

CHAPTER 3

THE PROVIDERS' PERSPECTIVE

DIANA TUDORACHE AND ROSSANKA VENELINOVA

3.1 GOAL

The aim of this chapter is to describe a selected number of basic resources and constraints in helping trafficked persons resume their physical and mental health, including re-integration with their families and communities of origin.

3.2 LEARNING OBJECTIVES

At the end of this chapter readers will understand:

- the importance of providing a multifaceted and holistic assistance to trafficked persons;
- the roles and responsibilities of the different actors involved;
- how to improve the quality of services provided to trafficked persons;
- how to individualize the assistance provided to children; and
- how to identify areas for improvement and gaps in victim assistance and protection programs.

3.3 GENERAL CONSIDERATIONS

During recent years, much has been written about the trafficking phenomenon in South East Europe (SEE). Reports on different assistance schemes in countries of origin, transit and destination, have pointed out that the number of trafficked persons, as well as efforts and initiatives of different actors involved in the counter-trafficking process, are abound. Notwithstanding the variations in estimates, there is a general consensus that trafficked persons are in need of greater and more co-ordinated assistance and protection throughout the world, and in particular, in poor regions, such as the post-communist countries of Central and Eastern Europe (CEE), where general poverty is a major factor behind trafficking.

The following are the key issues discussed in this chapter (IOM Counter-Trafficking Handbook, in press):

- Human rights-based approach;
- Informed consent and assistance on voluntary basis, preferably in the language of the trafficked person;
- Right to confidentiality and privacy;
- The active participation of the trafficked person in the decision-making process and respecting his/her self-determination in taking appropriate actions;
- Individualized treatment, care and unobtrusive follow-up process.

3.3.1 Inter-sectorial and interdisciplinary perspectives

It is now widely accepted that counter-trafficking responses need to involve all relevant agencies, including the community, as all need to be giving the same, consistent messages about trafficking. At the professional level this requires, what is now called, 'inter' or 'multi' agency work: organisations working with each other, whilst respecting each other's roles and responsibilities.

No single agency can meet all of the needs of trafficked persons, ensure prosecutions are pursued or implement prevention campaigns. Assistance and protection measures may range from voluntary acceptance of a single service (e.g. transportation to the country of origin) to voluntary acceptance of multiple services, including housing, medical, psychosocial, legal, educational and vocational services. Each of these services will be more effective if organisations work together, share an understanding of the problem and how to tackle it. The effectiveness of intervention, and work to redress the violations of human rights that children, youth and adult trafficked persons have suffered, is greatly enhanced where there are strong working links between agencies. As such services should be holistic, inter-sectorial and delivered by an appropriate multi-disciplinary team wherever possible.

3.3.2 Governments, Non-Governmental Organisations, Governmental Organisations, International Organisations and the role of civil society

Recognizing that trafficking likely impacts not only those directly involved, but also the whole society, the role of governmental and non-governmental organisations should be considered as fundamental.

Governmental institutions are essential in the provision of services for trafficked persons. Not only do they ultimately bear the overall responsibility for the care of their own citizens, but they are a necessary link to ensure that assistance will be sustained and institutionalised. It is however to be noted that given the magnitude and consequences of human trafficking most governments, particularly in under-resourced countries of origin, also require technical and financial assistance in order to strengthen their institutional capacity at both the policy and implementation levels.

The involvement of non-governmental organizations (NGOs) and international organizations (IOs) is of critical importance in providing reintegration assistance and prevention activities. Most NGOs and IOs of importance in counter trafficking activities are strategically scattered across the country, and will have developed the necessary experience, training, qualifications and grassroot level methodology in working directly with trafficked persons.

Engaging civil society and local communities as resources of social support to trafficked persons is essential in decreasing the stigmatisation that trafficked individuals often experience, mostly upon their return, by their families, former friends, local health professionals, neighbours, and others. This is a syndrome, well known in the literature of helping professions, labelled metaphorically as "*punishing the victims*".

The mental health support services at entry points of return are expected to adopt the basic guiding principles of IOM, with special emphasis on the following rules:

- Return and referral mechanism should be available and mobilised at the community of origin, and
- Facilities that will continue to provide mental health support after return are expected to be mobilised, or “created”, if appropriate.

3.4 WORKING WITH GOVERNMENT ORGANISATIONS

3.4.1 Legal issues

An integral component of the assistance and protection process available to trafficked persons is the process by which his/her identification and travel documents are either verified (if the individual is still in their possession) or newly obtained.

It is a known that one of the methods used by traffickers or employers to control trafficked individuals is the confiscation of vital documents such as passports, travel tickets, identity cards, or birth certificates. Alternatively trafficked persons may themselves try, for various reasons, to hide their true identity. In such cases, part of the initial assistance provided by either IOM or NGOs is the verification of the person’s identity and documentation. This process directly impacts on the length of the trafficked person’s waiting period prior to repatriation, and, consequently, on his/her emotional state.

Some embassies or consular offices require an interview with trafficked persons before documents are issued, and some offices are very slow to process the documents. It is therefore recommended that application forms be made available to trafficked persons at an early stage and proper explanations on how to fill in the forms be given promptly. Whenever possible, the trafficked person should receive an approximate time frame within which his/her documentation will be ready, so that the person may feel that s/he is somehow in control of the process.

Assistance in the retrieval of lost documents while in the country of origin must also be provided to trafficked persons.

Even though the process of providing documents to trafficked persons might seem a simple administrative or operational procedure, it is an integral part of the recovery process and has a quasi-therapeutic impact by re-establishing the person's sense of identity.

3.4.2 Interfacing with law enforcement and judiciary

The police are often the first ones to come in contact with trafficked persons, either through a bar check/raid or during arrests for illegal immigration.

Trafficked persons rarely view law enforcement officials as a source of assistance. Only few of the assisted cases sought the help of the authorities with the belief that they will find

assistance as a victim of crime. Many come across law enforcement officials during a raid or, in some cases, when they cross international borders. Such circumstances do not meet the assistance requirements, as police tend to perceive the status of trafficked persons as that of illegal migrants or even perpetrators of criminal offences.

It has been widely documented that part of the manipulation induced by traffickers is the threat that if the trafficked person alerts the police, s/he will face arrest and prosecution. This is reinforced by the fact that many trafficked persons either witness or personally experience prosecution and/or detention for minor offences associated with trafficking: possession of false documents, illegal border crossing, prostitution, or begging.

3.4.2.1 Implications of trauma experience for law enforcement officers

The range of symptoms that may be exhibited by traumatised trafficked persons may seriously limit the ability of law enforcement officers to accurately identify and deal with trafficked persons professionally and humanely.

The key symptoms of trauma most important for law enforcement officers are the following (UNDP, 2003.):

- A traumatised person will often deny that s/he was trafficked, even in the face of overwhelming evidence to the contrary;
- S/he is likely to have difficulty in providing a clear and consistent statement to investigators;
- S/he may have difficulty remembering what actually happened;
- As s/he may not understand why s/he is unable to remember traumatic events, the trafficked person may have a tendency to fill in the blanks of his/her memory by making up plausible elements of the traumatic situation. This can be very confusing to police and criminal justice agents.

3.4.2.2 Assistance in exchange of information

In many European countries, assistance and support is contingent on a trafficked person's agreement to cooperate with the criminal justice system to pursue and prosecute the traffickers. In this regard, careworkers should note that:

- Immediately after escaping from an abusive situation, trafficked persons find themselves confronted with the complicated and high-pressure decision of whether or not to participate in an official prosecution.
- Many trafficked persons do not want to be involved in police investigations or act as witnesses in trials due to:
 - the serious risk of reprisal against them or their families,
 - the sometimes inappropriate attitude of the law enforcement agencies towards them
 - the lack of adequate and effective witness protection measures or the improper implementation of such measures.

(Zimmerman, C., Watts, C., 2003.)

3.4.2.3 Sources of anxiety in encounters with law enforcement officers

The criminal justice system may cause secondary victimization because of difficulties in balancing the rights of the trafficked person against the rights of the offender. Furthermore, secondary victimisation may also occur as a result of the intrusive and inappropriate conduct of criminal justice processes and procedures.

Testifying in court can affect the trafficked person's physical and mental health and in turn the individual's physical and mental health can have a significant effect on the prosecution or trial procedure. Testifying implies confronting the individual that abused and humiliated him/her and most of the time a trafficked person is required to recollect all aspects of her/his journey in front of the defendant, the perpetrator and the public. Moreover, it is common that, during court procedures, the trafficker's defence lawyer tries to discredit or blame the trafficked person for the circumstances in which s/he was entrapped.

Trafficked persons are rarely, if ever, prepared by anyone for the distress and often re-traumatising events that may emerge or often are created throughout the trial procedures by uninformed, obtrusive and at times prejudiced judges, and lawyers.

At all stages of the assistance and protection process, co-operation with the police and judiciary is necessary. Accordingly, it is essential to build and maintain a good working relationship with the police, which must be based on the best interests of the trafficked person and bear full respect for the confidentiality principle and privacy of the individuals. (GAATW,1999.)

3.4.2.4 Recommendations for law enforcement officers

In summary, we can list a number of specific recommendations:

- Develop a good understanding of the trafficking process and legislation on trafficking;
- Organize training sessions for law enforcement authorities on interviewing and other sensitive investigation techniques;
- As a first step, it is crucial to provide trafficked persons with immediate physical safety and access to qualified support and start the investigation only after the s/he has been physically and psychologically stabilized;
- Engage experienced advocates who will follow the trafficked individual through the entire legal process;
- Advocate for the implementation of witness protective measures and the use of forensic evidence in investigation or court procedures;
- Inform trafficked persons about their rights and prepare them for the trial;
- Organize training sessions with law enforcement authorities and judiciary on the consequences of trafficking for the individual, including his or her legal status;
- Avoid re-victimization of the trafficked person by seeking to portray his/her actions as criminal, treating and speaking to him/her in a judgmental manner, or pressuring him/her too much to make statements in a police or judicial inquiry.

3.4.2.5 Risk assessment and security issues

During the assistance and protection phase, one of the main concerns often raised both by trafficked persons and their helpers, is physical, mental and social safety.

Throughout the trafficking process, the trafficked person experiences various levels and types of threats, which directly affects their attitude and reactions towards assistance providers or judicial authorities pressing criminal charges against their traffickers. Trafficked persons commonly fear that once they testify against the traffickers, they and their families will face the risk of retaliation by the perpetrators or their associates. (Zimmerman, C., Watts, C., 2003.) This fear is considerably higher when acquaintances, friends, neighbours, and sometimes, even relatives, were involved in the trafficking process.

All these factors have a strong impact on the mental status of the trafficked person and influence all his/her decisions at all stages of the assistance. S/he lacks trust, becomes fearful, anxious, and doubtful of any person or any decision that s/he would have to take.

3.4.2.6 Safety recommendations

- At every stage of the assistance and reintegration process, the security situation and needs of trafficked persons should be assessed individually, in close co-operation with law enforcement agencies. The need for shelter and special protective measures is immediately necessary in both countries of destination and origin.
- A careful and progressive approach is recommended in the relationship between assistance providers and trafficked persons. Any decision-making should be avoided until trust and a sense of safety is established. The counter-trafficking staff person who made the first contact with the trafficked person should play an important role at this stage.
- The shelters must take their own protective measures, e.g. secret/confidential locations, surveillance systems, special codes between the shelter staff and police, and panic buttons for alarming security teams.
- In the few cases where law enforcement agencies enrol trafficked persons in witness protection programs, the security assessment and subsequent assistance should be provided immediately. Where police is unwilling or unable to provide such forms of protection, the risk for the individual is very high. (Zimmerman, C., Watts, C., 2003.)

3.5 DETENTION CENTRES

As already stressed in the previous chapter, it frequently occurs that trafficked persons are subject to detention and deportation by the legal authorities of the country of destination. The reasons vary from his/her reluctance and fear to disclose his/her situation to the legal authorities, to withheld referral unless s/he participates in the investigation and court proceedings.

Trafficked persons usually face detention for crimes such as: illegal border crossings, possession of false documents and prostitution (in countries where prostitution is an offence).

Conditions in detention centres vary. There is usually only limited medical and psychological assistance, so the nature and extent of assistance to trafficked persons must be checked. A full medical examination should always be undertaken with persons exiting detention facilities.

As the detention period has a strong impact on the mental health status of trafficked persons it is recommended, to the extent possible, to maintain good working contact with the detention staff in order to allow external assistance providers access to potential cases for an assessment of their situation.

In some countries, agencies involved in the assistance of trafficked persons have an explicit agreement with the relevant authorities (either the Ministry of justice, the Ministry of Interior, or an immigration office). As such, organisations are contacted as soon as there is a possible trafficked person in custody and they are allowed to carry out a range of activities in the detention facilities, including providing medical and psychological assistance and occupational or recreational activities. (Zimmerman, C., Watts, C., 2003.)

Outreach programs aim to make services available to persons, who have been or are vulnerable to trafficking. Reaching out to trafficked persons is a step towards understanding their situation, building trust and developing strategies to support them. (GAATW,1999.)

3.6 ASSISTANCE AND PROTECTION

3.6.1 IOM resources and referral mechanisms

Trafficked persons either manage to escape on their own or are rescued during a police operation or bar raid. In both cases, trafficked persons will approach the police who refer their case to IOM or NGO partners for assistance. When the trafficked person enters the IOM Return and Reintegration Programme, s/he will receive some form of medical, mental health and psychosocial assistance while waiting for her/his actual return. All IOM voluntary return assistance for trafficked persons is linked with a reintegration component in the country of origin and assistance is provided throughout all stages.

3.6.2 Non-IOM resources at return

Many trafficked persons are able to escape and return by themselves or are freed with the help of NGOs. They may or may not have received any form of medical, mental health and psychosocial services.

Trafficked persons who are deported by government authorities or have been freshly rescued from their captors have almost certainly not had access to medical care or counselling services.

When trafficked persons are identified, there is an immediate need for temporary or permanent accommodation in a place where they are provided privacy, safety from the threats/influence of their former captors, shelter from the prejudice and judgment of the public or the pressure of the judiciary. The need for shelter is urgent in both countries of destination and origin.

When approaching trafficked persons at the first encounter, one must communicate both security and empathy. It is important to know that due to the specifics of the trafficking experience, any change of location or environment can be accompanied by intense emotions of fear and anxiety. Any transfer of the trafficked person from the rescue point/arrival point to the shelter, should only be carried out after the procedures have been fully explained to him/her.

3.6.3 Minimum standards for support

Effective mental health support may come in many forms after “home-coming” (e.g. material goods, re-establishing “old” friendships, etc.), yet *change* over time often depends on the resources available and the particular local customs and culture. Support strategies should be adapted to an individual’s needs, situation (e.g. other sources of available support, duration of stay, etc.), personal profile (e.g. age, gender, culture, etc.) and personality. Assistance should also be holistic, recognize the multi-dimensional nature of mental health (i.e. physical health, social and economic well-being), and should offer multi-faceted forms of support (e.g. emotional, education, employment).

While the past may cause much of a trafficked person’s current trauma, approaches to support should not only consider past experiences and related memories, but also help the individual to advance confidently towards a healthy and more promising future. Trafficked individuals must have access to mental health support whenever possible even during a very brief stay within an IOM shelter/half-way house.

Whatever support is available, mobilised or created, however, the following three basic resources should be kept in mind:

- resources at the country of destination (transit centre);
- resources at the IOM rehabilitation centre in the country of origin;
- resources at the shelter or half-way houses.

3.6.4 “Who” can (or should) help?

Following a rescue operation or at the first contact with a trafficked individual, every effort must be made to create a secure and supportive environment. It is important that the same person making the first contact with the trafficked person is involved during the full duration of the assistance process.

Staff should make every effort to provide the rescued trafficked person with essential and realistic information of what s/he can expect during the unfolding assistance phase. No unrealistic promises should be made.

At the earliest opportunity, IOM or an NGO should designate a trained health professional to assist the trafficked person. It is important to carry out a *mental health status examination*, in order to recognize persons whose mental health is severely impaired (either due to the trafficking process or a pre-existing mental illness) and who require immediate specialized attention. In particular, individuals who are at risk of harming themselves or others, or cannot take proper care of themselves due to their mental state (e.g., do not get dressed, do not eat, present psychotic reactions, etc.) may need medication to stabilize their condition, and, in some cases, may even need psychiatric hospitalisation (e.g. extreme hostility with aggressive behaviour or suicidal attempts).

Therefore, to establish a correct diagnosis, it is essential that all trafficked individuals who are offered the services of IOM and/or its NGO partners are seen by a *trained health practitioner* as part of the initial health assessment. Depending on the resources, this might be a general practitioner with training in mental health, a psychiatrist, a clinical psychologist, a psychiatric nurse or a social worker with psychiatric training.

If the trafficked person presents serious impairments, these professionals must refer the case to a specialist, or begin (medical) treatment. It is important to note that not all of the above-mentioned health practitioners can prescribe medication and those who cannot, must refer the individual case, in a timely fashion, to a specialist who can. For this reason, each agency involved in providing assistance to trafficked persons should identify a resource person able and available to provide the necessary assistance in an emergency situation. In some specific cases, if the diagnosis is not clear, a second medical opinion may be required.

Persons in the care of an IOM field office who do not require immediate specialized psychiatric attention (medical treatment, hospitalisation) may benefit from ongoing mental health support from psychologists, psychiatrists, nurses, or social workers trained in mental health.

In addition, all professionals, even with informal or short-term training in mental health or psychosocial assistance, play an important role in providing a therapeutic environment (e.g. including sensitising other staff) and offering psychosocial support to all trafficked persons in their care.

In order to provide a coordinated assistance program, each trafficked person receiving IOM support services is routinely assigned to a caseworker. The caseworker is part of the assistance support team and works under the general coordination of either the key health support person in the case of the rehabilitation centres, or the reintegration coordinator if the trafficked person accepts and participates in the long-term reintegration component.

3.6.5 Ten “golden rules” of talking to trafficked persons

There are ten guiding principles for the ethical and safe conduct of interviews with trafficked persons, recommended to caseworkers (IOM Counter-Trafficking Handbook, in press):

1. *Do no harm:* Treat each child/woman/man and the situation as if the potential for harm is extreme until there is evidence to the contrary. Do not undertake any interview that will make the person's situation worse.
2. *Know your subject and assess the risks:* Learn the risks associated with trafficking and gain as much information as possible on each trafficked person before meeting him/her and proceeding with an interview.
3. *Prepare referral information - do not make promises that you cannot keep:* Be prepared to provide information in a trafficked person's native language and the local language (if different) about appropriate legal, health, shelter, social support and security services, and help with any specific referrals, if requested or required.
4. *Adequately select and prepare interpreters and co-workers:* Weigh the risks and benefits associated with employing interpreters, co-workers or others, and develop adequate methods for screening and training. The training must specifically include guidelines on ethical conduct with trafficked persons.
5. *Ensure anonymity and confidentiality:* Protect a respondent's identity and confidentiality throughout the entire interview process – from the moment she is contacted through the time that details of her case are notified to other entities (embassy, health care system, country of origin, family members, etc.).
6. *Obtain informed consent:* Make certain that each respondent clearly understands the content and purpose of the interview, the intended use of the information, his/her right not to answer questions, his/her right to terminate the interview at any time, and his/her right to put restrictions on how the information is used.
7. *Listen and respect each trafficked person's assessment of his/her situation and the risks to his/her safety:* Recognize that each trafficked person will have different concerns, and that the way s/he perceives them may be different from how others might assess them.
8. *Avoid re-traumatizing a trafficked person:* Do not ask questions intended to provoke an emotionally charged response. Be prepared to respond to a trafficked person's distress and highlight the positive developments and outlook, as well as his/her strengths.
9. *Be prepared for emergency intervention:* Be prepared to respond if a trafficked person reports being in imminent danger.
10. *Put the collected information to good use:* Use information in a way that benefits each trafficked person or that advances the development of good policies and interventions for all beneficiaries.

Most of these recommendations may also apply when interviewing trafficked are minors.

3.6.6 “What” trafficked persons should know, and be aware of?

From the beginning of his/her encounter with a case worker, the trafficked person should be made aware of some basic information. Below are some guidelines:

- The trafficked person should know whom to contact for information and with requests (resource persons).
- The trafficked person should not feel lost in the sea of services and procedures.
- Information-flow is not merely “answering questions” once. It should be part of a continuous process.
- Personnel should not duplicate tasks.
- Personnel should keep in mind that building trust should be developed on a mutual basis and must be maintained and reinforced continuously.

3.6.7 Basic rules of care and conduct

The caseworker should make the first contact with the trafficked person as soon as possible, use appropriate language and establish a relationship based on mutual trust. The following basic skills are important for building and maintaining a trustful and meaningful working alliance:

1. Accept unconditionally: understand the situation of the trafficked person, do not put any blame on the trafficked individual;
2. Maintain objectivity (non-judgmental attitude) even in cases of interpersonal conflict;
3. Pay full attention to the physical and emotional condition of the trafficked person;
4. Practice utmost patience, concentration, empathy, and use good listening skills;
5. Provide essential information of available resources;
6. Ensure the physical and emotional security of the trafficked individual;
7. Provide information and orientation about the available services (e.g. food, accommodation, clothing); legal assistance (in the case of police interrogation or the trafficked person’s request to pursue legal action against his/her traffickers); medical care as well as psychological counselling;
8. Secure temporary identity documents and/or visas;
9. Facilitate return to country of origin assistance, reinsertion with family, peers, the community or other alternative options as appropriate. (IOM Counter-Trafficking Handbook, in press.)
10. Inform the trafficked person about his/her rights and the preparations for his/her return home, including:
 - a) Gather verifiable information from the trafficked person about his/her family background/environment and whether support at home, in the community or elsewhere can be expected in the near future
 - b) Discuss viable options for reinsertion/reintegration to avoid re-trafficking;

11. Do not make unrealistic promises;
12. Gather information about the security situation in the final destination (ensure that it is safe for the trafficked person to return home);
13. Provide information and support in case the trafficked person decides to pursue legal action and/or assist the police in their investigation;
14. Facilitate easy access to health and social services;
15. Provide urgent medical care as required;
16. Start immediate psychological counselling in the country of destination and continue this intervention until home-coming. Ensure that follow up support is provided upon return to the country of origin.
17. Fully explain any medical information using the trafficked person's native language and provide copies of medical documents (translated if possible);
18. Initiate and ensure a medical referral process for treatment and/or follow up with either the receiving IOM mission/partner NGO or health care facility in the country of origin;
19. Perform travel assessment; determine the need for medical¹ or operational escort²;
20. Advance medical information should be forwarded to the IOM receiving mission/partner NGO in a timely and confidential manner especially if continued care and psychological counselling is recommended with a local health care facility and/or specialist.

3.7. FACILITIES FOR TRAFFICKED PERSONS

3.7.1 Facilities in country of destination

This type of centre/shelter provides temporary accommodation to trafficked persons of different nationalities, (typically foreigners) who are referred by law enforcement agencies, IOM or NGO partners via formal mechanisms. The minimum stay in the transit centre/shelter varies from country to country, ranging from 10 days to an average 3-4 weeks, and sometimes even 2 to 3 months. The length of stay is influenced by possession of a legal travel document, preparation of travel and reintegration assistance in the home country, and mostly by the investigative or judicial proceedings in which trafficked persons are involved as injured parties, witnesses, or suspects. Sometimes, delays are also caused by the special medical condition of the trafficked person or unsafe conditions in the country of origin. Usually the trafficked person's freedom of movement is limited, as he/she is required to stay indoors either due to security reasons or restrictive domestic immigration laws.

¹This request for information may already be forwarded to the receiving IOM mission or partner NGOs in the country of origin as part of the IOM Return and Referral mechanism

²IOM recommends escorts for all returning persons below 18 years of age and for all persons with a serious health condition that threatens safe return

3.7.1.1 Transit centres run by (local) governments

Most countries' governments have established transit centres (facilities for short stay), usually managed by the Ministries of Interior (MoIs).

In general, the quality of services at these centres is poor, and the attitude of the general public towards them is negative. Some disadvantages of transit centres are:

- Perceived by the trafficked person as a transit phase, thus temporary and not desired;
- The feeling of safety and security is not achieved, especially if they witness the involvement of local police throughout the different stages of their experience;
- Strict rules, no privacy (usually sleeping arrangements are in dormitories);
- Source of uncertainty as the priority may be the criminal investigation and collecting statements from the trafficked person.

On the other hand, transit centres also have advantages when compared with other types of facilities, for instance:

- The security is provided by the law enforcement;
- Many of them take responsibility for “mediating” between different agencies involved in providing assistance to trafficked persons. It may be that an NGO and/or IO is operating the shelter and, accordingly, the quality of services provided to the beneficiaries is superior.

3.7.1.2 Transit centres/shelters run by NGOs or IOs

These facilities „typically” provide temporary accommodations to trafficked persons and are part of either a formal (e.g. governmental) or an informal (e.g. humanitarian) structure. If compared with “detention centres” (run by MoIs, for instance), shelters are a special kind of “humanitarian innovation”, and most of them stand out with the following attributes:

- Perceived by beneficiaries as providing a “home-like” environment;
- Case workers usually ensure a relaxed atmosphere and a well-qualified flow of communication, with full respect to a person's privacy and special needs (humane side of services);
- Beneficiaries have the possibility of making their own adjustments within the centre's facilities and activity programs;
- Flexibility of the centre's schedule and activities.

One other hand, there are a few serious constrains inherent in the operation of many of these shelters:

- Most shelters are founded by philanthropic organizations that fully (or mostly) depend not only on financial contributions but also on the donor's "wishes" in developing their programmes and activities.
- Many of these shelters are under the surveillance of the local (or international) police force. While this is useful protection from the traffickers, the beneficiaries themselves also have to pay the price for all the safety measures. At many shelters they are "totally" (or mostly) isolated from the outside world, which simply means another "confinement" for many of them. The shelter's confinement may lead to serious (acute) crisis reactions (fear, anxiety, and depression) in trafficked persons.
- Both types of facilities are usually perceived as a transitional experience between the "nightmare" of the violence and sexual abuse endured by trafficked persons during their experience and the long awaited hope of returning to their home country and to a normal life. The transit centre/shelter may still be perceived as being closer to the trafficking experience and, as such, uncertain and undesired. Some perceive their presence in such facilities as more of a "delay" than a "real" rescue, which could only be attained by repatriation.

3.7.1.3 Activity programs in transit centres/shelters

The physical and mental well being of trafficked persons during their stay at any type of transit centres much depends on the activities provided and facilitated within the "walls" of given facilities. Many centres provide remarkably complex and carefully designed programmes, while others only meet their "clients'" basic need for food, water, medical tests, basic health and nursing care. Experience with creative programme activities implemented at some model shelters suggests a few recommendations for activities:

- Occupational activities (e.g. sewing, cooking, knitting, etc.);
- Psychosocial support group/ mutual aid activities (group and individual);
- Health education and health promotion activities (learning by doing);
- Educational activities and skill-based learning (e.g. communication skills training, child-raising skills);
- Recreational and sporting activities (leisure time activities);
- Awareness raising focusing on the main concerns of beneficiaries, including trafficking, migration, gender issues, job-seeking skills.

3.7.2 Facilities in country of origin

These facilities accommodate self-returned trafficked persons from various countries of destination. Trafficked persons are usually referred to these centres by NGOs or by other trafficked persons returning through the IOM Return and Reintegration program. Typically, these facilities also operate as emergency units and information centres, and often house a telephone "hotline" service.

3.7.2.1 IOM Rehabilitation Centres

The IOM-operated Centres, (e.g. IOM Kiev and IOM Chisinau Rehabilitation Centres) are typically health rehabilitation centres, where trafficked persons are provided medical diagnostics and treatment, as well as psychological and psychosocial assistance under one roof. The staff includes a general practitioner, a psychologist, a gynaecologist, nurses, and other support staff. Enrolment into an IOM rehabilitation centre is on voluntary basis.

- Length of stay: 2-3 weeks.
- Usually it is the first component of the re-integration.
- Open/ available to all repatriated and returned trafficked persons.
- After the initial rehabilitation period, the trafficked person can return home or continue to stay in a shelter, where s/he can obtain longer-term assistance (e.g. psychosocial counselling, vocational/job training, and educational reinsertion).

Some rehabilitation centres (such as the one in Kiev) are placed within large health institutions, such as hospitals. Above and beyond all advantages, placement in a hospital implies “being sick”, that is, a stigmatising social situation unless the person accepts the role offered (“sick-role”). On the other hand, the “rules” of a hospital may mean facing a rather strict regime of “treatment” (for whatever “diseases”), implying trafficked persons may have to accept “bio-medical” approaches to treatment, instead of psycho-social (mental) care. However, in the existing shelters, individual or group therapy, reproductive health education and initial counselling for vocational training are also available.

3.7.2.2 Reintegration Centres and Half-Way Houses

These facilities are operated by IOM in association with local NGOs. They provide an adequate, safe and secure temporary living environment for trafficked persons for a minimum of 3 months until the reintegration process with the family/peers and the community is arranged.

Main operating characteristics:

- Beneficiaries should be involved in the management of the shelter;
- The shelter should serve as a step/transition period toward a) stabilisation and b) independent living;
- Reintegration Centres typically provide, directly or via different referral mechanism (NGO, governmental institutions) a rather wide range of services and support-activities, including:
 - Ongoing medical and psychological support;
 - Awareness raising activities;
 - Vocational training;
 - Employment assistance;
 - Assistance in finding accommodation;
 - Legal assistance;
 - Social assistance;

3.7.2.3 Second-stage housing

These are semi-independent living structures aiming to prepare the trafficked person for their exit from the assistance scheme. Trafficked persons in such housing should be introduced to community programs (e.g. economic empowerment programs, life skills and vocational skills development, etc.). Case managers from the previous stages of assistance should maintain contact with the trafficked person for monitoring and assistance on a need basis.

3.7.3 Minimum standards of shelters and centres

A shelter may be defined as a facility that meets the following criteria:

1. Provides temporary accommodation to victims of crime;
2. Recognized within formal and informal referral networks as a provider of accommodation and services for trafficked persons;
3. Has provided accommodation to two or more trafficked persons during the previous six months.

A reintegration centre may be defined as a facility that meets the following criteria:

1. Provides temporary accommodation for a minimum of 3 months with the possibility of extension;
2. Recognized within formal and informal referral networks as a provider of accommodation and services for trafficked persons;
3. Provides (either on site or through referral to other assistance partners) medical, psychosocial, legal, educational, vocational and employment assistance, as well as assistance in finding accommodation;
4. Has provided accommodation and services to two or more victims during the previous six months. (IOM Stability Pact for SEE, 2003.)

From a humanitarian perspective, a shelter is a familiar term referring to the right to housing, a condition protected by human rights law. Key aspects of the right to housing include (The Sphere Project, 2004.):

- the availability of services, facilities, material and infrastructure;
- affordability, habitability, accessibility, location;
- cultural appropriateness;
- goods and services, such as sustainable access to natural and common resources; safe drinking water; energy for cooking, heating, lighting; sanitation and washing facilities; means of food storage; refuse disposal; site drainage and emergency services.

Shelters represent an absolutely critical point of crisis intervention. They have to serve as a “home”, a safe space at a time when women and children are extremely vulnerable and in need of support and assistance. The intervention should include meeting basic needs as well as providing immediate medical help, counselling and skills development. An admission process should be established for all types of shelters to ensure that all trafficked persons who require help are admitted and their immediate needs are addressed.

The main guiding principles for assistance at shelters are:

- Prompt and adequate help,
- Help for self-help,
- Anonymity, and
- Ongoing monitoring and evaluation of existing services.

3.7.4 Personnel and work schedule in the centres/shelters

Experience has shown, the following minimum standards apply to staff in any type of centres/facilities and shelters as the health concerns are similar whether in transit situation, destination or upon return in the country of origin:

1. It is highly recommended to engage *multi-disciplinary teams* to address all aspects of the helping process. Optimally, these teams should consist of, at least, four persons:
 - One social worker – preferably specialised not in “clinical” but in family and/or community case work;
 - One medical doctor – preferably specialised in General Practice (GP) and/or family medicine, appropriate to the given country’s medical educational systems;
 - One qualified nurse – preferably with adequate qualification and practice both in clinical and community nursing,
 - and one mental health professional (e.g. psychologist, psychiatric nurse)
2. A pool of specialized health practitioners should also be selected and available in case of medical emergencies: psychiatrist, neurologist, gynaecologist, radiologist, paediatrician, orthopaedist and dermatologist, etc.
3. If the type of facility is a long-term reintegration shelter, other types of services, such as administrative, legal, fundraising, family tracing, family mediation services, and other support groups may be needed.
4. Any shelter should have enough staff to provide 24h round-the-clock services and security as required in all facilities for the protection of trafficked persons. If the staff works 12 h shifts, they should be given a free day regularly in order to avoid inappropriate workloads and occupational stress and burnout.
5. All services in the shelters must be sensitive to the trafficked person’s cultural values and customs. The differences of culture sometimes bring high levels of discomfort caused by unfamiliar surroundings, food, customs, religious activities, dress code, and languages. The service provider can do much to help the trafficked person to adapt to his/her new surroundings and culture. In the professional literature this is often reflected by the concept of Continuity of Care (see Text Box).

Principle of continuity of intervention from transit centre to rehabilitation centre:
Case management should contain objectives to be reached with the trafficked person during the initial period of care and should document the progress made and the person's evolution. All information must be made available at subsequent stages in order for staff not to repeat questions and tests each time a trafficked person is interviewed. Regular meetings between IOM and/or NGO shelter case managers must take place to ensure the flow of assistance, as well as re-assessing the current needs of the trafficked person. The assisted person must also feel that there will be continuity in the assistance provided.

In the country of destination, the presence of an inter-cultural mediator is highly beneficial, as s/he can facilitate communication between the trafficked persons and agencies' staff. The mediator may for instance be a social worker or previous trafficked person from the same geographical or linguistic area as the newly arrived trafficked person.

3.7.4.1 Gender perspective

Although the majority of trafficked persons are women and the majority of assistance staff are women as well, one should not exclude men from the provision of professional services. No professional believes that the problems of trafficked persons can be resolved by removing men from their lives. In fact, the current consensus is that centres need both male and female role models. Healthy relationships between men and women/children are of enormous value, so each staff member, both male and female, has an important role in building or facilitating these model relationships. However, at the initial points of contact with trafficked persons, it may be recommended to have female case workers, while in the long-term reintegration process, the presence of male caregivers is appropriate.

The presence of male professionals as caretakers, and therefore taking a different role than the traffickers or the clients that the trafficked person had to service sexually, can be therapeutic in itself.

Regarding therapists, practice shows that, in general, trafficked persons respond better to female therapists who are trained to understand the effects of victimisation. Women can share intimate problems with other women in a way that also facilitates therapeutic progress. It is also useful not to have the added complication of relating to a male therapist in a seductive or a manipulative manner. Yet, it is important to underline that male therapists can provide highly respected clinical contributions and that the mere fact of being a female therapist is not a curative factor in itself.

3.7.4.2 Training and qualification requirements for mental health professionals

At any stage of the assistance process, it is paramount to protect the trafficked person from any risk of additional harm and/or re-victimization. For this reason, each staff member of every agency/organization providing assistance to trafficked persons must be minimally trained to work with this special category of people.

Training is an essential component of service provision in that professionals involved in providing assistance to trafficked persons must be particularly sensitive to gender stereotypes and understand the nature and consequences of trafficking.

3.8 REINTEGRATION PROCESS AND COMMUNITY NETWORKING

The aim of the reintegration process is the safe, dignified and sustainable re-insertion of trafficked persons into society and normal life. Consequently, mental health support must be linked and strengthened within an inter-sectorial and multi-disciplinary referral network that addresses not only medical care, but also social assistance, legal counselling, reintegration grants, vocational trainings and job placement, etc.

Noting the importance of culturally and socially sensitive care in the reintegration process, the local community networks (e.g. religious/fait-based groups), the media, teachers, local authorities, and other groups are also important partners in creating a supportive environment for trafficked persons and their families. This reduces the potential for stigmatisation and lowers the risk of being re-trafficked.

Because trafficking is deeply rooted in the social and economic struggles of a person's life, it is of utmost importance to empower trafficked individuals in order to ensure a meaningful reintegration in their communities.

Such programmes should not stigmatise or victimise the trafficked person and must guarantee his/her confidentiality and privacy.

3.8.1 Self-help groups and associations

Because trafficked persons may feel alienated by their experience, community-based self-help groups have a special place in the recovery and reintegration process. The aim of these self-help groups is typically to provide a forum for problem sharing, fact-finding, idea finding, and solution finding with an emphasis on providing mutual help and support among members, in order to generate more effective coping and community-level initiatives.

In many transition countries, self-help groups and associations either do not have a tradition (in terms of formal organisations) or they are confused with professional-led counselling (or even “therapy”) groups. The following definition of self-help (as an ideology, a movement, and a specific approach to *community building*) should be kept in mind:

“Self-help groups are voluntary, mostly loose associations with activities directed towards learning to cope with certain illnesses, psychological or social problems, by which they – either themselves personally or as relatives – are affected. They do not seek to make a commercial profit. Their goal is to achieve a change in the personal lives of their members and exercise influence on their social and political environment. In regular (often weekly) meetings self-help groups stress authenticity, equality, a common language, and mutual aid. The group is a means to counteract outer (social) as well inner (psychological) isolation. The goals of self-help groups focus on their members, and not on outsiders; in this respect they differ from other forms of citizens’ action groups. Self-help groups are typically not led by professional helpers; although some consult experts now and again on particular questions. (Matzka, J., 2001-2002.)

Experience shows that there are many ways to start self-help/mutual support groups, and each single group may have different goals, rules and traditions depending on the problems their (potential) members have in common, and on how such groups “fit” in the local social and cultural environment. Nevertheless, there is a fair amount of “wisdom” in how to start mutual support groups, accumulated over some 50 years of tradition. The following few rules can be of help for “beginners”:

1. *Before you start.* It is useful to pause before starting a group and think: “Is this really what I want to do?” Starting a group can be very satisfying, but it needs a lot of commitment. It means having less time for your family, friends, and other interests.
2. *Making contacts.* Before starting a group, you need to find other persons with the same or similar problem(s), who are also willing to share all the efforts of starting a group with you. (NB. First find at least one single person to start with, who can then find another member and so on, until 5-7 persons have joined your initiative.)
3. *Getting to know one another.* Once a few key people have been identified, you can all meet to get to know each other and exchange ideas about setting up a group.
4. *Working through differences.* As the members start talking about what the group will (or “shall”) do they will not always agree. Tension can be used creatively, and time is required to work through the differences. In principle, no one should be “smarter” than the others, as in the tradition of self-help, there are no “formal leaders” (authorities) assigned from outside. All members are stakeholders on an equal-footing, and group facilitation should be a matter of “rotating-roles” among members.
5. *Who is your group for?* A number of issues should be resolved. Is the group only for persons with experience in trafficking? Should the group be open enough for others to join? What about professionals?
6. *Choice of words and logos (group identity).* How would you call your support group? Victims? Survivors?
7. *Transforming and sharing personal experience.* The entire rationale to initiate and join a self-help group is to gain/re-gain control and independence in life, to “grow-up” and to keep growing in a meaningful and creative way. Therefore, the group should help its members to change a negative experience into a positive one. To become a Victor from a Victim’s role.
8. *Professionals and the group.* There are both risks and benefits of involving professionals. One of the major risks is that the group may start expecting a skilled professional to “lead them.” On the other hand, one of the major benefits is to have a “wise and skilled” professional provide strong expert support, especially when a group is starting up or making decisions. But whoever such an “expert” professional might be, s/he never could share with you the common experience of all the group members and in this case, the “inner knowing” of what trafficking really means in one’s life.
9. *Meeting members’ needs.* Self-help groups may “work” for some period of time, yet many vanish after an initial period of enthusiasm and upheaval. There are three basic issues the group must agree on: (a) activities, (b) interpersonal relationships and rules of communication at group meetings, and (c) role-taking/role assignment in-group work.

10. *Running a group service.* Many groups stay “alive” for years and decades (see e.g., AA-Groups) simply because they recruit new members, and provide special programmes for those in need (e.g. 12-Step Tradition).

3.9 WORKING WITH CHILDREN

Age is a critical factor in determining appropriate mental health care and support. Childhood and adolescence are periods of psychosocial development during which individuals develop their understanding of the world and of themselves in relation to others and to their environment. Within IOM’s counter-trafficking programs, return and reintegration assistance must be provided when a trafficked minor, regardless of status, expresses a wish or agrees freely with the recommendation of a legal guardian, to access various forms of reintegration assistance options. (IOM Counter-Trafficking Handbook, in press) In the absence of a designated legal guardian, every effort must be made to promote the child’s best interest. Disposition decisions should, at the very least, attempt to secure the child’s consent.

All programmes and activities should be developed to help children and adolescents reclaim and further develop their competencies for active and meaningful participation in the community.

As highlighted in the United Nations Children Fund (UNICEF) guidelines for protection of the rights of children victims of trafficking in SEE, all actions undertaken in relation to child victims shall be guided by and based on the principle of protection and respect for human rights as set out in the United Nations Convention on the Rights of the Child (1989). (UNICEF, 2003.)

3.9.1 Important considerations

The following considerations are most important in working with trafficked children:

- Providing care and assistance to trafficked children is a complex and sensitive issue. It is extremely important that all interventions provided to minors regardless of the timing of rescue, must always conform to the *‘best interests’ of the child* principle.
- If possible and (generally) with the informed consent of the trafficked child, the *parent or legal guardian* should be identified in the country of origin.
- In the event that a family member him- or herself is suspected to be the trafficker, it is important to *conduct a thorough family assessment*. Therefore, it is crucial that before revealing details of the child’s case to their family, support persons should sensitively inquire whether the child experienced past (familial and/or extra-familial) episodes of abuse and how they came in touch with the trafficker, before revealing details of the child’s case to family members.
- *Sufficient information and counselling* must be given to the child as well as to the parent/legal guardian in preparation for the medical and psychosocial assistance and the overall return and reintegration process.

- Although a legal guardian may be appointed to represent a child, s/he should never be marginalized by the presence of that person. It is also essential to ensure that the child remains fully informed, is an active participant in discussions, that due attention is given to the child's own wishes and opinions (according to her/his age and capacity), and that all her/his rights are respected.

Caring for children who have been trafficked requires:

1. Developing approaches that demonstrate respect and promote participation. Participation is the first principle in working effectively with young people. It is the fundamental right of all children to participate fully in all aspects of life. According to the United Nations Convention on the Rights of the Child, article 12, children must be given the right to express their views freely in all matters concerning them, and their "views should be given due weight in accordance with the age and maturity of the child."
2. Gaining an understanding of the multi-faceted ways in which past events have harmed them.
3. Implementing strategies aimed at mitigating the effects of past trauma and fostering healthier patterns of development.
4. Tailoring services to meet the needs of each age group (child, adolescent, and youth), often very different from programs designed for adults. (IOM Counter-Trafficking Handbook, in press.)

3.9.2 Creation of a child-friendly environment

Developing a child-friendly environment means meeting the nutritional, educational, physical and psychological development needs of children. Each agency or shelter that assists children on a regular basis must designate a specific area for children where activities, games, toys, educational materials are available. In addition, children must be provided facilities for adequate exercise and physical activity. Children should not be made to sit among adults or participate in adult activities.

It is important however to assess the relationships that the child might develop with the other beneficiaries in the shelter and to not separate children from the person/group with whom s/he feels safe. Even if this person is not of her/his age, it is important to maintain the relationship and engage him/her in interventions related to the child. (IOM Counter-Trafficking Handbook, in press.)

Rehabilitation of children in a secure unit is often unsuccessful for those used to life on the streets and have a highly developed sense of independence. The child may have become 'addicted' to his/her autonomy and needs to be involved in the decision as to whether s/he will co-operate.

It is recommended that assistance to children in closed facilities/shelters be only a temporary solution. If the reintegration of the child is not possible in the biological family, try integrating the child in the extended family (e.g. grandparents, uncles, aunts). If neither of the above-mentioned alternatives are possible, foster families are appropriate alternatives.

3.9.3 What your programme should include?

1. *Learning opportunities and education* is one of the building blocks of child development. Trafficked children have likely missed large parts of their education or never had the opportunity to study. As soon as possible, it is necessary to foster learning opportunities by offering educational classes, tutorials, or entering children in local school programs (when safe and appropriate). Teaching basic literacy skills should be the first step in empowering the child. It has been the experience of reintegration centres, that many children enjoy studying if they are provided with the opportunity. However, beware, that too rigid a system may induce the opposite effect and drive them away.
2. *Vocational Training.* Trafficked children are often used to earning sums of money that non-trafficked children, even highly educated, are unlikely to match. Once they are prepared to leave commercial sexual exploitation they will need many other skills in order to earn a decent living.
3. *Creative Therapy.* The life trafficked children have come to know is both exciting and dangerous. The activities offered at centres must be able to compete. Because children are often creative, shelters should offer activities such as drama, art and music, which will also present an opportunity for them to express themselves and their concerns. Group work offers a non-threatening environment and the activities are therapeutic.
4. *Trained or experienced professionals in dealing with children.* Based on IOM's experience in assisting returning trafficked minors, most if not all, demonstrate a wide range of psychological and physical trauma, which needs significant attention and specialized care by trained mental health professionals and care givers. (IOM Counter-Trafficking Handbook, in press)
5. *Psychological/ educational counselling and guidance.* After a thorough medical and psychological assessment, an experienced social worker/counsellor should initiate and provide counselling, organize and monitor care and services develop an individualized plan with other team members, with a view to ensuring that the interventions provided are also continued in the country of origin.

3.9.4 Mothers with children

Although not much emphasized in reports and studies, sometimes assistance providers come across trafficked women who are repatriated from abroad with a new born child or are in a late stage of pregnancy.

The programmes usually provide direct assistance exclusively to the trafficked person, but in these cases the assistance scheme should be extended to the child/children that were born during/as a result of a trafficking experience. The children should benefit from the same kind of protective measures the trafficked minors do.³

Accordingly, if a trafficked mother must be placed in alternative care, efforts should be made to retain and support the relationship and communication between her and her child.

Shelters must also provide appropriate accommodation to the couple (mother - child/children). The accommodation of women and children should aim to normalise the situation as far as possible and provide an opportunity for individualisation, participation and culturally sensitive care.

The IOM Moldova shelter for trafficked persons maintains a separate wing for mothers with children (as well as for trafficked children). The space is individualized and each couple is accommodated in separate rooms. A special room designated for children, is equipped with toys. Special care is taken to create a child-friendly environment. Mothers have access to a small kitchen, where they can prepare meals for their children, and to other equipment essential for the upbringing of their child.

Some countries (e.g. IOM Moldova and IOM Albania) progressed the level of assistance in this area even further: they accept children of trafficked women that were not necessarily born during/as a result of the trafficking experience in the reintegration programmes (reintegration centres or half-way houses).

3.10 WORKING WITH MEDIA – HOW TO EMPLOY IT FOR ADVOCACY PURPOSES

As trafficking is increasingly considered to be one of the world's fastest growing problems there is an increased demand for information by policy makers, service providers, different communities and the media. In the last years there have been a number of media reports dealing with trafficking in human beings. Most have exposed trafficking for the crime it is. Many public service channels have broadcasted documentaries on the issue and one can find reports on trafficking for forced prostitution in most newspapers around Europe.

An article has been published last year by the Institute for War and Peace Reporting entitled "Freedom at Midnight: Human Trafficking in Romania". The journalists conducted an undercover investigation to reveal how young girls are being beaten, abused and sold for few hundred dollars in Bucharest's back streets. As part of the investigation, one of the journalists played the role of a foreigner and bought a girl for 600 USD. The girl was left in the care of an NGO

It is well understood that these reports can play an important role in raising public awareness. However, while media coverage can draw attention to those directly responsible, trafficked persons are all too often caught in the glare of publicity. In the quest for gripping news coverage, the rights of individuals are forgotten.

³For example the UNICEF guidelines for the protection of children victims of trafficking does not provide any information on the children of the women who have been trafficked. These children face a high risk of being either trafficked (sometimes they might accompany their mothers during the trafficking experience or some women get pregnant and give birth as a consequence/during the trafficking experience) or could be abandoned, as their mothers have to deal with social stigmatisation and rejection. In respect of article 7 and 8 of the Convention on the Rights of the Children, a child has the right to be cared for by his/her parent and to preserve his or her identity, including nationality, name and family relations.

A film director made a documentary about trafficking in women in which he used the testimonies of several trafficked persons. Initially the director was supposed to present the film only abroad. However, it was broadcasted on national television and the trafficked persons' faces were shown in full. (WHO "Ethical and Safety Recommendations for Interviewing Trafficked Women")

The media can play a useful role in combating trafficking simply by informing the public of the nature and ramifications of human trafficking. It is recommended that sensational reporting be avoided, but at the same time the realities of trafficking should be depicted. The perception of the problem of trafficking brought forward by the media should include a clear explanation of the phenomenon and a realistic portrayal of the trafficked person. The media need to broaden the scope of reportage by addressing the message first and foremost to the most vulnerable groups.

Raising awareness of local media actors should be the initial step in any strategy aiming to maximize public knowledge and awareness on the issue of trafficking. Seminars or trainings may be organized for representatives of television, radio and print media to contribute to their understanding of the problem of trafficking. The aim of these seminars/trainings is also to promote responsible journalism and ethics in covering the issue of trafficking and in particular, actual cases of trafficking.⁴ The work of the media can also be engaged to address the demand for the use of cheap foreign labour, promoting zero tolerance towards all forms of trafficking.

It is indisputable that the media can, and in most cases, does, play an important advocacy role for the trafficking phenomenon and its actual or potential targets. However, each agency involved in assisting trafficked persons needs to design clear guidelines on their professional relationships with the media. Such guidelines must take into account the confidentiality of information and trafficked person's right to privacy.

3.11 RECOMMENDED READINGS FOR THIS CHAPTER

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