessions can be helpful for individuals who wish to participate. Given the context and resources of each setting, the priority in individual therapy sessions should be on providing short-term, eclectic approaches rather than attempting to begin any kind of psychoanalysis.

Child support focuses on providing for the special needs of minors (under the age of 18 years). The needs and psychological problems of minors should not be confused or combined with those of the adult population. Psychosocial support or therapy (group or individual) for minors should use age-specific tools, topics and education. Involvement of children's family members or caretakers (even by phone, if meetings cannot be arranged) is key for a successful recovery. Please note, however, in cases where there is reason to believe that a child comes from a family with a history of abuse, establishing contact needs to be handled with great professionalism or even avoided.

6

Cooperation with Law Enforcement Agencies

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6.1 Introduction

The aim of this chapter of the Handbook is to outline criminal justice system rights and options of victims of trafficking and to discuss the relationship between service delivery organization and national and international law enforcement agencies concerning counter-trafficking activities.

This Handbook does not seek to encourage or discourage organizations from cooperating with law enforcement agencies. However, given that the issue will naturally arise for those assisting victims of trafficking, it is important to provide issues for consideration.

Service delivery organizations are generally under no obligation to assist or cooperate with law enforcement authorities regarding counter-trafficking activities. National laws vary, however, so service delivery organizations are advised to check their legal obligations in the countries in which they operate. As well, there are significant strategic and operational risks involved in cooperating with law enforcement authorities. Nothing in this chapter recommends or foresees service delivery organizations as doing the job of the police for them; the chapter focus is on the potential for mutual cooperation, with each partner fulfilling its duties within its own sphere of responsibilities.

6.2 Background

Trafficking victims have a right to judicial redress for the crimes committed against them. Service delivery organizations should discuss with victims these rights to ensure that victims can make an informed choice about how to proceed.

As well, trafficking in human beings shows continuing high global growth rates as a high-profit/low-risk international organized criminal activity that causes grave physical, sexual and psychological harm to its victims. Owing to their expertise in assisting victims of trafficking, service delivery organizations are well placed to becoming increasingly involved in closer strategic and practical operational relationships with law enforcement agencies which might have an influence in combating the crime.

6.3 Cooperation from the Law Enforcement Perspective

From the law enforcement perspective, victim cooperation as well as service delivery organizations' experience and operational capacity is important in various respects:

- As a first contact for law enforcement officials seeking to secure the immediate safety of trafficking victims.
- To facilitate and provide accommodation and assistance to victims of trafficking, who, in turn, may assist in the investigation into the criminal activities by testifying in court proceedings.
- Provide access to trafficking intelligence that is not usually available to police officers because victims may not trust them sufficiently to talk to them (note: there are risks involved in sharing trafficking intelligence which are described in detail in this chapter).
- To deliver technical assistance and support to strengthen the capacity of law enforcement bodies to combat trafficking.

6.4 Cooperation from the Service Delivery Organization Perspective

As organizations committed to curtail trafficking and to protect its victims, service delivery organizations may receive trafficking intelligence from trafficked victims or the relatives and friends of trafficked victims. This intelligence can be of vital importance to law enforcement agencies to locate and rescue trafficking victims. The intelligence can also lead to the identification and investigation of traffickers. Rescue of victims and identification of traffickers are two important components of a comprehensive strategy to counter trafficking. Cooperation between service delivery organizations and law enforcement agencies may help to further these objectives.

As well, current field experience shows that significant numbers of trafficked victims in the care of service delivery organizations wish to pass trafficking intelligence to law enforcement agencies. In some cases where the law enforcement capacity is professional and secure, it is possible for the victims to be able to do this directly with the police, on a face-to-face to ba-

sis. In other cases, the victims may not wish to meet with police officers and instead ask the service delivery organization to pass on the intelligence on their behalf. By exchanging intelligence with police agencies in a responsible manner, the service delivery organization may be able to:

- assist the victim in feeling that s/he has in some way reported his or her case and that the information may lead to penalties against the trafficker or will assist other potential victims, and
- contribute effectively towards the rescue of victims and/or the identification or traffickers.

As always, the informed, written consent of the victim and the fact that the organization will, at all times, act in the best interests of the victim, should remain central to any exchange of intelligence.

6.4.1 STRATEGIC RISKS FOR SERVICE DELIVERY ORGANIZATIONS

At the strategic level, cooperation with law enforcement agencies may represent a relatively new dimension for many service delivery organizations and sensitive policy issues and risks arise as a result. A careful balance has to be struck regarding the extent and nature of the cooperation and assistance provided by the organization. The extent of such assistance and cooperation depend on the nature and quality of the treatment and protection available to trafficking victims under the criminal justice system of the country concerned, and the extent to which international standards are being observed. The main global human rights standards to be observed in relation to the treatment of trafficking victims are set out in the United Nations Palermo Protocol on Trafficking in Human Beings, and the Principles and Guidelines on Human Trafficking formulated by the United Nations High Commissioner for Human Rights. There are also many regional agreements which may apply, such as the Council of Europe Convention on Action against Trafficking in Human Beings (when it comes into force).

Where the treatment and protection of victims under the criminal justice system of the country concerned do not meet the relevant international standards, cooperation with police agencies enforcing such a system could conflict with organizations' obligation to provide assistance and protection

to victims. Conversely, it may be the case that a limited form of cooperation over a particular period of time may be the most practical way to induce an improvement in the treatment of victims by law enforcement agents. Ultimately it is a question of arriving at a balanced approach, which will require sound judgement and management by the service delivery organization in the country concerned.

The potential ramifications of law enforcement cooperation are unlikely to be confined just to the relationship between the organization and law enforcement agents. All interventions must also take into account the wider aspects involved in the organizations' relations with governments and intergovernmental and non-governmental organizations. In many cases the potential risks can normally be managed through prior consultation and negotiation on the basis of a mutually beneficial partnership.

Cooperation with law enforcement authorities, however justified by the prevailing circumstances and the particular issues concerned, should never compromise the impartiality of an organization dedicated to assist victims of trafficking. The key to reducing this concern lies in the professional management of the relationship with law enforcement agencies within the terms of an unequivocal commitment to a human rights, victim-first philosophy as the foundation of the organizations' response to the trafficking phenomenon.

6.4.2 OPERATIONAL RISKS TO SERVICE DELIVERY ORGANIZATIONS

As service delivery organizations further develop their services to victims of trafficking, it becomes increasingly difficult to avoid closer involvement with the criminal justice system of the country concerned. The more comprehensive the help to trafficking victims becomes, the greater the value and importance of the organization's role and the greater the interest of the local police in closer cooperation to enable them to identify and prosecute traffickers.

Closer cooperation brings greater risks for victims and staff alike. Such risks arise from a common source: the threat to victims and staff posed by highly organized and ruthless traffickers. For traffickers, each rescue and

rehabilitation of a trafficking victim that goes unpunished by the traffickers, either against the victim or family members or other persons close to the victim, is "bad for business" as it undermines their power over other victims who might be similarly planning to escape. Moreover, when a rescued victim goes on to become a witness, the risk to the trafficking business becomes even greater as the challenge to traffickers' liberty and profitability increases.

It is a fact that traffickers have taken reprisals against their victims who were rescued and who subsequently testified against them in legal proceedings, and they can be expected to continue to do so as their business comes under increasing threat from a concerted international effort to stop it.

By the same token, the risk for service delivery organization staff will also grow as the traffickers become increasingly aware of the organization's role in the rescue and rehabilitation process. Closer cooperation with the police, particularly to ensure that trafficking victims have access to information and protection when acting as witnesses will inevitably raise the level of risk for service delivery organization staff. (More information on assessing and managing risk is provided in Chapter 1 of this Handbook.)

6.4.3 DETERMINING THE BENEFIT OF COLLABORATION

Considering the degree of operational and strategic risk involved in cooperating with the police, and the fact that service delivery organizations are usually under no obligation to cooperate with law enforcement agents, the question arises whether they should, in fact, cooperate at all.

The perspective of the trafficked victim is an essential factor in answering this question. A crucially important aspect of victim assistance is to ensure that they are fully informed and enabled to exercise their human rights and, as victims of grave crimes, to exercise their criminal justice system options. In far too many cases, victims are not only exploited by their traffickers, they are then subsequently discriminated against and disenfranchised by the civil and criminal justice systems that are supposed to exist to help them as vulnerable victims of crime.

Legal assistance and support is a vital part of the assistance package to enable victims to make an informed and considered decision on these issues and to assist them to access and enforce their legal rights and options. Experience repeatedly shows that they do often wish to cooperate with police agencies to some extent in an attempt to secure some form of justice and retribution for what has been done to them. Assisting victims in this regard is facilitated by having good cooperation with law enforcement agencies.

6.5 Accessing the Criminal Justice System Options and Rights of the Victim

6.5.1 INTRODUCTION

This section concerns:

- the four criminal justice system options available to trafficking victims.
- the counselling and advice which can be given to them by service delivery organizations.
- contact with police agencies for victims who wish to explore the option of acting as a witness in criminal proceedings.

As with all aspects of victim assistance, each stage of this process should be based on the principle of voluntary and informed consent.

The issues to be discussed between service delivery organization staff and the victims in this section are acutely sensitive and call for very careful decision making on the part of the victims. For these reasons, it is important that the matters are discussed in the victims' native language or to secure the services of an interpreter, where necessary.

6.5.2 CRIMINAL JUSTICE SYSTEM OPTIONS AND RIGHTS OF VICTIMS OF TRAFFICKING

One of the fundamental human rights of a trafficked victim is to have access to mechanisms of justice and prompt redress. The four available options and rights are as follows:

To remain silent and say nothing whatsoever to the law enforcement agencies.

This is the simplest choice to make and is also the most frequent because of a combination of acute fear for their own safety and that of their families or loved ones, and a deep suspicion and distrust of the police agencies. This is a basic right – no victim should be compelled by the criminal justice system to become a witness or to provide a deposition.

To provide the police with confidential information concerning the crime and the perpetrators, on the condition and strict understanding that the victim does not and will not consent to act as a witness, and should not be compelled to do so.

Many victims will opt for this possibility, since it enables them to take a limited form of action against their exploiters without running the very serious risks associated with giving testimony. More information is provided on this option in section 6.9 below.

To explore the option of becoming a prosecution witness against the trafficker(s).

Experience has shown that many victims, after they have been allowed a brief period of respite for immediate treatment and to receive independent advice, combined with a period of reflection on their situation, do wish to take action against their traffickers.

To be informed about legal options to seek compensation for the crimes committed against them and to receive support in accessing these redress options.

Traffickers make substantial profits from the victims that they criminally abuse and exploit and victims must be informed of their rights to compensation and redress and, where possible, assisted to pursue such claims.

6.5.3 TIMING OF COUNSELLING ON THE OPTIONS

For guidance concerning the treatment and interview of minors please refer to section 5.6 of Chapter 5.

Referring organizations in transit and destination countries

The issue arises whether organizations should counsel victims on their legal rights and options during the referral and pre-departure stage in a transit or destination country. As a general rule, service delivery organizations should always provide information to victims located in destination or transit countries on their legal rights and criminal justice system options as early as possible during the assistance process. If a victim has been referred from another agency to the service delivery organization only for assistance to return home, it is likely that the victim has already been advised about her or his legal rights and criminal justice system options. However, to be certain, the organization should double-check and confirm with the referring agency that this has been done.

The situation is more complicated if the victim is a direct referral and the referral does not emanate from either law enforcement or IGO-NGO sector partners. The decision whether to counsel the victim on these issues at this stage is not easy to make, and will depend on a number of factors. In order to provide the comprehensive advice the victim needs, the interviewer must have a thorough knowledge of the criminal justice system in the country concerned. As well, the approach of the host government to the plight of trafficking victims will also have to be considered. If trafficking victims are likely to be prosecuted for offences committed in connection with their situation as trafficking victims, it may not be in the best interest of the victim to explore witness options. However, in cases where it is appropriate to do so, the service delivery organization should inform the victim of the different options available and allow the victim to decide how to proceed.

The victim should be advised to consider the options carefully over a period of time. Ideally, these options should only be raised after the victim's condition has been assessed by a psychologist. The victim should receive treatment for any immediate physical or psychological health needs, be able to feel secure, and to be informed and advised about such issues only after a psychologist has confirmed that to do so will not cause further harm to the victim.

This is a difficult issue to balance and each case will have to be judged on its merits by the service delivery organization. As a matter of best practice, the criminal justice system options and rights of a directly referred victim should be dealt with in the country in which the victim has been identified, if it is safe to do so and in the best interest of the victim. Where this is not the case and where the victim chooses to return home or to a third country, the options can be raised following her or his return. This does not deny the victim his or her legal rights. It merely means that the process starts slightly later. Any intelligence or evidence that is relevant in the country of transit or destination and that the victim may wish to give can always be disseminated by the local police agency to their counterparts in the country concerned.

Receiving organizations in the countries of origin

If the victim is to be accommodated in a shelter run by the organization, the timing of when legal advice should be provided will depend on the victim's condition, with priority to be given to medical, psychological and other necessary assistance. The legal counsellor should consult with the shelter social worker, psychiatrist, or psychologist prior to discussing these issues with a victim, since, in the case of severely traumatized individuals, the psychological advice may well be that the issues and available legal options should not yet be mentioned because of the risk of causing additional trauma. In such cases, the legal counselling can be delayed.

If the victim is returning home or to other accommodation, the organization designated to assist him or her should be requested to inform him or her of their legal rights and options at the earliest appropriate opportunity.

6.5.4 LEGAL COUNSELLING

When deciding on the kind of advice to be given to victims of trafficking, it will be of help to consider the following factors of relevance in relation to the provision of intelligence, the witness option and access to redress:

- Is there a professional counter-trafficking unit in the receiving country?
- If not, what alternative units are available?
- In either case, has the receiving organization already established liaison with the police agency and, if so, how has it operated?
- What is the level of professionalism of the unit concerned?
- Based on the experienced gained, can the police agency be trusted?
- What is the level of risk posed by corruption?
- Does the police unit maintain a professional approach to intelligence that preserves the confidentiality of the victim if s/he decides to provide intelligence?
- Is an adequate programme of physical and judicial witness protection for a cooperating victim-witness available in the receiving country?
- Does the victim have the resilience to cope with the stress of acting as a witness?
- Does the criminal justice system of the country concerned allow for compensation proceedings, and, if so, how would a victim access them; would it be necessary to appear as a witness in criminal proceedings first, or could compensation be claimed solely through a civil complaint?

Subject to the approval of the psychologist, the legal counsellor should advise the victim on the legal options available. The victim should be advised:

- To listen carefully to the explanation of all four options before making any decision.
- That there is no need to make an immediate decision.
- That the victim can take as long as necessary to decide on the course of action.
- Of the possibility to seek further advice or clarification at any time.
- Of the possibility of reconsidering the decision at any time.

While it is not the role of the legal counsellor to persuade victims to cooperate with law enforcement agencies in any way, it is the counsellor's role to

ensure the victim is well informed about the potential consequences of his or her choice. It may be appropriate to point out the following:

- Cooperating with law enforcement agencies, either as a witness or a source of information, can involve varying levels of risk that should always be borne in mind.
- Although they are under no obligation to cooperate, it will be extremely difficult to combat trafficking and to prevent similar crimes from being committed against others unless more rescued victims agree to cooperate with law enforcement agencies, either by giving intelligence or by testifying against the traffickers.
- In relation to the "witness" option, although they may take as much time as is necessary to decide on their course of action, they should be made aware that the longer they take to do so, the more difficult it will be for the police to locate the traffickers and to secure any supporting evidence, since the trafficker will have begun to take precautionary measures following the escape of the victim.

Finally, the victim should be made fully aware of his or her options – as indicated above in section 6.5.2. Having explained all of the options to the victim and emphasized that s/he cannot be compelled to speak and that the choices are hers to make, the counsellor should also remind the victim that it is possible to change her/his mind at any time.

6.5.5 LEGAL PROTECTIONS FOR VICTIM – WITNESSES

Operational experience has shown that victims normally focus on three particular areas before deciding on whether to act as witnesses. These may be summarized as concerning issues of physical and judicial witness protection and are outlined below:

- The personal safety of the victim, the victim's family and other persons close to him or her.
- Confidentiality and the risk of disclosure to the family or other persons close to the victim or in the media – this fear of stigma in cases involving sexual exploitation always exerts a powerful influence on the victim's decision-making process.

- Fear of being in the physical presence of the trafficker(s). For the victims this is a genuine and sometimes debilitating fear, particularly for those who have been subjected to sexual and physical abuse.

For these reasons, the victim needs to be informed regarding either the availability or lack of appropriate procedures to address these concerns, which will depend on the country concerned. The following key points should be noted:

Physical witness protection

Whenever a victim acts as a witness to testify against traffickers, there will always be an element of residual risk that cannot be completely eliminated. In many countries there are statutory provisions regarding the protection of witnesses, but the resources to implement them may be lacking; in others, though the statutory provisions and the necessary resources are available, they remain inaccessible to trafficking victims as they may fail to meet the prerequisites to be included in such programmes. Therefore, it is important to give the persons concerned the most accurate and realistic information on the availability of appropriate measures to protect them and their family and other persons close to them against physical harm.

The following range of protection measures may apply to the victims and their families:

- Re-location;
- New accommodation;
- Change of identity;
- Physical guarding.

Judicial witness protection

Most criminal justice systems make varying provisions for confidentiality and legal protection while victim-witnesses are cooperating with the investigation and giving evidence. They are quite complex and differ depending on the country, but the following issues are of relevance to the victim:

- Legal facility to open a criminal case with confidentiality guaranteed, such as the legal provision to act as an anonymous witness or under a pseudonym, or to withhold the victim identity from the trafficker and his legal team;
- Legal facility either to take the victim's deposition under a pseudonym or to withhold her or his identity from the trafficker and his legal team. (It is critical to emphasize that even with the use of a pseudonym and or the withholding of the real name from the deposition documents, the specific detail required to be included in the deposition will almost certainly enable the trafficker to deduce the source of the evidence, and the victim must be made aware of this fact.)
- Legal facility to exempt the victim from having to undergo a direct face-to-face investigative confrontation with the trafficker.
- Legal and practical facility to enable the victim to identify the traffickers from behind a one-way viewing screen.
- Legal facility to prevent any media reporting of the victim's identity.
- To give live testimony at either the preliminary hearing or the full trial by means of a video or audio link, from behind a screen, or in the absence of the trafficker (but not of his lawyer), or to be exempted from giving evidence at the full trial, with reliance being placed on the preliminary hearing testimony.
- Legal and practical facility to support the victim during the procedural phases by permitting the presence of an independent counsellor at every phase, and by the provision of escorts to, during and from each of the procedural stages.
- Agreement on the part of the police and prosecution that the victim will not be legally compelled to testify if any of the above judicial protection measures are compromised during the criminal proceedings, e.g., if the trial judge orders the disclosure of identity or orders the victim-witness to testify in the presence of the trafficker without the benefit of a screen.

6.6 Memoranda of Understanding on Cooperation

As noted above, assistance to victims who wish to collaborate with justice can best be facilitated if service delivery organizations have good relationships with law enforcement agencies. As well, service delivery organizations

may be able to further contribute to combating trafficking by cooperation with law enforcement that results in criminal sanctions against traffickers.

6.6.1 EXTENT OF COOPERATION

The extent and nature of what can and should be achieved through cooperation with law enforcement will depend on a number of factors:

- Whether the country concerned is one of origin, transit or destination;
- The number of victims affected by trafficking;
- The compliance by the local criminal justice system with international standards;
- The capacity and professionalism of the law enforcement counter-trafficking response;
- The legislative platform for physical and judicial victim protection;
- The needs and aspirations of the relevant government agencies;
- The willingness and financial capability of donors to support such activity.

6.6.2 BENEFITS OF CONCLUDING A MEMORANDUM OF UNDERSTANDING (MOU)

If the service delivery organization decides in favour of cooperation, it is recommended to state what exactly is being agreed to by each party in writing in a memorandum of understanding to avoid possible subsequent misunderstandings. Operational law enforcement officers are under pressure to achieve investigative results, and there is always a risk that they may attempt to avoid cooperation procedures that they deem to hamper their progress if these have not been clearly stated in writing.

For instance, there may be occasions when the service delivery organization decides not to disclose highly sensitive information to ensure the safety of a victim, only to find that operational investigators are, within the parameters of the law, trying to apply pressure to gain the additional information to facilitate their investigative activity. Such situations are less likely if the terms of the memorandum of understanding, approved and supported at senior level, acknowledge the service delivery organization's

obligation to ensure the safety of the victims in their care. In addition, ministerial and senior police managerial support for a written agreement not only ensures better compliance, but will also encourage genuine operational cooperation.

While the majority of law enforcement officials will welcome the liaison with service delivery organizations because they recognize that they have much to gain from it, a certain degree of suspicion and possible resentment may be expected on the part of some, who do not easily accept the fact that law enforcement activities alone are insufficient to resolve this issue or to adequately support trafficking victims. Where cooperation enjoys full hierarchical support, the influence of such groups will be reduced.

6.6.3 FUNDAMENTAL PRINCIPLES

At the earliest appropriate opportunity following this consultation process, the basic principles and practical details of the cooperation arrangements should be clearly defined in a formal MOU signed by the appropriate ministry and the service delivery organization. In view of the sensitive nature of cooperating with the police, it will be necessary to define the basic principles and precise terms of the arrangements between the two sides in a formal document, as evidence of what has been agreed to. A typical Memorandum of Understanding on Cooperation between service delivery organizations and law enforcement agencies should include agreement on the following basic principles:

- The purpose is to contribute to the reduction and prevention of human trafficking through effective cooperation between the service delivery organization and the law enforcement agency;
- That the service delivery organization is committed to combat human trafficking, to protect the rights of victims of trafficking, and to work towards securing respect for the dignity and well-being of whomever their key target group is – migrants, women, children, etc.;
- For both sides, the safety, protection and human rights of victims and potential victims of trafficking will remain paramount at all times;
- The cooperation arrangements are based on applicable international standards and guidance set out in the UN Palermo Protocol on Traffick-

ing in Human Beings, and the Principles and Guidelines on Human Trafficking and Human Rights of the UN Commissioner for Human Rights;
- Unless the safety of another victim is involved, the service delivery organization shall not be required to disclose information without the consent of the victim or in circumstances where disclosure would not be in the best interests of the victim.

These five basic principles can be incorporated into any cooperation agreement with law enforcement agencies, regardless of the area of cooperation. They are relevant for agreements on intelligence sharing as well as those governing technical cooperation and capacity-building mechanisms, such as seminars, law enforcement training or cooperation on mass media information and awareness-raising campaigns.

6.6.4 CONTENT OF THE MEMORANDUM OF UNDERSTANDING ON COOPERATION

Following the initial declaration of the fundamental principles of cooperation, the MOU should set out in detail the respective roles, responsibilities and implementation methods for cooperation. The MOU can be adjusted to cover a wide range of topics. There are several typical areas of cooperation with law enforcement agencies to consider including in the MOU:

- The areas within which the service delivery organization will cooperate with the law enforcement agencies and the related method of liaison.
- The provision of technical cooperation and capacity-building support, such as specialist training seminars or the supply of technical support equipment.
- The exchange of intelligence intended for prevention or investigation purposes.
- Assistance with the transport of victim-witnesses.
- Access to victims in the service delivery organization's care.

Cooperation agreements to disseminate and exchange intelligence with law enforcement agencies are particularly important. Traffickers are dangerous criminals and any dissemination and exchange of sensitive criminal intelligence that is not properly managed within an agreed framework

could lead to extremely damaging consequences at both the human and organizational level. The risk factors involved are discussed in depth in section 6.9.6 of this chapter.

The clauses of the MOU on intelligence exchange should seek to secure agreement on:

- Strict confidentiality of the source and content of the intelligence;
- Dissemination of authorized material only, unless limited disclosure in order to rescue victims or prevent potential victims from being trafficked applies;
- Strict confidentiality of the service delivery organization's role in the disclosure of such intelligence;
- Dissemination only to the extent specified;
- No disclosure of the source or of the organization's role in judicial proceedings without their prior consent.
- The right of victims to follow-up information regarding progress/actions taken regarding their cases.

Organizations may find that law enforcement agencies in some countries will not agree to the terms of an MOU if they can avoid it. Some police agencies will be reluctant because they will view it as a dilution of their powers. However, there are very sound reasons to insist on this level of agreement because very real risks are involved in the dissemination and exchange of sensitive intelligence between the organization and the police agencies, and the framework and terms of the MOU are designed to limit these to the fullest extent possible.

Where resistance is encountered from law enforcement agencies, they should be reminded that the organization is under no obligation to disseminate this type of intelligence, but that it is prepared to do so in support of and with the consent of the victims in its care and in a spirit of cooperation, and in recognition of the importance to the police and of its own singular potential to contribute in this manner.

It should also be pointed out to law enforcement agencies that the organization's paramount duty is to the safety and welfare of the victims it assists and its staff, and that this written framework and the safeguards built into

it are designed to ensure that the organization fulfils this duty. Of all people, law enforcement officers should recognize this fact. A refusal on their part to do so should be a determining reason not to conclude an agreement with them.

6.6.5 RISKS

Frequently, operational police officers will already be cooperating on an informal basis with the service delivery organization to assist trafficking victims, and usually such arrangements will be characterized by two elements: first, they have been developed to extend humanitarian assistance to victims and, second, their method of operating may not strictly conform to official procedures. One example of this is where caring, pragmatic operational officers refer trafficking victims to service delivery organizations for return assistance in cases where a strict interpretation and application of the law would require the prosecution of the victim for illegal entry and other activities.

Therefore, there is a risk that changing existing ad hoc cooperative arrangements into a formal Memorandum of Understanding will threaten the viability and effectiveness of informal cooperative measures currently in existence between service delivery organizations and law enforcement officials, and which have proven to be of benefit to victims. There is no easy answer to this dilemma. Organizations will want to strive to strike a balance between the need to protect their organization by formalizing the cooperation process with the police agencies and losing the benefits of any existing informal capability to assist victims.

6.7 Liaison with Counter-trafficking Units

The need for service delivery organizations to cooperate with law enforcement agencies will normally arise in relation to one of the following areas of activity:

- Technical cooperation or capacity building, e.g., seminars, specialist training or legislative review.

- Intelligence exchange concerning victim rescue, victim interviews or referrals.

In order to ensure that the cooperation in such areas is managed in a secure and consistent manner, it will be necessary to identify and establish an agreed method of liaison between the service delivery organization and the law enforcement agency.

The practical liaison arrangements should be set out in the Memorandum of Understanding. It is recommended that a focal point be assigned from the organization for liaison with law enforcement. The MOU can then clearly stipulate that law enforcement officers must contact the service delivery organization only through the designated focal point or a deputy.

Having a unique contact point for law enforcement agents to contact will allow the organization to be consistent in its approach and limit the potential for misunderstandings that may arise when different staff give conflicting or inaccurate advice or commit the organization to an inappropriate course of action. While not seeking to discourage close working relations between all staff and local law enforcement officials, to ensure the necessary continuity and consistency it is recommended that all operational and technical cooperation contacts be coordinated through the designated focal point.

The designated focal points form both the service delivery organization and law enforcement should operate on a 24-hour basis. Combating human trafficking is a 24-hour activity, and experience shows that urgent matters of cooperation, particularly in relation to victim rescue or victim assistance, may arise at various times during the day and night. The liaison mechanism will therefore be most effective between the service delivery organization and the law enforcement agencies if it has a 24-hour response capacity.

Both the service delivery organization and law enforcement agencies should designate an official who can be contacted at any time of the day or night, and who is equipped with a dedicated mobile phone line for that purpose.

6.8 Technical Cooperation and Capacity Building

Cooperation with law enforcement agencies in the context of technical cooperation and/or institutional capacity building will normally not involve the same degree of complexity or sensitivity as intelligence exchange or victim assistance.

However, there may be risks involved in cooperating with a law enforcement agency whose counter-trafficking response does not correspond to international standards on the subject. Participating in technical cooperation or capacity-building training projects with law enforcement agencies that make little or no attempt to comply with international standards on victim treatment and protection could expose the organization to criticism.

On the other hand, limited and regularly monitored cooperation with non-compliant law enforcement agencies may provide the organization with an opportunity to exert influence and to move them to review and improve their level of compliance with international standards. Limited cooperation in such circumstances can be a valid and justifiable method of securing improvements in victim treatment as required by the fundamental principles.

6.9 Management and Dissemination of Information

The objective of this section is to consider the issue of how a service delivery organization manages the information that it receives from victims, their families and loved ones, and if and how the organization should disseminate this information to law enforcement agencies.

SUMMARY OF KEY POINTS TO NOTE

The role of service delivery organizations in recording, managing and disseminating trafficking information and of cooperating with law enforcement agencies in general, is an area that causes concern and debate amongst counter-trafficking professionals. In some quarters, there is understandable unease about the possibility of service delivery organizations becoming agents of the police and of the impartiality of the organization becoming compromised as a result. Moreover, there is understandable concern

about the additional responsibilities and skills required by staff in dealing with these issues.

The following are some issues which organizations may want to take into consideration as they develop their own position and policies in regard to disseminating trafficking intelligence to law enforcement agencies.

- The protection, safety and the respect for the human rights of actual or potential victims of trafficking as the guiding principles to be followed at all times.
- Cooperation with law enforcement agencies may assist the organization in achieving its goals of protecting the rights of trafficked persons and of reducing and ultimately preventing the incidence of human trafficking.
- As a fundamental human right, victims are entitled to access to mechanisms of justice and redress. In cases where, through fear or other reasons, victims are unable to exercise their right to act as a witness against those that have abused and exploited them, victims may begiven an option to provide the police with intelligence about their traffickers, other trafficked victims and trafficking modus operandi. Experience has shown that victims may wish to exercise this option of passing intelligence to police as a way of allowing them to gain access to a measure of justice against their traffickers, without having to face the risks associated with becoming a witness. As a fundamental criminal justice system option open to all trafficked victims, organizations should try to provide legal counselling on this issue as part of its overall support package to protect the rights of trafficked victims.
- Staff should not proactively seek victim cooperation to disclose information to the police. Rather a policy should be in place to manage those circumstances in which the victim, having been counselled by the organization about her or his legal rights and options, elects to exercise the option to provide intelligence.

6.9.1 COUNTER-TRAFFICKING INTELLIGENCE – DEFINITION AND SOURCES

In lay terms, “counter-trafficking intelligence” would be simply called information about the crime of trafficking. In law enforcement terms, counter-

trafficking criminal intelligence comprises the results of intelligent analysis of various sources and types of information on traffickers, trafficked victims, routes and modus operandi of the crime.

Service delivery organizations receive trafficking intelligence from a number of sources:

- Open sources – media reports, contacts with journalists, academic research, among others;
- Other offices of their same organization;
- Law enforcement agencies – police, immigration, border guards;
- Intergovernmental and non-governmental partners;
- Trafficking victims, family members and other persons close to them, friends and others.

6.9.2 TYPES OF INTELLIGENCE AND ITS USES

Intelligence can be broadly divided into two categories:

- **Thematic intelligence –** a form of intelligence not capable of identifying a specific individual or factual event, such as current trafficking trends, political, socio-economic or cultural features that may contribute to the supply of victims, the level of demand or other thematic factors that may affect the crime and its modus operandi.
- **Specific intelligence –** a form that is capable of identifying a specific individual or factual event, such as details of specific criminal acts, dates, locations, documents or specific personal data such as names, ages, physical description or addresses allowing the identification of trafficking victims or traffickers.

Thematic and specific intelligence can be further sub-divided into:

- **Recruitment methods –** identification of vulnerable targets, use of force or deceptive advertising or personal recruitment networks, method of obtaining travel and identification documents and exit and entry visas.
- **Routes –** exit points, overt or covert travel, method of transportation, identification of transit phases, specific and favoured border crossing points, and the role of corruption in the facilitation of the traffic.

- **Reception methods –** point of arrival, reception methods, seizure of documents, and location of safe houses.
- **Exploitation and abuse –** form and location of exploitative purpose, scale of profits, method of management of the exploitation, coercion and control methods and physical, sexual and psychological abuse.

The collection and exchange of counter-trafficking intelligence can be used in a number of ways by both service delivery organizations and law enforcement agencies. These are:

- The identification and location of victims in order to rescue them from their traffickers;
- The notification and referral of victims for assistance;
- The identification and location of traffickers in order to facilitate their investigation;
- Development of strategy and tactics;
- Allocation of resources;
- Accuracy, content and direction of prevention activities, such as public awareness campaigns;
- Trafficking research and analysis.

6.9.3 TWO-WAY EXCHANGE PROCESS

It must always be remembered that the exchange of intelligence with law enforcement agencies should not be a one-way process – it should be conducted as an exchange partnership between two organizations that share a common goal of reducing and ultimately preventing trafficking.

Like the police agencies, service delivery organizations have a vital role to play in preventing trafficking and in assisting trafficking victims; that is indeed the reason why the police increasingly seek cooperation and support from service delivery organizations. Therefore, while service delivery organizations will frequently be the partner possessing the highest-grade intelligence (because victims will normally talk to service delivery organizations staff rather than to the police, whom they may not yet fully trust), this form of cooperation should always take the form of an exchange, where the police provides intelligence derived from their sources that can be of

assistance to service delivery organizations in the orientation and content of prevention campaigns, research, analysis and strategic responses.

As well, it is vitally important that victims be kept informed about any developments which result from information they have provided. They should be made aware about any arrests or convictions of persons involved in their case, and especially need to be informed if any persons questioned or arrested are subsequently released, so that steps can be taken to protect the victim from such persons.

6.9.4 DUTY OF DISCLOSURE OF INTELLIGENCE CONCERNING OTHER VICTIMS OR POTENTIAL VICTIMS

During the course of providing assistance to trafficked victims, the victim or family member or friend may have information concerning other victims that remain under the control and exploitation of traffickers or concerning potential victims that are about to be trafficked. This possibility creates a serious dilemma for service delivery organizations because, in many instances, this information will have been disclosed during the course of an interview that is based upon confidentiality between the interviewer and the interviewee. The issue then facing the organization is whether to break the duty of confidentiality and to disclose the information concerning the other or potential trafficking victims to law enforcement agencies. This is a highly sensitive issue for all parties concerned but it is also one for which organizations are advised to have a clear and unambiguous policy.

It is strongly recommended that an organization develop a policy of making a limited disclosure of information concerning other victims that are still under the control of traffickers or potential victims that are about to be trafficked to law enforcement in order to enable them to either rescue the victims or prevent them from being trafficked in the first place. Notwithstanding the fact that in many instances, such information will have been passed to the organization within the context of a confidential interview, the policy is clear – disclosure of just enough of the information to enable the police to take action. In some jurisdictions, there is a similar legal duty of disclosure.

In developing such a policy, organizations should be prepared to make exceptions in case there is reason to believe that disclosure of the information could cause harm to another person – the victim, their family or friends, or to the staff of the organization. In circumstances where the local counter-trafficking law enforcement response is assessed as being inadequate or unprofessional the organization may determine that limited disclosure will place the victim or the source at risk. In such circumstances, organizations might consider alternative avenues of limited disclosure.

In order to be scrupulously fair to the interviewee, before the start of any interview, the interviewer should inform the interviewee – whether victim, family member, loved one or friend – that in cases where the interviewee discloses information concerning other trafficked victims that remain under the control of the traffickers, or concerning other potential victims that are about to be trafficked, the organization reserves the right to make a limited dissemination of sufficient facts in order to enable the police to effect a rescue operation or to prevent the potential victims from being trafficked.

There is the risk that an interviewee may immediately refuse to disclose any information once informed of this possibility, but this course of action is fair to both sides. The organization may feel that they cannot accept a situation in which it remains silent in respect of information it receives that could be used to rescue victims from harm, and the interviewee should not be asked any questions without first being made aware of the organization's policy.

6.9.5 DIRECT PROVISION OF INTELLIGENCE TO POLICE BY THE VICTIM

As has been stated at the start of this sub-section, as part of ensuring that victims receive full advice and access to their legal rights and criminal justice system options, victims should receive legal counselling that includes the option to provide intelligence to the police. In cases in which the victim indicates that s/he wants to meet with police investigators in order to provide them with an intelligence briefing, the organization assisting him or her will need to be in a position to advise the victim as to whether this is an appropriate course of action and this will depend upon the assessment of the capacity, professionalism and security of the police unit concerned.

Issues arising in this assessment will be whether or not the police unit is able to manage the intelligence properly and whether the confidentiality of the identity of the victim will be guaranteed at all stages up to and including any criminal proceedings that may arise as a result of the passing of the intelligence. These are the issues that the legal counsellor will need to have knowledge of in advance when providing the legal counselling to the victim in the first instance. (For further details on legal counselling, see sub-section 6.5.4 above.)

Where the assessment is that the police are capable of acting professionally and confidentially, the next step is straightforward; the service delivery organization should organize a meeting with a member of the counter-trafficking unit of the police or other appropriate department so that the victim can provide whatever intelligence material s/he decides that s/he wishes to disclose. Ideally, this type of arrangement should be made with an investigator who is known to the organization and should take place at a safe, neutral venue. The meeting should not take place at a shelter for the security reasons explained in Chapter 1.

The victim should be asked in advance whether s/he wishes for the legal counsellor to be present at the meeting. If s/he does not, then the organization need take no additional part in the process. If the victim does request the attendance of the counsellor, the counsellor should be advised to attend, but to take no active part in the meeting, beyond observing and ensuring that the victim is treated in accordance with her or his rights. The contents of the discussions should remain strictly confidential between the victim and the investigator.

The situation becomes much more complicated in locations where the assessment of the capacity and probity of the law enforcement counter-trafficking response precludes the organization from advising the victim from cooperating with them in the provision of intelligence. For example, if it were known that on a previous occasion, the police leaked the identity of a victim to the media, it would clearly be appropriate to alert the victim to this fact and to advise of the risks associated with talking to the police in such circumstances.

In such cases, the victim should be advised of the potential risks. If the victim, in full knowledge of all the facts, still wishes to exercise this option,

the organization should not seek to prevent the victim from doing so, but should try to ensure that the victim has sufficient information to establish contact with the appropriate police office or counter-trafficking unit. As above, a legal counsellor may be provided, if the victim wishes, to ensure that her or his rights are protected.

6.9.6 ASSESSING THE RISKS OF DISCLOSING SPECIFIC INTELLIGENCE

The level of risk involved in disseminating intelligence data must be properly evaluated if the law enforcement agencies are to appropriately evaluate the importance of the data and to respond to it in the most effective manner. This very real risk is likely to occur if and when a victim or other interviewee discloses factual data falling within the following three categories:

- Sensitive case history intelligence;
- Personal data;
- Other data concerning the crime itself, other victims or the traffickers that can only have been known to that victim or other interviewee.

The information below provides some guidance as to how and why dissemination of specific intelligence could elevate risk.

Sensitive case history intelligence

The intelligence concerning the nature and operational characteristics of trafficking is not without its problems. When a victim is prepared to tell the whole story, there is a risk that this will include data that may betray the victim's cooperation with authorities to the traffickers, irrespective of whether personal data is disclosed or not. For example, if a victim provides full details of the false travel documents used, the dates and routes of the itinerary and the time and locations where exploitation occurred, the trafficker may be able to identify the source of the intelligence without difficulty. Many victims will be aware of this risk and, where they do agree to provide intelligence, they will regard some facts as more sensitive than others. If they ask to do so, they may be allowed to specify which data can be released and which should not. Others may not be aware of the risk associated with the information they have disclosed; the organization as-

sisting them should bring this to their attention in order to jointly evaluate the risk.

Personal data

It is unlikely that the victim will ask for his or her personal data to be passed on to law enforcement agencies, and it is **not** recommended that service delivery organizations encourage them to do so. However, there may be occasions when victims want their details given to the police because they may wish to cooperate at a future date. In such cases, the service delivery organization staff should discuss with the victim the potential risks involved in disclosing personal data to ensure that the victim is fully aware of the situation and is informed that, if personal data is disclosed, this clearly increases the risk that his or her cooperative role could be inadvertently or corruptly disclosed.

Intelligence known only to the victim or other interviewee

The third risk category may arise when, for example, a victim or other interviewee provides a detailed description of a trafficker, including personal details such as a scar, mark or tattoo, or details of his private telephone number or banking affairs that are only known to the victim or interviewee and, even more importantly, the trafficker knows that, besides himself, only the victim or interviewee knows such details.

If the service delivery organization discloses this intelligence to the police who, on the strength of it, take action against the trafficker, this may well alert the trafficker to the source of the intelligence, and that the resulting police action was made possible only because the victim or interviewee disclosed the data to the service delivery organization, who then passed it on to the police.

Other evaluation considerations

Other issues to consider in evaluating the risk of disseminating the intelligence are highlighted below:

- From what is known from the available intelligence – how dangerous are the people who have trafficked this individual? Within the limits of the available intelligence, this assessment should consider a number of factors, many of which are likely be mentioned by the victim, such as:
  - The degree of violence demonstrated by the traffickers;
  - Their numbers and degree of organization;
  - The possession of any weapons;
  - Any previous indicators of reprisals carried out against others;
  - Threats against the interviewee if s/he escaped and spoke about his or her experiences;
  - Any other information that may assist in making the assessment.
- The organization should then review the contents of the interview and consider each of the factual data in turn, and then ask:
  - Apart from the interviewee and the trafficker, who else could be aware of this particular fact? The organization should never lose sight of the fact that the evaluation can only be carried out on the basis of the available intelligence, nor should it be forgotten that the management of even a small trafficking network is likely to involve multiple traffickers, victims and various other intermediaries such as drivers, corrupt officials, forgers of documents and more and that, as a result, many of the facts will also be known to others and not only to the interviewee.
  - Is the data particularly sensitive? It will quickly become apparent that some facts will be more sensitive than others. Data such as the names appearing on false travel documents, or intimate personal details are obvious examples, but others may exist.

Because of the very real risks involved, the organization should attempt to evaluate the intelligence together with the victim before it is passed on to the police. It has to be remembered that after disclosing sensitive intelligence to law enforcement authorities, neither the organization nor the victim will be able to control or influence the manner in which the law enforcement agencies may decide to act on it. In the final analysis there should be no dissemination of intelligence to police in cases where either the sensitivity of the intelligence or the potential danger posed by the trafficker(s), or both, would create a real and high level of risk to the victim, interviewee, family, service delivery organization staff or others, even in cases where

the victim or interviewee has provided written authority for dissemination to law enforcement agencies.

It should also be remembered that it is best to have a written guarantee with law enforcement agencies of confidentiality and non-disclosure of the source of the intelligence (for more information on recommended terms of the MOU see section 6.6 above).

6.9.7 CONFIDENTIALITY OF DISSEMINATED INTELLIGENCE

It is recommended that no sensitive intelligence be exchanged with law enforcement agencies, except subject to an agreement obliging them to retain and use the intelligence on a strictly confidential basis and not to disclose the identity of the source, or the service delivery organization's role in the matter to any third party without prior reference to, and written agreement from, both the source and the service delivery organization.

The use made by the police of the information is not restricted by the confidentiality guarantee, but by the terms of the MOU between the police and the organization. In the MOU they should be precluded from disclosing the identity of the source of the information, or of the organization's role in providing access to it.

Three main reasons mandate the guarantee of confidentiality:

- Neither the victims nor the persons close to them would be prepared to provide intelligence unless protected by such a clause;
- The service delivery organization, as part of its duty of care in relation to the source of the information and to its own staff, needs to have such a guarantee;
- If the police response to intelligence received through the organization results in a criminal prosecution, the confidentiality of the source and the role of the service delivery organization may become an issue at the trial.

The first reason needs no further explanation beyond the fact that as the rate of interventions against the traffickers increases, based on intelligence

passed by victims through service delivery organizations to the police, the risk of reprisals against the sources and/or service delivery organization staff also increases.

Risk to the service delivery organization

This is also true regarding the second point. But in respect of service delivery organization staff there is a further consideration. Disclosure of the role played by the organization's staff in the receipt and dissemination of information is even more sensitive, as it might cause the staff to be ordered to testify in criminal proceedings against traffickers, which in turn could give rise to complex issues regarding the legal standing of the organization and its staff or the immunity of the organization, in the case of diplomatic organizations.

This situation may arise in connection with information given by a victim to the organization that the organization passes on to the police with the victim's consent and on the basis of which the perpetrators of the crime are arrested and charged. Subsequently, the organization's staff may be approached by the police and asked to provide evidence of the initial complaint made by the source of the intelligence, as such corroborative evidence can be crucial in criminal proceedings. This request can result in risks to the physical safety of staff and raise questions of immunity from jurisdiction requiring careful assessment and consultation. In such situations, organizations should consult with their legal representatives before taking any action.

Organizational risk of judicial disclosure

The third point concerning the risk of disclosure in judicial proceedings arises as a result of the increasingly common tactic by defence lawyers to apply to the trial judge for disclosure of the original source and the exact content of the intelligence. This issue is complex as it poses a greater threat and may be expected to arise with increasing frequency as the flow of intelligence enables the police to bring more prosecutions.

The demand is often justified by the claim that the defendant is the victim of a conspiracy to pervert the course of justice and that s/he will not be

able to get a fair trial unless the alleged offence can be either confirmed or dismissed through the disclosure of the source of the intelligence. Whatever the tactics employed, they may be successful in moving the trial judge to request the disclosure of the source and that the police will comply to save the trial and their investigative efforts. As a result the organization and the source could be endangered, and the name of the victim revealed publicly. Both may also be required to testify or face legal sanctions, depending on the laws of the country involved.

It is essential, therefore, to ensure that the police and the prosecution know and respect that they have not been authorized to disclose the source of the information, or the organization's role, without prior consultation with the organization, and to state this obligation in the MOU. If the police approach the organization in this connection, the organization should in turn consult with the original source of the intelligence, as both face risks from the disclosure. It should be noted, however, that even if the police wish to comply with the terms of the MOU and do consult the organization in advance, they may still be required by the court to disclose the source of the intelligence.

The organization would not wish to be seen as unnecessarily obstructing the work of the criminal justice system. However, priority must be given to assessing the risk created by disclosure for the interviewee, the family and other persons close to her, and for the service delivery organization's staff. If the traffickers on trial are known to have the capacity or potential to execute reprisals, then safety must take precedence and permission for disclosure refused, even if it places the organization in a difficult position in its relations with government agency partners. If refusal is not a legal option, service delivery organizations should take this into consideration before agreeing to disseminate intelligence provided by beneficiaries or other secondary sources.

6.9.8 MONITORING AND REVIEW

The arrangements concerning intelligence exchange should be monitored and reviewed on a regular basis. The critical issue will be to ensure compliance with the terms of the MOU, but attention should also be paid to

whether the exchange is, in fact, proceeding in both directions, or whether victim-based intelligence dissemination proceeds mainly from the organization.

Furthermore, it should be monitored to ascertain whether the organization is providing and receiving proper and relevant feedback on any developments arising from the exchange of intelligence. The failure of police agencies to provide feedback is notorious, with the resulting negative impact on intelligence providers who, subject to the constraints of security and confidentiality, are entitled to be informed of developments as a result of their cooperation.

If major failings in the agreement are identified, the organization should address the situation with the law enforcement co-signatory.

Appendices

APPENDIX I

Ethical Principles in Caring for and Interviewing Trafficked Persons[1]

Responsibilities and Skills

The following describes the professional responsibilities that support persons have when working with trafficked persons. For newer or less experienced staff, it may take time and effort to learn how to ensure that the principles outlined below are followed. Acquiring the skills to fulfil these responsibilities requires the willingness to learn how to communicate with, listen and respond sensitively to persons in vulnerable situations.

In addition to being core responsibilities, carrying out these responsibilities in a skilful and sensitive manner is essential to fostering an individual's resilience. In fact, all encounters with support persons can be viewed as part of the recovery process. Positive encounters can help build an individual's trust in others, increase self-confidence, and nurture hopes for the future. On the other hand, negative experiences can cause individuals to feel ashamed, stigmatized, disempowered, and hopeless. Acting in a rote or impersonal manner is likely to be counterproductive both to the interviewer's aims and the trafficked person's well-being.

In all cases, these principles should be carried out in a manner that recognizes the reality of the pressures, obstacles, complications, and available resources of each individual situation. The principles provide guidance for the ethical treatment of trafficked persons, however, fundamentally, acting in a moral and ethical way means considering above all what is in the best interest of each individual in her/his circumstances. The basic principals described in detail below include:

1. Do no harm
2. Ensure safety, security and comfort
3. Ensure privacy
4. Ensure confidentiality
5. Provide information

[1] This Appendix was adapted from: Zimmerman, C. and C. Watts (2003). *WHO ethical and safety recommendations for interviewing trafficked women*. London School of Hygiene & Tropical Medicine and World Health Organization: London.

6. Request informed consent
7. Ask questions in a sensitive and sensible manner
8. Listen actively and responsively
9. Observe for signs that an individual needs to stop during an interview or procedure
10. Consider any preconceptions and prejudices you may have
11. Believe. Do not judge
12. Maintain professionalism while treating persons with respect and compassion
13. Ensure trafficked persons feel in control of their body and communications
14. Reassure trafficked persons they are not to blame
15. Inform trafficked persons of their right to a forensic medical exam and report
16. Inform the trafficked person of their rights to copies of all health and medical records
17. Remind the trafficked person of their strengths
18. Provide interpretation

In the case of children (under age 18) and individuals who require special assistance (e.g., mentally disabled, those with extreme psychological difficulties), the principles below must be considered in conjunction with other specific relevant procedures (e.g., for unaccompanied minors, working with an appointed guardian or legal representative).

Please note that wherever the text below reads "trafficked person", in cases where the trafficked person is an unaccompanied minor or an adult who requires a legal guardian it shall be read to mean "trafficked person or her/his guardian."

1. DO NO HARM

Given the extreme risks associated with trafficking, the fragile state of many of its victims, and the potential for increased trauma, the significance of this basic rule cannot be overstated. If there is any reason to believe that carrying out an interview or conducting an examination or procedure will cause the individual to be worse off than before, it should not be undertaken at that time. It is an ethical responsibility of people working with victims of trafficking to make sound and thorough assessments of the potential for harm related to actions they propose to undertake. Treat each individual and the situation as if the potential for harm is significant until there is evidence to the contrary.

2. ENSURE SAFETY, SECURITY AND COMFORT

Before speaking with a trafficked person it is essential to make certain that s/he feels safe and secure. No substantive dialogue can take place if the person feels ill at ease. Even if the risks to an individual's safety have been reviewed at other times for other purposes, support persons must ask whether the individual presently feels safe and whether there is anything more that could be done that would allow her/him to feel more secure.

At the same time, it is mandatory that all trafficked persons be asked very specifically whether they are in immediate need of medical care (e.g., not simply "are you feeling okay?"). No one should ever be subjected to an interview, activity or waiting for an activity while they are in pain, discomfort or in urgent need of medical attention. Focusing on the tasks at hand (e.g., information gathering, providing assistance), support persons may temporarily forget that trafficked persons have suffered physical and psychological trauma that often results in enduring health problems. These physical and psychological symptoms can become especially acute when an individual is under pressure – such as in an interview or service setting. Support persons should specifically inquire:

- "How are you feeling right now?"
- "Are you currently feeling any pain or discomfort or have any health problems for which you should see a doctor or nurse?" [For medical practitioner: "...discomfort that you should tell me about before we begin?"]
- Do you have any reason to believe that participating in this [interview, procedure, activity] at this time will cause you any problems or to feel ill?

Less pressing health problems are also of importance. For example, headaches are extremely common among trafficked persons and it may be necessary to consult a physician to safely offer analgesic or other appropriate medication so the person can participate without pain.

Once inquiries are made into any urgent and other health-related needs, it is important to make the person as comfortable as possible. This may include offering a glass of water or tea, offering use of the restroom, or offering a comfortable chair or other seating arrangement. In determining seating arrangements it is important to make certain that the person conducting the interview is not standing over the individual or sitting behind a desk (i.e., in an authoritative, distant position) and that the arrangement is conducive to hearing one another (i.e., not making the trafficked person shout personal details). All issues that relate to health, well-being

and comfort can affect how a person interacts with support persons and responds to assistance efforts.

Caution: There may be cases in which a trafficked person reports that s/he feels well enough to be interviewed or participate in programme activities, but the support person detects indications that the individual is not sufficiently fit (e.g., mental health problems, extreme anxiety, exhaustion, etc.). In these cases, the support person should immediately consult with a medical professional who can undertake a more thorough examination of the individual's condition.

3. ENSURE PRIVACY

All interviews and procedures with trafficked persons should be conducted in secure and private settings, and carried out in complete privacy. Even in cases where offices are small and overcrowded, or where meetings with trafficked persons occur at outside facilities, privacy must be assured. If privacy cannot be established and maintained, then the interview (activity or procedure) cannot take place until a suitable setting can be identified. Encounters should not take place in locations where persons pass by or may "drop in" or where random interruptions occur, making the respondent ill-at-ease or lose her/his thought processes. Even the collection of initial basic information or seemingly simple data should not take place in areas where others are present, such as reception areas, corridors, or multi-person office space.

"Do not disturb" notices (or other similar messages) can be posted on doors indicating that an interview, medical procedure, or counselling session is taking place to dissuade interruptions. Similarly, when meeting with a trafficked person, cellular phones should be turned off, as these type of interruptions are impolite, can arrive at inopportune times, may intrude on sensitive or emotional moments, or upset the trafficked person who may misunderstand the conversation or be suspicious of what is being said on the phone.

4. ENSURE CONFIDENTIALITY

Ensuring and maintaining confidentiality is among the most fundamental obligations of individuals and organizations working with trafficked persons. Ensuring

confidentiality is essential not only for the trafficked person's safety and welfare, and that of the service delivery organization staff and mission, but also relates directly to a trafficked persons willingness to share truthful information and feelings. Procedures related to confidentiality must be taken seriously and strictly followed. Assuring confidentiality means making certain that all information about and provided by the trafficked person is secure, and that the individual is informed of the specific measures taken to ensure her/his confidentiality.

Making certain that confidentiality is maintained requires taking constant precautions with written, verbal, electronic, telephonic, video-graphic, photographic and any other forms of information about the trafficked person. (See also Chapter 1, sections 1.2 and 1.5.5 of the Handbook for more information.)

Many trafficked persons who have been trafficked will come from countries where medical practitioners, government officials, law enforcement, etc., do not abide by confidentiality standards. Trafficked persons must be assured that what they say will not be repeated to those who may hurt them, shun or reject them, or those who may use sensitive information to embarrass, coerce or manipulate them.

Information about a trafficked person should not be treated casually. Information should be communicated on a "need-to-know" basis only between individuals who are directly involved in the case. Caution must be used in all cases where information is shared, particularly when information is shared with a third party outside the confines of the service delivery organization's network, such as other health workers, assistance NGOs, and governments. Even information shared for well-intentioned referral purposes can fall into the wrong hands if proper information handling procedures are not followed. It is a violation of an individual's rights for service delivery organizations or a partner organization to share her/his health and medical information with authorities, such as police, immigration, or with lawyers involved in the prosecution of traffickers, without her/his explicit permission (i.e., informed consent).

Confidentiality also requires not using case examples for public information, publications, or reporting purposes unless details of a case have been sufficiently altered so that there is no possibility of the actual individual being identified.

Decisions regarding requests for interviews with trafficked persons from journalists and others who are trying to advance the cause of persons who have been trafficked are difficult. Whether to ask a trafficked person if s/he is willing to speak

with an outsider is a judgment call based on the importance and value of the request, the character and trustworthiness of the requesting individual, and, most importantly the assessment of how the interview might affect the trafficked person. In making a final decision to offer a trafficked person the option of participating in an interview the principle to be adhered to in making the judgment is that the trafficked person's best interests and health (as expressed by the trafficked person and in light of her/his medical record) should override any other considerations or perceived benefits to such outside contact with the trafficked person.

5. PROVIDE INFORMATION

One of the most important rights of trafficked persons is their right to information. For individuals to make sound decisions about what is best for their health, well-being and their future and have realistic expectations of any service provider, they must be given all available information about their options. Being fully informed is also a form of empowerment that returns to a trafficked person her/his control over her/his body and her/his choices. Information about, for example, the potential range of assistance offered, restrictions associated with care, potential risks and benefits, should be provided before any other procedures or activities take place, or questions are asked of trafficked persons. In keeping with this principle, it is also important not to make promises that cannot be fulfilled or to suggest future outcomes that are not certain. In addition, providing information is a necessary component of the process of requesting informed consent (see below).

Introductory information for general service provision

Trafficked persons first entering a service setting need and highly value introductory information on services that is provided in a clear and supportive manner (and in writing whenever possible), rather than an officious, demanding or condescending tone. When providing general information about service provision, the following information should be offered:

- **Introduction (including individual support person or provider's name, position, relationship with primary support agency, etc.);**
- **Procedures or activities to take place, offering details wherever possible on schedule, duration, location, personnel involved;**
- **Services and facilities available, and obligations of the organization or partner organizations to individuals;**
- **Limitations of assistance, services, or care provided by the organization;**
- **Restrictions or limitations that must be respected by trafficked person related to the services offered or shelter provided (i.e., "house rules", restrictions**

to movement, behaviour, etc.) and any obligations on the part of trafficked person.

- **Restrictions or limitations that must be respected by trafficked persons related to others (e.g., police, embassies, immigration department) and any obligations on the part of the trafficked person;**
- **Confidentiality and safety precautions taken by the organization;**
- **Individual's right to choose to participate in any part of the programme, procedures, or activities.**

Individuals' rights to information also include their right to receive information about themselves in a timely manner in a private setting. Particularly in the case of medical test results, it is important to make sure an individual who is already under great stress does not have to sit and wonder about issues related to her/his health any longer than necessary. It is also of benefit that test results (either positive or negative) are conveyed by the medical practitioner who was originally responsible for that particular area of the trafficked person's health (i.e., the one who ordered or carried out the test or procedure), or by her/his primary support person, and not by someone s/he does not know well (including the laboratory or other less-involved medical personnel who may have had only brief contact with the individual when carrying out a test or obtaining a sample for testing, x-ray, etc).

Providing the results of medical tests or procedures

When giving the results of a medical test or procedure, there are several basic steps that should be followed.

- **Remind the person of what test(s) or procedure(s) were conducted and the reason it was recommended.**
- **Give the results quickly, i.e., without a long delay in the conversation that will cause anticipatory stress. If the results are likely to cause an emotional response, be prepared to respond in a compassionate and sensitive way and to give the person time to consider what s/he has been told. If necessary, be prepared to refer the individual to a trained support person or mental health practitioner.**
- **Explain the consequences or meaning of the results (i.e., what effect this has on the individual's present health, future health, etc.) and refer to the sections on pre- and post-test counselling requirements for HIV/AIDS in Chapter 5. Generally, any test whose results may be harsh on the individual's psychological or physical state should be explained ahead of time (pre-test) and counselling should be offered after the test results are out.**

- **Describe in detail any follow-up procedures, medications, or measures that need to be taken.**
- **Encourage the individual to ask questions.**
- **Remind the person of their right to get a second opinion.**
- **Remind the person of their right to copies of the test results.**

6. REQUEST INFORMED CONSENT

Being fully informed about what is being requested and having the right to consent or refuse is a fundamental right of every trafficked person, and is a basic aspect of a professional helping relationship in a service setting. Informed consent is necessary for all services, such as for:

- Medical examination and procedures, including any medical treatment, diagnostic procedure (including psychological analysis, testing of blood, x-rays and obtaining of any samples of biological material from a patient);
- Health assessments;
- Assisted voluntary returns;
- Research activities; Sharing of individual case file information between staff, or with partner organizations (including those to whom a trafficked person is referred upon her/his consent for further tests, second opinions, further treatment, etc), and
- Reintegration assistance.

There are many barriers to overcome in gaining truly **informed** consent, including linguistic, cultural, and social differences, trafficked persons' fear of or hyper-respect for persons in positions of authority, the belief that compliance is *quid pro quo* for assistance, the desire to please, reluctance to show inability to understand or to ask questions or for clarification, and the desire to end an uncomfortable or stressful encounter.

In addition, due consideration should also be given to the individual's age, physical and mental capacity, level of physical or psychological trauma, and real and perceived threats. Appropriate measures should be undertaken to determine whether an individual is able to meet the basic standards for informed consent.

Information Provided to Obtain Informed Consent

The information provided and the way in which it is provided when requesting *informed consent* is of particular importance.

Information to be Provided Before Requesting Consent

Although the information provided in order to obtain consent for different activities (e.g., medical interview, medical examination or procedure, or counselling sessions) may vary, it should generally consist of the following basic elements:

- **Introduction, including name, position, and service role (if not already given);**
- **Detailed description of what consent is being requested for (e.g., interview, examination, and medical procedure), including a step-by-step description and the time the activity is expected to take;**
- **Reasons for or benefits of the interview, service, procedure, etc. (long- and short-term);**
- **Risks and dangers associated with the interview, service, or procedure (long- and short-term);**
- **Notice of any particularly sensitive or potentially upsetting subjects, aspects of examination or procedure, etc.;**
- **When the results of any examination or procedure will be available;**
- **Notification of individuals' rights to their records, medical files, personal documents, etc.;**
- **Constantly reassuring the individual that her / his medical records will be kept confidential, will always be available to her / him and that she or he will have the opportunity to decide whether or not the organization can use it when referring her / his case to other service providers, law enforcement supporting her / his case or for research purposes.**

Additionally it is often useful to reassure individuals that there are no right or wrong answers or favourable or unfavourable reactions; that these are standard questions that are asked of everyone. Individuals in such vulnerable positions who perceive that their fate may be in the balance tend to give great weight to each and every question or request, and contemplate what might be the "correct" response. Especially because trafficked persons have survived in situations where "wrong" answers, or displeasing the person in control, could result in great harm, it may be helpful to repeat this reminder periodically.

Gaining informed consent is a process, not merely a simple "yes or no" question. General steps of the process are:

- **Adopting a neutral and professional, yet sympathetic tone and attitude**: When requesting consent it is not acceptable to pressure an individual or even to imply what is best for her/him. It is important that information and requests related to consent are presented in a neutral way that demonstrates that the individual is free to choose and that whatever her/his choice, it will be accepted without bias against her/him.
- **Using simple language:** Explaining in simple language comprehensible to the particular trafficked individual at hand, how the medical tests and the procedures are important for her/his own well being and that they will enable her/him to gain more control over their health during recovery from the trafficking process.
- **Encouraging questions:** At the beginning of the consent process, staff members must emphasize to the trafficked person the importance of asking questions or for clarification at anytime while information is being provided – even if it means interrupting. After staff members have finished providing information related to consent, they must patiently ask again whether the trafficked person has questions about anything that was said.
- **Clarifying and rephrasing:** Throughout the consent process staff members must observe for signs that the trafficked person has not clearly understood what has been said. Staff members must be prepared to patiently repeat, clarify and rephrase information. Under the stress of the situation, and particularly when there are language, social or cultural barriers, it is not unusual for trafficked persons to miss and misunderstand information.
- **Ascertaining comprehension:** To verify that a trafficked person has truly understood what has been said, it is necessary to formulate several questions both broad ("Is there anything I have said that seemed unclear?"; "Is there anything you would like me to repeat?") and specific. Specific questions may include asking about certain items that are likely to have seemed complicated or confusing.
- **Assuring the individual that no negative consequences will come from refusing all or part of what is requested of them or offered to them:** Trafficked persons are accustomed to negative consequences. It is essential that staff members are explicit that any choices are entirely up to the trafficked person and that they will not be punished or rejected for refusing to consent.
- **Using consent forms:** It is important to use them sensibly and flexibly, adapting them as necessary to the linguistic, socio-cultural, operational and legal realities of the different settings.

Confirming Consent

Before reading the consent form, persons requesting consent should review:

- Issues being consented to (e.g., for interviews, list main subjects to be covered; for medical or other procedures, each procedure should be listed one by one and consent requested and recorded for each);
- Measures that have been taken to ensure confidentiality;
- Risks and benefits as they were discussed, and
- That there are no right or wrong answers, and that other service and care will not be negatively affected as a result of refusing consent.

Recording Consent

Consent should generally be given in the form of the trafficked person's signature. However, this is in no way essential. For persons who are illiterate, or those who come from locations where signing official documents can have significant implications (i.e., oppressive regimes), consent may be given verbally and recorded by the staff member.

Caution: Consent in the case of minors, individuals who are mentally disabled, psychologically disabled or individuals who are otherwise unable to fully participate in the informed consent procedure require special assistance, often in the form of a legal guardian or legal counsel. The legal guardian is a person with full power of attorney granted by the individual, or the individual's legal counsel holding such written power of attorney. Organizations should consult an attorney regarding consent by minors or individuals who, due to a mental or physical condition, are not in a position to give legally valid consent.

7. ASK QUESTIONS IN A SENSITIVE AND SENSIBLE MANNER

The order in which questions are posed, how they are phrased, and the tone in which they are asked are all-important to gaining useful information and reducing the risk that the person becomes distressed or offended. This is true for interviews, medical history taking, medical examinations and counselling sessions.

- **Avoiding repetitive questions:** Staff members working with trafficked persons should try, as best as possible, not to ask for information that an individual has

already provided (perhaps many times). Where standards of confidentiality permit, it is important for the staff member to become familiar with an individual's case file prior to meeting with her/him to avoid requesting information that is already recorded. It is useful to complete the sections of any forms for which the information is already known prior to the meeting or appointment.

- **Sequence of questions:** Questions are most well received when they are asked in an order that places the least-sensitive questions first. Wherever possible—whether it is part of the interview or procedure or not – it is useful to initially pose questions that demonstrate concern for the person's well-being (i.e., health needs, personal needs, safety issues, physical comfort) in order to build confidence. Interviewers should then ask neutral or unobtrusive questions (name, place of birth, former occupation, etc.). Sensitive questions receive more reliable responses when they come later in any encounter, i.e., after a stronger relationship between the staff member and the trafficked person has had time to develop. Although it may be difficult in individual cases to determine what issues will be sensitive – what is upsetting to some trafficked persons may not be distressing or difficult for others – there are some subjects that have proven to be consistently upsetting and difficult. Sensitive subjects include sexual abuse (particularly abuse that occurred at home, before the trafficking experience), children, family members, home address, encounters with law enforcement, and illegal activities in which the victim believes they were complicit (e.g., false documents, "prostitution", illegal border crossing, substance abuse, etc.).

It is important to end interviews with less-sensitive questions, and not leave the person feeling distressed or despondent. Where possible, it is useful to end with questions that recognize the person's strengths and courage.

- **Tone of the questions:** How a question is asked is nearly as important as what is being asked. Questions that are posed in ways that convey concern and interest receive better answers than those asked in interrogatory or accusatory tones, or in a manner that makes the individual suspect s/he will not be believed. Treating individuals in ways that recognize how badly they have been hurt, and the hesitancy they may feel about revisiting difficult memories or displaying strong emotions is not only compassionate, but also helps trafficked persons begin to regain belief in the humanity of others. It is often helpful to remind individuals to take their time answering questions, or offering to let them return to difficult questions later.

8. LISTEN ACTIVELY AND RESPONSIVELY[2]

Active listening means fully concentrating on the person who is speaking and what s/he is saying, and acknowledging that what is being said is heard and understood. Techniques for active and responsive listening include:

- **Stop talking:** It is not possible to listen while speaking.
- **Ask questions and clarify:** If you aren't sure you have understood what has been said, ask again or rephrase the question without getting frustrated or making the person feel stupid or incompetent.
- **Give the person time to answer:** Permit an individual to recount events and reveal emotions at their own pace. Don't be in a hurry or press for responses. Silence is not bad. Long pauses may mean the person is determining how best to explain a difficult subject, is trying to gather their emotions, or trying to remember specific details of an event. Do not make judgments about the veracity of a person or statement based on silences or long pauses.
- **Focus your attention:** Do not try to do other small tasks, think about other cases, sort out other problems, or plan what you will say next while the person is talking.
- **Be perceptive:** Watch facial expressions, hand and body movements, and listen for the tone of what is being said. Sometimes what a person does or the way something is said is a better indicator of what s/he is trying to communicate than the words that are used. (Make sure, however, that the individual is not uncomfortable being so closely observed. Listen for what is **not** being said. Especially in discussions related to traumatic events or deep feelings, the subjects a person avoids are often as important (or more) than what s/he is saying. When and if appropriate, try to bring up the topic that has been left out.
- **Acknowledge what the person says:** It is important to let the person know that you are listening, that you understand what s/he is saying and that you empathize with the emotions s/he is conveying. This can be done with facial expressions, nodding, small sounds of recognition ("uh hmm, yes, I understand"), and repeating back or confirming what the person has said. However, be careful not to interrupt or finish or fill in a person's sentence for her/him. Let the person determine the way s/he wishes to convey her/his thoughts.

[2] Global Alliance Against Traffic in Women (GAATW). (1997). *Practical guide to assisting trafficked women.* Bangkok: GAATW.

9. OBSERVE FOR SIGNS THAT AN INDIVIDUAL NEEDS TO STOP DURING AN INTERVIEW OR PROCEDURE

Submitting to questions or recounting details of a trafficking experience, whether voluntary or required as part of an assistance process, places physical, psychological and social demands on persons who are already under stress. It is not only humane to be sensitive to individuals' feelings and fatigue, it is also beneficial to the information-gathering process and assistance aims. Persons who are exhausted, feel harassed, become overwrought with emotion, or lost in their thoughts about the past or future are less capable of recalling and conveying information. In addition, these feelings may cause individuals to resent or become hostile towards the support person and the assistance process. It is important to be perceptive and read the signs that an individual needs a break, needs a change of subject, needs time to gather themselves and their thoughts, or simply must stop for the day. Conversely, it is not unusual for an individual who has been suffering in silence for long periods (or even short ones) to feel relief or therapeutic benefits from telling her/his story. It is important that people be allowed to recount what happened to them and how they feel about it in their own way without being rushed, or interrupted because they have veered from the subject, or because of a support person's tight schedule.

10. CONSIDER ANY PRECONCEPTIONS AND PREJUDICES YOU MAY HAVE

Many forms of trafficking involve activities that are considered socially unacceptable or morally controversial. Trafficking also involves persons with an array of different ethnic, cultural, socio-economic backgrounds and personality differences. It is essential for support persons to assess whether they have any negative preconceptions, biases, or racist feelings about the persons with whom they will work. Support persons must consider how they feel about persons who have engaged in common trafficking types of labour (e.g., prostitution, begging, domestic service), persons who have been victims of certain types of abuse (e.g., sexual abuse), persons who may suffer stigmatizing or apparent illnesses or injuries (e.g., HIV, physical disfigurement from injury or other, polio or landmine-related disabilities), and persons who have social, cultural or religious beliefs or practices different from their own.

In addition, it is not unusual for people to have less-obvious prejudices that are related to the socio-economic status of an individual. Particularly for support persons who have professional training, a regular job, and a decent standard of living, it is not uncommon to have feelings of superiority or greater capability than disadvantaged or less-educated persons or persons from rural areas. While some

of the manifestations of these biases can take benign forms (i.e., paternalism, caretaking), it is important to recognize these impressions in oneself and make certain that they do not cause one to behave in ways that make the person receiving assistance feel inferior.

11. BELIEVE. DO NOT JUDGE

Assistance relationships are based on trust. Trust must begin on the side of the support person. Support persons must come ready to believe the individual they are assisting is telling the truth, and must not let destructive scepticism to enter the helping relationship. Trafficked persons must feel that what they say is not being scrutinized for its veracity, and that assistance is being provided in the right spirit, i.e., not simply to gain something from the trafficked person (e.g., information). Unless there is factual evidence that the person is not telling the truth, it is not necessary to make judgements when in an assistance role.

Similarly, it is important to keep in mind that trafficked persons have very real reasons not to trust others, to mislead, and to dissemble and alter their version of the past. Even if an individual lies about or refuses to disclose certain information on occasion, forgets or changes parts of her/his story, this is not reason to discredit other information s/he has provided, or to determine the individual is untrustworthy.

12. MAINTAIN PROFESSIONALISM WHILE TREATING PERSONS WITH RESPECT AND COMPASSION

Acting professionally means treating a person with respect and equality. It is not uncommon for professionals who are in a position of control (i.e., over information, services or goods) to adopt a paternalistic tone, or even slip into a style that implies intellectual or professional dominance, thus putting the person receiving assistance into a helpless or submissive role. This is a harmful balance for a helping relationship, particularly for persons who previously have been forced into submission. It is very easy for individuals who have been traumatized to accept their inferiority and dependency, and feel weak and demeaned. Support persons should maintain a professional distance and demeanour, but at the same time be compassionate and comforting. Individuals receiving assistance should feel that they have entered into a relationship of equality in which they and their decisions will be respected. They must also perceive that the support person cares about them and is at all times working in their best interest.

13. ENSURE TRAFFICKED PERSONS FEEL IN CONTROL OF THEIR BODY AND COMMUNICATIONS

To varying degrees, the assistance process requires that one person takes the lead or provides guidance. However, it is important that the individual being assisted feels that s/he has control of what is happening to her/him and will be able to make her/his own decisions about her/his future. As previously noted, trafficked persons have survived their ordeal by being highly sensitive to (and suspicious of) what others wanted of them, and by understanding their submissive role. Particularly in the area of physical and mental health, procedures and questions can be intrusive and may be perceived as further violations. Every effort must be made to make certain that the individual receiving assistance does not feel forced or coerced into any encounter, and at all times understands what is happening and willingly consents to proceed. A support person can encourage trafficked persons to take and maintain control during the assistance process by, for example, patiently providing clear descriptions of options, reminding individuals that the decisions are theirs alone to make and that decisions will not be made for them or forced upon them, giving sufficient time for them to consider their options, and when choices are made, by supporting individuals in their decisions.

14. REASSURE TRAFFICKED PERSONS THEY ARE NOT TO BLAME

Self-blame is a common reaction to a trafficking experience. It is important to let trafficked persons know that what happened to them was not their fault. It is useful to point out that trafficking is a criminal act that occurs to many others around the world, and that they are not criminally or morally responsible for having been tricked or coerced into the journey or engaging in the subsequent acts that took place. Through these assurances a support person begins to alleviate the guilt that can prevent self-forgiveness and healing, and convey that that they are not judging or blaming the individual.

15. INFORM TRAFFICKED PERSONS OF THEIR RIGHT TO A FORENSIC MEDICAL EXAM AND REPORT

All trafficked persons must be informed of their right to a forensic medical examination for the explicit purpose of making a criminal or civil legal claim against traffickers, or other individuals who abused or exploited them. Reports from forensic medical examinations can be essential pieces of evidence in legal proceedings, particularly those related to sexual assault. The term “forensic medical exam”

means an examination provided to a victim of a crime carried out by medical personnel trained to gather evidence in a manner suitable for use in a court of law. In the case of forensic medical examinations of sexual assault, the examination should include, at a minimum:

1. Examination of physical trauma;
2. Determination of penetration or force;
3. Patient interview; and
4. Collection and evaluation of evidence.[3]

The inclusion of additional procedures (e.g., testing for sexually transmitted diseases) to obtain evidence or provide treatment may be determined in accordance with current laws, policies, and practices.[4] Timing is nearly always of the essence in the case of gathering medical evidence. It is of the utmost importance that service delivery organizations immediately (i.e., upon first contact) inform individuals of their right to a forensic medical exam, and once a request for an exam has been made, that staff arrange for a professional forensic medical examination to take place immediately. It is also important to ensure that trafficked persons receive copies of any resulting reports promptly – especially before their departure from the programme.

16. INFORM THE TRAFFICKED PERSON OF THEIR RIGHTS TO COPIES OF ALL HEALTH AND MEDICAL RECORDS

Every trafficked person must be informed of her/his right to obtain copies of their medical and other health-related records, including diagnostic test results, x-rays, lab results, treatment follow-up notes. Wherever possible the primary medical practitioner's summary medical report should be made available in the trafficked person's original language. Access to medical records is a basic entitlement that must be encouraged at all times, but particularly when there is (a) referral to other health workers, health institutions or coordinating service partners; (b) at the reintegration phase; (c) at the end of certain treatment milestones as part of assuring the patients of cure; and (d) upon demand from the trafficked person.

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[3] Office on Violence Against Women, US Department of Justice. (site visited in August 2003). Frequently Asked Questions Regarding STOP Formula Grant Programme Forensic Exam Payment Requirement [On-line fact sheet] URL: http://www.ojp.usdoj.gov/vawo/faqforensic.htm

[4] Ibid.

17. REMIND THE TRAFFICKED PERSON OF THEIR STRENGTHS

It is important to acknowledge the horrors of each trafficked person's experience, the cruelty and injustice of the trafficker's and other's treatment, and to remind individuals how well they coped under the circumstances. Support persons might use specific examples from an individual's narrative to demonstrate to the trafficked person to point out her/his strengths and resourcefulness.

18. PROVIDE INTERPRETATION

An interpreter is a vital link between trafficked persons and staff trying to assist them. Interpreters are not simply responsible for translating the words that someone says, but for conveying concepts and meaning. How information is communicated is vital to the health and well-being of trafficked persons. When interpreting is done well, it can improve a service relationship immeasurably. When it is done poorly, it can damage it, often irreparably. There are certain key issues to selecting and employing interpreters that must be considered. Most of these issues are based on the concept that: **interpreters are human beings and not necessarily neutral.** They are people with ideas, opinions, prejudices, friends, a background, and a life beyond being a "mouthpiece" or voice for someone else. This means that in employing an interpreter it is absolutely essential that she or he is adequately screened. Without proper screening, at the very least, a bad interpreter will fail to communicate important information correctly. At the worst extreme, s/he may put the trafficked person, staff member or the entire mission in danger.

The following issues are important whether the interpreter is a staff member of the organization or is contacted from outside.

The first issue is **security.** There must be a thorough security check of all persons hired to interpret for trafficked persons. Even in cases where there seems to be an urgent or pressing need for interpretation, "volunteer" interpreters who are not well known to the organization or who have not passed a security check should not be employed.

A second factor to consider in selecting an effective interpreter is whether they harbour any **discrimination** against any aspect of the persons with whom they will be working – the trafficked person or the practitioner. Problems related to an interpreter's attitudes are ones that often goes undetected if interpreters are not properly screened. Particularly in areas where there has been or continues to be ethnic or national conflict, hiring an interpreter without knowing whether s/he sustains any

prejudices is a significant risk. Interpreter's biases may be rather benign preconceptions, or may comprise extreme hatred. In any case, they are likely to influence how information gets conveyed. Unless during the screening process specific questions are asked and opinions probed, these feelings will be difficult to detect once the individual is interpreting.

A third problem in identifying an interpreter relates to the **background and connections** of an individual. Individuals who act as interpreters often come from the same region, even the same village as the person for whom s/he is interpreting. For some trafficked persons, this may be comforting, for others it may dissuade them from speaking about anything personal for fear that the details of their story will filter back to their family and community. In addition, when persons come from the same area, particularly one where there has been conflict, it is possible that one individual will recognize the other as someone who has previously caused harm to them or their family, but for a variety of reasons, may be reluctant to state this. In either of these cases, the trafficked person might not wish to disclose information about themselves or what happened to her/him, and would have little way to explain why.

Once interpreters have been adequately screened it is of the utmost importance that all interpreters receive appropriate sensitization and training prior to interpreting for trafficked persons. Training and sensitization briefings include providing information and appropriate terminology for:

- Trafficking;
- Violence against women (for those interpreting for women);
- Child abuse (for those interpreting for children);
- Area of health or medicine to be addressed, e.g., physical health, reproductive health, or psychology.

The training should help prepare interpreters to translate terms and concepts they may be unfamiliar with (particularly medical terminology) and make them aware of the sensitive and private nature (i.e., embarrassing) of the material they may be interpreting. Of greatest emphasis should be the need for interpreters to behave in a compassionate and patient manner towards the individual for whom they will be interpreting.

How to identify when a trafficked person feels ill at ease, does not like, or does not trust the interpreter

Identifying whether a trafficked person is at ease with the selected interpreter is a rather complex, yet extremely important dilemma. Once an interview has begun, it can be very difficult for a staff member to know that a trafficked person does not feel comfortable with the interpreter. Implementing checks to ensure the selected interpreter is acceptable to the trafficked person may take a little extra time in the short term, but can save time and energy (and prevent problems) in the longer term. One possible check is, in cases where the trafficked person can read, to have a written card prepared in the person's native language that poses "yes" or "no" questions aimed at identifying whether the person feels comfortable with, likes, and is willing to talk through the selected interpreter. After an introductory conversation, the interpreter can be requested to leave the room and the card presented to the person. The card could be offered once in the beginning, and again later, as needed.

APPENDIX II

Interview Checklist

Persons that conduct interviews with individuals who seek assistance as victims of trafficking or with those who have been identified as victims of trafficking and who are being assisted, should also refer to Appendix I: Ethical Principles in Interviewing and Caring for Trafficked Persons

The following basic checklist provides summary guidance in interview techniques for service delivery organization staff.

Conditions

- Where possible, ensure that the interview takes place in a closed private space where others cannot overhear or interrupt.
- The only persons allowed to be present should be the victim, the interviewer(s), an interpreter (where necessary) and a qualified support person (such as a legal or psychological counsellor) where appropriate.
- If there is any doubt as to the ability of the individual to understand the language of the interview, every possible effort must be made to secure the services of an interpreter.
- Mobile phones should be turned off.
- If a closed space is available, a “do not disturb” or similar sign should be placed on the door to prevent interruptions.
- If no closed and private space is available, the interviewer should endeavour to find as private a place as possible where the interview cannot be overheard.
- Avoid adopting a judgmental or interrogative style of interviewing.
- Try to establish a rapport with the individual to make her or him feel respected and that s/he is someone whose views should be believed.

Introduction

- The interviewer should introduce her or himself to the individual and describe her or his role in the organization.

- Ascertain that the individual feels secure and comfortable.
- Ascertain whether or not she or he needs to use the bathroom or requires some refreshments.
- Ascertain if the individual is suffering from any pain or discomfort or whether the individual has any problems that require urgent medical attention.
- If the individual reports that she or he has an urgent medical problem, the interview should not proceed until a medical professional has attended and carried out an examination.
- In the case of minor ailments such as headaches, non-prescription medication can be offered (e.g., paracetemol, aspirin, and ibuprofen).

Explanation

- Give a brief explanation of the role of the organization in the provision of assistance to trafficked victims and of the purpose of the interview that is about to begin.
- Explain to the individual that the interview may include questions concerning the history of what has happened to her or him and that some of the topics may be upsetting, painful to recall and may bring back difficult memories.
- Tell the individual that she or he can take time in answering the questions and may take a break at any time if necessary.
- Explain that the more information that can be provided, the better the organization may be able to help. Explain any limitations to the assistance the organization can provide (for example if assistance is only for trafficked persons, irregular migrants, children, etc.).
- Explain that if the organization is not able to provide direct assistance because the individual does not qualify, the organization will try to help and identify a qualified group or individual that can provide assistance.

Final Points Before Beginning the Interview

- Inform the individual that all answers will be kept strictly confidential.
- Explain to the individual that she or he can ask questions at any time or seek clarification or repetition of what has been explained or stated at any time.
- Ascertain that the individual has clearly understood all of what has been explained.
- Ask the individual if she or he has any questions at this stage.
- Ask the individual if she or he agrees to participate in the interview.

APPENDIX III

Glossary[1]

Abduction The act of leading someone away by force or fraudulent persuasion.[2]
See also: Kidnapping; Recruitment, Forcible.

Child An individual being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier (Article 1, 1989 Convention on the Rights of the Child). Children are protected from trafficking in several international legal instruments and are considered a special case: "The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered 'trafficking in persons'" (2000 Protocol to Prevent, Suppress, and Punish Trafficking in Persons).
Full texts: http://www.hrw.org/children/child-legal.htm; http://www.unodc.org/unodc/en/crime_cicp_convention.html
See also: Child Labour, Worst Forms of Child Labour

Child Labour Any work performed by a child which is detrimental to his/her health, education, physical, mental, spiritual, moral or social development (Article 32, 1989 Convention on the Rights of the Child). States are required to set a minimum age for employment and to regulate the hours and conditions of employment.
Full texts: http://www.hrw.org/children/child-legal.htm
See also: Child, Exploitation, Worst Forms of Child Labour

Child Soldier Several international instruments prohibit the use of children in armed conflict. The 1977 Additional Protocols to the four Geneva Conventions establish a minimum age of 15 years for recruitment and participation in armed conflict. Children are protected from "forced or compulsory recruitment" for use in armed conflict in Article 3 of the 1999 Convention Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour. In 2000, an optional protocol to the Convention on the Rights of the Child further prohibited the involvement of children in armed conflict (Optional

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[1] This glossary was adapted from IOM (2005). IOM Counter Trafficking Training Modules: Return and Reintegration. International Organization for Migration: Washington, DC and IOM (2004). *Glossary on Migration.* International Organization for Migration: Geneva.

[2] Garner, B. (ed.), *Black's Law Dictionary* (7th Edition), West Group, St. Paul, 1999 (see further as *Black's Law Dictionary.*)

Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict).
Full texts: http://www.hrw.org/children/child-legal.htm; http://www.unhchr.ch/html/menu2/6/protocolchild.htm
See also: Child, Exploitation, Worst Forms of Child Labour

Coercion Compulsion by physical force or threat of physical force.[3]
See also: Control, Debt Bondage, Isolation

Control To exercise restraining or directing influence over.[4] A core component of trafficking in persons: Traffickers use many methods to control and coerce their victims, including debt bondage, isolation (e.g., removal of identify or travel documents), fear and violence (psychological and physical).
See also: Coercion, Debt Bondage, Isolation

Country of Destination A country that a migrant is traveling to; a country that is a destination for migratory flows (legal or illegal).
Synonym: Receiving Country
See also: Country of Origin, Country of Transit

Country of Origin A country that a migrant is coming from; a country that is a source of migratory flows (legal or illegal).
Synonym: Source Country
See also: Country of Destination, Country of Transit

Country of Transit A country that a migrant travels through; a country through which migratory flows move (legal or illegal).
See also: Country of Origin, Country of Destination

Debt Bondage "the status or condition arising from a pledge by a debtor of his personal services or of those of a person under his control as security for a debt, if the value of those services as reasonably assessed is not applied towards the liquidation of the debt or the length and nature of those services are not respectively limited and defined" (Article 1, 1956 Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery). Sometimes used as a mechanism to control and coerce victims of trafficking in persons.
Full texts: http://www.unhchr.ch/html/intlinst.htm
See also: Control, Coercion

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[3] *Black's Law Dictionary*.
[4] Merriam-Webster Online Dictionary, www.m-w.com, accessed October 2004 (see further as Merriam-Webster Online).

Domestic Servitude Servitude can be understood as a "dependent, economically abusive labour relationship" with "no reasonable possibility of escape." In some cases, the "abusive labour conditions of the live-in migrant domestic workers . . . [can] accurately be described as servitude."[5]
See also: Exploitation, Indebted Servitude

Exploitation The act of taking advantage of something or someone, in particular the act of taking unjust advantage of another for one's own benefit.[6] A core component of trafficking in persons: "Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs" (Article 3 of the 2000 UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons). Traffickers transport their victims for the sole purpose of personal gain, often either to make large amounts of money from their exploitation or to obtain free services or labour.
Full texts: http://www.unodc.org/unodc/en/crime_cicp_convention.html
See also: Forced Labour, Domestic Servitude, Sexual Exploitation, Recruitment, Transportation

Forced Labour "all work or service which is exacted from any person under the menace of any penalty and for which the said person has not offered himself voluntarily" (Article 2, Forced Labour Convention of 1930). Further state responsibilities are included in the Abolition of Forced Labour Convention of 1957.
Synonym: Compulsory Labour
Full texts: http://www.unhchr.ch/html/intlinst.htm
See also: Exploitation

Forced Marriage Marriage that is not voluntary. According to the 1962 Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages, "Marriage shall be entered into only with the free and full consent of the intending spouses." Forced marriage is recognized as a practice similar to slavery when: "A woman, without the right to refuse, is promised or given in marriage on payment of a consideration in money or in kind to her parents, guardian, family or any other person or group"; "The husband of a woman, his family, or his clan, has the right to transfer her to another person for value received or otherwise"; or "a woman on the death of her husband is liable to

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[5] Human Rights Watch, *Hidden in the Home: Abuse of Domestic Workers with Special Visas in the United States,* online at: http://www.hrw.org/reports/2001/usadom/index.htm#TopOfPage, accessed October 2004.

[6] *Black's Law Dictionary*.

be inherited by another person" (Article 1c, Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery). Forced marriage is also prohibited under the 1979 Convention for the Elimination of All Forms of Discrimination Against Women.
Full texts: http://www.unhchr.ch/html/menu3/b/63.htm; http://www.unhchr.ch/html/menu3/b/e1cedaw.htm; http://www.unhchr.ch/html/menu3/b/30.htm
See also: Exploitation, Sexual Exploitation

Forced Military Conscription According to the Fourth Geneva Convention which protects civilians in situations of armed conflict, an "Occupying Power may not compel protected persons to serve in its armed or auxiliary forces" (Geneva Convention Relative to the Protection of Civilian Persons in Time of War).
Full texts: http://www.unhchr.ch/html/menu3/b/92.htm
See also: Child Soldier, Exploitation

Human Rights Those liberties and benefits which, by accepted contemporary values, all human beings should be able to claim "as of right" in the society in which they live. These rights are contained in the International Bill of Rights, comprising the Universal Declaration of Human Rights, 1948 and the International Covenants on Economic, Social and Cultural Rights and on Civil and Political Rights, 1966 and have been developed by other treaties from this core (e.g., The Convention on the Elimination of All Forms of Discrimination against Women, Racial Discrimination Convention).
Full texts: http://www.unhchr.ch/udhr/index.htm

Identity Document A piece of documentation designed to prove the identity of the person carrying it.
See also: Passport, Travel documents

Indebted Servitude Servitude can be understood as a "dependent, economically abusive labour relationship" with "no reasonable possibility of escape."[7] Servitude sometimes results from situations of debt bondage, where debts are used to control victims of trafficking.
See also: Exploitation, Debt Bondage, Domestic Servitude

Informed Consent An agreement to do something or to allow something to happen, made with complete knowledge of all relevant facts, such as the risks involved

[7] Human Rights Watch, *Hidden in the Home: Abuse of Domestic Workers with Special Visas in the United States,* online at http://www.hrw.org/reports/2001/usadom/index.htm#TopOfPage

or any available alternatives. For example, a patient may give informed consent to medical treatment only after the health care professional has disclosed all possible risks involved in accepting or rejecting the treatment.[8]

Internal Trafficking Trafficking in persons which takes place within a country.

Irregular Migration Movement that takes place outside the regulatory norms of the sending, transit and receiving countries. There is no clear or universally accepted definition of irregular migration. From the perspective of destination countries it is illegal entry, stay or work in a country, meaning that the migrant does not have the necessary authorization or documents required under immigration regulations to enter, reside or work in a given country. From the perspective of the sending country, the irregularity is for example seen in cases in which a person crosses an international boundary without a valid passport or travel document or does not fulfil the administrative requirements for leaving the country.
Synonyms: Illegal Migration, Clandestine Migration
Antonyms: Regular Migration, Legal Migration
See also: Smuggling of Migrants

Isolation Traffickers often use isolation as a means of control and coercion. Isolation can include (but is not limited to) the removal of identification or travel documents, and linguistic or social isolation of victims.
See also: Control, Coercion, Identity Documents, Travel Documents

Kidnapping Unlawful forcible abduction or detention of an individual or group of individuals, usually accomplished for the purpose of extorting economic or political benefit from the victim of the kidnapping or from a third party. Kidnapping is normally subject to the national criminal legislation of individual States; there are, however, certain kidnappings that fall under international law (e.g., piracy).[9]
See also: Abduction, Recruitment, Forcible

Migrant Worker "a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national" (Article 2, 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families).
Full texts: http://www.unhchr.ch/html/menu3/b/m_mwctoc.htm
See also: Migration

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[8] www.nolo.com, accessed January 2006.

[9] Feinrider, M., Kidnapping, in *Encyclopedia of Public International Law*, No. 8, *Human Rights and The Individual In International Law*, International Economic Relations, North-Holland, Elsevier Science Publishers B.V., 1985, p. 355.

Migration A process of moving, either across an international border, or within a State. It is a population movement, encompassing any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, uprooted people, and economic migrants.
See also: Irregular Migration, Regular Migration

Organized Crime Widespread criminal activities that are coordinated and controlled through a central syndicate.[10]
See also: Smuggling of migrants, Trafficking in persons

Prevention The act of preventing (to keep from happening or existing).[11] Part of a comprehensive strategy to combat trafficking in persons. Prevention can include (but is not limited to) information and awareness-raising activities, research, seminars and training, and cooperation and networking (locally, nationally, regionally and internationally).
See also: Prosecution, Protection

Prosecution A criminal proceeding in which an accused person is tried. As part of a comprehensive strategy to combat trafficking in persons, prosecution interventions can include (but are not limited to) strengthening legislation and policy, increasing criminal penalties, building capacity, and national and transnational cooperation (e.g., between NGOs and law enforcement).
See also: Prevention, Protection

Prostitution The practice of engaging in sexual activity, usually with individuals other than a spouse or friend, in exchange for immediate payment in money or other valuables.[12]

Protection The notion of protection reflects all the concrete measures that enable individuals at risk to enjoy the rights and assistance foreseen them by international conventions. Protecting means recognizing that individuals have rights and that the authorities who exercise power over them have obligations. It means defending the legal existence of individuals, alongside their physical existence.[13] Part of a comprehensive strategy to combat trafficking in persons. Protection of victims can include (but is not limited to) shelter, medical and psychological assistance, establishing visa options, voluntary return and reintegration, safety, and national and transnational cooperation.
See also: Prevention, Prosecution

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[10] *Black's Law Dictionary.*
[11] Merriam-Webster Online.
[12] Encyclopedia Britannica Online, http://www.britannica.com, accessed June 2006.
[13] *The Practical Guide to Humanitarian Law* Francoise Bouchet-Saulnier, Rowman & Littlefield Publishers, Inc. 2002.

Recruitment A core component of trafficking in persons. Recruitment can be divided into fully deceptive, partially deceptive, and by force (abduction).
See also: Trafficking in Persons, Transportation, Exploitation

Recruitment, Forcible Victims of trafficking in persons are forcibly taken.
Synonym: Abduction
See also: Abduction, Kidnapping

Recruitment, Fully Deceptive Victims of trafficking in persons are lured by promises of employment and financial gain and are fully deceived as to the true intentions of the traffickers.

Recruitment, Partially Deceptive Victims of trafficking in persons may be aware that they are to be employed in a given activity but do not know under what conditions.

Regular Migration Migration that occurs through recognized, legal channels.
Synonym: Legal Migration, Orderly Migration
Antonym: Irregular Migration
See also: Migration

Risk Assessment A process of identifying and assessing the risks associated with a given situation or event.

Risk Management Plan A plan that puts in place measures to reduce the risks associated with a situation or event to an acceptable level.

Sexual Exploitation In the context of trafficking, sexual exploitation takes many forms, including prostitution, pornography, exotic dancing, sex tourism, or forced marriage. Victims can be men, women or children. Sexual exploitation is prohibited by a variety of international instruments, including the Geneva Conventions and the 1993 Declaration on the Elimination of Violence against Women.
See also: Exploitation

Slavery The status or condition of a person over whom any or all the powers attaching to the right of ownership are exercised (Art. 1, Slavery Convention, 1926 as amended by 1953 Protocol). Slavery is identified by an element of ownership or control over another's life, coercion and the restriction of movement and by the fact that someone is not free to leave or to change

employer (e.g., traditional chattel slavery, bonded labour, serfdom, forced labour and slavery for ritual or religious purposes).
Full texts: http://www.unhchr.ch/html/menu3/b/f2sc.htm
See also: Debt bondage

Smuggler (of People) An intermediary who is moving people in furtherance of a contract with them, in order to illegally transport them across an internationally recognized State border.
See also: Smuggling of Migrants

Smuggling of Migrants "the procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or a permanent resident" (Article 3, UN Protocol against the Smuggling of Migrants by Land, Air and Sea).
Full texts: http://www.unodc.org/unodc/en/crime_cicp_convention.html
See also: Irregular Migration, United Nations Protocol against the Smuggling of Migrants by Land, Air and Sea

Trafficker (of Humans) A person who is moving people in order to obtain an economic or other profit by means of deception, coercion and/or other forms of exploitation. The intent of the trafficker is to exploit the person and gain profit or advantage from their exploitation.
See also: Trafficking in Persons

Trafficking in Persons "the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation" (Article 3 of the 2000 UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons).
Full texts: http://www.unodc.org/unodc/en/crime_cicp_convention.html
See also: United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children

Transportation The movement of goods or persons from one place to another by a carrier. A core part of trafficking in persons, movement can be international (involving two or more countries) or can take place from one part of a country to another (i.e. internal trafficking). Transportation can take place legally or illegally, by air, land or sea.
See also: Recruitment, Exploitation, Trafficking in Persons

Travel Documents Generic term used to encompass all documents which are acceptable proof of identity for the purpose of entering another country. Passports and visas are the most widely used forms of travel documents. Some states also accept certain identity cards or other documents.
See also: Identity Documents

United Nations Convention against Transnational Organized Crime Deals with the fight against organized crime in general and some of the major activities in which transnational organized crime is commonly involved, such as money laundering, corruption and the obstruction of investigations or prosecutions. To supplement the Convention, two Protocols also tackle specific areas of transnational organized crime that are of particular concern (trafficking in persons and smuggling of migrants).
Full texts: http://www.unodc.org/unodc/en/crime_cicp_convention.html
See also: United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children

United Nations Protocol against the Smuggling of Migrants by Land, Air and Sea Supplemental to the UN Convention against Transnational Organized Crime. Deals with the growing problem of organized criminal groups who smuggle migrants, often at high risk to the migrants and at great profit for the offenders.
Full texts: http://www.unodc.org/unodc/en/crime_cicp_convention.html
See also: Smuggling of Migrants, United Nations Convention against Transnational Organized Crime

United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons Supplemental to the UN Convention against Transnational Organized Crime. Deals with the problem of modern slavery, in which the desire of people to seek a better life is taken advantage of by organized criminal groups. Migrants are often confined or coerced into exploitive or oppressive forms of employment, often in the sex trade or in dangerous occupations, with the illicit incomes generated from these activities going to organized crime.
Full texts: http://www.unodc.org/unodc/en/crime_cicp_convention.html
Synonym: Palermo Protocol
See also: Trafficking in Persons, United Nations Convention against Transnational Organized Crime

Victim A person who is acted on and usually adversely affected by a force or agent; one that is injured, destroyed, or sacrificed under any of various conditions

(accidents, crimes, etc.); one that is subjected to oppression, hardship, or mistreatment; one that is tricked or duped.[14]

Victims of Trafficking People (men, women and children) who are victims of the crime of trafficking in persons.
Synonym: Trafficked Persons
See also: Child, Trafficking in Persons

Worst Forms of Child Labour "all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict; the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances; the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties; work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children" (Article 3 of the 1999 Convention Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour).
Full texts: http://www.hrw.org/children/child-legal.htm
See also: Child, Child Labour, Child Soldier, Exploitation

[14] Merriam-Webster Online.

Vision Statement of IOM Counter-Trafficking Staff

We fight against exploitation of migrants in all its forms, especially the severe human rights violations suffered by trafficked persons. Building on our individual commitment and global presence, we strengthen the capacities of our partners in government and civil society and set operational standards to achieve sustainable results that will:

- provide protection and empower trafficked women, men, girls and boys;
- raise awareness and understanding of the issue and;
- bring justice to trafficked persons.