

IOM Training Manual on Psychosocial Assistance for Trafficked Persons

Prepared for IOM by Nattasuda Taephant, Ph. D.



IOM International Organization for Migration



IOM Training Manual on Psychosocial Assistance for Trafficked Persons

Prepared for IOM by Nattasuda Taephant, Ph. D.



IOM International Organization for Migration



The author prepared this manual for the International Organization for Migration (IOM), Bangkok, Thailand. Opinions expressed in this document are those of the author and do not necessarily reflect the views of the International Organization for Migration.

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

Editors: David Ian Keith and Dmitry Poletayev

Design and printing by: Thammada Press Co., Ltd.

Publisher: International Organization for Migration, Bangkok, Thailand
18th Floor, Rajanakarn Building
183 South Sathord Road
Sathorn, Bangkok 10120, Thailand
Tel: +66-2-343-9300
Fax: +66-2-343-9399
Email: MRFBangkok@iom.int
Internet: <http://www.iom.int>

© 2010 International Organization for Migration, Regional Office, Bangkok, Thailand

All rights reserved. No part of this publication may be reproduced, stored in retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise without the prior permission of the publisher.

Foreword

The phenomenon of human trafficking has reached disturbing proportions in the Greater Mekong Subregion. Current estimates of annual trafficking flows in the Subregion range from 200,000 to 450,000 persons, the majority of whom are women and children.

This training manual is meant to provide qualified reference to general helpers and counsellors on the appropriate operational standards of care and assistance to trafficked persons, paying special consideration to the psychosocial aspects of the trafficking experience. To increase their capacity and effectiveness, it is important for field practitioners to familiarize themselves with the fundamental concepts underlying the stages of human trafficking and their impact on the trafficked persons.

Due to the nature of cross-border trafficking, the first people to assist the victims often do not speak their language, which calls for the use of interpreters. IOM has developed a relevant set of ethical guidelines for the use of interpreters, reflecting the internationally accepted principles of victim protection: safety, privacy, equitable care, cultural sensitivity, respect of the rights and dignity of the individual and the primacy of a victim-centered approach.

Drawing on these ethical standards, the author aimed to provide the principles in assessment and intervention - a planned process of comprehensive care. Also important to sustained and effective care provision is the well-being of care providers. Considering the emotional levers of care, the author offers helpful preventative self-care measures.

We hope that this manual will assist providers with a range of critical issues in psychosocial care and counselling for victims of trafficking.



Monique Filsnoël
Chief of Mission
International Organization for Migration, Thailand

Acknowledgements

The author would like to give special thanks to every individual contributor to this publication at the International Organization for Migration. The list includes: Piyaporn Kanjanawong, Project Assistant, Counter-Trafficking Unit, IOM Thailand, Varaporn Naisanguansri, Project Assistant, Counter-Trafficking Unit, IOM Thailand, Guglielmo Schinina, Coordinator for Mental Health, Psychosocial Response and Cultural / Medical Integration, IOM, Geneva, Dr. Jaime F. Calderon Jr., Regional Migration Health Manager, IOM Bangkok, April Joy Damian, Hera Shanaj, Manager, IOM Thailand Counter-Trafficking Unit, for their assistance and support in writing of this manual, as well as David Ian Keith, and Dmitry Poletayev for editing the final publication.

Contents:

Foreword	iii
Acknowledgments	iv
Chapter I: Human Trafficking: Definitions and Situation in the GMS	1
Chapter II: Stages of Trafficking	5
Chapter III: Principles of Assistance	11
Chapter IV: Psychosocial Services for Trafficked Persons	13
Chapter V: Who Should be Involved in the Helping Process	17
Chapter VI: Culturally Sensitive Care	19
Chapter VII: Working with Interpreters	25
Chapter VIII: Assessment and Intervention	29
Chapter IX: The Interviewing Process	31
Chapter X: Safe Referrals	39
Chapter XI: Record Keeping	45
Chapter XII: Self Care	47
Bibliography	51
Annex I: Lesson Objectives	53
Annex II: Example Training Agenda	55

Chapter I

Human Trafficking: Definitions and Situation in the Greater Mekong Subregion

I. Introduction

The perception of human trafficking as an undetectable crime is reflected in the dearth of hard data available on trafficking cases. According to the International Organization for Migration (IOM), trafficking in human beings, regardless of gender and age, is a phenomenon of disturbing proportions in the Greater Mekong Subregion (GMS). While the number of persons trafficked annually from and within the Subregion is not clearly known, estimates range from 200,000 to 450,000. Those numbers, however, generally refer to women and children. Accurate figures on the number of trafficked men are even more elusive. In the last decade, GMS governments recognized that individuals who were deceived and exploited by traffickers should be treated as trafficked persons rather than illegal migrants. A general consensus has emerged on the need to focus counter-trafficking responses in the areas of trafficking prevention, protection of trafficked persons and prosecution of traffickers.

Human trafficking is the fastest growing crime in the world, according to Interpol, and the number of trafficked persons continually increases (Interpol, 2010). Trafficking typically involves the recruitment, transportation and sale of persons (male and female, adult and child) for labour or services. Through the uses of force, fraud or coercion, trafficked persons are subjected to involuntary servitude, peonage or debt bondage, drawing references to modern-day slavery. While a majority of trafficked persons are forced into the sex trade, other trafficking situations include domestic servitude, construction, labour in a prison-like factory or migrant agricultural work.

II. Definitions

The UN Palermo Protocol (2000) defines trafficking in human beings as “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” (UN, 2000).

Human trafficking is differentiated from human smuggling by using the tactics of force, violence and deception. Human trafficking is a crime against the person being trafficked and against the country to which a person is being illegally transported. The trafficked persons are considered victims of a crime committed by others (Interpol, 2010).

Trafficking represents a gross violation of basic human rights. Trafficked persons often come from economically disadvantaged circumstances and are not well educated or have no skills training. Therefore, they have limited opportunities for economic independence. In some cases, trafficked

persons may have been formally educated but, owing to limited economic opportunities in their home country, they have fallen prey to traffickers' false promises of legitimate, well-paying jobs. Regardless of their background, trafficked persons typically feel great shame and responsibility for their victimization. Trafficked individuals suffer various degrees and forms of exploitation, the impact of which differs from person to person. While the needs of trafficked persons are sometimes complicated and acute, they are not always so, as the impact on an individual is not uniformly consistent from case to case. They may require a period of weeks or months before they develop the trust necessary to overcome emotional distress and start to talk with others about their situation. This fact is often emphasized by care providers.

While trafficked persons share some of the similar needs as those who have been the victims of other types of crimes such as domestic violence, trafficked persons require additional services. For example, persons trafficked from other countries typically experience language and communication difficulties, lack of information about their legal rights under the national laws and legal process while they are abroad, or lack of knowledge about the trafficked victim assistance programmes that may be helpful. Some critical factors in rehabilitation, recovery and reintegration include the trafficked persons' age, physical and psychological health, background, social and family life, culture, duration of exploitation and perceptions of the damage done to their personal life and their future as a result of having been trafficked. The long-term recovery, rehabilitation and reintegration of trafficked persons can involve the provision of educational and economic opportunities, and extended psychosocial and health-care services, depending on the individual needs of these persons.

III. Current situation in the GMS and Indonesia

The results of the baseline research in the Greater Mekong Subregion (GMS) and Indonesia conducted by IOM in 2009 reveal that some positive actions are taking place in GMS and beyond to assist trafficked persons in their return, recovery and reintegration into their own societies. However, it is apparent that there are significant variations in the level of support provided and the technical capacity of those providing support across each of the economies comprising GMS. Economies such as China and to a lesser degree Vietnam and Myanmar have less developed return, recovery and reintegration processes, but some positive steps forward seem to have been taken as these issues are highlighted for attention in the national plans of action. In Thailand, which is predominantly a destination country, the services available to trafficked persons are quite extensive as they are in Cambodia. Lao People's Democratic Republic has also made large inroads in this regard, with a functioning multidisciplinary network within five provinces and a multi-sectoral case management team that regularly meets to discuss cases. Non-governmental and governmental organizations function well together and there is a growing referral mechanism in place in Thailand and Cambodia. However, referral among agencies in Lao People's Democratic Republic is limited. In most instances, interviewees described the use of best practice principles for the case management of trafficking cases. Very few internal guidelines or standard operating procedures are available, although a number of organizations did report that they were developing these for future institutionalization.

IV. Information about Trafficked Persons in GMS

Thailand is one of the most predominant countries in trafficking in the GMS area. The fact that Thailand and Laos Democratic Republic are geographically connected makes trafficking in persons even more extensive. The statistics reveal that there are 3,459 victims of trafficking assisted by IOM

returning from Thailand to original countries during 1998 to May 2010. The majority of the victims were from Lao PDR (1,472 persons), Cambodia (1,371 persons), and Myanmar (522). Interestingly, not only nearby country victims who have been trafficked but also victims from other regions such as Columbia, Uzbekistan and Yunnan (China).

Meanwhile, the statistics from IOM shows that there are Thai victims who have been trafficked to other countries such as South Africa (116 persons), Japan (38 persons), Italy (15 persons) during 2005 to July 2010. Over 97 per cent of the trafficked persons were female. The statistics also shows that most exploitation was sexual.

Chapter II

Stages of Trafficking

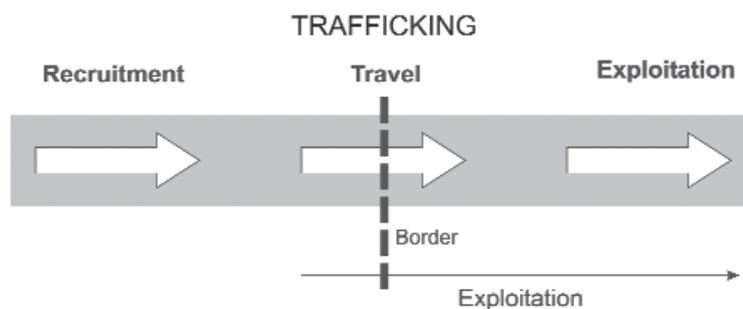
Trafficking must be included in the broader framework of rebalancing the macroeconomic gaps, which characterize globalization. For instance, conditions in countries of origin that create an uneven distribution of wealth such as lack of opportunities accompanied by high unemployment, push individuals to areas where there is demand for their labour. These push factors conspire to create an atmosphere that lowers the prospective migrant's defences, making him or her overlook potential risks, seeing only the possibility for improving circumstances and taking care of the family.

IOM (2004) identified three core elements of trafficking process, which are:

- Economic (i.e. inequalities of wealth between countries of origin and countries of destination).
- Social (i.e. gender discrimination, lack of education, abusive family environment).
- Criminal (legal deficiencies, non-implementation of existing law, corruptions).

The routes of trafficking have reached a startling dimension that is of worldwide concern. Although the actual routes are constantly shifting, the various phases of the process remain stable and universally consistent.

Figure I: Process of trafficking (IOM, 2004a).



Trafficking is a lengthy process that can last many years. This process is composed of three key steps: recruitment, travel and arrival in the country of destination.

Recruitment schemes include the following:

- false job offer in agencies;
- false job offer or study offered by friends;

- kidnapping, coerced recruitment by relatives or acquaintances;
- sale by parents.

Even though the four modes of recruitment occur worldwide, each country has its own social climate that favours one over the others. Recurrence depends on the skill of the recruiters and on the quality of the networks they develop. See the appendix II for case example of recruitment by false job offer.

Nevertheless, worldwide, the most common approach is direct recruitment. A person known and trusted by the victim actually works on behalf of the trafficker as a supplier of victims. This familiar figure can be a: stranger, acquaintance, neighbour, family, relative, friend, fiancée, husband, and parent(s). Offers used to entice potential trafficked persons are (in order of frequency): Employment, study, escort for a business trip, marriage, entertainment (dancers, escorts etc.) and a combination. The most common offer is a legitimate job, but many are persuaded by marriage proposals or the possibility of working in the world of entertainment. Even if they suspect that more personal services may be expected, they have no idea that they will exercise no control over the type, frequency and conditions of these services and that they will be mistreated and abused, maintain irregular migrant status and receive only a fraction of their earnings. In general, upon arrival in countries of destination or transit, the trafficked persons are exploited in the: Prostitution, work in the field, factory work, housekeeping, waitressing, dancing/entertainment, and private sexual exploitation.

I. Major Phases of the Trafficking Experience

The stages of psychosocial significance in the trafficking process include: *pre-departure, travel and transit, destination stage, rescue or escape, detention and deportation, criminal evidence, and return and reintegration.*

Pre-departure is the period before individuals enters the trafficking situation. Traffickers might use various techniques to recruit the individual, i.e. advertisements offering work and study aboard, etc.

The travel and transit stage begins at the time of recruitment and ends upon arrival at the destination. During the commute, trafficked person may suffer grave human rights and physical abuses, and a variety of other crimes. Traffickers often use the cheapest transportation. Trafficked persons are vulnerable to abuse by many individuals during the travel and transit stage. Traffickers might use control tactics, such as terrorizing, lies and deception, maintaining unpredictable and uncontrollable circumstances, elimination of all decision-making power, and emotional manipulation (Zimmerman, C. & Watts, C, 2002).

During the *destination stage*, the trafficked person is placed to work and subjected to a combination of coercion, violence, forced labour, debt bondage or other forms of abuse. Traffickers might use many different mechanisms to gain power and control over the trafficked person such as, seizure of passports and identity documents, debt bondage, etc.

WHO (2003) summarized the feelings and difficulties a trafficked person may have, which apply both to those still in trafficking situation and those who have left the trafficking situation.

II. Individuals Still in a Trafficking Situation Often

- feel trapped with no safe way out;
- work in an informal, often illicit or covert sector;
- are residing illegally in the country to which they were trafficked;
- have limited knowledge of their rights and legal options;
- have limited personal freedoms;
- are mobile, transient, moved from city to city, or traded from one establishment to another;
- are likely to have experienced physical, sexual or psychological abuse and threats of abuse against themselves or their family;
- are susceptible to violence, fines and penalties by employers or agents;
- have had their papers taken from them and worry about deportation;
- lie about their age, especially if they are minors;
- are trapped in situations of debt bondage or other stringent obligations that involve organized crime, corrupt government officials, or members of the police or military;
- face ethnic, social and gender discrimination; and
- adopt self-protective reactions or demonstrate symptoms of trauma and stress that are reflected in an impaired sense of time or space, memory loss of certain events, risk behaviours, or underestimation of risk.

III. Those who have left the trafficking situation often

- have some of the same concerns identified with the trafficking situation;
- continue to feel, and may be, watched or under surveillance of traffickers or others connected to the traffickers (many trafficked women are recruited by someone living locally, often someone in their same town or village);
- have outstanding debts or owe money to traffickers (based on traffickers' calculations);
- may remain vulnerable to retribution against themselves and/or their families;
- have only temporary residency status in a destination country and fear imminent deportation;

- feel, and often are, socially stigmatized by their experience and their work, and risk rejection by family and community members if past events are revealed;
- are vulnerable to extreme stress reactions once out of the situation and have relinquished previous psychological survival mechanisms;
- find that talking about the experience means reliving it; and
- believe that the services (or immigration status) depend on their compliance, and therefore agree to participate in an interview which they would otherwise decline (WHO, 2003).

Exercise I

Understanding the process stages of human trafficking

Goal: To facilitate empathetic understanding of the trafficking process through imagery.

Method: Story telling, story writing

Material: None

Time: 60 min.

Step 1: The training group splits into 5 subgroups (A-E). The size of each subgroup should not exceed 5-6 members. The task of each subgroup will be to construct an imaginary story of a person, who has been "caught" for an imaginary "interview" by a thoughtful caseworker, at one of the following stages of the trafficking process:

Group A: Write story#1. Pre-departure stage

Group B: Write story#2. Travel and transit stage

Group C: Write story#3. Destination stage

Group D: Write story#4. Detention stage (criminal evidencing and sheltering)

Group E: Write story#5. "Homecoming" (integration and re-integration)

The brief case summaries displayed below may help the groups to make up their "own" case stories. The time allowed for accomplishing this task is 60 min.

Step 2: Each group will act out the story to the audience through an improvised dramatization (preferred).

Step 3: Plenary discussion

Case examples (optional):

Pre-departure stage: "I had to leave my home in Vietnam together with my family in 1998. In the refugee camp I fell in love with a man who, after two weeks, promised to marry me. I ran away with him to Thailand without telling anyone" (Lah, Vietnam to Thailand).

Travel and transit stage: "I was sold from Cambodia to Thailand, from Thailand to China. Every time while crossing the border I was under the guard of a man with a gun. I should be silent and not ask for help at the border" (Duan, Cambodia to Thailand and China).

Destination stage: "They beat me and kicked me. They told me, 'Don't scream or we kill you.' I kept quiet. I was a virgin before they raped me" (Aon, Burma to Thailand).

Homecoming: "When I returned, I went immediately to the clinic to get treated for diseases so I would not infect my husband. I can't tell him what happened to me. He wouldn't accept me after this" (Som, Thailand to China).

Chapter III

Principles of Assistance

Treating persons who have been trafficked requires special attention to an individual's health; safety and well-being that often goes well beyond the basic principle of 'do no harm'. Trafficked persons need to be encouraged to seek information, question their options and assert their choices. Helpers can help them establish their feelings of security, self-esteem and self-determination by adopting approaches to care that emphasize confidentiality, information-giving, informed consent and respect for individual decision-making. Practitioners may help protect patients from present and future harm by ensuring that their services and staff are sensitive to the vulnerabilities of trafficked persons and that referral options are safe, appropriate and convenient.

I. Basic principles in providing assistance to the trafficked persons

In providing assistance to the trafficked persons, the following basic principles should be adhered to:

- a commitment to fight against human trafficking and protect the rights of victims, with respect and protection of the human dignity and well-being of the trafficked individuals;
- the guiding principles to be adhered to at all time include the protection, safety and respect of human rights of actual and potential trafficked persons;
- all services to trafficked persons are provided on the basis of the informed consent of victims. Such assistance shall only be extended to trafficked persons who have freely chosen to return home;
- in providing assistance to child trafficked persons, agencies and organizations concerned should always take into consideration the best interest of the child;
- a trafficked person has the right to the access and knowledge of social services, legal and other assistance from government and private sectors, whether or not these trafficked persons cooperate with the legal proceeding against human trafficking organization;
- a trafficked person who cooperates in the legal proceeding must be provided with the right or allowance to reside (temporarily) in the destination country. Such victim should be accommodated in a safe and appropriate place while awaiting the legal and judiciary process;
- as for victim repatriation, consideration must be made on safety and continuous assistance provision. Agencies should be available to support repatriation and reintegration into society to prevent the trafficked persons from being exploited or victimized again. There should be other options if there is a reason to believe that the repatriation may lead to danger or severe risk to the victims.

- any action must be conducted with respect to human rights, risk factors, age, gender and needs of the victims, and the rights and best interests of the trafficked persons will be considered the first priority;
- privacy and confidentiality of the trafficked persons must be protected.

Chapter IV

Psychosocial Services for Trafficked Persons

I. Definition and Scope

The term psychosocial relates to the interrelation of behavioural and social factors, and, more widely, to the interrelation between mind and society. Psychosocial describes the dynamic relationship between psychological, social and cultural elements informing human development (IOM, 2009c). Psychosocial activities therefore focus on the interconnectedness of social-collective issues, individual-personal internalized states, and the cultural and anthropological constructs around the relation, and not merely on the social implications of mental care, or on the psychological implications of social needs and related responses.

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2002). The concept of mental health is therefore larger than the absence of mental disorders. Moreover, most of the stresses connected with being trafficked are not to be considered "normal" stresses of life. Therefore, the temporary inability to cope with such abnormal stresses is not to be associated to mental uneasiness or biomedical malfunctioning.

IOM's interpretation of a "psychosocial approach" implies the consideration of the interconnectedness of the three realms (social, psychological, and cultural) in any kind of assistance provided. That means that while providing social care to Victims of Trafficking, one should be aware of the psychological state of the victim and her past experiences, in order not to harm her-him further from an emotional point of view, and being culturally aware. When one provides psychological support, one can't detach it from social supports systems and consideration, and care should be culturally appropriate for the beneficiary. Mental health of the Victim can't be seen-evaluated as detached by his or her original context, be it the family, community and culture, and the context in which the assistance is taking place.

Trafficking is a complex phenomenon with many dimensions. The trafficked person's personal background, repeated experiences of violence and abuse, socio-economic constraints and the behaviour modifications made in order to adjust to the work exploitation, all must be considered in order to gain a psychosocial perspective of that person.

II. Psychosocial Support

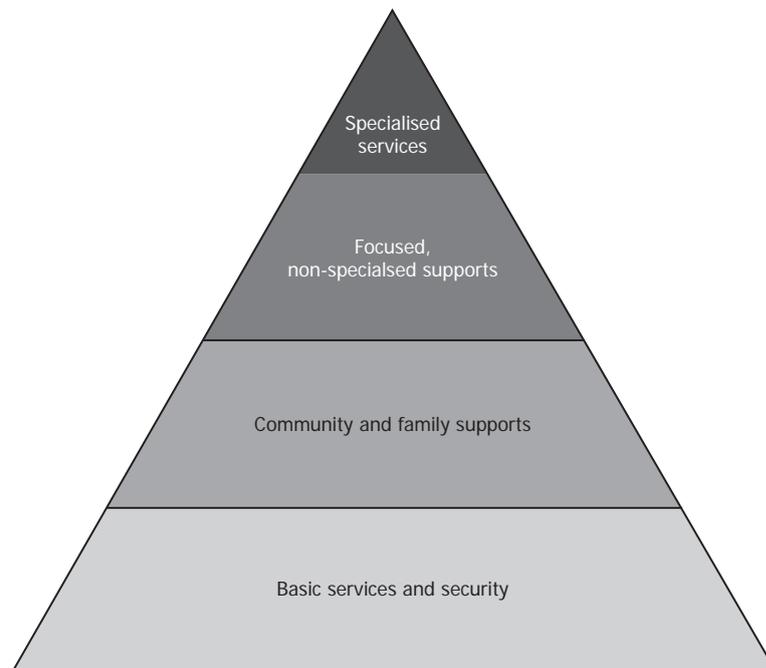
Psychosocial assistance covers the immediate needs of the trafficked person, such as safe shelter, and their means of existence and long-term assistance programmes aimed at helping the participants to achieve reintegration and inclusion. It can start from adequate structures for providing social assistance and protection. These may include, among others, safe accommodation, health care, legal assistance, vocational training and education. Some essential standards should be observed in terms of social assistance; for instance, all services must respect the rights to privacy of the

trafficked person and observe the principles of confidentiality and freedom of movement. Assistant programmes must be tailored to the individual and start with an in-depth needs assessment of the trafficked person.

Psychosocial supports are interventions and methods that enhance a person's ability to cope in their own context and to achieve personal and social well-being. This approach includes a time frame, mechanisms and various activities that protect people in distressing and difficult situations such as trafficking victims and provide them with positive human relationships, space for self reflection and participation, and practical skills and tools to operate a change to help restore their sense of self-respect and ability to overcome anxiety, despair and other interconnected social and psychological vulnerabilities. The specific objectives of psychosocial support programmes are to reduce the impact that stress and emotional distress have on individuals and to strengthen individual and community coping mechanisms, healing processes and capacity of reaction. A psychosocial intervention is usually structured as follows:

The United Nations Children's Fund (UNICEF) 2006 strategy paper builds on and compliments the IASC guidelines (2007), suggests that four levels of intervention are involved in developing psychosocial support and intervention programmes for children. Each level has corresponding psychosocial services and activities as follows:

Figure II: Intervention Pyramid



Each level has corresponding psychosocial services and activities as follows:

Level 1, Basic Services and Security, fosters a safe and supportive environment. These services guarantee basic needs of the community, such as food and nutrition, water and sanitation and livelihood and economic opportunities.

Level 2, Community and Family Supports, focuses on prevention. Support can include recreational activities, school and other educational activities, family tracing and reunion activities, economic and livelihood activities, adult and peer support groups and cultural and religious activities.

Level 3, Focused, non-Specialized Services for at-risk groups, entails structured support groups and recovery, rehabilitation and reintegration programmes.

Level 4, Specialized Services, concentrates on medical treatment and care intervention. This includes clinic and hospital based mental health services (e.g. counselling services, medical treatment and psychiatric care).

While the pyramid was structured to illustrate emergency interventions, the levels also apply to cases of trafficking victims.

Exercise II

“Case studies identifying the trafficked person’s needs”

Goal: To facilitate understanding of the trafficking person’s needs.

Method: Storytelling, story writing

Material: Case example

Time: 60 min.

The following scenarios are intended to demonstrate trafficked person’s need.

Sri

Sri is a Thai woman who was sex trafficked to England. She escaped and went to the British police. Sri was returned to Thailand almost immediately but police in London contacted immigration police in Thailand and a local NGO, the Global Alliance Against Traffic in Women (GAATW), to provide assistance to Sri on arrival in Bangkok. The Thai police asked Sri and another woman to press charges against her trafficker. The police arranged lodging for both of the women in a hotel next to the police station. Both women were afraid that the trafficker would be released on bail. GAATW and FFW, who assisted the two women during the legal proceedings, submitted a request not to release the suspect on bail; nevertheless, he was released on bail and absconded. The police issued an arrest warrant, but they did not apprehend the trafficker (a high-ranking military officer who paid bail). After three years, the case is still pending.

Discussion questions:

1. What role might agency policies, programme or funding goals, and advocacy philosophy play in this situation?
2. What resources/options might be offered to Sri?

Loy

Loy, an ethnic minority woman from Burma, was trafficked to Thailand for sexual exploitation. She was discovered during a police raid on the premises where she was staying. There was no arrest or prosecution against the owner of the massage club who, according to Loy and other women, was directly engaged in trafficking and benefiting from it. Police were insensitive to the needs of the women because they regarded them as willing prostitutes. Loy's lawyer was denied access to participate in the process of taking the deposition from Loy and the other women. Critical information regarding the massage club and the participation of the owner was missing from the police file of the case (Anti-Slavery International, 2002).

Discussion questions:

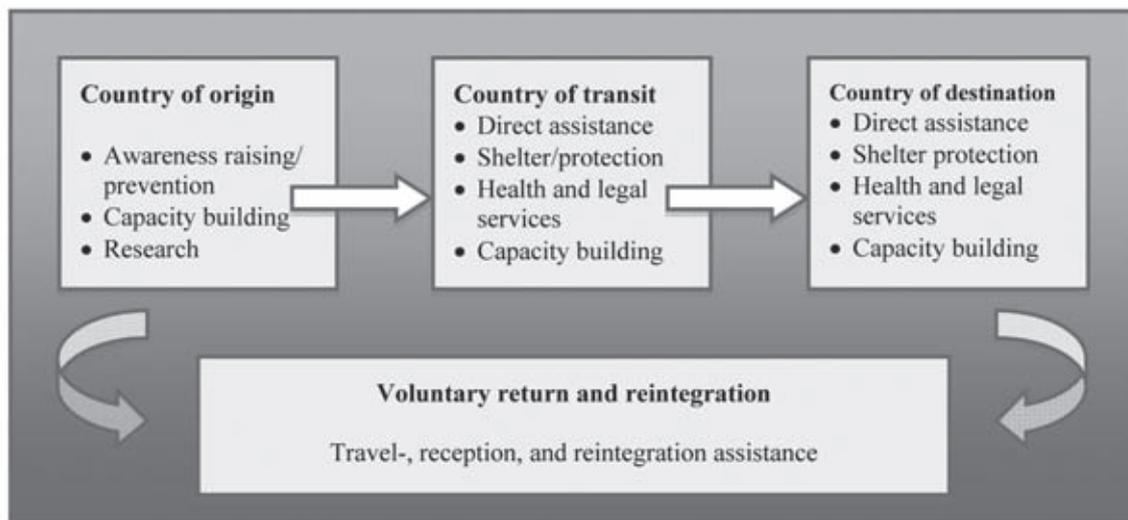
1. What role might agency policies, programme or funding goals, and advocacy philosophy play in this situation?
2. What are resources/options might be offered to Loy?

Chapter V

Who Should be Involved in the Helping Process

As stated in the previous session, psychosocial assistance covers the immediate needs of the trafficked person. These needs include safe shelter, means of existence and long-term assistance programmes that assist in reintegration. All parties can consequently participate in psychosocial services from the macro to the micro level. The following figure represents the service types for a trafficked person:

Figure III: (IOM, 2004b)



The Inter-Agency Standing Committee (IASC) issued a set of guidelines to enable humanitarian actors to plan, establish and coordinate minimum multi-sector responses to protect and improve a person's mental health and psychosocial well-being during an emergency (IASC, 2007). Mental health and psychosocial problems in emergencies are highly interconnected but predominantly social or psychological. Although these guidelines are focused on emergency situations, they include basic principles that can be applied to service provision in other areas such as human trafficking. Identifying persons as being "at risk" does not suggest they are passive victims. At risk persons often have capacities and social networks that enable them to contribute to their families and remain active in social, religious and political life. These groups possess resources that support their mental health and psychosocial well-being. The nature and extent of resource availability and accessibility may vary with age, gender, socio-cultural context and the emergency environment. A common error in work involving mental health and psychosocial well-being is to ignore these resources and to focus only on deficits, such as the weaknesses, suffering and pathology of the affected group.

Chapter VI

Culturally Sensitive Care

Trafficked persons display highly diverse backgrounds, and many social, cultural, economic, ethnic, and linguistic differences. Compared to where they receive treatment, a person may have been trafficked between several countries and remote regions. Isolated and dominated by traffickers, individuals may have little understanding of where they have been while they were exploited and, once in a clinical setting, they may not recognize their surroundings.

Culturally sensitive care refers to the provision of care that is attentive to the various ways people from diverse backgrounds experience and express illness and how they respond to care. Several key factors, in addition to language and literacy barriers, help show how a person experiences illness and responds to care, including styles of communication, levels of mistrust, differing expectations of the health care system, gender roles and traditions and spiritual beliefs.

A person's social, cultural and socio-economic background, education and experiences as a trafficking victim will influence their behaviour. Trafficked individuals display a profound fear of any formal setting, including the health care system. They may also have feelings of shame about being trafficked. Ignorance about the helping services in the destination location commonly compounds people's fears and reluctance.

Culturally appropriate communication requires adjusting approach and identifying appropriate resources, such as interpreters, to ensure that the patient can communicate needs and have those needs understood. Interpreter selection is important; *working with interpreters*). Do not use casual bystanders, minors or people accompanying the trafficked person as interpreters. Language barriers must be quickly addressed through appropriate interpreting support. Misunderstandings and poor assumptions may contribute to misdiagnoses, poor adherence to treatment and poor outcomes overall. When there are significant differences in the backgrounds and knowledge levels of the trafficked person and providers, it may be difficult for trafficked persons to relate their concerns and for providers to assess symptoms and needs.

I. Cross-cultural Competencies

All practitioners are recommended to modify their practices to be more culturally sensitive. Sue, Arredondo, & McDavis (1992), developed multicultural counselling competencies. These competencies construct a framework that can understand a trafficked person's background. The competencies examined three themes: self awareness, knowledge and skills.

- Self awareness refers to awareness of the helper's assumptions, expectations, values, biases, and privileges.
- Knowledge refers to a helper's understanding of a trafficked person's world views without judgment.

- Skills refers to a helper's ability to design appropriate interventions in working with a trafficked person.

II. Understand the Differences

Dupraw and Axner (1997) presented six fundamental ways in which cultures tend to vary from one another:

1. Communication styles

- Even in the same culture, the communication style still varies widely. In particular, languages such as words and phrases are used in different ways, especially the nonverbal and verbal communication styles are major aspects in avoiding cultural miscommunication. Another major aspect that may lead to cultural miscommunication is where the different value systems present in that particular culture clash with each other. A classic example of this is when faith-based organization activist works with an exploited commercial sex worker.

2. Attitudes toward conflict

- Some cultures view conflict as a positive thing, where as others see it as something to be avoided. In Asia, conflict is found to be accepted at various levels.

3. Different approach to task completion

- There are various ways that people move toward completing a task. Some reasons include different access to resources; different judgments of the rewards associated with task completion, different notion of time, and assorted ideas about how relationship building and task-oriented work are related.

4. Decision making styles

- The roles individuals play in decision making vary from culture to culture. In the United States, delegation of responsibility to subordinates is a common practice. In many Asian countries, a strong value is placed on making harmonious decision making

5. Attitude toward disclosure

- In some cultures (for example in Thailand), it is not appropriate to reveal emotions about the reasons behind a conflict or misunderstanding or about personal information. This is an important characteristic to consider as a helper when one has an opportunity to work with culturally diverse trafficked person. Asking them to share personal information, such as family dynamics that may impact to their feelings may cause discomfort and anxiety.

6. Approaches to knowing

- The way in which people come to know things, or epistemologies, varies remarkably from culture to culture.

III. Indigenous Ways of Helping

Based on baseline research conducted by IOM in 2009, the majority of respondents stated that traditional healers were not always used or accessed, although this may not ultimately be the case. Once the trafficked persons have been reintegrated, they may in fact use these more traditional methods to deal with any on-going issues. Some possible strengths of traditional healers include the following:

- the cultural characteristics of some traditional therapies have been found to include some of the same “active ingredients” that account for the success of psychotherapy. Positive results in interpersonal, intrapsychic and physiologic terms have been demonstrated;
- traditional healers usually treat patients while they are residing with family or are receiving the support of their families. They provide culturally understandable answers and healing techniques. However, there is an obvious risk with some so-called traditional healers who do in fact provide advice or treatment that is counterproductive to the healing process.

IV. To provide Care that is Culturally Responsive

- Provide access to interpreters if there are language barriers. Have a system for identifying trafficked person’s language needs, including in-person or telephone access to interpreters.
- Assess an individual’s literacy level to ensure that information is conveyed in understandable ways. Some people respond better to information conveyed using visual aids.
- Don’t make rapid or negative assumptions about individuals’ reactions or behaviour. Consider possible cultural, social or personal reasons for individual reactions.
- Identify current social stresses, including housing, legal and financial constraints, and making appropriate and timely referrals to social services.
- Recognize the importance of religious beliefs in the patient’s recovery, as well as their understanding of the trafficking experience in the context of their religion and cultural beliefs.

V. Best Practice Guideline

Providing psychosocial support for persons who have been trafficked requires special attention to an individual’s health, safety and well-being that often goes well beyond the basic medical principle of ‘do no harm’. Individuals who have been through traumatic events need to regain a sense of safety, dignity and control over their bodies and actions. They need to be encouraged to seek information, question their options and assert their choices.

VI. 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 or his circumstances.

Helpers can help foster feelings of security, self-esteem and self-determination by adopting approaches to care that emphasize confidentiality, information sharing, informed consent and respect for individual decision-making. Helpers may help protect the trafficked person from present and future harm by ensuring that their services and staff are sensitive to the vulnerabilities of trafficked persons and that referral options are safe, appropriate and convenient.

The following guiding principles are considered good practice for all professionals involved with persons who have been trafficked persons. Helpers should integrate these ethical and human rights standards into all aspects of health care for trafficked and exploited persons.

- 1. Adhere to existing recommendations.** More details can be found in Appendix I (The best practice guideline from The IOM handbook on direct assistance for victims of trafficking)
- 2. Treat all contact with trafficked persons as a potential step towards improving their health.** Each encounter with a trafficked person can have positive or negative effects on their health and well-being.
- 3. Prioritize the safety of trafficked persons, self and staff by assessing risks and making consultative and well-informed decisions.** Be aware of the safety concerns of trafficked persons and potential dangers to them or their family members.
- 4. Provide respectful, equitable care that does not discriminate** based on gender, age, social class, religion, race or ethnicity. People who are vulnerable, particularly women, children, the poor and minorities should be treated with respect in their rights and dignities.
- 5. Be prepared with referral information** and contact details for a range of support services, including shelter, social services, counselling, legal advocacy and law enforcement. If providing information to persons who are suspected or known victims who may still be in contact with traffickers, this must be done discretely (e.g. with small pieces of paper that can be hidden).

- 6. Collaborate with other support services** to implement prevention activities and response strategies that are cooperative and appropriate to the differing needs of trafficked persons.
- 7. Ensure the confidentiality and privacy** of trafficked persons and their families. Put measures into place to make sure all communications with and about trafficked persons are dealt with confidentially and that each trafficked person is assured that his or her privacy will be respected.
- 8. Provide clear, comprehensible information.** Explain care plans, purposes and procedures with linguistically and age-appropriate descriptions, and take the time necessary to ensure that each individual understands the details communicated to them. This is an essential procedure before requesting informed consent.
- 9. Obtain voluntary, informed consent.** The patient's voluntary, informed consent must be obtained before sharing or transferring information and beginning procedures to diagnose, treat or make referrals. If an individual agrees that information about them or other people may be shared, provide only necessary material to assist the individual (e.g. when making a referral to another service) or to assist others (e.g. other trafficked persons).
- 10. Respect the rights, choices, and dignity of each individual**
 - Conduct interviews in private settings.
 - Offer the patient the option of interacting with male or female staff or interpreters. For interviews and clinical examinations of trafficked women and girls, it is of particular importance to make certain female staff and interpreters available.
 - Maintain a non-judgmental and sympathetic attitude. Show respect for each individual and their culture and situation.
 - Show patience. If individuals do not appear ready or willing to speak about their situation or experience, then do not pressure them to give information.
 - Ask questions that are necessary for the assistance being provided. Refrain from asking questions out of curiosity.
 - Avoid repeated requests for the same information through multiple interviews. When possible, ask for the individual's consent to transfer necessary information to other key service providers.
 - Do not offer media access unless the trafficked person(s) give express permission. Do not coerce individuals to participate. Individuals in 'fragile' health conditions or risky circumstances should be warned against participating.
- 11. Avoid calling authorities, such as police or immigration services, unless the trafficked person gives consent.** Trafficked persons may have well-founded reasons to avoid authorities.

- 12. Maintain all information about trafficked persons in secure facilities** Case files on trafficked persons should be coded and stored in locked files. Electronic information should be protected by passwords (see more details in record keeping). These principles may serve as the basis for rights-based care strategies that recognize the vulnerability of individuals who are in or have emerged from trafficking experiences. These records are beneficial if they are provided to all health personnel who might come into contact with trafficked persons and if adherence to the principles is monitored on a regular basis.

Chapter VII

Working with Interpreters

Accurate communication is essential to the provision of quality, rights-based psychosocial care to trafficked persons. Due to the nature of trafficking, many victims are offered care away from their home country by helpers who do not speak their language. In these situations, interpreters have to be involved in the helping process.

Working with interpreters can be enjoyable as well as challenging. Topics such as abuse may be more difficult to discuss through interpreters. Some helpers report greater detachment from their case and feel less effective in their work. However, in many cases, helping strategies can be enhanced by working with an interpreter who fosters better communication and engagement with the trafficked person, and enables the helper to obtain accurate information within a cultural understanding of the individual.

I. Interpreters' role

When working with an interpreter, it is worth considering the potential roles that he or she might take. This role will depend on the setting, the trafficked person's needs and the professional experience of the interpreter and the helper. The following roles have been identified for interpreters:

- interpreter who provides a neutral and impartial service;
- cultural broker who explains and gives cultural and contextual understanding to the helper and the trafficked person;
- link worker who assists the helper in identifying unmet needs of the trafficked person and provides support to the trafficked person;
- bilingual co-worker who takes on a more involved helping role in addition to providing translation.

II. Selecting an interpreter

Interpreter selection is an extremely important step that is crucial to the safety and well-being of the trafficked person. The following basic guidelines should be followed:

- Do not permit individuals who state that they are friends, family, employers or associates of the trafficked person, or have accompanied them, to interpret for them. These persons may be part of the trafficking situation or may provide information to the traffickers.
- Do not use minors or children of the trafficked person as interpreters.

- Do not permit someone from the same village or local community (either in the home or destination location) to interpret for the individual. This may inhibit the trafficked person from speaking freely. Information provided may also turn into 'gossip' or otherwise stigmatize the trafficked person.
- Do not permit someone to interpret who may discriminate against the ethnic group or social class of the individual or who may be disgusted by potential past events.
- Use special precautions when interviewing children, giving special consideration to the possibility that the individual acting as their guardian may be involved in their trafficking.

III. Encountering the trafficked person

- Find out the trafficked person's first language and dialect and if he or she speaks any other languages.
- Take into account the nationality, religion and gender of the patient.
- Book longer sessions that will allow time for interpretation.
- Find a way to explain to the trafficked person that interpreting services are needed.
- Encourage the trafficked person to let you know if he or she becomes uncomfortable with the selected interpreter for any reason.

IV. For the interpreter

- Notify the interpreter or the agency of the subject matter. Be aware that otherwise the interpreter may become reluctant or feel uncomfortable with the subject matter.
- Because confidentiality is extremely important when working with trafficked persons, consider establishing a formal mechanism to clarify the role of the interpreter and the responsibility to maintain confidentiality. An example of this could be a standard operating procedure agreed to with the agency or individual.
- In order to establish a relationship in which the trafficked person feels safe working with you and the interpreter, it is important to carry out all consultations with the same interpreter if more than one meeting is required. When arranging for an interpreter it is important to ensure that the agency and the interpreter are notified that his or her services are needed for future sessions.
- Warn the interpreter not to give out personal contact details and against disclosing any information to others about the trafficked person.
- Before beginning work through an interpreter, there are some preparations to consider in working with the trafficked person.

V. During the consultation

- Allow some time for the interpreter and the trafficked person to introduce themselves.
- Introduce the interpreter; confirm that the interpreter is a professional bound by the agency's policy for confidentiality.
- Ask the trafficked person whether there are any safeties or cultural issues that might inhibit.
- Try to avoid specialist terminology.
- Do not expect all meanings and thoughts to be conveyed perfectly.
- Avoid using proverbs and sayings because these are often culturally influenced and tend to lose their meanings in translation.
- The interview pace may need to be slowed down. If the sentence is long, summarize it for the interpreter. Check that the interpreter is clear about the meaning.
- Provide sufficient breaks during the interview to allow the interpreter to carry out the job.
- Do not show too much collegiality with the interpreter and avoid discussing issues that do not require interpretation in front of the individual. This can make the patient feel isolated, left out or fearful.
- Do not leave the interpreter alone with the trafficked person. In these circumstances, interpreters may be put under pressure to assist the trafficked person in matters for which they were not contracted.
- Observe whether the interpreter is showing sympathy or condescension.
- Observe whether the interpreter is permitting the individual to speak for him or herself or whether the interpreter is taking control and explaining for the individual.

VI. After the consultation

- Ask the interpreter to clarify cultural issues and seek meanings for points that were not clear during the meeting.
- Remember that the interpreter is not necessarily trained to work with traumatized individuals and is unlikely to have supervision or peer support. It is important to encourage the interpreter to discuss emotions and difficulties he or she encountered with regard to the session.
- If there are doubts about the interpreter's conduct, discuss this with the interpreter. If the individual is employed by a service, provide feedback to the employer.

- Reflect on how to maintain good working alliances with interpreters who have demonstrated that they can be trusted.

VII. Preparing to work with interpreters

The following checklist is beneficial in gathering information needed to work with interpreters effectively.

Before choosing interpreters	
	Not associated with trafficked person (i.e., relatives, minors, villagers).
	Clear the role of the interpreter and their responsibilities to maintain confidentiality.
	Not against the ethnic group or social class of the individual.
During consultation	
After consultation	

Chapter VIII

Assessment and Intervention

The purpose of assessment is to establish what kind, and how much information is required to make a sound intervention plan. Intervention, for our purposes, is a carefully and responsibly planned process of comprehensive care to help the person in need to understand his/her own situation and interaction with his/her former and current social environment. However, standards for assessment and intervention are often loosely defined, both in the realm of public health and social services. Specifically, many agencies and organizations impose long series of assessment and evaluation procedures on their clients, for what they call a “comprehensive assessment”. Such comprehensive data collection would include extended family histories, medical histories, psychological tests, psychiatric evaluations, and many more items. Many of these long and standard assessment protocols are repetitive and often processed by administrators, with little knowledge about the purposes of the tests or for whom data are collected. Such routine assessments may be threatening and stigmatizing for the client, and sometimes the client is not properly asked for cooperation on a fully informed consensual basis.

Experience shows that many of these critical observations equally apply to administration procedures of case work in the realm of counter-trafficking. Specifically, trafficked persons are battered with a large number of psychological tests, which take several hours to complete (such as MMPI), as part of an intake procedure at shelters. Such in-depth clinical testing may neither be necessary nor acceptable, from a professional point of view (see APA Ethical standards, 1994). Also, one should be cautious with the usage of classification schemes for trafficked persons, as diagnostic categories such as “anxiety disorders with or without PTSD”, “depression”, “personality disorders” and the like, may not necessarily follow the internationally accepted diagnostic standards and, therefore, only the person who assigned the diagnostic categories knows what was meant. In short, utmost care, responsibility and, above all, critical thinking ought to be present as a leading principle whenever assessment and intervention issues are concerned.

This manual will cover a conceptual guideline for assessment and intervention based on an ecological approach.

I. The Ecological Approach

Trafficked persons, much like individuals who experience other dramatic life events, such as war or torture, must handle not only the many mental and moral injuries of the violent acts (i.e. coping with the experience per se), but must also balance a full range of individual factors from their past or present environmental realities. In theory, we can agree that a trafficked person needs at least three critical transactions with their environment in order to gain a balanced perspective for a healthy growth (cf. Garvin and Seabury, 1997 as cited in IOM, 2004):

1. Individual needs must be balanced by environmental resources;
2. Individual desires and aspirations must be balanced by environmental opportunities;
3. Individual skills and capacities must be balanced by environmental demands.

II. Code of conduct in assessment and intervention

Assessments and interventions should be perceived in the context of counter-trafficking and helping trafficked persons may take place at different sites and in different settings, accomplished by different teams of professional and/or paraprofessional helpers. However, regardless of the expected variety of settings and circumstances in which assessments and interventions are conducted, the following ethical standards have to be respected:

1. Informed consent of the person (or their legal representative) is unconditionally required and must be endorsed for any kind of assessment and intervention.
2. Keep the assessment and intervention procedures short, simple, paced, and appropriate to the physical, intellectual and emotional conditions of the person for meaningful and constructive cooperation, unless otherwise recommended.
3. Strict confidentiality should be ensured regarding archiving and transfer of information and documents from one helping site to another, including referrals to health and social institutions.
4. Avoid any replication of assessment procedures, including re-interviewing or re-examining the person for the same factual data, if otherwise not recommended and professionally justified.
5. The use of psychological tests, standardized diagnostic instruments and/or specific interventions, such as psychological counselling, should be entrusted to professional helpers with adequate (accredited) training, as well as with personal and moral credibility to work with persons and groups impacted by trafficking in humans.

The code of conduct provided here contains excerpts from the ethical codex of many helping professionals, similar in their emphasis of human rights, and the protection of particular professions.

Chapter IX

The Interviewing Process

An interview with a trafficked person can take place while he or she is still in a trafficking situation, is in the care of a service organization, has moved beyond the trafficking experience and reintegrated into the home community or integrated into a new community.

The WHO (2003) identified four stages of the interviewing process which are:

1. making initial contact;
2. identifying the time and place for conducting the interview;
3. conducting the interview;
4. closing the interview.

The primary interest in the helping process is to promote growth of the individual's coping skills to solve his or her own problems by drawing on inner resources and strengths (IOM, 2004). During the interview, helpers should consider best practice guideline (see *Best Practice guideline and Appendix I*). Another important thing for helpers in the interviewing process is maintaining a helping relationship.

I. Helping relationships

A strong working alliance is necessary for a successful helping process. Focusing on the relationship means one needs to be cognizant of possible ruptures that may occur in the alliance between the helper and trafficked person. Bordin (1979) suggests that the working alliance has three aspects:

- A **bond** - the connection between the helper and client.
- An agreement on **goals** - a consensus about changes the client needs to make"
- An agreement on **tasks** - a consensus about what is to take place during the helping process to meet the goals.

While it is critical that helpers understand the helping process, and the importance of the task, goal, and bond, it is also imperative that helpers are aware that there are limits to the degree of help they are able to offer trafficked. Sometimes, trying to be helpful can backfire if the issue is too complex, out of one's area of expertise, or professional training. (See *Safe referral*)

The helper and trafficked person relationship is the core of the helping process. A strong alliance between helper and trafficked person is vital to the success of helping enterprise. Young (2005) lists six therapeutic factors in a helping relationship, represented in the figure below:

Figure IV: Six therapeutic factors in helping relationship (Young, 2005)

In the figure shown above, the relationship is at the centre to suggest that the other factors depend on the power of the relationship for their effectiveness. The relationship also affects the stages of the helping process (i.e. relationship building & opening up, assessment and providing information, treatment planning, goal setting, intervention and action, and evaluation and reflection).

II. Skills in developing a helping relationship

Helpers have ways to develop the quality of helping relationship through verbal and nonverbal skills. The first skill we will discuss is the concept of empathy.

- **Empathy**

Being empathic does not necessarily mean agreeing with what is being shared by the trafficked person. Empathy is not pretending to understand or taking on trafficked person's problems, nor is empathy a one-time behaviour. Empathy is also very different from sympathy. Empathy involves listening, while sympathy involves reacting. Sympathizing with others refers to understanding their feelings without getting involved in them. Empathizing with others entails identifying with their feeling to the point of taking on their pain. The empathetic person asks questions, while the sympathetic person may be moved to advice and solutions rather than allowing others to come to their own realizations.

Rogers (1957) believed that empathy is an attitude or the way of being in tune with the experience of another person. Listening and empathizing are essential skills when relating to others. According to Rogers (1980) it is important to empathically understand another person's experience. To him empathy means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment by moment, to the *changing felt meanings* which flow in this other person, from fear or rage to tenderness or confusion, or whatever one is experiencing. It means temporarily living in the other's life, moving about it delicately without making judgments. Empathy is crucial not only for counselling victims of trafficking, but also in maintaining relationships.

- **Attending skills**

Attending consists of verbal and nonverbal behaviours which demonstrate that the helper is listening and is “with” the trafficked person. Attending skills can be divided in 2 groups: nonverbal and verbal.

Nonverbal

Attending skills involve using one’s body, face, and eyes to focus attention on the trafficked person. The *posture* needs to be “open” to send the signal that one is receptive to and willing to engage with trafficked person. The open body position is the position that one feel comfortable in. Face trafficked person directly, sitting in a centred way, upright and relaxed. The body posture should send the message of attending to the trafficked person.

Eye contact plays an important role in communicating attention. This does not mean helper should stare at the trafficked person, but rather use appropriate eye contact to indicate involvement in the subject. If the helper looks at the trafficked person by sending a message of attention and understanding, it will make him or her feel comfortable. It is important to remember that in some Asian cultures, direct eye contact is considered to be inappropriate and a sign of disrespect.

Facial Expression. During the interview, the trafficked person observes the helper as well as the helper observes him or her. The helper needs to be aware of the nonverbal messages that he or she is sending through facial expressions. The facial expression should harmonize with verbal expression and emotion.

The helper needs to ensure he/she is seated at an appropriate *space distance*. Making space for the trafficked person stands to provide an appropriate physical environment as well as a supportive relationship.

Verbal

Verbal attending skills consist of minimal encouragers such as “uh-huh”, “I see”, and other single words or phrases that communicate helper’s attention. Verbal attending skills encourage trafficked persons to explore their concerns in more depth.

Listening is the most powerful tool. If the helper does not listen, the communication skills are ineffective. A good listener tries to understand what the person is saying by using *passive* and *active* listening skills. Passive listening entails using the nonverbal and verbal attending skills listed above. Active listening means that helper is listening with purpose and communicating that he or she has listened. Cully & Bond (2004) suggests the framework for listening to help one develop effective listening skills.

Experience – what happens to the individuals.

Behaviour – how individuals act.

Feeling – what they feel about their behaviour and experiences.

Thoughts – what they understand about their actions.

The helper's own involvement, beliefs, values, and cultural background can play significant role in building the filters of listening. We often tend to listen to ourselves, other people and the world around us through biased (often prejudiced) filters. Filtered listening distorts our understanding of the trafficked person's worldview or culture. A working knowledge of one's own and others' culture is particularly important when one is working with client from a different culture. The best way to decrease cultural filters is through awareness and acceptance of the differences that may exist between cultures and ways of being (see, *culturally sensitive care*).

How to Listen

The trafficked person communicates with helpers in a variety of ways, the most obvious being the words they use to express thoughts, feelings, and experiences. Helpers can listen carefully to the words, focusing on the person and freeing the mind from distractions. When one is ready to start listening, it is useful to imagine oneself in the other's shoes because we need to understand his or her experiences from their perspective rather than from our own viewpoint.

A key to listening is for the helper to pay attention to the trafficked person without formulating the next response while they are still speaking. In helping, it is crucial to listen carefully to what the trafficked persons are saying, so as to learn what they are thinking and feeling. It is important for helpers to not project their own feelings and personal concerns onto the trafficked persons.

Trafficked persons have different nonverbal styles. For example, those who are ashamed might look down while they speak. When "listening" to nonverbal messages, the helper should not interpret the trafficked person's nonverbal behaviour as having a fixed standard "meaning." Fidgeting can reveal anxiety, but it can also reveal boredom; folded arms can convey either irritation or relaxation. One cannot read another's body language as a universal language, should use such observations as hints or clues about what trafficked persons might be feeling. It is possible to hypothesize that the client needs distance from the helper if he or she is sitting with legs and arms crossed. In this case, one needs to test the hypothesis by talking about it with the person. In conclusion, we can use nonverbal data to form hypotheses and then gather more data to determine the accuracy of the hypothesis.

III. Group of skills and hints

	Skills	Summary and hints
Nonverbal Skills	Culturally appropriate eye contact	<ul style="list-style-type: none"> • Demonstrates one is listening to the client • No need to stare
	Facilitative body position	<ul style="list-style-type: none"> • Squarely face the client • Finding one's own natural facilitative body position by checking with others
	Appropriately using silence	<ul style="list-style-type: none"> • Silence is golden - it will help the client to reflect on him or herself and fill in time with their own direction
	Voice tone	<ul style="list-style-type: none"> • Mirror client's emotional tone • Using appropriate volume and rate
	Gestures	<ul style="list-style-type: none"> • Occasional head nodding • Facial expression that indicates concern and interest
Opening Skills	Door Opener	<ul style="list-style-type: none"> • Invitation to talk • "Can you say more about that"
	Minimal Encourages	<ul style="list-style-type: none"> • Brief supportive statements • "Yes" • "I've got you"
	Opening Questions	<ul style="list-style-type: none"> • Giving freedom of expression • "Can you tell me what's going on?" • "Could you tell me a little bit about that"
	Closing Questions	<ul style="list-style-type: none"> • Asking for specific information • "Are you married?" • "Do you get along with your friends?"

Self Assessment

The helper has an important involvement to enhancing the client's growth. It's important to reflect on one's self efficacy. Self efficacy is the expectation that one can do something well. While one is learning new skills, it is important to remember one's own strengths and find a way to incorporate them with the new helping skills. Below is a series of self-evaluative questions which assess a helper's self rating.

I am confident that I can:

1. Talk to people about serious and painful subjects without being overwhelmed:

1	2	3	4	5	6	7	8	9	10
Not at all									Very
Confident									Confident

2. Chat, make small talk, and keep a conversation going:

1	2	3	4	5	6	7	8	9	10
Not at all									Very
Confident									Confident

3. Make people feel comfortable:

1	2	3	4	5	6	7	8	9	10
Not at all									Very
Confident									Confident

4. Allow other people to cry or express emotions:

1	2	3	4	5	6	7	8	9	10
Not at all									Very
Confident									Confident

5. Help people figure out answers to their problems:

1	2	3	4	5	6	7	8	9	10
Not at all									Very
Confident									Confident

6. Make people think by posing challenging questions:

1	2	3	4	5	6	7	8	9	10
Not at all									Very
Confident									Confident

7. Talk about myself, my feelings, and my ideas:

1	2	3	4	5	6	7	8	9	10
Not at all									Very
Confident									Confident

8. Challenging people when they are not being honest with themselves:

1	2	3	4	5	6	7	8	9	10
Not at all									Very
Confident									Confident

Exercise III: Empathizing with involuntary clients

Goal: To help the reader empathize with the feelings of involuntary participants, in general.

Method: Individual exercise and sharing

Material: None

Time: 10 min.

Procedure: Answer the questions listed below on your own, then share your answers and reflections with another member of your training group. Your partner will be your Interviewer in the first round. Shift roles for round 2.

1. Think of a time you were forced by someone (such as a parent or friend) to talk to another person when you did not want to do so. How did you feel about the pressure? How did you feel about the person bringing the pressure?
2. Did you bend to the pressure and see that person? If so, why? If not, why not?
3. How did you deal with the session with the person you were pressured to see? Were you open about your feelings? How much did you talk in that situation? What did you tell? Have you seen that person again?

Chapter X

Safe Referrals

The needs of trafficked individuals include emergency food and shelter, as well as legal support to deal with immigration, criminal or guardianship matters. Therefore, a strong referral network among service providers is necessary to address these needs. A referral is not simply a means of transferring an individual from one service to another, but is a fundamental part of providing care. To make a safe referral is to ensure that provision of assistance is handed over to other support services in a way that does not jeopardize the health or safety of the individual.

It is essential for health care providers to know where to refer a trafficked person for help before encountering him or her. At the same time, referral of trafficked persons is more complex than other referrals, because of the range of services needed and the related guideline (see exercise 3, best practice guidelines), and also because the referral process has the potential to either benefit or worsen a patient's well-being. When referrals are well done, all help providers and the trafficked person feel informed and secure. Poorly thought out referrals, on the other hand, can put trafficked persons at risk and break the chain of care.

I. How to Make a Safe Referral

In some countries a functioning referral system for trafficked persons may not exist. It is essential to take the necessary steps to identify and assess available services. The first thing to do is to identify and assess services by learning about the availability and quality of potential providers of the various services that might be needed by the trafficked person, in order to be prepared to refer the trafficked person safely. These might include organizations providing social services, housing and legal aid, or government contacts in agencies such as law enforcement, consular services, and migration. Whenever possible, try to assess and keep records of the following qualities of each provider or service to help inform future referrals:

- professionalism and quality of care;
- non-discriminatory, sensitive treatment;
- confidentiality regulations, including patient file and specimen code numbers, locked file facilities, anonymous data transfer capacity;
- procedures for obtaining informed consent;
- security, such as locked facilities, safe location, security staff;
- private rooms for interviewing, examination and treatment;
- language capacity;

- experience supporting victims of violence or with trauma-informed care;
- cultural and religious aspects and their potential implications;
- regulations regarding payment;
- location and accessibility.

After the service has been identified, the next step is to **develop inter-organizational referral arrangements**. Whenever possible, determine agreed referral and information-sharing procedures before a referral takes place. Key components of a good referral process include:

- Services that are provided by organization. Details of services that can and cannot be offered by service providers.
- How information and data will be transferred. Details about client information that will (and will not) be transferred to a referral organization; how files and other information will be transferred; and how informed consent will be obtained.
- How information about services will be provided and patient consent requested: referral options, arrangements and consent procedures must be clear.
- How the first contact will be arranged. Details about the first point of contact at each referring agency, including main contact person(s), times available, response times for return calls (if needed), and case data required at first contact.
- How the trafficked person will be released and received. Arrangements about transfer to another agency or organization should include details about who has the authority to arrange and confirm the referral and release any necessary file information; who has the authority to accept referrals and make reception and support arrangements; and how to ensure that reception staff at the receiving organization are aware of and prepared to receive the referred person.
- Minimizing unnecessary movement. Consider whether it is possible to provide treatment and care on site, possibly arranging for the referral institution to come to the patient.
- Escorting or accompanying a referral. Determine when inter-agency escorts should be used and how this might be arranged.
- Follow-up and continuity of care. Referring partners should agree on what further care might be required by each organization. Arrangements should be made for post-appointment information-sharing, including, passing on information about prescriptions and treatment regimen, potential health risks (particularly mental health risks) and security risks.

Once the arrangements have been made, the next step is informing the trafficked **person and obtaining consent**. The helper should inform the trafficked person about assistance options, and obtain consent before arranging any referral. It is important that individuals are counselled on all

care being offered. They must also understand referral options and services available. Individuals reserve the right to refuse treatment and to prohibit the disclosure of their diagnosis to others. If necessary, use a reliable translation service to ensure the patient understands (see, *Working with Interpreter*).

Only communicate information that is required for care and security and only exchange information that is required for effective care. Limit information transferred among support organizations to details that are needed to ensure adequate care for the patient. Do not communicate additional information. Caution staff not to gossip or freely discuss trafficked persons' stories or case notes with others at work or at home. However, with the trafficked person's permission, it may be possible to transfer basic case file information to help the individual avoid repeating the same information multiple times. Information should be limited to what is agreed upon by the trafficked person and should be shared in the most secure way possible.

Prior to making a referral, consider **making safe and secure arrangements**. It is important to assess any potential security risks to the trafficked person before arranging a referral. Depending on the level of risk, individuals may have to be moved between service venues covertly or with security personnel. Take into consideration the risks to staff being seen with or associated with a trafficked person. Where appropriate, and with the consent of the patient, it can be helpful to discuss options for such secure transfer with police or other trained security personnel.

Escorting referrals. When the trafficked person is not in his or her home country and does not speak the local language or experiences security risks, arranging an escort to a referral site is important. A helper may accompany an individual during the first, and sometimes subsequent, visit to a referral partner agency. Particularly when referred to a government agency, law enforcement body or immigration or consular services, an escort can make a significant difference in how a patient is treated.

Feedback between organizations, feedback between agencies about a trafficked person's case can facilitate follow-up and coordination of care. However, the helper should obtain the permission of the trafficked person to share case notes; fully inform them about information that is discussed between care providers.

When referral is not possible. Sometimes it is not possible to refer trafficked person because the situation is too unsafe, because the trafficked person refuses to be referred or is subject to deportation or immediate return home. In this situation, maximize the encounter with the trafficked person to have as positive an impact on his or her health as possible. If possible, share information (e.g., hotline phone numbers) in case the trafficked person decides to make contact at a later time. Such information should be communicated in private, and in a way that will not put the trafficked person at risk.

Exercise IV: “Mapping potential partners”**Goal:** To help the participants map potential partners**Method:** Individual exercise and sharing**Material:** None**Time:** 20 min.

Instructions: This form is to assist the helper in identifying and keeping a record of support services in the community that may serve as counter-trafficking partners. Whenever possible, counter-trafficking specialists are the preferred contact; however, many communities do not have specialized services for trafficked persons. When no formal counter-trafficking services are available, it is important to identify other related service providers who can assist. Suitable groups often include those responding to violence (e.g., domestic violence or torture) or those assisting marginalized groups (e.g., migrants, refugees or homeless).

Service	Contact Details
Local counter-trafficking organization	
Telephone hotlines	
Shelters & housing services	
Health services	

Mental health and counselling services	
Non-government and community organizations	
Legal services	
Police, law enforcement services	
Local government contact	
Embassy and consular offices	
International Organizations	

Interpreters	

Chapter XI

Record Keeping

There are several phases in the management of trafficked person information. Helpers must carry out these steps with the utmost care and attention to the immediate and future safety and well-being of the trafficked person. Managing information of persons who have been trafficked will require an institution of extra safeguards for written, electronic and verbally communicated information on trafficked persons.

As with all trafficked persons' data, the way information is collected, stored and transferred between providers is important for accurate treatment. Because trafficked persons are particularly likely to face security risks, if they are referred to other providers and/or transferred from the original care location (e.g., internationally), or participate in legal proceedings, it is especially important to follow good data management procedures to ensure the safety of each individual and the quality of follow-up and future care. Trafficking cases may involve organized criminal groups.

Central to managing the data of trafficked persons are: privacy, confidentiality and security. These concepts are fundamental principles in handling trafficking-related data in general and certain sensitive privacy refers to the trafficked persons' right to control how they provide information, the use of this information and their access to it. Confidentiality indicates the right of trafficked person to determine who has or does not have access to their information and for trafficked persons, suggests the importance of anonymity. Security suggests the need to safeguard trafficked person files against security breaches during data collection, storage, transfer and use.

I. Data File Storage

- Ensure case files are coded

In trafficking cases, data should be classified as confidential and coded, rather than using the individual's name. Coding is a particularly useful way to protect a trafficked person, especially when data is shared. Master files connecting individual names matching them to identification code numbers must be kept in a secured location, with access restricted to designated support person.

- Secure paper files. All paper case files:
 - o Must be kept secure and under lock and key safe from unauthorized entry at the help provider office.
 - o Must never be left unattended on desks, in common areas, etc.
 - o Must be disposed of by shredding or through similar disposal method when no longer needed.

- Secure electronic files. In addition, electronic data files should be:
 - o Stored in a secure health information system.
 - o Protected by individual passwords with access limited to key staff.
 - o Never stored on personal computers or in such data storage devices as USB flash drives, compact discs, etc. Personal information should never be disclosed via email.
- Conduct a data risk analysis. Providers caring for trafficked persons may wish to undertake a data risk analysis to consider the implications of what is written in a file, the potential uses and misuses of trafficked person data and to develop strategies to avoid mishandling of data and to deal with information requests. File information may, for example, be required by law enforcement in relation to a court case against an alleged trafficker or needed for an asylum claim. In more sinister situations, traffickers might try to obtain the trafficked person's file information to locate the individuals. It is equally important to remember that personal data (name, work location, phone number, etc.) of the helper could also be misused. It is therefore important to follow well-designed data security procedures.

Chapter XII

Self Care

Providing support to persons who have been trafficked is usually a highly rewarding experience. However, caregivers who are highly motivated and dedicated to help trafficked persons are likely candidates for stress, fatigue, and burnout.

The work could also affect energy levels and cause disturbed sleep, somatic complaints and hyper-arousal. Some helpers may experience intrusive images, thoughts and nightmares about their patients' distressing experiences. These symptoms have been described as 'secondary traumatic stress' and are similar to post traumatic stress disorder, except that the exposure is to knowledge about a traumatizing event experienced by someone else (IOM, 2009) .

One common symptom that might result from intense contact with persons who are suffering is burnout. Burnout is a syndrome manifested by a combination of symptoms difficult to link with specific ills or troubles. It is a form of stress related to one's profession, though it particularly affects those who work with people in need. Burnout is characterized by a state of discomfort that has the capacity to negatively influence the motivational inspiration that prompts an individual to fulfil his or her professional duties. This condition, given the difficulties in diagnosis, is usually subtle in its onset and can be experienced passively or unconsciously.

To avoid burnout, it is critical that those in helping relationships develop preventive measures. Caregivers must learn to pay attention to their personal emotional states and levels of physical and psychic fatigue. Fatigue, which is often observed when one executes his/her functions in a weary haste, can significantly diminish one's capacity to be effective.

I. Measures for preventing burnout

To counter the opportunity of burn out directly, five steps that promote self care are recommended:

1. Identify and recognize the condition of burnout.
2. Become conscious of the state of distress and suffering.
3. Re-appropriate the personal motivational lever.
4. Redefine goals.
5. Redefine the role considering goals and limits.

II. Understanding burnout

In order to deal with burnout and preventing oneself from it, it is necessary to understand it better. We will start from the root of burnout. The root of burnout can be:

- A sense of isolation/solitude (physical or psychological): occurs when one feels there are no peers with whom to collaborate or that no one cares about his or her job and work quality;
- Sense of powerlessness: occurs when the issue one counteracts seems too big and impossible to overcome;
- Absorption of other's pain: even unaware to it, helpers tend to lighten the burden of the person by taking on their burden. A warning signal is when appropriate distance between the helper and the person assisted cannot be maintained (one cries when the client recounts their story) or when the capacity to empathize goes down (one loses patience with the person).

It is possible to deal with burnout better, if one observes the effects of burnout that might occur in a long period of time. Some typical manifestations of stress and burnout are:

- Exhaustion or fatigue
- Insomnia
- Anxiety
- Headache
- Gastrointestinal disorders

One should listen to the body's warnings and recognize a problem, before looking for solutions against this burden. One must be willing to suspend his or her activities, and sometimes even assume a different role within the organization. Ideally, this role would include less intense involvement with persons in crisis situations.

It is imperative to reconsider the "emotional levers". It is normal for those who spend a considerable amount of their time helping others to be emotionally "touched" and highly motivated from an ethical/moral point of view. It is important to recognize, on the one hand, when these motivations that prompt one to alleviate the pain of others support and sustain one's daily actions, and on the other hand - when they threaten own physical and psychological well-being. Once we are aware of "what motivated us", we might be able to consider redefining our goals. Goals act as our compass when one works in helping occupations. They point us in the right direction and guide us when we need to get back on track.

Goals should be:

S - specific

M - measurable

A - attractive

R - reachable

T - time-framed

Once goals have been set, they must be checked and subsequently realized with an adequate plan of action within an appropriate time-frame. Often, in the face of an urgent need to “do something” we forget the significance of establishing concrete particulars detailing how we intend to do it. We must start with our motivation in order to identify our SMART goals. SMART goals can then guide our daily work and balance our energies, making it easier for us to achieve our objectives and perform our duties.

III. Effectively Dealing with Burnout: A Spiritual Support and Stamina

For helpers, sometimes faith, religious practices and spiritual support are important factors contributing to the ability to sustain their health and well-being for prolonged periods of time. In dealing with burnout, a spiritual approach focuses on drawing strength from inner resources to keep a person healthy and positive.

Osborn (2004) developed the concept of “stamina” to draw attention to the importance of using a person’s strengths and resources. Interior stamina is a dynamic life force that moves one toward growth, productivity and health.

Osborn recommended seven activities or dispositions for reinforcing stamina and resilience in caregiver relationships: selectivity, temporal sensitivity, accountability, measurement and management, inquisitiveness, negotiation and acknowledgment of agency.

Selectivity means setting limits on what one can and cannot do and, in the process, being deliberate in one’s tasks and purposeful in one’s mission. One aspect of selectivity involves professional expertise. Because one cannot “know it all” or “do it all,” the helper should make careful decisions about specific ways in which he or she wants to work, with whom to, and how to present him- or herself to the public.

Temporal sensitivity implies that helpers must be constantly aware of the given restrictions and limitations of time. Acknowledging the limitations of time creates an appreciation for and a focus on the present moment, which emphasizes effective and meaningful work.

Accountability refers to respecting and working within professional guidelines, ethical standards, and ability to explain and defend one’s actions based on principle of practice. Without the use of such guidelines, the helper relinquishes his or her competence and risks the trafficked person’s welfare.

Measurement and management of resources refers to protecting and conserving the resources of one's energy, time, and compassion. This can involve sharing one's experiences with a trusted colleague.

Inquisitiveness is concerned with retaining a healthy sense of openness and wonder. In helping relationships it is easy to become disillusioned. This perspective can help one to view those in need in a non-judgmental way. It can foster a freshness of approach and offset tendencies to generalize and depersonalize persons in need of assistance.

Negotiation refers to the importance of flexibility and give-and-take in helping relationships. Moreover is the ability to give and take, without "giving in."

Acknowledgment of Agency. It has to do with experiencing of a sense of making a contribution. For helpers, the experiences that take place in helping relationships contribute to a sense of efficacy.

Bibliography

Chung, R. C. Y.

- 2009 Cultural Perspectives on Child Trafficking, Human Rights & Social Justice: A Model for Psychologists. *Counseling Psychology Quarterly*, 22: 85 – 96.

Hill, C. E., et. Al.

- 1999 Helping Skills. American Psychological Association, Washington, DC.

Osborn, C. J.

- 2004 Seven Salutory Suggestions for Counselor Stamina, *Journal of Counseling and Development*, 82: 319-328.

Pearson, Elaine

- 2002 Human Trafficking, Human Rights: Redefining Victim Protection. Anti-Slavery International, London, UK. Thomas Clarkson House.

Rogers, C.

- 1957 The Necessary and Sufficient Conditions of Therapeutic Personality Change, *Journal of Consulting Psychology*, 21: 95-103
- 1980 A Wcay of Being. Houghton Mifflin, Boston.

Sue, D.W., et. Al.

- 1992 Multicultural Counseling Competencies and Standards: A Call to the Profession, *Journal of Counseling and Development*, 70(4): 477-486.

Uehara, D.L.

- 2005 Diversity in the Classroom: Implications for School Counselor, *Multicultural Perspectives*, 7: 46-53.

Young, M. E. and S. Chromy,

- 2005 Exercises in the Art of Helping, (3rd ed.). Merrill Prentice Hall, Upper Saddle River, NJ.

International Organization for Migration (IOM)

- 2004a Understanding and Counteracting Trafficking in Persons: The Acts of the Seminar for Religious Women, IOM Rome.
- 2004b The Mental Health Aspects of Trafficking in Human Beings, IOM Budapest.
- 2007 The IOM Handbook on Direct Assistance for Victims of Trafficking, IOM Geneva.
- 2009a Caring for Trafficked Persons: Guidance for Health Providers, IOM Geneva.
- 2009b Psychosocial and Mental Health Service Provision for Survivors of Trafficking: Baseline Research in the Greater Mekong Subregion and Indonesia, IOM Bangkok.
- 2009c Case Management Manual-Assisting Trafficked Person with their Return and (Re) integration in Thailand, IOM Bangkok.
- 2010 Mental Health, Psychosocial Assistance, and Cultural Integration in Emergency and Displacement: IOM Perspective, IOM Geneva.

United Nations

- 2000 Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organized Crime, retrieved from http://www.uncjin.org/Documents/Conventions/dcatoc/final_documents_2/convention_%20traff_eng.pdf
- 2002 Recommended Principles and Guidelines on Human Rights and Human Trafficking Report of the United Nations High Commissioner for Human Rights to the Economic and Social Council, retrieved from [http://www.unhchr.ch/huridocda/huridoca.nsf/\(Symbol\)/E.2002.68.Add.1.En?Opendocument](http://www.unhchr.ch/huridocda/huridoca.nsf/(Symbol)/E.2002.68.Add.1.En?Opendocument)
- 2007 Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva, IASC.

World Health Organization

- 2002 Recommended Principles and Guidelines on Human Rights and Human Trafficking Report of the United Nations High Commissioner for Human Rights to the Economic and Social Council.
- 2003 WHO ethical and safety recommendations for interviewing Trafficked Women, WHO UK.
- 2009 Trafficking in Human Beings, Interpol. retrieved from <http://www.interpol.int/Public/THB/default.asp>

Annex I: Learning objectives

Chapter I: Human Trafficking: Definitions and Situation in the Greater Mekong Subregion (GMS)

1. Familiarize participants with the concepts of human trafficking.
2. Familiarize participants with the specific information about human trafficking in the GMS.

Chapter II: Stages of Trafficking

1. To fill the gap in the understanding of the trafficking process.
2. Participants will be able to identify stages of trafficking.

Chapter III: Principles of Assistance

1. Familiarize participants with the basic principles of assistance to victims of human trafficking.

Chapter IV: Psychosocial Services for Trafficked Persons

1. Participants will be familiar with basic concepts of psychosocial services.

Chapter V: Who should be Involved in the Helping Process?

1. Participants will have a basic perception of the helping process.
2. Participants will understand the roles and responsibilities in psychosocial helping process.

Chapter VI: Culturally Sensitive Care

1. Participants will be able to understand cultural differences.
2. Participants will be able to provide culturally sensitive care.

Chapter VII: Working with Interpreters

1. To enable effective use of interpreters in communication with trafficked persons, while acknowledging special issues that may affect the victims.

Chapter VIII: Assessment and Intervention

1. Participants will be able to understand the codes of conduct in assessment and intervention.

2. Participants will be able to demonstrate basic skills in conducting assessment and intervention.

Chapter IX: Interviewing Process

1. To provide a general understanding about the interviewing process.
2. To provide a general understanding about helping relationships and helping

Chapter X: Safe Referrals

1. To help participants to develop and implement well-planned and well-executed referrals.

Chapter XI: Record Keeping

1. To enable participants to collect, manage, transfer, and securely store trafficked persons' data.

Chapter XII: Self Care

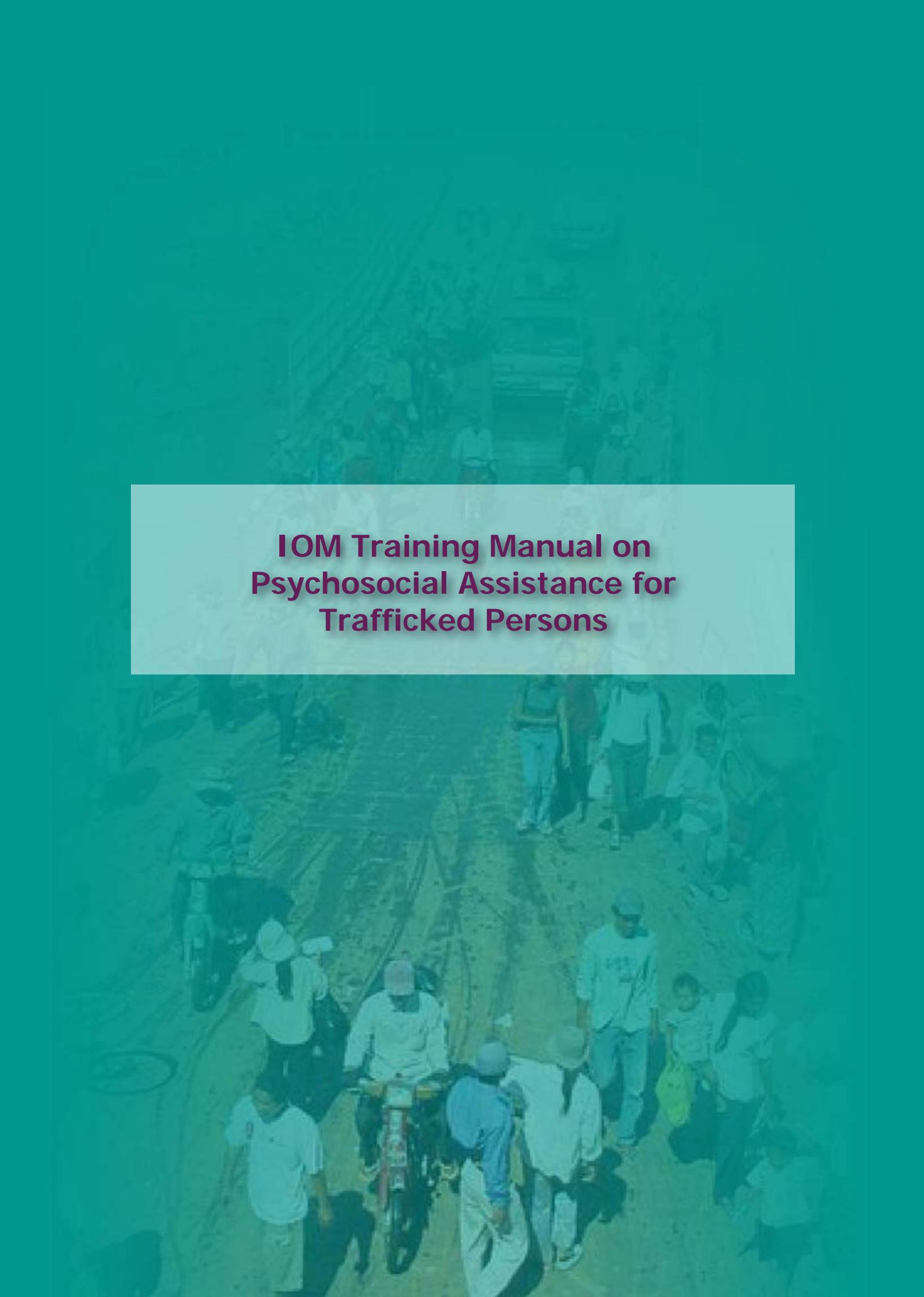
1. Participants can recognize how stress can affect them.
2. Participants are able to develop preventive self-care techniques.

Annex II: Example Training Agenda

Day 1		
Session 1		
9.00 AM – 12.00 PM: Welcome and introduction to the programme		
	• 8:30 - 9:00	Pre-training evaluation
	• 9.00 - 9.30	Welcome and introductions
	• 9.30 - 9:45	Programme Overview
	• 9:45 - 10.30	"Human Trafficking: Definitions and situation in the GMS"
	• 10.30 - 10.45	Break
	• 10:45 - 11:45	"Principles of assistance and victims' rights, child specific care"
	• 11.45 - 12.00	Q&A
	• 12.00 - 13.00	Lunch
Session 2		
13.00– 16.30: Introduction to the programme (cont.)		
	• 13.00 - 13.45	"Stages of trafficking and most frequently observed/reported emotions and reactions by trafficked persons"
	• 13:45 - 14:45	"Psychosocial services for trafficked persons and current situation of psychosocial assistance in the GMS"
	• 14.45 - 15.00	Break
	• 15:00 - 16:00	Exercise # 1 "Case studies: identifying the trafficked person's needs" (group work)
	• 16:00 - 16:15	Plenary discussion
	• 16:15 - 16:30	Wrap-up of Day 1

Day 2		
Session 3		
9.00 – 12.00 Toward the well-being of trafficked persons		
	• 9.00 - 9.15	Summary of Day 1 and Introduction to Day 2
	• 9.15 - 10.00	"Knowledge on mental health risks and consequences"
	• 10:00 - 10:45	"Developing toward trafficking human beings well-being: who should be involved in the helping process – intersectoral partnership"
	• 11:45 - 11:00	Break
	• 11.00 - 11:45	"Developing toward trafficking human beings well Being: Process of psychosocial support"
	• 11:45 - 12:30	"Culturally sensitive care"
	• 12.30 - 13.30	Lunch
Session 4		
13.00– 16.45: "Developing toward trafficking human beings well being: Process of psychosocial support" (cont.)		
	• 13:30 - 13:45	Plenary discussion
	• 13:45 - 14:45	"Best practice guideline"
	• 14:45 - 15:00	Plenary discussion
	• 15.00 - 15.15	Break
	• 15:15 - 16:15	"Working with interpreters"
	• 16:15 - 16:30	Plenary discussion
	• 16:30 - 16:45	Wrap-up of Day 2

Day 3		
Session 5		
9.00– 12.00: Developing toward trafficking human beings well being: Process of psychosocial support (cont.)		
	• 9.00 - 9:15	Summary of Day 2 and introduction to Day 3
	• 9:15 - 10:15	“Assessment and intervention”
	• 10:15 - 10:30	Break
	• 10.30 - 10.45	Plenary discussion
	• 10:45 - 11:45	“Interviewing process”
	• 11.45 - 12:00	Plenary discussion
	• 12.00 - 13.00	Lunch
Session 6		
13.00 – 16.30: Developing toward trafficking human being well being: Process of psychosocial support (cont.)		
	• 13.00 - 14.00 PM	“Crisis intervention & safe referrals”
	• 14.00 - 14.15	Plenary discussion
	• 14.15 - 14.30	Break
	• 14:30 - 15:30	“Record keeping and Self care”
	• 15.30 - 15:45	Plenary discussion
	• 15:45 - 16:00	Closing
	• 16:00 - 16:30	Post-training questionnaire



**IOM Training Manual on
Psychosocial Assistance for
Trafficked Persons**