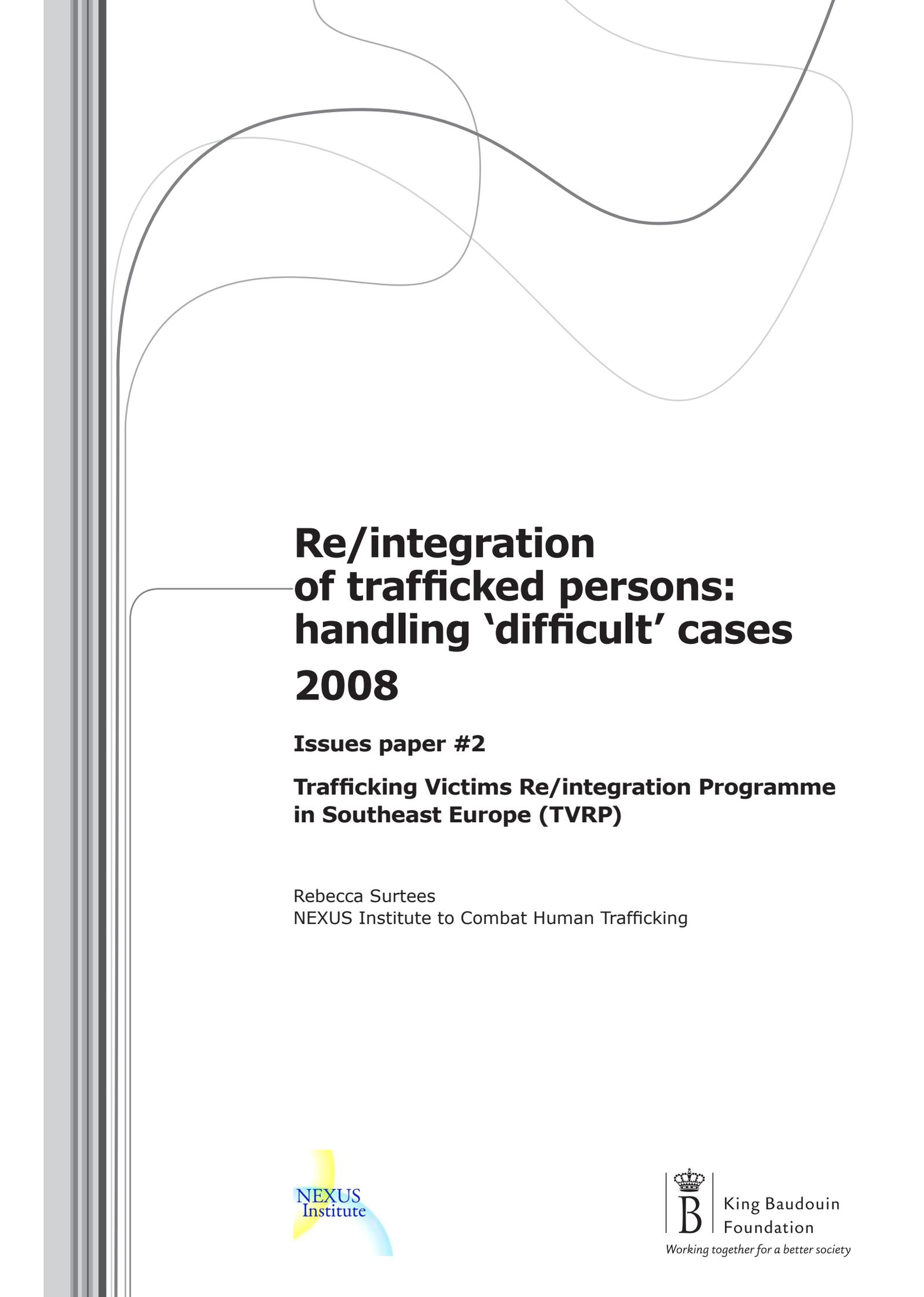


Re/integration of trafficked persons: handling 'difficult' cases 2008

Issues paper #2

**Trafficking Victims Re/integration Programme
in Southeast Europe (TVRP)**





Re/integration of trafficked persons: handling 'difficult' cases 2008

Issues paper #2

**Trafficking Victims Re/integration Programme
in Southeast Europe (TVRP)**

Rebecca Surtees
NEXUS Institute to Combat Human Trafficking



COLOPHON

Re/integration of trafficked persons: handling 'difficult' cases

Issues paper #2, 2008

Trafficking Victims Re/integration Programme in Southeast Europe (TVRP)

A joint publication of the King Baudouin Foundation
Rue Brederode 21, B 1000 Brussels
and the NEXUS Institute to Combat Human Trafficking
Vienna, Austria

AUTHOR

Rebecca Surtees, Senior Researcher
NEXUS Institute to Combat Human Trafficking
Vienna, Austria

COORDINATION

Gerrit Rauws
Director, King Baudouin Foundation

Fabrice de Kerchove
Project Manager, King Baudouin Foundation

Michèle Duesberg
Assistant, King Baudouin Foundation

GRAPHIC CONCEPT

PuPiL

LAYOUT

Jean-Pierre Marsily

PRINT ON DEMAND

Manufast-ABP, a non-profit, special-employment enterprise

This publication can be downloaded free of charge from www.kbs-frb.be

A printed version of this electronic publication is available free of charge:
order online from www.kbs-frb.be, by e-mail at publi@kbs-frb.be or call King
Baudouin Foundations' Contact Center +32-70-233 728, fax + 32-70-233-727

LEGAL DEPOSIT:

D/2893/2008/33

ISBN-13:

978-90-5130-636-1

EAN:

9789051306361

ORDER NUMBER:

1851

December 2008

With the support of the Belgian National Lottery

FOREWORD

This paper was developed in the context of the King Baudouin Foundation's trafficking assistance programme in South-Eastern Europe, the Trafficking Victims Re/integration Programme (TVRP), which funds NGOs in several countries of the region. In addition to direct funding, the TVRP provides technical assistance and capacity development for partner organisations.

Meaningful re/integration is a complex and costly undertaking. It requires a full and diverse package of services for the individual (and often also the family) to address the root causes of trafficking as well as the physical, mental and social impacts of their exploitation.

There are different models of re/integration, some which specifically target trafficked persons and some which address trafficking within the framework of exploitative migration or violence. Some programmes are targeted to a specific form of trafficking or profile of victim. However, specialized assistance is often not available for more difficult cases and more attention is needed to tailoring services and assistance to victims with mental health problems, disabilities, dependent children or family members, substance abuse and addiction, no family/social network to return home to, etc.

Central to any model must be a victim and human rights centred philosophy with sustainable re/integration as the measure of success. This philosophy lies at the core of the Foundation's strategy which aims not only to support different models and approaches to re/integration in different countries but also to analyze the strengths of the various strategies as well as any inhibitors to full re/integration success. With its specific focus on how to handle difficult situations, this paper is the second of a series that aims to shed light on good practices in the area of re/integration as well as important lessons learned. With this regard, the Foundation would like to express its gratitude to the author Rebecca Surtees, of the NEXUS Institute, for her insightful perspective on many aspects of re/integration as well as to the TVRP partner organisations in South-Eastern Europe for sharing the lessons from their daily practice.

King Baudouin Foundation
December 2008

ACKNOWLEDGEMENTS

Re/integration is one of the most important and yet complex aspects of assistance and protection for trafficking victims. Handling more “difficult” cases further complicates re/integration work. Such cases often involve a complexity which is not easily resolved and which is stressful for beneficiaries and service providers alike. Too little is known about how such cases can be managed in the re/integration process. As such, I would like to begin by thanking the King Baudouin Foundation for commissioning this paper on handling “difficult” cases. The paper was commissioned in the context of its series of issue papers on factors associated with the re/integration of trafficking victims, in the context of its TVRP programme. In particular, my thanks to Fabrice de Kerchove, TVRP project manager, who oversees the project and has worked closely with NEXUS Institute on all aspects of its technical assistance, including providing valuable assistance and inputs into the TVRP issues paper series. Thanks also to Michèle Duesberg for her work in organising the TVRP partners meeting in Brussels in 2008, which provided a forum for discussing the handling of “difficult” cases, and her on-going work on the TVRP.

The experiences and issues explored in this paper are drawn from the day to day re/integration work of KBF’s TVRP partner organisations. Their work forms the foundation of the paper and they have similarly contributed inputs into both the initial discussion papers as well as this paper. Thanks to TVRP partner NGOs – Different and Equal (Albania), Tjeter Vision (Albania), Animus (Bulgaria), Nadja Centre (Bulgaria), Open Gate (Macedonia), Adpare (Romania), Young Generation (Romania) and Atina (Serbia). In addition, IOM Belgrade provided helpful information and inputs. I am particularly grateful for their candour in discussing these “difficult” cases and the many problems, frustrations and “failures” they have faced in their work. It is this transparency which will contribute to better understanding of how to undertake re/integration efforts.

As importantly, I would like to acknowledge the programme beneficiaries whose life experiences are the focus of this paper. It is hoped that by discussing and sharing the issues and obstacles faced in re/integration work, it will be possible to improve services not only amongst TVRP partners but also in the re/integration field more generally.

Finally, my thanks to Stephen Warnath, Executive Director of the NEXUS Institute, for his on-going support and assistance on KBF’s TVRP programme, particularly in the drafting and revisions of the issues paper series.

Rebecca Surtees
Senior Researcher
NEXUS Institute to Combat Human Trafficking
Vienna, Austria

CONTENTS

Foreword	3
Acknowledgements	4
Table of Contents	5
Executive summary.....	6
Samenvatting	7
Synthèse	8
1. Introduction	9
2. What is re/integration?	11
3. Considering “difficult” cases	13
3.1: Dependent children or family members.....	14
3.2: Disabilities	19
3.3: Substance abuse problems	20
3.4: Mental health problems	23
3.5: Serious medical conditions	27
3.6: Without documents or legal status.....	29
3.7: Safety and security problems.....	32
3.8: Without family support.....	34
3.9: Socially marginalised	36
3.10: Past experiences of violence.....	38
4. Handling “difficult” cases	41
4.1: Time and resources.....	41
4.2: Accessibility and extent of services	41
4.3: The stress of being a “difficult” case.....	42
4.4: The impact on other beneficiaries	42
4.5: The impact on programme staff and professionals	43
5. Looking forward	45
7. References cited	49
Appendices.....	51
Appendix 1: Organisations working on re/integration through KBF’s Trafficking Victims Re/integration Programme (TVRP) in SEE	51
Appendix 2: Working terms and definitions	54

EXECUTIVE SUMMARY

Re/integration of trafficked persons is a complex process, involving a range of services and interventions over the short and longer term. Nonetheless, the standard package of re/integration services does not always or entirely meet the needs of all trafficked persons. Specialised re/integration services are needed in the case of beneficiaries with more complex and “difficult” assistance needs.

This paper explores some of the “difficult” cases faced in the re/integration of trafficked persons in South-eastern Europe (SEE). In some cases, these assistance needs are a consequence of the trafficking experience – for example, becoming pregnant while trafficked, suffering injuries that require medical care and being severely traumatised as a result of trafficking. In other cases, these factors and characteristics preceded trafficking and may have contributed to the persons’ vulnerability to trafficking – for example, persons with dependent family members, persons with disabilities, persons with past experiences of violence and social marginalisation and persons with no family/social network. In addition, this paper also discusses the ways in which these more complex needs are (and are not) being met within the existing re/integration framework in SE Europe.

The intention is, on the one hand, to explore with re/integration organisations in the SEE region some strategies for handling “difficult” cases. Equally important, however, is to share these experiences more broadly – with practitioners, policy makers and programme beneficiaries – to start a broader dialogue about “difficult” and complex cases with those working on and experiencing re/integration efforts.

SAMENVATTING

De re/integratie van slachtoffers van mensenhandel is een complex proces, waarbij heel wat diensten en interventies op korte en lange termijn betrokken zijn. Maar het standaardpakket van de diensten voor re/integratie voldoet niet altijd of volledig aan de behoeften van alle slachtoffers van mensenhandel. Wanneer de begunstigden complexere en "moeilijkere" behoeften aan bijstand hebben, zijn gespecialiseerde re/integratiediensten nodig.

Deze paper onderzoekt enkele van de "moeilijke" gevallen die zich voordeden bij de re/integratie van slachtoffers van mensenhandel in Zuidoost-Europa. In bepaalde gevallen was de nood aan bijstand een gevolg van de ervaring met mensenhandel – bijvoorbeeld vrouwen die zwanger worden tijdens de mensenhandel, mensen die verwondingen hebben en medische zorg vergen of een ernstig trauma hebben opgelopen als gevolg van de mensenhandel.

In andere gevallen ging het om factoren en kenmerken die al aanwezig waren voor de mensenhandel en die misschien hebben bijgedragen tot de kwetsbaarheid voor mensenhandel van de betrokken personen – bijvoorbeeld mensen met afhankelijke familieleden, gehandicapte personen, mensen met vroegere ervaringen van geweld en maatschappelijke marginalisering en mensen zonder familie of sociaal netwerk. Bovendien gaat deze paper ook in op de manieren waarop (niet) aan deze complexere behoeften wordt voldaan binnen het bestaande kader voor re/integratie in Zuidoost-Europa.

Het is enerzijds de bedoeling om samen met organisaties die in Zuidoost-Europa werken aan re/integratie enkele strategieën te verkennen om "moeilijke" gevallen aan te pakken. Maar het is anderzijds even belangrijk om deze ervaringen ook ruimer te delen – met artsen, beleidsmakers en begunstigden van programma's – en zo een bredere dialoog op gang te brengen over "moeilijke" en complexe gevallen met mensen die de inspanningen tot re/integratie leveren en degenen die ze ervaren.

SYNTHÈSE

La ré/intégration de personnes victimes de la traite des êtres humains est un processus complexe, incluant une série de services et d'interventions à court et à long terme. Néanmoins, l'ensemble standard des services de ré/intégration ne rencontre pas toujours ou entièrement les besoins de toutes les victimes. Des services de ré/intégration spécialisés s'imposent dans le cas de bénéficiaires présentant des besoins d'aide plus complexes et "difficiles".

Ce document explore quelques cas "difficiles" rencontrés dans la ré/intégration de personnes victimes de la traite en Europe du Sud-Est. Dans certains cas, ces besoins d'assistance résultent de l'expérience de traite – c'est le cas lorsque la personne est tombée enceinte alors qu'elle était victime de traite, qu'elle a subi des blessures nécessitant des soins médicaux ou un grave traumatisme.

Dans d'autres cas, ces facteurs et caractéristiques ont précédé la traite et ont peut-être contribué à la vulnérabilité des futures victimes – personnes avec des membres de la famille dépendants, personnes avec handicap, personnes avec des expériences passées de violence et de marginalisation sociale et personnes sans réseau familial/social. Ce document examine en outre les manières dont ces besoins plus complexes (ne) sont (pas) rencontrés au sein du cadre de ré/intégration existant en Europe du Sud-Est.

L'objectif est d'une part d'explorer avec des organisations actives dans le domaine de la ré/intégration dans la région différentes stratégies permettant de gérer les cas "difficiles". Il importe cependant aussi de partager ces expériences plus largement – avec des praticiens, des décideurs politiques et des bénéficiaires de programmes – afin d'entamer un dialogue plus large à propos de ces cas "difficiles" et complexes.

1. INTRODUCTION

Re/integration of trafficked persons is a complex process, involving a range of services and interventions over the short and longer term. Nonetheless, the standard package of re/integration services does not always or entirely meet the needs of all trafficked persons. Because of the diversity of trafficking victims and their equally diverse trafficking experiences, there is a need for services tailored to the specific needs of different profiles of victims, with different trafficking experiences. That is, individuals trafficked for labour may not have the same assistance needs as persons trafficked for sexual exploitation. Moreover, less considered profiles of victims – for example, trafficked males or elderly trafficking victims – are not always adequately considered in the existing re/integration and assistance frameworks. In addition, many trafficking victims who seek out assistance have what can only be described as complex assistance needs, what we refer to in this paper as “difficult” cases. In some of these “difficult” cases, these assistance needs are a consequence of their trafficking experience – for example, becoming pregnant while trafficked, suffering injuries that require medical care or being severely traumatised as a result of trafficking. In other cases, these factors and characteristics preceded trafficking and may have contributed to the persons’ vulnerability to trafficking – for example, persons with dependent family members, persons with disabilities, persons with past experiences of violence and social marginalisation and persons with no family/social network.

This paper explores some of the issues faced in the re/integration process in SEE when managing “difficult” cases, in an effort to better understand the breadth and diversity of cases being handled by service providers and how the needs of these beneficiaries are (and are not) being met within the existing re/integration framework in SEE. Our intention is, on the one hand, to explore with re/integration organisations in the SEE region some strategies for handling “difficult” cases. Equally important, however, is to share these experiences more broadly – with practitioners, policy makers and programme beneficiaries – and to start a broader dialogue about these “difficult” and complex cases with those working on and experiencing re/integration efforts.

The discussion considers “difficult” cases which have arisen in re/integration programmes managed by eight NGOs funded under the King Baudouin Foundation’s Trafficking Victims Re/integration Programme (TVRP) which operates in five countries in SEE – Albania, Bulgaria, Macedonia, Romania and Serbia¹. While these cases reflect the situation of beneficiaries assisted

¹ Please see appendix 1 for a description of KBF’s TVRP in SEE and of the partner organisations which include: Different and Equal (Albania), Tjeter Vision (Albania), Animus (Bulgaria), Nadja Centre (Bulgaria), Open Gate (Macedonia), Adpare (Romania), Young Generation (Romania), Atina (Serbia). Research and technical assistance for the project is undertaken by the NEXUS Institute, a research and policy centre based on Vienna and specialised in anti-trafficking work. For more detail about these organisations, please see appendix 2.

by these eight programmes, similar cases have also been identified in the context of re/integration efforts in other countries and regions. As such, many of the issues discussed in this paper have broader relevance and it is hoped that these experiences and strategies will resonate both within SEE and further afield.

This paper was drafted and authored by the NEXUS Institute. It is the second in a series of issue-based papers related to re/integration of trafficking victims which are being formulated in the context of the TVRP programme.² The paper is primarily based on the direct experience of service provision by KBF's TVRP partner organisations. Data (including case studies) was collected by the author through personal interviews, telephone conversations and email correspondence with TVRP re/integration NGOs in SEE. This information is further supplemented by the author's previous research and work on victim assistance and re/integration for the NEXUS Institute³, including extensive interviewing of trafficked persons and anti-trafficking professionals and service providers. The paper also draws on relevant literature on the subject of re/integration assistance for trafficked persons.

2 Topics for the paper series were identified in discussions between KBF, NEXUS Institute and the eight TVRP partner organisations working on re/integration in SE Europe. Discussion papers were drafted by NEXUS Institute in 2007 and discussed at KBF's TVRP partners meeting in Brussels in March 2008. Each paper was then revised with inputs from KBF and TVRP organisations and supplemented by data collection as outlined above. Other papers in this series are Issues paper #1, Re/integration of trafficked persons: how can our work be more effective (2008) and Issues paper #3, Re/integration of trafficked person – developing monitoring and evaluation mechanisms (forthcoming 2009).

3 These studies have focused on various aspects of assistance and protection for trafficked persons including victim's experience of identification, return and assistance in SEE, why some trafficking victims decline assistance; assistance and protection for trafficked men; an analysis of the shelter model and alternative assistance avenues; intersections between domestic violence and trafficking; methods and models for mixing services for victims of domestic violence and trafficking. Please see: Brunovskis & Surtees 2008 & 2007; Surtees & Somach 2008; Surtees 2008abc&d, 2007, 2006ab&c; Warnath 2007.

2. WHAT IS RE/INTEGRATION?

When speaking about the re/integration process for trafficking victims we are referring to the process of recovery and economic and social inclusion following a trafficking experience. This inclusion is multifaceted and must take place in social, cultural and economic arenas. It includes settlement in a safe and secure environment, access to a reasonable standard of living, mental and physical well-being, opportunities for personal, social and economic development and access to social and emotional support. In many cases, re/integration involves the return to the victim's family and/or community of origin. However, it may also involve integration in a new community and even in a new country, depending on the needs and interests of the trafficked person. A central aspect of successful re/integration is that of empowerment, supporting victims to develop skills toward independence and self sufficiency and to be actively involved in their recovery and re/integration.⁴

The term "re/integration" is not without its problems. It implies a return to victims' community/environment of origin, which may not always be the most advisable solution and might, in reality, work against social inclusion in the long term. Moreover, the term implies that the individual was integrated in society prior to being trafficked. However, in many cases, trafficked persons have never experienced social integration or inclusion as a result of their social, economic, cultural or marginalisation in their communities/countries of origin. As such, there are reasons why some organisations (including some TVRP organisations) chose to frame their work in other terms, such as social inclusion and integration.⁵

In the context of this paper (and the TVRP more broadly), we use the term "re/integration". We do this in an effort to capture both the issues of integration and re-integration. We also chose to use this term because it is commonly used in discussing the anti-trafficking assistance framework (and is also a common term in development and social assistance frameworks generally). However, the articulation of appropriate terminology is an important discussion and one which will continue to be discussed and explored within the TVRP programme.

⁴ This definition was originally developed in the framework of KBF's TVRP programme – please see Surtees, R. (2006c) *Re/integration programmes in SE Europe—a background paper for the King Baudouin Foundation*. Brussels: KBF – and has been adapted with inputs from KBF and TVRP partner organisations.

⁵ For other terms and concepts related to re/integration work, please refer to appendix #2.

3. CONSIDERING “DIFFICULT” CASES

Supporting the re/integration of trafficked persons is complicated and complex work. The re/integration process is impacted by a range of social, cultural, economic and even political factors, with a range of different issues and constraints experienced along this trajectory.⁶ As relevant, however, are the very specific personal factors and characteristics of programme beneficiaries which potentially complicates the re/integration process. In some cases, these assistance needs are a consequence of the individual’s trafficking experience – for example, becoming pregnant while trafficked, suffering injuries that require medical care or being severely traumatised as a result of trafficking. In other cases, these factors and characteristics preceded trafficking and may have contributed to the person’s vulnerability to trafficking – for example, persons with dependent family members, persons with disabilities, persons with past experiences of violence and social marginalisation and persons with no family/social network. And, in many cases, these factors and characteristics translate into complicated scenarios for re/integration – what we refer to in this paper as “difficult” cases – which trafficked persons and assisting agencies must attend to toward sustainable re/integration. Service providers themselves note the presence and, at times prevalence, of these more complex categories of beneficiaries. Organisations funded under the TVRP programme reported that difficult cases account for between 40 and 70 per cent of their client caseload. As such, there is urgency in finding appropriate, sustainable and systematic responses in these cases.

Organisations working on re/integration in SEE have identified a range of “difficult” cases. While not exhaustive, this paper presents some of the more common categories faced by re/integration service providers in their day-to-day work. These include:

- Dependent children or family members
- Disabilities
- Substance abuse problems
- Mental health problems
- Serious medical conditions
- Without documents or legal status
- Safety and security problems
- Without family support
- Socially marginalised
- Past experiences of violence

These categories are not mutually exclusive. In many cases, beneficiaries face multiple difficulties, further complicating service provision and prospects

⁶ For further discussion, please see KBF’s TVRP issues paper # 1: *Re/integration of trafficked persons: how can our work be more effective (2008)*, which considers some of the concerns identified by TVRP partners and beneficiaries.

for successful re/integration. One woman, for example, required varied and intensive medical treatment (narcotic detoxification, a hand amputation and Hepatitis C treatment) and also faced difficulties because, as a refugee, she lacked status in the country and the requisite identity documents and assistance benefits. Similarly, another beneficiary with mental health problems faced many obstacles in the re/integration process because she lacked a family to which she could return to live after assistance and her on-going mental health issues could not be treated in her community of origin. Where “difficulties” are multiple, this exponentially complicates re/integration assistance.

At the same time, “difficult” cases are not only those that involve specialised re/integration assistance or have complicated needs. Difficulties may also be a function of the individual beneficiary. That is, a beneficiary with complex needs but who is motivated in his/her recovery may face fewer difficulties in the re/integration process than a beneficiary with less specialised needs but who has less motivation or fewer coping mechanisms. Further, the difficulty of a case is also linked to the number of problems that need to be addressed. Where victims have many problems, albeit “typical” ones, the sheer volume of issues to be resolved makes assistance more difficult and complicated. In what follows we will discuss some of these “difficult” categories, with particular attention to how the needs of so-called “difficult” cases are often not easily addressed.

3.1: Dependent children or family members

Many beneficiaries have family members who are dependent on them for economic support. Many beneficiaries have dependent children – children they had left behind when they migrated, children that were trafficked with them or children they had as a result of their trafficking experience. Over the course of one year, one re/integration organisation assisted 26 children, from newborns to children of 15 years of ages. In addition, some beneficiaries have other dependents who must be considered in the provision of re/integration assistance – for example, parents, spouses/partners, siblings and other relatives. Some may have taken their dependents with them (either voluntarily or have been forced to by traffickers); others may have left them in the care of friends, family or institutions.

Many trafficked persons initially sought out migration opportunities in an effort to earn money to support their dependents.⁷ In some cases, they may have been pressured and pushed by family to do this; in other cases, it is precisely their strong family relations (and their desire to help their family) which contributed to trafficking vulnerability. Individuals may also have been trafficked in an effort to escape a difficult family situation (e.g. an abusive spouse) and, needing to support their children or dependents, accepted work abroad.

The types of services required by beneficiaries with dependent family members are diverse, requiring individual case assessments and interventions. In some cases, the provision of standard forms of assistance – like school reinsertion, vocational training, counselling, medical care etc – is sufficient. In other cases, assistance is more complex and intensive.

Where trafficking victims have been trafficked alongside their children, the needs of those children are often acute and must be considered in addition to those of the beneficiary. Children may have been exploited for different purposes – prostitution, petty crime, begging, labour – and, in addition, been subjected to threats

⁷ *The need to provide for their family is one of the reasons that some women are vulnerable to trafficking (Brunovskis & Surtees 2007; Brunovskis, Tveit and Tyldum 2004, Surtees 2008b&c, 2005).*

and abuse by the traffickers. Moreover, some “victim-mothers” are pressured to increase the child’s profit through intimidation and ill-treatment of the child, which has an impact on the child’s development as well as relations with the mother.

Some trafficked persons return home with dependents – becoming pregnant during their trafficking exploitation.⁸ In cases where the mother keeps the child, requisite services must include pre and post natal medical care, long term medical assistance (for mother and child) and related assistance such as legal assistance with child custody. When a mother is not able or willing to keep the child, service providers need to consider how best to work with the mother concerning the range of potentially sensitive and difficult options – e.g. options for termination, adoption and child placement.⁹

Dependents left behind when the person was trafficked may have needs related to having been separated from their parent or family member as well as socio-economic issues which preceded or resulted from the trafficking experience.

Finding appropriate accommodation for trafficked persons with dependents can be a serious challenge. Accommodating children with their mothers is, on the one hand, important in terms of reuniting families. On the other hand, many shelters are not designed for families – for example, with separate space, services for children, etc. – and, as a consequence, accommodating victims with children in such settings can be disruptive for mothers, children and other beneficiaries (Brunovskis & Surtees 2007: 90, Surtees 2008d), as explained by some victims of trafficking:

Sometimes I had arguments with the girls from the shelter, sometimes because of my children who disobeyed me and were crying in the corridor (Surtees 2007: 205).

One thing that sort of bothers me the most is the child... She still cannot understand what it is all about. But she’s a regular child, she likes to play and when she laughs she is a bit loud, like screaming and it is not allowed in the shelter. Maybe that one thing, but the rest is fine. For example, when she is a bit louder or when she screams or does something else which is not allowed. And I can understand it all but I cannot tell her don’t scream. And, when I do tell her, I cannot expect her to understand because she is a child. They might not be happy with that. Maybe they don’t like it, the fact that she is screaming or that she is laughing loudly (Surtees 2007: 205).

⁸ Many victims of trafficking fall pregnant during their trafficking experience – at the hands of traffickers, clients or boyfriends. One recent multi-country study found that 17% of victims reported having at least one abortion during trafficking and pregnancy tests and terminations were common first requests at first contact with medical professional (Zimmerman et al. 2006: 16). In another study of trafficking to the EU, one quarter of respondents reported having at least one unintended pregnancy and subsequent termination in the country of destination and a significant percentage had multiple terminations while trafficked (Zimmerman 2003: 4). Pregnancies resulting from trafficking was also noted amongst assisted victims in SEE (Surtees 2005).

⁹ One study found a majority of women would access abortion services if they became pregnant while trafficked (Zimmerman 2003: 50). However, a victim’s lack of knowledge of abortion services in destination countries, increases the likelihood that they will access illegal services which may compromise their health. Where traffickers arrange the termination, abortions may be particularly unsafe. One respondent almost died as a result of an illegal abortion in which she suffered severe complication. Explained one girl, 15 at the time, of her experience in UAE: “The operation was very difficult, so I was nearly dead. There was no anaesthetic. The doctor said he would inject soap water into the uterus and the foetus would go out. Then I was sent to the toilet and was told to wait. I paid 2500 drachmas for the abortion. After the abortion I felt very bad, like I would die and I was taken to the American hospital” (Zimmerman 2003: 4, 50-52).

Where possible, service providers provide separate areas for mothers with children within shelters to, in part, address these dynamics. Accommodating fathers with their families is, arguably, even more challenging given that so few shelters are available for males. Accommodating families as a whole is also uncommon, although some programmes provide housing assistance in such cases.

Accommodation options for victims with dependents (whether mothers with children, victims with siblings or dependent parents, etc.) is often complicated by the expense involved in maintaining private accommodation. Few governments provide subsidized housing for vulnerable persons and, while some organisations provide rental subsidies to women with children (generally, but not exclusively, single mothers), this is an expensive undertaking and largely unsustainable in the long term.

Beyond accommodation, victims with dependents require assistance with basic needs (such as food, accommodation, clothing, medical care) as well as longer term services (like childcare options, school fees and school related expenses, medical care, counselling) (Surtees 2007: 206). Life and parenting skills are particularly needed in many cases, both practical skills (e.g. breastfeeding, hygiene and nutrition, child development) and more social and interpersonal skills (e.g. communication, family relations, etc.). Such services may be provided by the anti-trafficking organisation or by a specialised agency which works with parents and children.

Legal assistance is also often needed, most commonly in terms of legally registering children and accessing social and health insurance, but also for divorce and custody proceedings. In some cases, legal proceedings involve the trafficker as current or former spouse and/or father of the child. One woman kept as the “wife” of her trafficker was unable to return to her home country because of custody issues:

My plan is to have the organisation help me enrol my child in nursery school. Through them it is easier. They know people and all, so I want to get my child into the nursery. I would go home, but since it cannot be that way, I want to get a job, get my child going to nursery and become independent... I would rather go to my mother but since I can't because of the child, I will stay in [this country]... Without [the father's] signature, I cannot go. I have the child with me now but nobody has custody over her. We are waiting for the court to decide (Surtees 2007: 206).

Cases of children born abroad are also complicated and often require legal intervention. In some cases, children are born to foreign parents who may be involved in trafficking, while, in other cases, the children's birth abroad complicates their return. One re/integration organisation assisted an increasing number of parents who, once freed from their traffickers, asked for help in taking their children from state institution in destination countries of destination and gaining the requisite documents for return.

Child care or educational enrolment is also necessary, depending upon the age of the child. Day-care services can be vital in order that beneficiaries are able work to support themselves and their children/dependents. However, there are often limited places available in public day care programmes and private programmes charge high fees which are often beyond the resources of individual beneficiaries and/or the assisting organisations. There may also be the need to provide educational opportunities, vocational training and even job options for the victims who are responsible for minor trafficking victims.

Where children and dependents have been left behind, family mediation and counselling may be needed to deal with complicated and negative feelings within the family. Where children have been left behind or a trafficked person went without the consent or approval of their dependents, feelings may include abandonment and anger. Where trafficked persons have been “encouraged” or even pressured by dependents to migrate (and

then were trafficked), they may have feelings of blame and resentment. Regardless of the specific dynamics (and there are myriad possibilities), counselling and family mediation can be helpful in addressing these issues.

Victims with dependents often require a combination of services, over a longer period of time, as illustrated by the cases of "Maja" and "Rosa"¹⁰, both of whom became pregnant while trafficked.

Case #1 – "Maja"

"Maja" required intensive assistance because she comes from a poor family and has only elementary level schooling. While she started a secretarial course, she was unable to complete it because of her pregnancy. Her family situation is complicated – she has good relations with her siblings but her mother died when she was a child and she has no relationship with her father. As a first time mother (and given her very poor relations with her father), she attended parenting skills classes to build a healthy relationship with the child and provide appropriate maternal care. In addition, she received counselling which focused on stabilizing her emotional state, decision-making regarding her baby, confidence and self esteem issues and how to manage conflicts. When the baby was six months old, she was enrolled in kindergarten (paid for by the re/integration organisation) and "Maja" attended a babysitting course. When the baby was 14 months old, "Maja" was assisted in finding a job and apartment in her home town, close to her siblings. The apartment was initially paid for by the assisting organisation.

Case #2 – "Rosa"

"Rosa" came to the shelter when she was seven months pregnant and received prenatal medical care and parenting skills training. After giving birth to twins, a special section of the shelter was set aside for the family. Because she lacked legal registration, shelter staff spent a lot of time registering the birth of the children and accessing services for her and her children. When the twins were one year old, they were diagnosed with a serious medical condition which requires intensive treatment and follow-up, services which were facilitated by the assisting organisation.

For trafficking victims with dependents (whether children or other family members), a major concern is their long term ability to care for their dependents given limited opportunities for social and economic re/integration. Some trafficking victims relied on humanitarian assistance to provide food for their families, others talked about not being able to look for work because they had no one to care for their child, still others did not have a permanent place to live. The "normal" obstacles and complexity of assistance and re/integration are amplified in case of persons with dependents and/or children (Surtees 2007: 206).

In some cases, support to the family as a whole may be the only way that beneficiaries can achieve re/integration, as illustrated in the case of "Milosh".

¹⁰ N.B.: The names of persons discussed in the case boxes are not their real names. This is done to protect their privacy and confidentiality.

Case #3: "Milosh"

"Milosh" was trafficked from SEE for forced labour. He has two children with special needs – one 9 year old boy with severe myopia and a 14 year old boy who is deaf-mute. The expenses involved in caring for his children played a role in seeking work abroad (and ending up trafficked). Humanitarian assistance – food, clothes and hygienic supplies – was provided in the immediate crisis stage for the family as a whole and transportation expenses were covered while the father looked for stable work in neighbouring towns. The children were provided with medical assistance to address their special needs – for example, special glasses for the youngest son and audio prosthetic batteries for the elder boy.

Moreover, in other cases, the family as a whole has been trafficked, with all members requiring some form of assistance.

Case #4: "The Hasa family"

The "Hasa family" is a large family of seven children. The family is poor with limited options at home. As a result, the parents accepted for the family as a whole to work abroad, resulting in the family being trafficked for forced labour. Beyond needing assistance to deal with their trafficking trauma, the children in the Hasa family have a range of specific assistance needs. Three of the seven children have mental disabilities and one has epilepsy. While some medical assistance was provided by the state for the child with epilepsy, the assistance needs of the mentally disabled children went largely unmet, with few appropriate services available in the country. The family also required material assistance to cope with the large number of children and their myriad assistance needs.

Failure to take dependents into account in the re/integration process may result in trafficked persons not being able or willing to accept assistance and may also force trafficked persons to accept risky opportunities and even migrate again. For many trafficked persons the obligation to support family members is paramount and assistance which prevents them from being able to work and earn money (for example, a shelter stay or services in another towns) is often a luxury they cannot afford and may result in them declining assistance (Brunovskis and Surtees 2007: 91). One woman trafficked into prostitution had to remain in prostitution because the money she was given by her pimp was the only means of income for her whole family. For her, leaving prostitution and accepting assistance from an anti-trafficking organisation was only possible if she was provided with a job which would allow her to continue to support her family (cf. Brunovskis & Surtees 2007; Surtees 2008d). Similarly, the re/integration of another woman, who ran a small business, was almost derailed by the need to address her family's medical needs:

[The organisation] helped me to start my small business, which deals with selling second-hand clothes. That period in my life was an excellent one. The business was better and better the whole year. I am very grateful to them but I didn't keep my word to invest the money in my business. It happened so that my husband's parents fell ill. I needed money for their treatment (Surtees 2007: 208).

Because assisting organisations were able to respond to the emergency needs of this woman and her family – medical needs as well as some humanitarian support – it was possible for her to get her business back on track and, by implication, be successfully re/integrated. Options to provide support for victims' families or additional support when a family is in crisis could serve not only to galvanize recovery successes but also to prevent failed re/integration and, in some cases, re-trafficking (Surtees 2007: 208).

Supporting persons with dependents may be significantly more costly than those without dependents. Such costs may not have been anticipated when soliciting programme funds and donors may not allocate or accept funding for beneficiaries' dependents. How this discrepancy is addressed has important implications for the prospects for adequate and appropriate assistance for a large segment of "difficult" re/integration cases. Even where re/integration programmes are able to access resources from other sources to support the family as a whole or their dependents (from NGOs or government services), the staff time required to assist such cases places a not insignificant burden on the organisation

3.2: Disabilities

Determining assistance needs of persons with disabilities (both physical and mental) requires a case-by-case and on-going assessment and is related to the severity and nature of the disability. For trafficked persons with disabilities, the range of needs is likely to include specialized medical services, specialized legal representation, long-term accommodation options, specialized training, employment placement in a protected workplace, financial assistance when unable to work and long-term case follow-up. Mentally disabled victims may require more intensive support and even legal guardianship in some cases. They may also require assistance in accessing, communicating and advocating with service providers and state agencies (Surtees 2005, cf. 2007: 212).

The extent to which anti-trafficking service providers have the capacity and resources to meet these varied and specialised needs is an outstanding question. One re/integration organisation which has assisted several clients with "mild mental disabilities" has faced problems in victims' inclusion in activities outside the shelter programme – like different occupational courses. Few NGOs or governmental institutions specialise in assistance to persons with disabilities and those that do exist are usually already functioning at capacity. There is clearly a need for a network of services for persons with disabilities which can be accessed by trafficked persons. Moreover, staff of such programmes, while trained to assist persons with disabilities, often lack the skills and sensitivities required to assist trafficked persons. Finding a fit between the needs of victims and available services is not uncomplicated.

Case #5: "Kara"

"Kara", a minor victim of trafficking, has been diagnosed with a "mild" mental disability. She lacks family support – her family is unable to provide her with the care she needs, including being able to afford the medication she requires. State social services refuses to accept responsibility for her case because she is "too difficult", in spite of the fact that she is legally a minor. And the available government centres for persons with disabilities are inappropriate in her case as they assist persons with more severe disabilities. As a consequence, the re/integration organisation assumed responsible for her case, in spite of not having staff specifically trained in working with persons with mental disabilities. Without the possibility to return to and receive support from her family, there are very few long term options for her meaningful and sustainable re/integration.

Another obstacle in re/integration may be social discrimination against persons with disabilities. Even for trafficked persons with manageable disabilities, social biases can serve to inhibit their employment (and, by extension, re/integration) options. One woman trafficked from SEE described the difficulties she faced in finding employment because of her epilepsy:

I also have a serious health problem. I am epileptic and no one really wants to hire me. Even if I hide that, I am fired right after the first fit. I usually have fits when I become nervous... I can't really find a job. I was ready to work in the field for some farmers but not everyone has the courage to hire me when they find out about my disease (Surtees 2007: 211).

The impact of such biases and barriers is multi-layered. Where it is not possible to find employment, beneficiaries are not able to become economically independent which means they rely on services (whether NGO or GO) in the long term. Where beneficiaries are not formally working, they are often not able to access social insurance and medical care. Some re/integration organisations have been successful in finding jobs for disabled clients – for example, in one case in a factory, making sports equipment. However, these placements were achieved by mobilising personal contacts. More systematic support from governmental institutions is needed – for example, incentives for employers who employ persons with disabilities or protected workspaces for persons with disabilities.

Failure to identify and provide appropriate assistance can also have a negative impact on beneficiaries. Some organisations report beneficiaries suffering from depression when they are not able to find employment as a result of their disability, particularly when in residential programmes where other beneficiaries are able to find work and seemingly face “smoother” re/integration.

Social biases and insensitivities may also play a role within the assistance framework. Other beneficiaries may manifest social biases which can make the assistance setting, particularly residential care, an uncomfortable one for disabled trafficked persons. Staff themselves – whether service providers within an organisation or those providing ancillary support – may also have biases, highlighting the need for sensitisation and training in working with persons with disabilities.

3.3: Substance abuse problems

Traffickers commonly encourage and force trafficked persons to use drugs and alcohol as a means of control and to create dependency. Drugs and alcohol may also be a coping strategy utilised by trafficked persons to deal with their traumatic experience, either during or following their exploitation. One study of trafficking for sexual exploitation found that 17% of trafficked women reported drinking alcohol everyday while trafficked; 10% drank most days. Some drank to numb themselves to their circumstances, others to keep warm while working on the street at night, and others to endure abuse and to do the things that their traffickers required them to do. Some were forced to drink as part of their job in bars where they were to entice clients to buy them drinks. 14% reported illegal drug use – sometimes given by traffickers, other times by clients (Zimmerman et al. 2006: 39).^{11, 12}

A number of victims described addictions as a key issue following their exit from trafficking and some victims continued to abuse drugs or alcohol for some time:

At first, things were hard. When I was with the pimps they gave me medicines that would make me lose my head. And when I got here it was hard to get over them (Surtees 2007: 207).

11 That being said, it is not known how many drank prior to being trafficked (Zimmerman et al. 2006: 39), or the extent to which alcohol abuse and/or addiction of individuals and/or family members may have played a role in trafficking vulnerability.

12 Victims of forced labor have also been forced to consume drugs – for example, Cambodian men trafficked onto fishing vessels have been forced to consume narcotics as a means to increase their productivity and numb them to injuries (Derks 1998). In addition, some victims use substances – like alcohol, cigarettes or drugs – as a coping mechanism, to deal with the stress of their situation, whether TIP or DV (Surtees 2008b).

I was sick. I couldn't even get out of bed because I was eating nothing and taking only those [narcotic] pills (Surtees 2007: 207).

Generally detoxification programmes were not widely accessible in the SEE region. In many countries, programmes exist only in the capital city and places are limited. In some cases, trafficked persons may not be able to access treatment services; in other cases, the detoxification programme and staff may be unable or unwilling to sufficiently meet their needs as trafficked persons. ¹³

Another potentially complicating feature is that not all trafficked persons are equally motivated in ending their addiction, as illustrated in the case of "Suzanne".

Case #4: "Suzanne"

Suzanne was referred to a re/integration shelter programme by police was pressured by the police to enter the programme because they wanted her to serve as a witness and would have easier access to her within a trafficking assistance programme. The police knew that she was drug addicted but because there were no programmes for drug addicts which provided 24 hours assistance the police referred her to the shelter, hiding her addiction from the staff. When it became clear that she had an addiction problem, the organisation agreed to assist her but with limited results. On the one hand, the victim was not motivated to end her addiction; on the other hand, the organisation did not have the capacity to assist in addiction recovery. The woman was assisted for some months but the organisation was only able to help with problems other than her addiction – for example, obtaining personal documents, solving some debts related to the running costs of her home, assistance with electricity and heating and accessing one-time financial support from state social services.

That some clients have multiple needs – as in the case of "Diana" – may further complicate entry into drug and alcohol treatment programmes.

Case #5: "Diana"

*"Diana" needed different types of medical treatment in addition to drug detoxification – treatment for Hepatitis C, anaemia, heart problems and, moreover, a hand amputation because of gangrene caused by her heroine addiction. She was shuttled back and forth between different hospitals and medical programmes, with each department insisting that the other treatment must be undertaken first. Her entry into the detoxification programme was not initially permitted because it was argued that she must first receive treatment for her other medical problems.**

** Please see later section on serious medical conditions for further detail about the handling of this case*

While it will often be necessary to refer to clients onward for appropriate (detoxification and addiction management) treatments, in many cases, clients will return to re/integration programmes for trafficking-related assistance after their addiction has been addressed. While the addiction may be manageable at this stage, assisting such beneficiaries is not without problems and re/integration professionals require special skills to support long term addiction recovery. The absence of these skills can potentially have a negative impact on the trafficked person who may not receive the support needed to manage her addiction and also on staff and other beneficiaries in the programme (Surtees 2007: 207). As one service provider explained:

¹³ Cf. Rosenberg 2006; Surtees 2005 & 2007; Zimmerman 2003: 55-6, 2006: 39.

A lot of [VoTs] take a lot of alcohol, also they are drug addicted. That is why it has some influences on their behavior. I know some instances when a victim of trafficking came back and stayed in rehabilitation center, still they did not treat alcohol, drugs, they had some fights and quarrels because of that (Surtees & Somach 2008).

More generally, it is important that addictions be factored into this re/integration work given the risk of relapses. Managing an addiction is often a life long battle, which puts significant pressure on the resources of re/integration programmes. Accessing appropriate alternative support mechanisms, where they exist, would be of importance in preventing the overtaxing of re/integration programmes as well as the most appropriate care for the individual in dealing with her substance abuse. However, there are currently few programmes assisting persons with substance abuse problems to manage their problems in the long term.

Where addictions preceded trafficking, this should also be considered. Conditions pre-trafficking which led to the addiction must be factored into re/integration work and plans, including in terms of the advisability of family/social reintegration.

Where addictions are not dealt with, it can lead to additional vulnerability, including the risk of re-trafficking. Take, for example, the case of one young woman, trafficked when she was a minor, who was injected with heroin by her traffickers as a means of control and, as a result, developed a serious addiction. When she was arrested by the police in the country of destination, she was offered assistance and then sent back to her home country. However, there was no assistance available to help her manage her drug addiction in her home country and she decided to go abroad to get what she called “medicines that could help me with the addiction”. She stayed abroad and financed her medication with prostitution before returning to her home country again where she was soon injecting drugs again (Brunovskis & Surtees 2007: 88).

Substance abuse within the family of a trafficked person is another potential inhibitor to successful re/integration. In some cases, addiction may be the reason that victims initially left home and/or were trafficked:

If my husband could be cured of alcoholism, I would be the happiest woman in the world (Surtees 2007: 208).

You see, [my parents] are alcoholics and they were not quite able to analyze the situation, what might happen to me. I don't blame them. Moreover, the [trafficker] paid them for the alcohol (Surtees 2007: 208).

A family member's addiction is very likely to serve as a serious impediment to re/integration. This underlines the value of access to substance abuse and detoxification programmes for not only victims but also persons within their immediate environment. One organisation assisted a client and her heroine addicted brother in accessing a detoxification programme and also with psychological counselling toward rebuilding their relationship. Following this treatment, the brother and sister decided to find an apartment together in the capital so that brother could have proper medical assistance and rehabilitation. On the one hand, this positively impacted the beneficiary's re/integration – she was very motivated to find a job to support herself and her brother and felt very positively about her restored relationship with her brother. She also assisted her brother to find work. On the other hand, there are potential complications in this scenario as it places a heavy burden on the formerly trafficked woman to support not only her own recovery but also that of her brother's. In the event of a relapse, she could face a very difficult situation and set of stressors which could, in turn, negatively impact her own recovery. The option to contact the assisting organisation in such circumstances may be of vital importance in ensuring her longer term re/integration success.

3.4: Mental health problems

The majority of assisted trafficking victims face psychological problems upon exiting trafficking. Potential mental health problems include chronic anxiety, suicidal thoughts and suicide, depression, post traumatic stress disorder (PTSD), acute stress disorder, sleep disturbances, memory problems, irritability and aggression, immune suppressions, substance abuse/misuse, decreased cognitive functioning, self esteem problems, loss of trust in others and self, somatic complaints and difficulty in relations with others (Zimmerman et al. 2006: 75). In addition, some victims have been diagnosed with psychiatric disorders, including schizophrenia and other personality disorders.¹⁴ Problems may be a consequence of trafficking and/or may have preceded and contributed to being trafficked. The scope, nature and extent of psychological problems vary substantially and it is important that appropriate professional diagnoses and treatment take place. Many programmes do not have resources to employ psychologists, which limits the type of support being offered. The tendency in some programmes for social workers to provide counselling rather than psychologists and psychiatrists is a product of limited resources and yet has potentially negative implications for beneficiaries.

Access to professional psychological and psychiatric assistance is most commonly available in NGO residential programmes, although the type and amount of counselling varies considerably according to the length of time a beneficiary spends at a shelter and the quality of the services being provided. When victims return home, the provision of appropriate psychological services is complicated as most specialized counselling services are located in capital cities and most victims originate and return to areas outside of the capital. In addition, there is a lack of qualified, clinical psychiatric care in the region (Surtees 2006a: 80. cf. Surtees 2005).

Some re/integration organisations access psychological and psychiatric assistance through government services, to varying levels of success. In some cases, where access is possible, the quality of care or level of professionalism is not always satisfactory. In one case, the assisting organisation faced problems when practitioners at the emergency psychiatric unit were called to intervene in the case of a suicidal client but refused to come, constituting a serious breach of professional conduct.

Where beneficiaries require medication to manage their psychological problems, the cost of medication may be an issue for assisting organisations or the individual in the long term. In many countries in SEE, state medical insurance does not cover such medications (and not in the long term), meaning organisations often have to pay such expenses from their programme budgets on an on-going basis. Unless beneficiaries have access to medication through the national health system, they are unlikely to be able to afford it and re/integration programmes are not able to pay for these medications in the long-term. It remains an open question how the cost of medication for mental health/psychological cases can be dealt with and how VoTs' need for expensive and long-term medication can be addressed.

Beneficiaries themselves may resist treatment, which can be an additional layer of complication. In the case of "Ana", difficulties in following treatment were not because of inadequate funds or inaccessibility to psychiatric care but because of the beneficiary's perspective on the illness itself.

¹⁴ For a discussion of mental health issues amongst women trafficked for sexual exploitation, please see Zimmerman 2003 and Zimmerman et al. 2006.

Case #6: “Ana”

“Ana” is a diagnosed schizophrenic. She refused treatment for psychological reasons – low self-esteem and distorted self-perception; emotional vulnerability due abandonment after being diagnosed with schizophrenia as a child; and dysfunctional coping mechanisms and survival strategies. She was also stressed by the physiological side effects of the medication which included dizziness, memory loss, increased reaction time, extra-pyramidal syndrome, constipation, weight gain and facial hair growth. The beneficiary’s (negative) view of the illness itself was a central issue and part of her assistance was focused on the necessity of the treatment, addressed in weekly individual psychological counseling. Over time, improvements were made such that the beneficiary began to take night medication as well as the anti-psychotic monthly medication. For over a year now she has been in the residential assistance programme, in a protected apartment and she receives a monthly pension.

In some cases, assisting trafficked persons is not possible because of serious mental health issues. One client, for example, suffering from severe post-traumatic stress disorder (PTSD) was initially accommodated in a shelter for trafficking victims and assisted by a clinical psychologist and psychiatrist. She received the relevant medication and regular counselling but nevertheless after two weeks there were no changes in her behaviour and condition. On the recommendation of a psychiatrist, she was transferred to the psychiatric hospital for appropriate care, although the re/integration organisation continued to provide assistance in terms of accessing documents and undertaking regular monitoring visits.

In many countries there are inadequate and inappropriate facilities for victims requiring psychiatric or psychological interventions. Often there are no appropriate state facilities and, where these do exist, places are limited and often full. Programmes, like group homes, designed to support the social inclusion of persons with mental health problems are few and far between. Where specialized private medical and psychosocial clinics are available, the costs are often prohibitive for NGO re/integration programmes.

A number of victims assisted in SEE were accommodated within shelter alongside victims with mental illness. In some cases, this was due to the lack of specialised services. In other cases it was because individuals lack family support, leaving few alternatives but to return to the shelter programme. This stressful for other victims and also may mean that the special needs of the “difficult” victim are not addressed:

Yes, and then they put us up in one house... one girl had some problem in her head. She’s crazy, she can just kill someone (Surtees 2007: 210).

So this is how those beds were lined up. There were five beds. And there was this girl, this next bed was empty, I was sleeping in this one, [another girl] was here, and [another girl] was there... One beneficiary was mentally disturbed and she was on medication she didn’t want to take. She had hallucinations and was seeing things in her dreams. She often went sleep walking (Surtees 2007: 210).

She was having hallucinations, she left several times and came back. Then again, she didn’t have parents or anyone (Surtees 2007: 210).

There were [two girls], grave mental disorder, they set fire to the floor, ruined the walls with glue. They cannot control themselves, they are ill. But the state cannot give them anything (Brunovskis & Surtees 2007: 88).

Equally relevant is the quality of care available in such programmes and whether staff have the requisite competencies and sensitivity to assist VoTs with mental health problems. As one re/integration organisation explained:

We face difficulties with including [trafficking victims] in other assistance programmes because of the poor understanding of the beneficiary’s psychiatric condition correlated with her/his trafficking history by the staff and by other beneficiaries in that system.

The cases of “Helena” and “Lara” illustrates poor professional handling of cases involving mental health issues.

Case #7: “Helena”

“Helena” was referred to the assisting organisation without an adequate diagnosis and referral procedure. The organisation did not receive medical reports from the referring organisation and was simply told that the victim was “crazy” and was given medication for depression. The organisation took her to another psychiatrist who found that the drugs she had been prescribed were making her unstable, causing problems for other programme clients as well as the staff. The victim continued to deteriorate – becoming paranoid, refusing to maintain personal hygiene and so on – and was referred to a psychiatrist in state hospital who diagnosed and treated her again for depression. When this treatment was also unsuccessful another psychiatrist was contacted who diagnosed her with psychosis and personality disorder and provided the relevant treatment. As a result of this treatment, the woman was able to live a normal daily life with other beneficiaries in the programme. However, the organisation faced problems in ensuring that the victim took the medication as prescribed by the doctor.

Case #8: “Lara”

*“Lara” was referred by another organisation to the re/integration programme. When referred she was heavily medicated on tranquilizers, sometimes to the point of being unable to communicate. However, after discussing the case with a doctor it was established that she did not require tranquilizers if she received intensive case management support. The psychiatrist stopped the medication and provided her with counselling, including toward rebuilding the relationship with her family. After participating in the re/integration programme she is now only occasionally in contact with the organisation for counselling and support. She is currently employed and living with her fiancé and his family.***

*** Another barometer of the inattention to her case is that in spite of having been in care for two years she still had not been provided with identity documents. When the case was taken over by the organisations, it took only two weeks to resolve the issue of her identity documents.*

That being said, re/integration organisations do report improvements in this regard. For example, nowadays it is more likely that psychiatrists diagnose trafficked persons with post-traumatic stress disorder (PTSD) rather than psychiatric conditions as was common in the past. And there have been successful interventions in the case of trafficked persons with mental health problems, such as “Marija”.

Case #9: "Marija"

"Marija", trafficked to the EU, returned home seven months pregnant and with her one and a half year old son. She returned after fleeing her partner who had helped her to escape from trafficking but subsequently became abusive. She suffered from paranoid schizophrenia but refused the medication because of the side effects. She had a troubled relationship with her parents who she felt interfered in her life because of her mental illness and who she blamed for leaving home and ending up in prostitution. The assisting organisation began working with her to manage the schizophrenia as well as providing counseling to her individually and with her family in an effort to reconcile them. A multidisciplinary team was formed that consisted of a psychiatrist, clinical psychologist, family therapist who works with the families of people with schizophrenia, social workers from the Child Protection Department and the case manager from the re/integration organisation. After some time, "Marija" returned to her home town where she has been reconciled with her family (who support her and help her with the children) and continues working with a psychologist and a psychiatrist.

Clients with mental health issues, such as depression, often require long term treatment (even medication) and, in some cases, on-going support and care. The case of "Marija" is a case in point. While it has been possible to provide her with on-going support, more commonly access to these longer term services is not uncomplicated in the SEE region as the provision of psychological and/or psychiatric assistance outside of capital cities is infrequent. Where clients do not have the support and care of family members (which is not uncommon in many situations) accessing appropriate long term solutions is very complex.

Finally, it merits mention that in some socio-cultural settings, the stigma and bias attached to mental health problems often serves as a barrier to the provision and accessing of psychological or psychiatric care. In some cultures, for example, there is a preference for keeping experiences quiet rather than seek out counselling. This has been an issue, for example, in assisting Asian trafficking victims in the United States, as illustrated by the comments of service providers below:

Western style therapy is foreign to them and not culturally appropriate... most refused to go because they didn't like it... there has to be another model for psychotherapeutic help (Shigekane 2007: 121).

You have to understand that there are derogatory sayings where these girls come from for people who seek help – they are seen as being crazy and described as a chained dog – rabid (Shigekane 2007: 121).

Similarly, in SEE, the provision of psychological assistance can be complicated. Many trafficked persons interviewed in one study (Surtees 2007: 141) manifested a general antipathy toward psychological assistance.

I didn't have time to talk to the psychologist. I honestly didn't understand why I needed a psychologist. After all, I am not a mental patient.

I've heard that only people with some mental problems go to a psychologist.... In general, I don't know what psychologists do.

At least for me it's not clear what a psychologist's assistance is... I wasn't quite willing to speak to her about my experience. I simply didn't want to. I felt uncomfortable because I didn't quite understand what she wanted from me.

This is arguably consistent with the general attitude to psychology in the former Soviet Union where psychologists are seen to play a controlling function in society and who designate people as sane or insane. Even where the value of this assistance is recognised, it is often not deemed socially acceptable to accept it and many people fear being classified “insane”. For many, to visit a psychologist is tantamount to admitting to a mental disease. Many also fear that their decision to consult a psychologist will be part of their permanent record and impact them in the long term, like influencing their ability to get a job (Nygard et al., 2003: 46-7). Victims may also be concerned with how they will be perceived in their social environment for “needing” and receiving psychological assistance (Surtees & Somach 2008).

3.5: Serious medical conditions

Some trafficked persons have serious medical conditions requiring resources and complicated interventions. Some medical conditions preceded the trafficking experience, however, many trafficked persons sustained injuries while trafficked – at the hands of traffickers, “employers” and clients. Potential health consequences of trafficking include death, acute and chronic physical injuries, gastrointestinal complications, sexual and reproductive health problems, dermatological problems, cardiovascular complications, musculoskeletal complications, cognitive problems, sensory and nerve damage, malnutrition, exhaustion, weakened immune system and so on (Zimmerman et al 2006: 43-56, cf. Zimmerman 2003).¹⁵

One study in SEE (Surtees 2007: 206-7) noted a range of serious medical cases amongst respondents. One girl, 17 years of age, required specialized medical intervention for tumours in her breasts which developed as a result of beatings sustained while trafficked. Two women were HIV positive as a result of their trafficking experience¹⁶ and one woman’s child had also contracted the disease. Another victim required emergency surgery abroad in response to physical injuries incurred as a result of trafficking: “I was a bit dizzy and I couldn’t understand what they were talking about. I understood that there were something too close to my spine and that infection could reach the spinal fluid, which meant that they had to intervene urgently” (Surtees 2007: 206-7). Zimmerman et al (2006: 42) also documented a range of medical consequences of trafficking:

I feel pains in my vertebrae, in the spinal column and my heels because I jumped from the third floor to runaway.

I was hit in the head by my trafficker and I sometimes have problems remembering things from yesterday.

Re/integration organisations have faced additional medical problems, including infectious diseases (tuberculosis); cases of cancer (colon, bone and uterine cancer); liver disease (cirrhosis); and hearing and sight disorders. The majority of the beneficiaries suffer multiple health problems that needed to be identified and treated.

15 For further discussion of the health consequences of trafficking for sexual exploitation, please see Zimmerman 2003 and Zimmerman et al. 2006.

16 This is consistent with a small but noteworthy number of HIV positive beneficiaries noted in other research. In Albania, one victim was assisted in 2002 and two assisted in 2004 tested positively for HIV. In BiH, service providers reported that a handful of foreign victims have tested positive for HIV. And, in Moldova, since 2000 IOM has assisted nine HIV+ victims. The issue of HIV/AIDS infection came to the fore in the region when, in 2004, a Ukrainian victim of trafficking for sexual exploitation in Bosnia and Herzegovina died of the disease Surtees 2005: 74, 155, 361).

In most countries in SEE, it is not always easy to access specialised medical assistance for the range of health problems and conditions suffered by clients and state medical insurance rarely covers emergency and/or long term treatment. In many cases, organisations must assist in accessing state medical services or in paying for private medical care.

Case #10: “Katja”

“Katja” was trafficked abroad from SEE was so severely beaten by a client that she now suffers from spastic tetra paresis and Brown-Sequard syndrome , illnesses which require the use a wheelchair and on-going care. Her initial assistance plan was oriented on managing her medical condition which involved specialised medical care, regular check-ups, specific medication, surgery, hospital stays, etc. Through one of the organisation’s partners abroad, they identified a doctor who was willing to perform nerve stimulation surgery, pro bono, a procedure which is not available in the victim’s home country. However, it was necessary to find additional funds for travel and accommodation expenses while abroad, something which was eventually provided by a foreign NGO.

Beyond medical services themselves are the legal and administrative obstacles faced by victims in accessing medical assistance. Receiving state medical care requires national identity documents (which proves legal status) but accessing these documents is often an expensive, labour intensive and time consuming process with service providers often obliged to support and advise victims (and often even accompany them to government offices) throughout the process. State bureaucracy is another impediment to the provisions of medical services as mentioned in the cases below.

Case #11: “Diana” ***

“Diana” required a range of different forms of medical assistance – for heroine addiction, Hepatitis C status, anaemia and heart problems and a hand amputation as a result of gangrene resulting from her drug addiction. She became a drug addict while she was exploited by her traffickers and later on continued in prostitution to support her addiction. Her other medical conditions were a consequence of her post-trafficking problems. The victim lived in the streets when she was first identified and was in very bad physical and mental condition. She was referred to the assisting organisation by the police who had tried to refer her to other NGOs, to the hospital, to social services, all of whom refused to accept her as a client. When the organisation began to source assistance, they too were refused assistance by the various institutions. Each hospital referred her to another, saying that it was not their responsibility. The orthopaedic clinic argued that the anaemia was acute and the victim should get emergency transfusion and that no amputation was possible because of her drug addiction. At the emergency room she was not given a transfusion because of the urgent need for amputation. Then both clinics’ doctors said that she must first go to the clinic for infectious diseases to deal with the Hepatitis C. That the client did not possess any identify documents further complicated this process. She was provided with a safe place to stay while the service provider negotiated with the various hospitals and hospital departments and secured identity documents. Eventually the organisation was able to access the different treatments but only after securing MOUs with the various hospitals and clinics and serving as intermediaries between the different medical personnel in the treatment process.

.....
 *** See also case #4 (above) for more details.

Case #12: "Julian"

"Julian" was a 69 year old man trafficked for labour abroad. Following his return home, he was diagnosed with terminal cancer and required assistance in accessing morphine to manage his pain. Administrative rules prevented him from obtaining morphine at the local hospital and he approached the re/integration organisation to assist in accessing this treatment. The organisation also helped him draft a will for his relatives. He has since died of cancer.

Where serious illness goes untreated, this can and at times has resulted in death. In one tragic example, a young woman and her family declined medical assistance because they feared stigma if her medical condition and trafficking experience became known publicly. The father sought the intervention of an anti-trafficking organisation to convince his wife and daughter to accept medical care, which they eventually did. However, the treatment came too late and the young woman died as a result of her illness (Brunovskis & Surtees 2007: 130).

3.6: Without documents or legal status

Persons without documents or legal status constitute "difficult" cases because without legal status, it is not possible to access state services (whether medical, education, social insurance, education, training) and, as importantly, find well-paid employment.

In many cases, trafficking victims do not have legal status in the country because they have never been legally registered or have irregular status in the country as a refugee or internally displaced person (IDP). One re/integration organisation reported that the majority of its beneficiaries – more than 55% – did not have clear legal status (i.e. birth certificates, identity papers) even before trafficking situation, many because they had not been registered at birth and, thus, had no legal status in the country in spite of having been born there and residing there. In such cases, the individuals essentially do not exist for the state.

Some victims had documents prior to trafficking, lost or had them taken away by traffickers. While this situation is easier to resolve than those without any legal status, victims still face difficulties in navigating the legal system to access new documents. In many countries in SEE, the process of re-issuing documents is complicated, bureaucratic and time consuming.

Resolving a trafficking victim's legal status requires obtaining all documents required for daily life – birth and citizenship certificates, residence permits, identity papers, health and social insurance, etc. These documents are the basis of all rights granted and guaranteed by the state. There are many obstacles in obtaining these documents.

In some countries, it is not possible to get identity papers without the residential address and most identified victims (and their families) do not have residential address because they do not own property.

Case #13: “Sandra”

“Sandra” faced a problem when her identity documents expired and the police refused to issue another one with the same address because she has completed the shelter programme. She was unable to leave the residential facility because she could not find a job or rent an apartment without documents. As in many countries, it is illegal in Sandra’s country to be without identity documents; police have the right to stop persons and check their identity documents. The organisation contacted a number of different departments to assist in obtaining the document but was unsuccessful. No practical solution was offered and instead the staff was advised informally to register the beneficiaries at their personal addresses, in spite of this being illegal.

In other countries, it is only possible to access documents in the individual’s place of origin, which requires that they travel to their place of origin, often on more than one occasion. Many service providers note the need for legislative changes to facilitate obtaining identity paper and regularising legal status of citizens.

The procedure for accessing documents – complicated and time consuming at the best of times – becomes very difficult when the beneficiary has security problems. Where traffickers reside in the victim’s home town or in a neighbouring town, a return home for documents can be dangerous. Local police may not ensure the protection of the victim and so organisations must consider alternative means of accessing documents including temporary papers with no stated residence or the beneficiary being accompanied home by a social worker or police officer to arrange these documents, options which are not always possible.

In some countries, government agencies tasked with document processing in fact further complicate it. One re/integration organisation, faced with clients who had never been registered at birth, found that even the relevant ministries were not aware of the procedure for supplemental registration. Similarly, social services often will not accept beneficiaries without documents but, at the same time, it is typically their mandate to assist clients in obtaining documents. In one instance, it was necessary to obtain the personal documents for an entire family, two of whom had been trafficking victims, as detailed in the case below.

Case #14: The “Milanovic” family

The “Milanovic” family are from an ethnic minority and, while the children were registered at birth, they had never obtained the documents. Because the children were born in different municipalities, accessing documents meant travelling to a range of different locations. Local social services were contacted to assist in obtaining the documents but they claimed that it was not their mandate. The ministry for social services was contacted for assistance but nevertheless it took more than one month of work to obtain basic personal documents such as birth certificates and citizenship papers. Upon receipt of these documents, social services were again contacted to request social assistance for the family but again they declined to help. After being denied this assistance three times, the re/integration organisation wrote a formal letter to the responsible administration outlining the problems faced. Only with the intervention of the administration was assistance finally provided by social services. In the meantime, the organisation obtained health insurance certificates for the children (which was urgent because they had been injured while trafficked) and enrolled them in primary school.

Beneficiaries typically do not have the resources and information in order to resolve the wide range of problems associated with accessing documents and regularising their legal status. The result is that service providers expend a lot of time and money to resolve these issues on behalf of their clients. In the case discussed above,

the assisting organisation had to mediate the process of obtaining documents for all family members and, in addition, had to lobby the government to access services to which their clients were legally entitled.

Legal status is also an issue for foreign nationals in transit or destination countries. Where foreign victims are being temporarily assisted, it is necessary for the assisting organisation to be in contact with the individual's country of origin (which requires contact with a range of diplomatic missions) to obtain identity and travel documents for the trafficking victim and facilitate the return home, including referrals to appropriate assistance in the country of origin. Issuance of temporary residence permits (TRPs) in many countries in SEE has allowed for foreign victims to stay in the destination country in some circumstances.¹⁷

However, accessing these permits is not uncomplicated and requires the time and investment (and sometimes advocacy) of service providers. One woman from South America was trafficked to SEE where she was exploited sexually and for labour. As she did not want to return home, the organisation worked to obtaining a TRP and access a range of services for her integration into society. This required signing MoUs and conventions with different government sectors like social services, law enforcement, education department and labour sector. As one re/integration organisation explained:

The procedure of obtaining the TRP was very difficult, was time-consuming, a lot of bureaucracy from the [government office], being sent from an office to another one. Step by step, the foreign victim also learned the [local] language, but a very big problem we face on this moment is the fact that it doesn't start yet the trial against the traffickers... and in this way the victim is always on waiting.

By contrast, some re/integration organisations had more positive experiences in the processing of TRPs:

We have had good experiences in issuance of TRPs to the foreign VoTs.... The local procedure for the issuance of TRP is as follows: upon victim's formal identification.... the agency would submit the request for TRP issuance to the Ministry of Interior and the three months permits are issued without any problem. For six month permits, it is practically the same but police ask for cooperation in the criminal investigation or the victims of trafficking should be involved in the court proceeding. But even if the trafficking victims was not of any interest to the police, there were a few cases where they granted TRP. [Our organisation] was advocating for them in those cases, providing police with arguments why they should grant her TRP if there are no legal basis for that. Also, some victims – only those assisted by [our organisation], were granted another type of permission to stay in [the country], on an education ground, common-law marriages.

Moreover, beyond providing assistance in accessing TRPs, service providers must provide intensive support to foreign victims once legal stay has been obtained. Victims staying in a destination country may lack some of the skills to live independently – for example, understanding the language, using local currency, accessing

¹⁷ In December 2002, countries within the Balkan region signed the Tirana Statement on Commitments regarding the legalization of trafficked victim's status, including a pledge to issue temporary residence permits (TRPs) to foreign victims of trafficking. In August 2003, at the initiative of the Stability Pact Task Force on Trafficking in Human Beings (SPTF) and with funds from the King Baudouin Foundation (KBF), IOM launched the project "Establishment of Temporary Residence Permit Mechanisms for Victims of Trafficking and Witnesses in the Balkans" in order to strengthen the capacity of relevant players in the Balkan region to fulfil their obligations within the framework of protection and assistance to victims of trafficking. As of September 2008, 58 TRPs have been issued in SEE. The EU legislation Council Directive 2004/81/EC of 29 April 2004 on the residence permit issued to third-country nationals who are victims of trafficking in human beings or who have been the subject of an action to facilitate illegal immigration, who cooperate with the competent authorities requires EU countries to provide residence option to trafficked persons. Within the EU, 22 member states have transposed the Directive into the national legislation (Belgium, Bulgaria, Czech, Germany, Estonia, France, Italy, Cyprus, Latvia, Lithuania, Luxemburg, Hungary, Malta, Netherlands, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Finland and Sweden). No information is available for Denmark, Ireland and the UK as they are not bound by the Directive. See http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:72004L0081:EN:NOT#FIELD_IE

government assistance/agencies (bank, police, social services, courts), going to the grocery store or taking public transportation. While some of these problems may result from socio-economic and cultural differences, they may also be a function of the trafficking experience – being kept secluded while trafficked, unfamiliar with the destination country, fearful of the authorities and so on (Shigekane 2007: 121-2).

3.7: Safety and security problems

Some trafficked persons face serious security problems as a consequence of trafficking, making it problematic for them to return to their family or community. While it is not clear to what extent security poses a risk to trafficked persons, there are many cases in SEE where security is an issue. A number of victims interviewed for one study (Surtees 2007: 167-9) reported facing threats and violence from their traffickers:

The trafficker met me on my way to the police station and threatened me with a knife. I knew she wasn't joking because even her husband was stabbed with a knife by her. She threatened that she would kill me if I did not retract my testimony. I informed the police officer about the threats and he asked me to make a statement about the threats and that was the end. They promised to detain her for several days but didn't do that because there was no evidence. In case of emergency, I was supposed to address the local police. When I was given a personal lawyer, I told him about these threats but he didn't pay attention to them. He said "she won't kill you ... don't be afraid ... forget it". The policeman from the local police also threatened me with the pistol ordering me to retract my testimony against the trafficker. I complained to my lawyer about that; he wrote a note and gave it to me to pass it to the local policeman. When the policeman read the so-called "appeal" (there wasn't even the lawyer's signature there), he laughed to my face and told me to get lost.

[The trafficker] said: "You put my brother in jail, but, sooner or later, I will kill you".

[When I got home] they were already waiting on me. There were about seven [traffickers]. They were yelling at my mother, at me. I couldn't say anything. They threatened me that they would kill me if I didn't go back. They said that they bought me and that I have to return some money.

Providing re/integration services in this context is extremely difficult as the persons can often not safely return to their community and, in some cases, also not integrate into a new community because of security constraints. Equally, some victims – especially those deemed high risk cases – are not able to move freely and undertake “normal”, daily activities – like employment, education or training – because of the security risks involved in leaving the shelter or protective care.

Case #15: "Jelena"

"Jelena" gave a statement to the police about her traffickers who are known to belong to a well-organised criminal group. As a consequence, her security situation is considered to be serious and security measures were put into place. Such measures included meeting family members only in the police premises, being transported only by car, always being accompanied by either programme staff or the police and restricted movements. Her involvement in re/integration activities needed at all times to take these security issues into account. She received medical services and vocational training in private, safe places and she was taken to her work place by the car of organisation. She fully cooperated with police for all the necessary procedures, has given testimony to the prosecutor, has faced the trafficker in the pre-detention, has provided evidence and has testified in court. She was threatened by the trafficker in the court room and later on her family members were also threatened. Her situation is considered to be high risk, making re/integration in her home community (and even elsewhere in the country) impossible. The re/integration organisation has, as a result, worked with different institutions and organisations to relocate the woman to a third country. Having evaluated the case, it was agreed that remaining in the country posed a very high risk and third country resettlement was agreed to be the best solution. The process, however, was very time consuming and took literally years to resolve.

Options for witness protection programmes in SEE are generally constrained – resources are limited, it is often only available during the trial phase (and not pre or post trial) and the case may not be deemed sufficiently risky to warrant protection. Options for third country resettlement are a very few (the case of "Jelena" is more the exception than the rule) and many "high risk" victims are required to return to or stay in their country of origin.

Case #16: "Marina"

"Marina" was initially assisted in a re/integration residence but, after a short stay, choose to return to her family. After only two weeks, however, she returned to the shelter because she and her family were being threatened by her traffickers. "Marina" suffered great anxiety as a result of these security issues – she had nightmares and flashbacks and she required intensive counselling and medication. After a long stay in the shelter and, unable to return home, the assisting organisation arranged for her assistance in a third country where they assessed the security risks to be less. "Marina" was assisted and accommodated in a shelter abroad for several months, after which she attempted to return to live with her family but once again the traffickers' threats resumed. It was determined that she was not safe in her home village or even elsewhere in the country and she was once again returned to the nearby third country for assistance. Her legal status abroad was resolved by the hosting organisation in the destination country, made easier by the fact that her mother originates from the host country (making her entitled to citizenship) and she has relatives there. "Marina" has now found a job in a beauty salon and is living independently.

Re/integration organisations have different safety and security measures in place. These measures vary substantially. Some organisations have a range of security measures and protocols in place – they employ security firms or are monitored by law enforcement agencies, they have sensor systems that detect movement on the premises, they have alarm systems and panic buttons linked to security agencies, they have 24 hour staff presence and so on. Security protocols also often incorporate procedures in case of threats and intimidation received over the phone and in the event of a security breach and disclosure of the location of the shelter location. By contrast, other programmes function more openly, albeit with some safety precautions, like not disclosing the nature or location of the shelter, or not calling from the residence landline.

Attending to issue of security and safety is a delicate balance in re/integration programmes. While security must be an important consideration, an overwhelming presence of security measures and safety concerns may create feelings of insecurity among clients which can only work against re/integration goals. How security can and should be handled within the context of re/integration programmes – both residential and non-residential – is an open question and merits further consideration. It is reasonable to assume, however, that there is not one formula for handling different security concerns as the situation in each case, programme and country differs substantially.

More generally, there is a need to consider the impact of security problems on the well-being of victims. Living in an unresolved (and often seemingly unresolvable situation) places great strain on trafficked persons, as explained by one victim:

This thing put me on the road for over two years now. I lived with rent for more than a year and then we moved at my wife's mother but then we had to leave because the traffickers found out where we were. So we moved again to a relative of my wife. We don't know how long we'll stay here. I think the only possibility that we have is to leave the country. My sister told me that those people threatened to run me over with the car if they found me (Surtees 2007: 167-9).

The psychological impact of constant fear is intense. Victims' liminal state – not still in trafficking but also not able to move on from trafficking – can only be expected to be straining and, ultimately, detrimental to their long term recovery.

3.8: Without family support

Some individuals were trafficked by their family members; others do not have family to whom they can return – either because they have no family or they have problematic family relations. Where it is not possible or advisable for a trafficked person to return to their home or community, the re/integration process is particularly complicated. The lack of a family or social network (and thus a lack of social, economic and emotional support) can impede recovery and re/integration and victims may face “set backs” in re/integration which, in turn, may lead to problems including re-trafficking. As a consequence, such beneficiaries will likely require not only more extensive assistance but also assistance for longer periods of time.

The needs of persons without family support differ according to whether the beneficiary is a minor or an adult. When the victim is an adult, there is the possibility to look for a job or to offer training opportunities, which, in turn, can facilitate independence. For minors, this process is longer (a matter of literally years) and more assistance (including often education and life skills) are needed to move them in this direction.

Accommodation assistance can be addressed, in the short term, by shelters or residential programmes but these are not long term solutions and, in fact, long shelter stays can be stressful and even counterproductive for beneficiaries. As such, alternative accommodation options are needed. In the case of adults, these might include semi or independent living options, transition or half-way houses or subsidised housing option. For adult trafficking victims able to live independently, the major obstacles in such situations is often access to appropriate and affordable housing. The cost of independent living is often prohibitive and housing subsidies are generally lacking for vulnerable persons like trafficking victims. Semi-independent living and group housing option are sometimes available through re/integration programmes, although these are temporary measures in the medium period when clients are transitioning to independent life. Placement with an extended family network is another option, both for minors and adults.

Case #17: "Danijela" and "Alexandra"

"Danijela" and "Alexandra" are sisters, minors at the time of assistance. They needed accommodation because both of their parents were in prison. The girls were insistent that they be returned to their house to live and eventually the extended family environment was mobilized to support them. Their father's brother assumed legal guardianship of the girls. However, as the uncle faced economic difficulties, the organisation provided some financial support for the care of the girls and assisted in the legal process to access documents which entitled the uncle's family to a small social assistance payment from the government (about 20USD per month).

However, family placement has not always proven successful. Two other sisters were placed with their aunt abroad but returned to their country of origin after several months because of problems and tensions in living with their aunt's family. Other accommodation options for minors might include institutions like orphanages, foster care¹⁸ and community-based care arrangements (Surtees 2006b). However, often these alternatives are limited and may not always represent an ideal solution.¹⁹

Beneficiaries from dysfunctional families (who may even have been involved in their trafficking) face much stress when trying to come to terms with their problems, including decisions about future relations with their family, and psychological assistance and case monitoring may be important services. They often have the urge to re-establish an emotionally satisfying relationship with their family which, given the preceding problems, often leads to disappointment or even risks of re-trafficking or abuse. Because of their background, these victims often lack a sense of stability and belonging, which makes them anxious for social relationships and may expose them to other problematic relationships which can put them at further risk.

Case #18: "Elena"

"Elena" is a minor. She was sold by her mother into trafficking for begging and prostitution. She returned home when she escaped her trafficker only to be beaten by her older brother and returned to her trafficker. As a result of these experiences, her feelings toward her family are very complex and have passed through several phases. While she was initially angry with them for the suffering they had inflicted, after some time she re-established contact with them and her feelings became more ambivalent – loving them while at the same time feeling angry for what they had done and then guilt for feeling angry. An additional complication is that she was called as a witness in the legal process against her mother for selling her into prostitution. Even now, after some time, these feelings are not resolved although she is increasingly able to cope with the complexity of emotions involved. Psychological counselling has been an important aspect of her assistance, helping her to understand and accept her feelings and to communicate with the family. The re-establishment of contact with the family is also carefully monitored by the organisation – with attention both to her physical safety and emotional well-being. It is an on-going process and one which will not be resolved easily or quickly.

¹⁸ Foster care options in SEE are underdeveloped and may be based on informal contacts, rather than state organised (and monitored) foster care programme. Moreover, the costs of foster placements (which are not insignificant) have often been borne by assisting organisations with funds from international donors. The lack of a legal framework for foster placement in some countries is another impediment; where a legal framework exists, there are often other issues like the lack of monitoring, inadequate funds and so on.

¹⁹ Institutions in SEE often lack a high standard of care, appropriately trained and sensitized staff and adequate resources. Many minors run away from institutions while, in other cases, institutions for minors are closed facilities and children are confined in ways not dissimilar to detention. Some institutions mix victims of crimes like trafficking and abuse with minor criminal offenders/juvenile delinquents. There is also the impact of institutionalisation on the minor's personal and social development (including links with community) and, once adults, the period of transition (from institution to self sufficiency) is a fragile one with many risks and problems. In some settings, efforts have been made to provide semi-independent living arrangements and housing subsidies for a few years of transition to adult independence to address this vulnerability.

Case #19: “Sara”

“Sara” comes from a small rural city with conservative values. She was raped by two boys when she was 14 years old, an experience for which she was blamed by her family, especially her father and brothers, and led to family conflict. She was sent to live with her uncle in another city where she continued high school. After high school, she returned to her family but continued to face problems with her family. No one in the family spoke to her, except her mother and sisters. Against this backdrop, she was introduced by her cousin to a man who offered to help her immigrate to Italy. She accepted but upon arrival was forced into street prostitution. She often phoned her family asking them permission to return home, but they refused. She returned only when she was picked up by the police and deported to her home country. When she returned home, she was identified as a trafficking victim and offered assistance in one of the re/integration programmes. The organisation tried regularly to re-establish contact with her family but they always replied that they considered her dead. For “Sara” this was difficult to accept, negatively impacting her self esteem. While regular counselling sessions were helpful in the recovery process, her family’s rejection is nevertheless painful and means that she has no one to turn to in her social environment in times of difficulty. In such situations, the pressure on service providers is more pronounced.

Even document processing is complicated in such cases. Persons cannot be registered at their home address if they are not returning there to live. And some families even forbid it. The mother of one trafficking victim refused all contact with the child, even to the point of declining to have her register her address with her family to access identity documents.

Persons raised in institutional care often face problems in renewing their identity documents after trafficking because they are no longer permitted to list the institution as their address and often have no other address that they can use to register themselves.

Victims who lack family and social support often require more support and for longer periods of time, as they cannot access alternative forms of assistance and, equally, because it will take them longer to become independent given that they lack typical social/family support. The objective in working with this client group is to help them to start building a safe and supportive environment which includes utilising available resources and identifying and mobilising personal relationships, whether friends, neighbours or family. However, this takes time and on-going support. For organisations, this means substantial resources are required for their re/integration – both financial and human.

3.9: Socially marginalised and victimised

Categories of socially marginalised groups include, but are not limited to persons from ethnic minorities, foreign nationals, illiterate beneficiaries, elderly persons, homosexual clients, orphans and children without parental care, economically vulnerable, persons with disabilities²⁰ and refugees/IDPs. When trafficking victims come from socially marginalised groups, they may lack the essential basis for successful re/integration. Their marginalisation means that they lack networks and relationships which can be drawn on for social support and economic opportunities central in recovery and re/integration. In such cases, it may be more appropriate to frame the intervention as one of “integration” given that they were likely not fully integrated in society prior to being trafficked.

.....
²⁰ See also section 3.2: Disabilities.

Discrimination has, in some cases, impacted the ability to access needed services:

[The organisation] turned to the mayor’s office of the village I was born in asking them to help me or, to be exact, my children. The house I was born in was destroyed long time ago and in its place another house was already built. The mayor was to provide me with some housing instead. I was given an absolutely destroyed house: no windows, doors, roof. Half of this clay house was really destroyed. Only one room was left. I was promised by the mayor to be given some building materials for fixing the house. It took the [organisation’s] lawyer great efforts to arrange all these things. When I came to the mayor’s office in [my town], the woman started to shout at me and then she closed the door in front of me. Then I heard her arguing with someone on the telephone. She was saying “this [woman from an ethnic minority] wants too much”. My lawyer recommended me to go to the [child protection department] which was supposed to provide my child with some assistance. When I came there, I was refused. They said they could not help me at all. They angrily started asking me who had sent me to them and I told about [the assisting organisation]. I even had an argument with them. I asked them what they were doing and how the state could help. What would have happened to single mothers who were even in a much worse situation than I was. They told me “who made you give birth to so many children?” (Surtees 2007: 220).

Some beneficiaries face inappropriate, even at times abusive, communication with social workers, police officers and other public servants:

I was frustrated with the state organisations. I wish they were more tactful with trafficking victims” (Surtees 2007: 220).

In some cases, it is difficult to disentangle to what extent stigmatisation and discrimination is a function of trafficking or of their marginalised identity. One victim of Roma ethnicity attributed her poor treatment to her ethnicity rather than her trafficked status: “I didn’t tell them that I was a victim of trafficking. I needed money in order to obtain a birth certificate for my child. At the mayor’s office, they treated me rudely. They laughed at me for not having [approximately five Euros] for the certificate. I felt humiliated” (Surtees 2007: 219). Another victim from SEE who went unassisted attributed her lack of identification by border guards to be, at least in part, a consequence of her ethnicity:

I was not assisted. When I was coming from abroad, I had only one certificate from [the foreign police] that said I had no documents... on the border I was taken off the train together with my child. They kept us at the customs area, they interrogated us. I started to cry, I told them everything I had been through ... implored them to let me go to home... they kept me there for a long time until the head customs officer happened to enter. He ordered them to let me go and I left. [They treated me] in a bad way. Certainly, some of them mocked at me, laughed at me and my nationality. I [belong to an ethnic minority]. The customs officers told me: “Stop telling us your fairy tales, stay here with us and you will make money here, at the customs” (Surtees 2007: 124).

Another victim explained how resentment against her being assisted could be as much related to being from an ethnic minority as a trafficking victim: “If people in my neighbourhood find out that I was given this flat, they will probably say “well, a [woman from an ethnic minority] was given a flat but normal people are not assisted”. That is why I will not tell how I got this flat. And my acquaintances whom I told about the flat still don’t believe me” (Surtees 2007: 199).

Efforts to support socially marginalised victims could make common cause with anti-discrimination and anti-racism efforts. However, re/integration organisations report that such initiatives are not well developed in

many countries in SEE. For example, in some countries there are no anti-discrimination law which could be referenced or accessed when advocating for services and support of authorities.²¹

Moreover, there is, in many quarters, a lack political will and social consciousness on the issue. For example, KBF’s Minority Right in Practice project, implemented in South Eastern Europe since 2004 shows that that governments set high standards for the protection and rights of minority groups but that, in practice, these rights and protections are seldom applied. Minority rights are still generally perceived as being “below” other people’s rights, especially of the majority.²² Efforts to target social marginalisation in a meaningful way must be well structured and part of a state initiative; they cannot be ad hoc efforts from NGOs. However, NGOs play a valuable role in raising the issue, particularly as it relates to their client group.

3.10: Past experiences of violence

Many assisted victims of trafficking have been victims of violence in the past, most commonly at the hands of parents, siblings or intimate partners.²³

Case #20: “Mila”

“Mila” was orphaned at ten years of age and raised by an aunt. She married when she was 19 years old to escape the unhappy relationship with her aunt and in the hopes of a new life. She was abused by her husband for 13 years before managing to get a divorce. In the divorce she lost custody of her child who remained with the father. She was unable to find a job to support herself and also faced problems in finding a healthy relationship. When her boyfriend offered her a job abroad as a prostitute with a good income in a Western country, she accepted. But the trafficker abused her brutally and exploited her in prostitution.

Case #21: “Irina”

“Irina” comes from a very poor village family. To improve their lives, the family moved to the city, renting a small apartment and enrolling “Irina” in elementary school. However, the situation has not improved and is became even more precarious. Both her mother and uncle have mental health problems. Her father and brother lack vocational skills and so are only able to find occasional work at low pay. There is also violence in the family - “Irina” has suffered domestic violence at the hands of her father and brother witnessed her father abusing her mother. To help support her family “Irina” had to leave school and find work. The violence in her family also made her want to leave home – she left her family with the first man that she met, who trafficked her into prostitution.

21 That being said, organisations also note that there are governmental bodies and mechanisms which can be used to support the socially and economically marginalised portions of society – for example, the Poverty Reduction Strategy implementation focal point (PRS IFP) in Serbia.

22 For more information about KBF’s Minority Rights in Practice project, please see: <http://www.kbs-frb.be/call.aspx?id=209762&LangType=1033>.

23 Many studies of assisted victims note the presence, even prevalence of domestic violence in victims’ backgrounds (see La Strada 2008: 62-4). This is not to say that the link between the two issues is inevitable. Warnath (2007) found that, while there are at least three points of vulnerability created by domestic violence that may be exploited and result in human trafficking, empirical research has been insufficient to conclude that the link between the two issues is causal. Moreover, the data (and the conclusions drawn from the data) typically apply to cases of assisted trafficking victims and there are substantial limits to what can be said and what conclusions can be drawn based on this sample (Surtees 2005). Brunovskis & Surtees (2007) found that people with alternative mechanisms for support were more likely to decline specific trafficking assistance which means that some of the characteristics associated with profiles of victims of trafficking – for example, past violence in the family – may be more representative of assisted trafficking victims than of trafficking victims generally.

Victims who have suffered violence and abuse in the past may face serious problems in the re/integration process. On a practical side, it may not be safe for them to return to their family when violence occurred in the home and alternative options must be explored, as discussed above in section 3.8: *Without family support*. It may also be the case that they have psychological and emotional needs related not only to their trafficking traumas but also to the trauma of past violence. There are also risks in terms of future involvement in victimising relationships, including trafficking, because of a sometimes higher tolerance for abusive behaviour and a tendency toward “risky” situations and relationships. Many clients with severe and chronic histories of violence also have problems with intimate relationships. The multiple traumas of violence and trafficking must be understood as cumulative and addressed in their multiplicity and complexity.

Past experiences of violence which have not been addressed also affect the process of recovery and impact how individuals relate to offers of assistance and service. Their recovery may be slower, sometimes interrupted by the client herself, and requires longer-term therapy and social work. Many victims face difficulties in building coherent relationships and may not trust or feel confidence in the service providers. The case of “Mila” – mentioned above – is a case in point. Her re/integration plan started with small steps to cope with the current crisis – providing accommodation; a security plan; psychological consultation and emotional support; help in searching for job and finding long term accommodation; and referral to a lawyer and legal consultations. However, after two weeks and after solving these emergency tasks, “Mila” unexpectedly left the organisation. Arguably, this rupture in the relationship with the assisting organisation reflects her usual way of interrupting relationships.

In such cases, it is vitally important that clients (and potential clients) are made aware that they can return back to the assisting organisation at later stages and as needed – for example, when they have not other support. Equally important is that the assisting organisation remains non-judgemental and open to the individual, responding to their individual needs and overtures. In many cases, clients have left programmes and then returned at later stages, sometimes even as long as two or three years following the initial contact (Brunovskis & Surtees 2007). Clients have explained that it is precisely this availability, non-judgemental attitude and unconditional support that has helped them to build their inner strength in order to take control over their lives and forge partnership relationships that help them to avoid future violence and abuse.

Minors may be particularly affected by past experiences of violence – as victims themselves or having witnessed violence in their home. And, as with adults, in some cases, it is the experience of violence which may have led to trafficking risk/vulnerability. Children with experiences of violence have very specific needs and responses. Often children who have survived violence experience a wide range of emotional, personality and behavioural problems that are amplified and heightened by the turmoil of their age, especially in adolescence. The case of “Bettina” is illustrative of this complexity and co-terminus nature.

Case #22: “Bettina”

“Bettina” is 16 years old at the time of assistance. She grew up in a violent family, chronic domestic violence which eventually led to her parent’s divorce. Following the divorce, her father was essentially absent and her mother could not provide her with adequate care. When she was 13, “Bettina” was sexually abused and developed promiscuous behaviour. She soon after chose to enter prostitution and ended up being trafficked for prostitution while still a minor.

Often, the combination of a difficult age interacts with the trauma and the adequate work with the child requires good knowledge and understanding of this as well as advanced clinical skills. Also central to this work is considering and, where appropriate, working with the children’s social environment to ensure the provision of adequate care. This can, at times, involve working with both the child and the parent.

4. HANDLING "DIFFICULT" CASES

Understanding the range of "difficulties" involved in re/integration assistance is important. It is, however, only the starting point for designing action and intervention. Thought is equally needed to how best to handle such cases – how to overcome and address the key issues in such cases and, where possible, develop more systematic responses. Of primary concern must be identifying issues and obstacles in handling these cases and supporting these beneficiaries. It is to these topics that we now turn.

4.1: Time and resources

One of the main issues in working with "difficult" beneficiaries is the time and expense involved for re/integration service providers. Significant financial resources are needed to work on difficult cases. Such cases may require more expensive assistance, support over the long term and/or assistance with a multiplicity of problems. Organisations may face a lack of resources when working with many beneficiaries with "difficult" cases. Further, investment in difficult cases may leave gaps in the provision of services to "more typical" and "less complicated" cases.

There is also the question of human resources. A good deal of staff time is required to work directly with clients and to access the specific services required. As one NGO observed,

For now, the only way to resolve those issues is to escort and assist all trafficking victims in accessing governmental services and eventually, to address those problems through the higher instances, with a political approach.

This means that, in the initial stages of assistance, adequate funds are needed for staffing programmes and managing these often complicated procedures in the handling of "difficult" cases. Because many NGO re/integration programmes do not have the resources to directly provide the range of interventions required in more difficult cases, it is necessary to access other government and NGOs services, which often involves time consuming and bureaucratic processes.

4.2: Accessibility and extent of services

Accessibility of services is also an issue for difficult cases – both geographically and also in terms of availability. For example, drug or alcohol rehabilitation programmes are not likely to be available outside the capital and large cities. Similarly, access to psychologists and psychiatrists may be constrained when residing in smaller towns and communities. Even where services are available

within a beneficiary’s community, many victims avoid accessing services in their home area for fear of being identified as a trafficking victim (or as a prostitute or failed migrant) (Brunovskis and Surtees 2007).

Another critical concern is the period of time that services are to be provided for. Some “difficult cases” require assistance in the longer term – for example, persons with addictions will need longer term support in managing their addiction; persons with serious medical conditions will require on-going medical care; persons without family support may need accommodation for longer periods and so on. Put another way, “difficult” cases often stay difficult over time – their difficulties are often independent of and go beyond the typical frame of re/integration assistance.

4.3: The stress of being a “difficult” case

Post-trafficking lives are often characterized by high levels of stress and anxiety as victims try to come to terms with their experiences and, equally, move forward with their lives. Trafficked persons report a range of negative emotions in this period including feeling stressed, overwhelmed, angry, irritable, afraid, ashamed, sad and/or depression (Surtees 2007: 145, Surtees 2008b). Some victims’ problems are particularly acute and their cases particularly complicated (as detailed in the previous sections), making solutions both limited and hard to realise. As such, this post-trafficking period may be even more complicated and stressful for trafficked persons with what we categorise in this paper as “difficult” cases. It is also possible that victims with such difficulties are more likely to face setbacks and failures in the re/integration process (Surtees 2008a).

Flexibility in programmes – including the possibility for victims to return and be assisted at later stages, attention to their individual needs, referral for additional services – provides a safety net which many trafficked persons (and many “difficult” cases) lack in their social environment (Surtees 2008a, 2007d). Being well received – i.e. appropriately and sensitively treated by service professionals, including not made to feel a burden – was, for many trafficked persons, of vital importance in the assistance process (Brunovskis & Surtees 2007; Surtees 2007). Trafficked persons are all too aware of the myriad difficulties they face on the path of recovery and re/integration and may, at times, feel frustration, despair and anxiety. Support and understanding by persons around them – whether service providers, other beneficiaries or their personal social environment – can be an important part of the re/integration process.

4.4: The impact on other beneficiaries

“Difficult” cases can also have an impact on other beneficiaries in the programme. Being assisted alongside “difficult” clients can be stressful. One client who was severely depressed tried to commit suicide while being assisted at the shelter. This, understandably, affected other shelter residents and intensive sessions were arranged for clients with the clinical psychologist. Another victim, who had a very traumatic childhood (her parents suffer from mental illness), was often in conflict with other shelter residents and, at times, behaved aggressively. She required intensive and extensive counselling sessions to stabilize her emotional state and was also involved in group discussions about conflict management and coping strategies. Clients involved in legal proceedings against traffickers are often stressed and frightened and may transmit this stress and anxiety to other clients in the shelter.

To some extent the residential model (with its communal living arrangement, regular contact and close quarters) serves to amplify problems and tensions between beneficiaries and this is likely to be particularly acute for “difficult” cases. However, such issues are also relevant in non-residential programmes where beneficiaries participate in trainings, recreational or leisure activities and so on. Given that beneficiaries are already dealing with complex and difficult situations themselves, they may find the additional stress quite taxing.

4.5: The impact on programme staff and professionals

Moreover, managing these stressful situations is often quite time consuming and burdensome for staff. One trafficking victim was deeply depressed while accommodated in the semi-independent living apartment of one organisation. She often cried, refused to eat and wouldn't take her depression medication. She often refused to communicate with others and, when she did talk, was angry. The other beneficiaries were upset and disoriented by her behaviour and didn't know how to react to or help her. They vacillated between being overprotective and critical of her behaviour. The situation was untenable for all and it was necessary for staff to have meetings with the beneficiaries to discuss the situation and how it could best be handled. The woman's behaviours and emotions were discussed, including some suggestions for reasonable and constructive reactions by beneficiaries. Equipping clients with the tools to communicate and support one another was vital. However, it required a great deal of staff time and energy and the result, while an important one, is not something which can be easily quantified or registered in programme terms.

The toll that case management takes on staff is also of concern. Re/integration assistance generally is stressful and often staff feels consumed and overwhelmed by the work – with so many problems and so few solutions available. Assistance in “difficult” cases is likely to be even more taxing. Such cases require an enormous emotional and time investment on the part of staff. It is not uncommon for staff to become emotionally involved with beneficiaries, which can result in becoming emotionally overwrought and react in subjective (rather than objective) ways. Staff may also feel the pressure of the many needs of beneficiaries, weighed up against the limited resources of the organisation. Such stress and pressure can and does lead to staff burnout.

In part, this can be addressed by regular clinical supervision – team meetings where “difficult” cases are discussed, individual supervision for learning and case management. Service providers have also found that trainings to increase their case management and professional skills make them feel better equipped in their day to day work, as does sharing experiences (both problems and solutions) with other organisations, both at home and abroad. In addition, the intervention and support of a professional psychology can assist service professionals in managing their work stress and avoiding professional burnout. Organising work schedules in healthy ways (and with regular annual leave) is another means of potentially avoiding staff stress and problems. Certainly staff work long hours, irregular shifts and may be required to be available to respond to situations and problems at inconvenient times. However, systematising work schedules and responsibilities (and avoiding as much as possible on-going intrusions into personal life) can go along way toward reducing problems and stress which, in turn, impact well-being as well as professional behaviours. Resources for such support and techniques are not always available, especially to smaller organisations. And where funds are limited such services and approaches are often the first to be cut. However, it merits mention that, in the long run, these “costs” can be off-set and made up for in improved staff productivity and capacity.

5. LOOKING FORWARD

In looking forward, then, an important question is how to accommodate these complicating factors and issues in the implementation of re/integration programmes. How can adequate resources (both financial and human resources) be made available to address these more in-depth and long terms needs? What are the various partnerships which can assist in handling "difficult" cases? How can we be more systematic in our handling of "difficult" cases? What professional skills and capacities are needed to work on the re/integration of more complex cases? How should "difficult" cases captured and considered in project reporting and monitoring? And how can we learn from beneficiaries' experiences of re/integration assistance – both positive and negative? Answers to these questions provide some signals and first steps in moving forward in handling difficult cases.

Adequate resources for specific situations

Accessing adequate resources is of vital concern. However, this is not always a simple matter. Staff time is used in different ways when working with "difficult" cases, which means that determining what constitutes adequate staff time must be assessed relative to the profile of beneficiary and overall programme caseload. Equally, in handling "difficult" cases the provision of services is often more intensive, longer term and involves the client's family as well, all of which use more resources than is typically imagined or planned for "typical" cases. It also often requires a specialization (of service or professional skills) which is not available in anti-trafficking programmes – for example, working with persons with serious mental health issues, medical conditions or substance abuse problems.

Cooperation and partnership with state agencies

A partial solution is for anti-trafficking service organisations to link up with non-trafficking services which have the specialized skills required. Moreover, sharing a case between organizations and institutions also involves defraying some of the costs of service provision. Services can be accessed through other NGOs, state agencies, international organizations, religious organisations, community networks and so on. Of particular importance is that government institutions and services are increasingly accessed (and held to account) in re/integration work, particularly in terms of these "difficult" cases. Some assistance – like medical care, education, humanitarian assistance, financial support, document processing – is typically available to vulnerable persons and, as such, should equally be available to trafficked persons in the re/integration process. However, many trafficked persons face problems in accessing even the most basic state services and receiving even minimal state support, let alone the specialised care required in "difficult" cases. As such, re/integration professionals will, in the interim, still need to play a role in identifying, accessing, mobilising and coordinating many of these services. Time (and by implication resources) be needed in this interim phase as re/integration organisation advocate for clients as well as legislative change, an expense which programme budgets must accommodate. In the long term,

such efforts should result in improved cooperation efforts, particularly by the state. Tapping into other services and institutions means that non-trafficking organizations and institutions will need training and sensitization in working with trafficked persons, including problems faced by trafficked persons, security issues and the ethical issues involved in working with this group.²⁴

Systemic responses

A systematic response to “difficult” cases is not uncomplicated given that every case is both individual and highly complex and it is difficult to develop systematic solutions and formulas in the face of such diversity. However, there are some ways forward which should further systematise responses in re/integration work with “difficult” cases. In practice, this would involve mapping the full range of possible services which can be accessed in re/integration work (particularly for “difficult” cases), services of both NGOs and governments, both in the capital and throughout the country, both private and public. This would also involve developing formal links with other programmes and government services – for example, MOUs and other contracts which clearly outline roles and responsibilities of different parties in providing different types of care. It would, in addition, involve preparing special protocols for identifying, assessing and treating “difficult” cases.

Tied intimately to this is the need to equip service providers with knowledge about anti-trafficking re/integration assistance; to develop a common language and approach to cases with the government and other assisting organisations. That is, it is important that all service providers agree on the work to be done and how it should be done.

The involvement of state institutions is also needed in this endeavour – on the one hand, to financially support re/integration work and, on the other hand, through the improvement of accessibility of state services and more transparency from NGOs. Legislative changes (with the attendant political will) are also needed to address problems such as accessing identity documents and providing unfettered access to state services, without the intervention of anti-trafficking organisations. This will require intensive lobbying of the government as well as involvement in how to undertake such changes. In the long term, this will address issues of resource management and cost-effectiveness. However, in the short term, it will require intensive work and staff time, something which impacts staff resources and budgets.

Building professional capacities to manage “difficult” cases

Central to all re/integration work is appropriate and on-going training of programme staff. Equipping staff with the skills to work with “difficult” cases must be part of any capacity building work. Regular analysis of what constitute “difficult” cases is a first step in this regard. Regular supervision and case management is equally vital.

In terms of specific skills and training, re/integration organisation identify some key areas to be considered – for example, counselling and support techniques in “difficult” cases; options for peer support (including how best to undertake this work); family counselling in the context of “difficult” cases; and case management specific to re/integration programmes (and the re/integration of “difficult” cases).

²⁴ Many organisations report less than positive experiences when accessing public services for trafficked persons – problems of poor quality care and of discrimination and bias against trafficking victims. There have also been reports of discrimination by state actors against trafficked persons which have prevented them from accessing state funded assistance and have exposed them to an additional level of victimisation (Surtees 2007).

Other outstanding issues which merit careful consideration include how staff can best work with this mixed group of beneficiaries “difficult” and “typical” cases, particularly in residential settings; how to manage relationships between beneficiaries; how to maintain the equilibrium of the group with “difficult” and “typical” beneficiaries; and how to avoid professional stress and burn. Another aspect is lobbying and advocacy in terms of assisting “difficult” cases and meeting their special needs.

However, it is not always possible for all skill sets to be available in one organisation, particularly given the breadth of needs and issues faced by trafficking victims. For example, while it may be possible for staff social workers or psychologists to work with former addicts in the managing of their addiction as part of their re/integration, it is not reasonable to expect the same professionals to be involved in the detoxification process, given the specific skills and facilities required in this process. Taking on services for which staff is not adequately trained poses risks and problems both to clients and staff themselves. Where re/integration programme staff does not have the requisite skills, there is a need for referrals to trained professionals. Where such services do not exist or are inaccessible, advocacy will be important in making such services available.

More general skills like human resource management and project management can also be helpful in working not only on re/integration but also with “difficult” cases. Skills in staff management and support will, for example, allow management to better match social workers and “difficult” beneficiaries. Conflict prevention and management is another valuable skills for re/integration staff – both in terms of preventing and managing conflict within the programme (between beneficiaries and between beneficiaries and staff) and also as a management tool by managing conflict and tension within the re/integration staff.

Monitoring and accountability

Ultimately, there needs to be monitoring of the handling of “difficult” cases, with a view to adapting and adjusting approaches and responses in order that beneficiaries receive the best possible assistance toward their recovery and re/integration. However, achievements or indicators in such cases may (or may sometimes) differ from those of more “typical” cases. For example, in a “typical” case, medical services can be accessed from the state hospital or a private clinic. By contrast, in the “difficult” case – for example, the woman who needed specialized assistance with detoxification, amputation, Hepatitis C and anemia – accessing medical care required negotiating with hospitals and clinics, accessing private funds and so on. However, in terms of monitoring, these two processes constitute the same output – the provision of medical care to one client – and this indicator does not adequately capture the scope of work and costs involved in that “output”.

It is important that indicators capture the real work involved in “difficult” cases, as a means of tracking staff time and resource allocation. Moreover, where organisations are assisting many “difficult” cases, this may limit how many clients can be assisted by the organisation with the current staff and resource allocation. Monitoring efforts cannot only look at the number of cases. They must equally consider the work involved in handling each case as a means of determining what is an appropriate number of cases to be assisted.

It is also important to consider indicators and measurements that reflect the quality of care for “difficult” cases, which may diverge from what would be adequate to demonstrate quality of care for more “typical” cases. This victim-centred perspective is also important for practitioners and policy-makers to consider.

Another outstanding question in terms of monitoring is how to measure the advocacy efforts of service providers. As discussed above, legislative changes are needed to allow for more systematic, cost effective

and accessible services for all trafficked persons, but particularly in “difficult” cases. To bring about these changes, service providers will play a number of roles, including advocating for legislative changes and involvement in the revised legislation. How such work can best be monitored and measured is an open question.

Beneficiaries’ perspectives

Central to all re/integration work must be the needs and well-being of beneficiaries – both those who constitute “difficult” cases and those assisted alongside them (the arguably more “typical” cases). Balancing the needs and interests of these two groups is not uncomplicated. This requires finding a balance in terms of the use of resources (financial and human). It also requires ensuring that staff has the skills, capacity and sensitivity to work with both groups and, equally, to manage and negotiate any conflicts and tensions between the many different types of beneficiaries.

The extent to which the handling of “difficult” cases is effective, appropriate and sensitive must also be measured from the perspective of beneficiaries themselves. Engaging beneficiaries in these processes is important in ensuring that re/integration assistance is victim-centred and grounded in the lived realities of trafficked persons who fall within the category of “difficult” cases.

In sum, “difficult” cases involve some rather noteworthy challenges. Working effectively and sensitively with “difficult” cases can be faced only by establishing systematic, but flexible, procedures with adequate human and financial resources on the one hand, and meaningful and realistic monitoring and evaluation on the other hand. It is these skills and frameworks that re/integration organisations are working to create in their specific programmes but it is not an uncomplicated or easily navigable process. It is also not something which can be viewed only from the angle of professionals or service provision. Assessing these programmes and approaches both from the perspectives of “project management” and “beneficiary satisfaction” is paramount.

6. REFERENCES CITED

- Brunovskis, A. and R. Surtees (2008) 'Agency or illness – conceptualizing trafficking victims' choices and behaviors'. *Gender, Technology and Development*. 12(1).
- Brunovskis, A. and R. Surtees (2007) *Leaving the past behind? When trafficking victims decline assistance*. Fafo Institute (Oslo) and Nexus Institute (Vienna).
- Brunovskis, A., Tveit, M. & G. Tyldum (2004) *Crossing Borders: An Empirical Study of Transnational Prostitution and Trafficking in Human Beings*. Fafo-report 426. Oslo: Fafo.
- De Nul N. (2007) *Report of the Seminar on the EU legislation in the field of Temporary Residence Permits and the South-Eastern Europe Experience*, Brussels, 12-13 June 2007, King Baudouin Foundation, International Organisation for Migration
http://www.kbs-frb.be/uploadedfiles/KBS-FRB/Files/Verslag/TRP_seminar_Report.pdf
- King Baudouin Foundation/Ethnodiversity Resource Center (2007) *Good Governance in Multiethnic Communities. The conditions, political instruments and good practice that ensure good governance of multiethnic communities at local level*. Brussels, Belgium: King Baudouin Foundation
- La Strada International (2008) *Violation of women's rights: a cause and consequence of trafficking in women*. Amsterdam, Holland: La Strada International.
- Nygard, V., Riabova, L. & G. Tyldum (2003) *Trying to be strong: a study of the impact of economy and culture on lifestyle choices and the use of healthcare institutions in the Murmansk region of Russia*. Oslo, Norway: Fafo Institute.
- Rosenberg, R. (2006) *Shelter assessment in BiH*. Sarajevo, BiH: USAID.
- Shigekane, R. (2007) 'Rehabilitation and community integration of trafficking survivors in the United States'. *Human Rights Quarterly*. 29: 112-136.
- Surtees, R. & S. Somach (2008) *Methods and models for mixing services for victims of domestic violence and trafficking in Europe and Eurasia*. Washington: USAID, Creatives Associates, JBS International & NEXUS Institute.
- Surtees, R. (2008a) *Re/integration of trafficked persons: how can our work be more effective* Brussels, Belgium: King Baudouin Foundation(KBF).
- Surtees, R. (2008b) 'Trafficked men as unwilling victims'. *St. Antony's International Review (STAIR)*. Special issue: the politics of human trafficking. 4(1): 16-36.
- Surtees, R. (2008c) *Trafficking in men, a trend less considered. The case of Belarus and Ukraine*. Geneva: IOM.
- Surtees, R. (2008d) *Why shelters? Considering residential approaches to trafficking assistance*. Vienna: NEXUS Institute.
- Surtees, R. (2007) *Listening to victims: experiences of identification, return and assistance in SEE*. ICMPD.

- Surtees, R. (2006a) *An evaluation of victim assistance programmes in SE Europe*. Brussels, Belgium: King Baudouin Foundation.
- Surtees, R. (2006b) 'Child Trafficking: Different Forms of Trafficking and Alternative Interventions' *Tulane Journal of International & Comparative Law*. 14 (2).
- Surtees, R. (2006c) *Re/integration programmes in SE Europe—a background paper for the King Baudouin Foundation*. KBF & NEXUS Institute.
- Surtees, R (2005) *Second annual report on victims of trafficking in South-Eastern Europe*. Geneva: IOM.
- Warnath, S. (2007) *Examining the intersection between trafficking and domestic violence*. Washington: USAID.
- Zimmerman, C. et al. (2006) *Stolen Smiles: the physical and psychological health consequences of women and adolescents trafficked to Europe*. London, UK: London School of Hygiene and Tropical Medicine.
- Zimmerman, C. (2003) *The health risks and consequences of trafficking in women and adolescents: findings from a European study*. London, UK: London School of Hygiene and Tropical Medicine.

APPENDIX 1:

Organisations working on re/integration through KBF's Trafficking Victims Re/integration Programme (TVRP) in SEE

Within the framework of its project 'Assisting the Victims of Human Trafficking' (Avot), the King Baudouin Foundation launched the 'Trafficking Victims Re/integration Programme' (TVRP) in order to enhance the scope and capacity of re/integration programmes for trafficking victims in Albania, Bulgaria, Macedonia, Romania and Serbia. The Trafficking Victims Re/integration Programme (TVRP) aims to support programmes that result in sustainable re/integration of victims, build NGO capacity in this sector, encourage cooperation and synergies with government agencies, to identify effect models for re/integration and, very importantly, to promote sustainable re/integration programmes.

Grants totalling half a million euros over three years (between 2006 and 2009) have been awarded to eight NGO's from those countries.

Different and Equal (D&E), Albania

Different & Equal (D&E) is a non for profit organisation offering qualified psychological and social services for the protection and re/integration of the victims of trafficking or those in risk of being trafficked, and contributing to the systems of identification, referral, awareness raising, prevention and assistance toward victims of trafficking and those in risk of being trafficked. The main activities of the organisation include: re/integration assistance for former Albanian victims of trafficking and their children; prevention activities through supporting vulnerable groups, especially vulnerable youth groups; income generating activities for the beneficiaries (VoT) through catering services, handicraft production and distribution; training for NGOs and state institutions. and supporting the National Referral Mechanism. For more details, see www.differentandequal.org or contact Different and Equal (D&E) at: different&equal@icc-al.org

Tjeter Vizion (Another Vision), Albania

"Tjeter Vizion" (Another Vision), with its headquarters in Elbasan, offers services for women, children and youth. For nearly six years, Tjeter Vizion have been offering social care services for the vulnerable categories of the population: children, youngsters and women, in the prefecture of Elbasan, through: 1) residential and non-residential centres. Tjeter Vizion is a member of the National Reference Mechanism for the Victims of Trafficking (NRMVT). Tjeter Vizion is also a member of the various coalitions and international networks. Services for trafficking victims are both residentially based and non-residential and are designed for the individual needs of victims toward an independent system of living. For more details, contact Tjeter Vizion at: tjetervizion@gmail.com

Animus Association, Bulgaria

Animus Association Foundation was founded in 1994 with the aim of providing space where women and children victims of violence can receive professional help and non-victimizing attitude. Animus has been working against trafficking and in support to

victims since 1997. In 1998 Animus Association became part of La Strada International programme for prevention of trafficking in women in Central and Eastern Europe. For the past eight years, Animus has worked against violence and trafficking of women and children in Bulgaria. Its policy centres on the protection of their human rights. The activities of Animus Association Foundation against trafficking are organized in 3 main areas of work: 1) Rehabilitation Centre, 2) Work in the Community including Lobby and Prevention activities and 3) Training Centre through which the organisation transfers its experience and model of work. For more details, see <http://www.animusassociation.org> or contact Animus Association at: animus@animusassociation.org

Nadja Centre, Bulgaria

Nadja Centre was established in 1995 to respond to the lack of services for victims of violence, as a project of the Bulgarian Women's Union, with the financial support by Novib, the Netherlands. It is a psychosocial care centre for women and children who are victims of violence and the centre provides a variety of services including a telephone help-line; psychological, medical, legal, and social counselling, psychotherapy; and referral services. The Nadja team has experience in the implementation of projects related to psychological, medical and juridical consultations provided to women and children victims of domestic violence and trafficking and has branches all over Bulgaria – Russe, Sandanski, Turgovishte, Kjustendil. In 2008 Nadja Centre continues implementing projects related to prevention of violence, giving priority to child sexual abuse and re-integration programmes for victims of trafficking, both women and children. For more details, see <http://www.centrenadja.hit.bg/index.html> or contact Nadja centre at: nadja@cablebg.net

Open Gate, Macedonia

Open Gate – La Strada Macedonia is a non-government, non-profitable organisation registered in September 2000; it works on the prevention and psychological and social support rendered to potential and victims of trafficking in persons. As a part of the Social Assistance long-term program functions Shelter for Victims of Human Trafficking, or the "Residence". This facility offers specialized services to beneficiaries, such as safe haven and accommodation, food, clothing, psycho-social support, medical treatment, legal aid, vocational training, on-job training or help with opening a small business. A team of trained professionals, which includes skilled social workers and psychologists, is available 24 hours-a-day. All clients are enrolled in the Residence program solely on voluntary basis. For more details, see www.lastrada.org.mk or contact Open Gate at: lastrada@on.net.mk

ADPARE, Romania

ADPARE is a Romanian NGO working exclusively in the area of trafficking in human beings. The main activity of ADPARE is re/integration assistance for victims of trafficking. ADPARE offer equal services for victims of external and internal trafficking; victims of different kind of exploitation in the trafficking period; women and men. For more details, see <http://www.adpare.ro/> or contact ADPARE at info@adpare.ro or contact@adpare.ro

Young Generation, Romania

Association "Generatie Tanara" (Unga Liv) Romania was created in 2001 and legalised by the Justice Department of the Court of Justice from Timisoara in January 2001, nr.146, in the register of the Associations and Foundations. "Generatie Tanara" (Unga Liv) Romania is a non-governmental, democratic, non profit, independent, non-religious and non-political association which promotes children's rights in Romania according to the United Nations Convention on the Rights of the child, adopted by the United Nations on 20 November 1989 and also the Family's Rights according to the international Treats and Conventions to which Romania is taking part and also according to the civil legislation of Romania. Other main activities are: prevention and combating of the Trafficking in Human Beings phenomenon; assistance for familial and social re/integration of THB victims; assistance for asylum-seekers, refugees and refugee children. For more details, see www.generatietanara.ro or contact Young Generation at: office@generatietanara.ro

Atina, Serbia

Founded in 2004, NGO ATINA works toward the equality of all members of society in public and private spheres, through identification of and struggle against gender-based marginalization, discrimination and violence and provision of direct assistance and support in re/integration to women and children, victims of trafficking, labour and sexual exploitation. Beneficiaries of ATINA's programmes are women, girls and children, citizens of Republic of Serbia and foreigners holding Temporary Residence Permits, victims of trafficking in human beings and labour and sexual exploitation. Assistance and support in re/integration are provided to beneficiaries within three separate programmes: 1) the transition house (a semi-independent residential programme), 2) the open club (a non-residential programme) and 3) the field support team. The key objective of the ATINA programme is the establishment and improvement of mechanisms for provision of direct assistance and support to victims of trafficking in human beings in order to provide for their psycho-physical recovery, empowerment and thus sustainable re/integration. Each individual programme of assistance and support in re/integration is based on the unconditional respect for beneficiary's human rights, mutual cooperation, respect and tolerance. Individual programmes are planned and defined in agreement with each beneficiary to be able to fully meet their individual needs and help them regain control over their lives. For more details, see www.atina.org.rs or contact ATINA at: atinango@eunet.yu

NEXUS Institute to Combat Human Trafficking, Austria

NEXUS is a Vienna-based multi-disciplinary policy and research centre dedicated to developing more effective counter-trafficking laws, policies and practices. NEXUS has produced a number of trafficking studies, including on victim assistance and re/integration work in SEE and other regions. NEXUS provides technical assistance to KBF as part of the TVRP programme. For more details, see www.nexusinstitute.net or contact Stephen Warnath, Executive Director at swarnath@nexusinstitute.net.

APPENDIX 2:

Working terms and definitions²⁵

Anti-trafficking actors: Persons from GOs, NGOs or IOs who are involved in efforts to combat trafficking in persons and who work in one or more of the areas of identification, return and assistance.

Assistance and protection: Measures, programmes and services aimed at the recovery of trafficked persons as outlined in Article 6 of the Palermo Protocol. These may be offered by non-governmental, governmental or international organisations in countries of destination, transit and origin. These might include but are not limited to accommodation/housing, medical care, psychological assistance, education, vocational training, employment, legal assistance and transportation. Assistance may involve one or multiple services.

Minor: Anyone under the age of 18 years.

Empowerment: The process by which trafficked persons are equipped with the skills and ability to lead an autonomous life.

Evaluation: Evaluation attempts to determine, as systematically and objectively as possible, the relevance, effectiveness and impact of activities in the light of the project objectives. That is, it is undertaken upon completion of the project and looks at what we set out to do in the project, what we have accomplished and how we accomplished it.

Indicator: Indicators are the quantitative and qualitative ways of measuring if each step of the programme has been achieved and must answer the questions of efficiency, effectiveness and impact.

Monitoring: Monitoring is the continuous oversight of the implementation of project activities, assessing progress, identifies operational difficulties and recommending actions. Monitoring is aimed at improving the efficiency and effectiveness of a project and ensures that activities are transformed into results/outputs. It is undertaken during the course of the project.

Re/integration: Re/integration refers to the process of recovery and economic and social inclusion following a trafficking experience. This inclusion is multifaceted and must take place in social and economic arenas. It includes settlement in a safe and secure environment, access to a reasonable standard of living, mental and physical well-being, opportunities for personal and economic development and access to social and emotional support. In many cases, re/integration will involve the return to the victim's family and/or community of origin. However, it may also involve integration in a new community and even in a new country, depending on the needs and interests of the victim. A central aspect of successful re/integration is that of empowerment, supporting victims to develop skills toward independence and self sufficiency and to be actively involved in their recovery and re/integration.

.....
²⁵ Many of the definitions and terminologies are taken from the Regional Clearing Point's Second Annual Report on Victims of Trafficking in SEE (see Surtees 2005) and Listening to victims: experiences of identification, return and assistance in SEE (see Surtees 2007).

Recovery: The process by which persons achieve physical and mental well-being.

Service providers: Organisations and individuals that provide one or more of the range of services and assistance provided to trafficking victims. These may include social workers, psychologists, shelter staff, medical personnel or legal professionals from NGOs, IOs and GOs.

Stigma: A mark of disgrace on one's reputation. Stigma occurs when the social environment – whether family or community – disapproves of an individual's behaviour or activities.

Trafficking victim/trafficked person: For many people, the term 'victim' implies powerlessness and constructs identity around the individual's victimisation. At the same time, from a human rights framework, the term 'victim' is important as it designates the violation experienced and the responsibility for redress. It is for this reason that the term 'victim' is used in this report. The term 'trafficked person' is also used because it too acknowledges that person's trafficking experience as central and in need to redress. Both terms designate persons who qualify as victims of trafficking in accordance with Article 3 of the UN trafficking Protocol and/or according to relevant national legislation.



King Baudouin
Foundation

Working together for a better society

www.kbs-frb.be

You can find further information about our projects, events and publications on www.kbs-frb.be. An electronic e-mail is also available if you would like to keep up to date with our activities.

Please address any questions you may have to us at info@kbs-frb.be or call us on +32 (0)70-233 728.

King Baudouin Foundation,
Rue Brederodestraat 21,
B-1000 Brussels
+ 32 (0)2-511 18 40,
fax + 32 (0)2-511 52 21

For donors resident in Belgium, any gift of €30 or more will qualify for tax deduction.
Bank account 000-0000004-04
IBAN BE10 0000 0000 0404
BIC BPOTBEB1

The King Baudouin Foundation is an independent and pluralistic foundation whose aim is to serve society. Our objective is to make a lasting contribution to justice, democracy and respect for diversity. Each year, the Foundation provides financial support for some 2,000 organizations and individuals committed to building a better society. Our fields of activity for the coming years are poverty, democracy, heritage, philanthropy, health, leadership, local engagement, migration and development. The Foundation was created in 1976, to mark the 25th anniversary of King Baudouin's reign.

We operate with an annual budget of 48 million euros. As well as our own capital and the large donation we receive from the National Lottery, we manage Funds created by private individuals, associations and businesses. The King Baudouin Foundation also receives donations and bequests.

The King Baudouin Foundation's Board of Governors draws up broad lines of action and oversees the transparency of our management. Some 50 colleagues are responsible for implementing our actions. The Foundation operates out of Brussels, but we are active at Belgian, European and international level. In Belgium, we have projects at local, regional and federal level.

We combine various working methods to achieve our objectives. We support third-party projects, launch our own activities, provide a forum for debate and reflection, and foster philanthropy. The results of our projects are disseminated through a range of communication channels. The King Baudouin Foundation works with public services, associations, NGOs, research centres, businesses and other foundations. We have a strategic partnership with the European Policy Centre, a Brussels-based think tank.

Outside Belgium, the Foundation is particularly active in the Balkans in projects that promote EU integration, tackle human trafficking and defend minority rights. In Africa, we focus on projects involved in the fight against AIDS/HIV and in promoting local development. The King Baudouin Foundation is also a benchmark in international philanthropy thanks to, among others, the international Funds that we manage, the King Baudouin Foundation United States, and our role in the Transnational Giving Europe network.

