

Anette Brunovskis and Rebecca Surtees

A fuller picture

**Addressing trafficking-related assistance needs
and socio-economic vulnerabilities**

The Fafo/NEXUS Institute project:
Improving services to trafficked persons



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Acronyms and abbreviations

| | |
|------|--|
| AT | Anti-trafficking |
| ATC | Anti-Trafficking Centre |
| BiH | Bosnia and Herzegovina |
| CAFV | Counselling against Family Violence |
| D&E | Different and Equal |
| EU | European Union |
| FSU | Former Soviet Union |
| HIV | Human immunodeficiency virus |
| IDP | Internally displaced person |
| IO | International organisation |
| IOM | International Organization for Migration |
| GO | Governmental organisation |
| M&E | Monitoring and evaluation |
| NGO | Non-governmental organisation |
| PTSD | Post-traumatic stress disorder |
| SEE | South Eastern Europe |
| TRP | Temporary residence permits |
| UN | United Nations |
| UNDP | United Nations Development Programme |
| USD | United States dollars |
| VoT | Victim of trafficking |

Preface / acknowledgements

Assistance and protection for trafficked persons is a key pillar of the anti-trafficking response framework. It has been incorporated into international conventions and domestic legislation on trafficking, and is an integral part of a human rights-based response to trafficking. In addition, effective assistance and protection can improve both prevention and prosecution efforts. In the Balkan and FSU regions, where this study was undertaken, substantial improvements have been seen in the assistance and protection afforded to trafficked persons, both for nationals and foreign nationals. Yet much room for improvement remains, with gaps in assistance and an array of other challenges remaining. Addressing these issues will play an important role in refining the assistance and protection of trafficked persons in the region, and may also contribute to anti-trafficking responses elsewhere around the globe.

We are grateful that the Norwegian Ministry of Foreign Affairs identified this as an important issue in the anti-trafficking response and funded this research project. This paper is one of four research papers which address a range of issues and challenges in the assistance framework in the Balkan and FSU region and is published in the Fafo/NEXUS Institute report series “Improving services to trafficked persons”.

This paper is based on fieldwork research conducted in Albania, Serbia and Moldova between 2006 and 2008. During fieldwork we found that challenges in the assistance framework resonated with many service providers as well as trafficked persons and we are grateful to all for their generous participation and contribution to this discussion. Anti-trafficking practitioners generously shared information about their programmes and case work, including discussing the challenges and obstacles they face, with great candour. These included: in Albania—IOM Tirana, Different and Equal (D&E), Tjeter Vision; in Moldova —International Centre for Women’s Rights Protection and Promotion “La Strada”, IOM Chisinau, Interaction, Contact, (UNDP), Island of Hope; and in Serbia—Atina, Counselling against Family Violence (CAFV), Anti-trafficking Centre (ATC), IOM Belgrade and the Agency for the Coordination of Assistance to Victims of Trafficking. These organisations also assisted by facilitating access to a wide range of trafficked persons. We are especially grateful to those persons trafficked into prostitution, who were willing to share details of their experiences and needs in an effort to improve conditions for other trafficked persons. Their experiences form the foundation of this paper and the research series more generally. Without their courageous and generous participation, this research would not be possible. We hope to have fairly represented their views and experiences.

We have also benefited from the assistance of colleagues. Laura Mitchell (Fafo) was central in data collection, conducting fieldwork in Serbia and Albania in 2006. Lawrence Dabney (NEXUS) reviewed and edited the report. In Serbia, the Anti Trafficking Centre’s team of outreach workers—Jelena Milic, Borislav Djurkovic, Stefan

Dimitrijevic and Suzana Vukoje—worked as field assistants, interviewing 20 women, girls and transgender persons in street prostitution in Belgrade, information we would not have been able to collect without their competent assistance. We also want to extend our gratitude to Slavica Stojkovic, Valbona Lenja and Stella Rotaru from the IOM missions in Serbia, Albania and Moldova, who went out of their way in helping us organise fieldwork. Further, we have had indispensable support from our team of highly competent translators—Milena Markovic, Ksenija Lazovic, Daniela Hasa, Aljona Thaci, Julian Hasa and Alina Legcobit.

Finally, we would like to thank May-Len Skilbrei of Fafo Institute for Applied International Studies (Norway) and Stephen Warnath of the NEXUS Institute (Washington) for their ongoing support for the project, as well as their careful review of and inputs into the study and the research series more broadly.

Anette Brunovskis and Rebecca Surtees,
Fafo (Oslo) and NEXUS (Washington), February 2012

Introduction

Assistance to victims is an integral and crucial part of anti-trafficking efforts. Meeting the needs of victims not only safeguards their rights, but also contributes to their recovery and long-term well-being. It is also an important tool in preventing re-trafficking, by addressing not only trafficking-related problems but also social and economic vulnerabilities that may increase the risk of repeated exploitation. Assistance to victims may also contribute to the criminal justice response to trafficking in that assisted and protected trafficking victims may be better able and more willing to cooperate with the police and prosecution.

The assistance needs of victims have been a central part of the discourse surrounding trafficking for many years, and form part of the foundation and justification for anti-trafficking responses. Especially in the early years, accounts of extreme brutality contributed to putting human trafficking firmly on the international political agenda and highlighted the need for the protection and assistance of victims of this crime. The devastating effects of trafficking on individuals have also formed the foundation for granting special rights to victims, such as temporary residence permits or reflection periods in countries of destination.

Given the importance of assistance and protection in the lives of trafficked persons, it is critical that interventions are designed to meet their actual needs at various stages of their post-trafficking recovery. Understanding what these needs are, however, is not straightforward. A comprehensive picture necessitates engaging directly with trafficked persons in the design, implementation and evaluation of assistance interventions. That is, what do trafficking victims themselves see as important and useful assistance in order to be able to recover and move on from their often harrowing experiences? To what extent are these needs being met within the existing assistance system? How could interventions better respond to their different needs, at different stages of the recovery process? These questions are the main focus of this paper.

A second focus is the broader social and economic context of victims' needs. Much of the literature on trafficking assumes that victims' assistance needs are tied primarily to brutal conditions suffered while exploited. Yet some victims seek assistance long after escaping their trafficking situation, sometimes after several years. In most of these cases, needs are not tied directly to trafficking but to victims' social and economic exclusion and vulnerability (as well as that of their dependants - e.g. children, spouses, siblings, parents, relatives). Given that social assistance and general assistance options are lacking in many countries, it is often quite difficult to meet and address these needs. For many trafficked persons, the assistance they require is not available and, as a result, they seek this support from the anti-trafficking assistance system.

While all assistance needs are important, we find it useful to disentangle when victims' assistance needs are directly caused by trafficking and which are manifestations

of their general social and/or economic vulnerability, which they share with large parts of the population. This approach situates human trafficking in a wider context of socio-economic vulnerability and, in so doing, pinpoints when and how trafficking involves distinct, specific needs and responses and when victim needs might be addressed within the existing social protection framework. This approach also considers how efforts to address social and economic vulnerability can serve to promote positive social change, which can diminish general vulnerability to exploitation and facilitate improved support to former trafficking victims. Such a contextualisation also serves to highlight the structural background of trafficking, making clear that it is as much a socio-economic issue as one of criminal justice or immigration control.

Terms, definitions and method

Terms and definitions

Data for this report were collected in the context of a previous study of why some trafficking victims decline assistance, and supplemented by later fieldwork for a project on the family environment of returned trafficking victims. The terms and definitions used in this report are based on those from the original projects. Please see Brunovskis & Surtees 2007: 24-26.

Human Trafficking

The definition of human trafficking articulated in the *United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons*¹ is the seminal definition from which most national definitions are based globally. As the most widely applied definition, it is the basis of the legal definition of trafficking in human beings in the countries where fieldwork was conducted. In the Protocol, trafficking is defined in article 3a as:

[...] recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Further, the Protocol specifies in article 3c that if any of the means listed in article 3a have been used, the consent of the person is not relevant. If the victim is a child (i.e. under 18 years of age), the use of the listed means need not be shown to prove trafficking.

In the three countries of this study, national laws are in conformity with the protocol definition. However, in practice, the implementation of the definition does not always reflect a clearly understood line between trafficked and non-trafficked persons.

The Protocol has been the subject of much debate because of the inherent ambiguities in central terms. The ambiguity of key terms was deliberate, in large part in recognition of the need for the definition to be able to accommodate a wide range of potential future unanticipated scenarios of human trafficking. In addition, terms such as “position of vulnerability” and “exploitation” were left noticeably unspecified in large

¹ Also known as the Palermo Protocol, this protocol is one of the three protocols which supplements the UN Convention on Transnational Organised Crime, adopted by the UN General Assembly on November 15, 2000.

part to accommodate countries with different positions on prostitution - for instance, countries where sex buyers are criminalised, countries where prostitutes risk prosecution and countries where prostitution is legal and considered a form of labour. The explanatory notes go some way in specifying vulnerability as “not having a real and acceptable alternative but to submit to the abuse involved,” (Jordan 2002: 7). However, this is not necessarily helpful in demarcating the boundaries of trafficking in practice, as the definition of “real and acceptable alternative” is similarly open to interpretation.

For the purpose of this analysis, we have included women and girls who defined themselves as victims of trafficking as well as some women and girls who did not define themselves as trafficked but where information about their experience strongly indicated trafficking, as defined in the Protocol. For instance, one respondent was a minor when she entered prostitution, having fled abusive conditions at home. She gave more than half of her earnings to a man who also owned the flat she was living in. While she framed this as a survival strategy that enabled her to live independently of her parents, this situation constitutes abuse of a position of vulnerability and can reasonably be seen as a case of human trafficking under the protocol definition. Further, facilitating and profiting from child prostitution is exploitation.

Victim of trafficking

A significant body of literature criticises the use of the term “victim” for people who have been subjected to violence or abuse, referring in particular to women who have been abused by husbands or partners. This literature argues that the term ascribes a passive role to someone who has, in fact, overcome a very difficult or even traumatic experience and, thereby, undermines agency and may confer, some argue, a degree of blame upon the individual. While we appreciate and acknowledge this argument, we feel that the alternative term “trafficking survivor” is insufficient. In many cases it has the potential to mask the realities that the individual has confronted and often continues to face. It generally equates survivorship with removal from trafficking, which is often only the start of a long, complicated and non-linear path to recovery. Further, within both the human rights and criminal law frameworks, the term “victim” is important as it designates the subject of a violation and the necessity for responsibility and redress.

As such, in this study, “victim” denotes someone who has been the victim of a crime and does not refer to the person’s agency or any other characteristics. We also use the term “trafficked person” interchangeably with “trafficking victim”, in the context of our own on-going discussions about appropriate terminology and framing of the issue. That being said, this framing is for the purpose of this report and, in practice, each trafficked individual has the right to characterise herself/himself in the manner of her/his choosing.

Identification

For this study, “successful identification” is defined as a situation in which anti-trafficking professionals were able to identify individuals as trafficked (or potentially

trafficked) in an appropriate, sensitive and timely fashion, and provide suitable options for referral and assistance at home and/or abroad, depending on the situation.

Assistance

Literature on “anti-trafficking assistance” is generally understood to be formal anti-trafficking assistance, provided by national and international NGOs, IOs, and state bodies. However, it is also important to consider non-trafficking specific assistance, which many trafficked persons also access as part of their recovery and reintegration process. We have also found it useful to separate formal assistance (i.e. provided by organisations and institutions, including community and religious groups) and informal assistance (i.e. provided by family and friends and within the community). Assistance may be structured - i.e. an organised assistance framework - or it may be more informal, *ad hoc* responses to situations of crisis or vulnerability.

All assistance (formal and informal; trafficking specific and more generalised; structured and *ad hoc*) has an important role to play in the recovery and reintegration of trafficked persons. Which assistance is most effective and appropriate depends on a range of individual and socio-economic factors as well as the stage of victims’ post-trafficking experience. Moreover, the different types of assistance are often complimentary and mutually reinforcing; access to different (and complimentary) types of assistance can be important in supporting recovery.

Reintegration

Assistance provided to trafficked persons often has “reintegration” as its long-term aim. However, reintegration may mean different things to different people/agencies in different settings and the term is often used interchangeably with terms like “assistance” and “rehabilitation”.

In the context of this study, reintegration refers to the process of recovery and socio-economic inclusion following a trafficking experience. It includes settlement in a safe and secure environment, access to a reasonable standard of living, mental and physical wellbeing, opportunities for personal, social and economic development, and access to social and emotional support. In many cases, reintegration involves return to the victim’s family and/or community of origin. However, it may also involve integration into a new community and even into a new country, depending on the needs and interests of the trafficked person. A central aspect of successful reintegration is empowerment, supporting victims to develop skills toward independence and self sufficiency, and to be actively involved in their recovery and reintegration (Surtees 2008a: 11). In layman’s terms, reintegration refers to a broad range of measures over an extended period of time that aim to support and assist those who have experienced problems as a result of being trafficked.

Service providers

Organisations and individuals that provide one or more of the range of services and assistance offered to trafficking victims. These may include social workers, psychologists, shelter staff, medical personnel or legal professionals from NGOs, IOs and GOs. Service providers may be specialised in anti-trafficking assistance or may have a more general assistance background. “Service provider” also generally refers to an individual with a professional background and relevant qualifications in assistance (e.g. social work, psychology, medicine, legal aid, etc.). In some situations it may also include persons who provide informal or *ad hoc* assistance to trafficked persons.

Method

This research is based on a qualitative design and analysis of interview data from trafficking victims and anti-trafficking service providers in Albania, Serbia and Moldova between 2006 and 2008. We sought to illuminate challenges in the assistance and protection of trafficking victims as experienced by our respondents.

These data were collected in the context of two Fafo/NEXUS Institute research collaborations—namely, for the project *Leaving the past behind? When trafficking victims decline assistance*, conducted in Albania, Serbia and Moldova in 2006 and 2007, funded by the Royal Norwegian Ministry of Foreign Affairs;² and for the project *The family environment of returned trafficking victims in Moldova*, undertaken in 2008 and 2009 in Moldova, under the umbrella of the Project on Informal Child Migration in Europe (N-ICME), funded by the Norwegian Research Council.³

Respondent sampling

Studies of human trafficking involve several methodological and ethical challenges that impose limitations on how the subject can be approached. Research with trafficked persons requires careful attention to security concerns as well as the sensitive nature of the topic, and there are certain limitations as to what is possible (Brunovskis and Surtees 2010). For example, it is imperative in research of this kind to avoid subjecting participants to the risk of exposure in local communities. As a consequence, we exclusively selected and approached respondents through a process of referral from service providers. This ensured that potential respondents were contacted and informed

² The output from this project was the research report *Leaving the past behind? When victims of trafficking decline assistance* (Brunovskis and Surtees 2007) and the article “Agency or illness? The conceptualisation of trafficking victims choices and behaviours in the assistance system” (Brunovskis & Surtees 2008). Please see literature list for full references.

³ The output from this project was two articles; “Untold stories. Biases and selection effects in research with victims of trafficking for sexual exploitation” (Brunovskis & Surtees 2010) and “Coming home: Family reintegration of trafficked women and girls” (Brunovskis & Surtees 2012). Please see literature list for full references.

about the project by someone known to them. It also had the added advantage that, should any assistance needs surface during the interview; we had referral and assistance options available for the respondent. Similarly, when collecting information from women and transgender persons in street prostitution, we hired local research assistants working as outreach workers with this group through an assistance organisation.

This approach is, however, not without its consequences, as using “gatekeepers” introduces a bias in the types of experiences that are captured (Brunovskis & Surtees 2010, Miller and Bell, 2002, Surtees & Craggs 2011). In this case, it introduces a specific bias in terms of the victims whose experiences and needs are included in the study - that is, largely those of individuals who have been assisted. And, as we have argued elsewhere (Brunovskis & Surtees 2007), characteristics of assisted victims may be systematically different than those who are unassisted in that their needs may be more pronounced or their home and community situation may be more difficult and less supportive. It is, therefore, important to be measured in the conclusions drawn about the assistance needs of all trafficking victims. Nonetheless, while not representative of all assistance needs, this study can provide some useful insights into the assistance needs of many trafficked persons as well as the strengths and weaknesses of current assistance approaches.

We interviewed 43 victims of trafficking, some on multiple occasions. Of 43, 22 were minors at the time of trafficking and 20 were adults. In one case it was not possible to conclusively determine whether she had been a minor when first exploited; she was an adult at the time of the interview. Respondents originated from countries in the former Soviet Union (FSU) region (e.g. Ukraine, Moldova) and SE Europe (e.g. Albania, Serbia). They were trafficked to and exploited in a wide range of countries in the Balkans, the European Union (EU), the FSU region and the Middle East—namely, Serbia, Turkey, Italy, Croatia, Greece, Kosovo, Moldova, Russia, Albania, Belarus, Bosnia-Herzegovina (BiH), Bulgaria, France, Montenegro, Portugal, Slovenia, Spain, United Arab Emirates (UAE) and Poland. The majority were trafficked for sexual exploitation but were recruited with promises of different kinds of work - most commonly service sector jobs (in restaurants and hotels), as domestic workers, and some also in the sex sector. Their conditions while trafficked ranged from brutal to less extreme forms of exploitation and abuse. They exited trafficking through being arrested (sometimes with false papers), being let go by the traffickers (having paid off “debts” or because they became a problem), being helped by a client, through the intervention of an NGO or by literally escaping. Four victims were identified before being exploited but there were strong indications that the intention was to exploit them sexually. In addition, one woman was exploited for labour, as a domestic worker. In one other case the form of trafficking was not conclusively determined.

In addition, we interviewed 99 key informants. Key informant respondents included social workers, reintegration assistance providers, psychologists, medical professionals, lawyers and police. All had knowledge of and experience working on the identification of, and providing assistance to, trafficking victims. As such, they were uniquely positioned to shed light on various issues surrounding assistance to trafficked persons, including both strengths and current constraints.

Interview data and analysis

Data were collected during seven rounds of fieldwork between 2006 and 2008. Interviews typically lasted 60 to 90 minutes but, in some cases, we spent several hours together. Interviews with trafficking victims included several lines of inquiry regarding assistance needs, including how they came into contact with services, whether they had any contact with services or authorities while trafficked, their general experiences with assistance and services, and whether they had any unmet assistance needs. It was important to maintain flexibility and sensitivity in terms of wording and inclusion/exclusion of specific questions, to allow for the differing emotional impact of discussing sometimes very fraught experiences as well as complex trafficking and post trafficking trajectories. These topics were also mirrored in interviews with key informants, and focused both on service providers' specific experiences in their case work as well as general experiences with assisting trafficking victims in different settings and contexts.

Highly qualified translators interpreted between local languages and English, the language spoken by the researchers. Interviews were either recorded with the respondents' permission and later transcribed verbatim, or transcribed based on notes. Working with these transcriptions, we then identified how trafficking victims described their assistance needs, their experiences of services offered and provided as well as those services that were not provided. In key informant interviews we also documented assistance practices and availability. Combined, this data resulted in the analysis presented in the remainder of this report.

Assistance needs of trafficking victims—trafficking related needs and pre-existing vulnerabilities

Discussions of victims' needs - and in some contexts, service provision itself - have generally focused on the effects of sexual abuse and violence and other outcomes directly associated with trafficking for sexual exploitation. These needs are important; addressing injuries and other emergency needs are crucial for providing appropriate assistance to trafficking victims as a first step in longer term recovery. Trafficked persons reported a range of short- and long-term assistance needs which were directly related to and often caused by their trafficking experience. Outcomes directly related to trafficking had a substantial impact on respondents, including their need for considerable assistance and support.

Nevertheless, for many victims, assistance needs were far broader and longer term (e.g. legal/administrative assistance, economic support, vocational training, education) than basic emergency crisis intervention. It also became clear that a large portion of assistance needs stemmed from socio-economic vulnerability and exclusion, needs which preceded trafficking or occurred after trafficking but were not directly related to or caused by trafficking. For many respondents, assistance needs related to their pre-trafficking and post-trafficking experiences and not to trafficking itself - e.g. lack of employment, access to legal assistance, economic concerns or family problems. Thus, many difficulties were as much a reflection of broader social and economic vulnerabilities as a function of trafficking. In quite a few cases, respondents found that these needs predominated over those more directly related to trafficking.

Several victims did not seek assistance until a significant time after they returned from trafficking, some not until years later. Some did so because they found, over time, that they were unable to resolve their trafficking-related issues on their own. One woman, for instance, tried to cope with trafficking-related trauma and nightmares for years; she eventually contacted a psychologist when she could not cope on her own. Others sought assistance not because of trafficking-related problems but because they were unable to find solutions related to their general social and economic vulnerability. Many tried initially to find solutions on their own - e.g. looking for work or accessing state social assistance - but found a lack of support or that available services and strategies did not address their needs. In this context, anti-trafficking assistance was, for many, the only source of help available. As such, these needs were not only a matter of personal and individual vulnerability but should be considered in the context of social protection generally.

This juxtaposition is important to consider as there is a tendency in current literature on trafficking assistance to focus on outcomes related solely to trafficking for sexual exploitation. In reality, assistance needs may be far more complex and tied to deeper,

pre-existing social vulnerability anchored in structural inequalities, rendering them significantly more complicated and challenging to address.

In addition, as we have argued elsewhere (see Brunovskis and Surtees 2012b, Surtees 2008a), there is a tendency to look at trafficking victims' needs in isolation from their family and social situation. Yet many assistance needs articulated by respondents—both related and unrelated to trafficking—were linked to their children and other family members. This important topic is often ignored in the trafficking literature despite its potential as a significant constraint and complicating factor in service provision. In light of this, we have integrated the needs of victims' dependants into the forthcoming discussion of victims' needs.

This chapter discusses and explores these different categories of assistance needs—those directly connected with trafficking, those linked to pre-existing or underlying social and economic vulnerabilities not necessarily caused by trafficking, and the needs of others close to (and generally dependent on) victims. Main categories of needs related to medical care, psychological assistance, emotional support, economic support, legal assistance, accommodation/housing and safety and security. An equally important part of this discussion is whether and to what extent assistance systems adequately and effectively address these disparate and often quite extensive long-term assistance needs.

Medical assistance and physical well-being

A main concern of respondents in the aftermath of trafficking was their immediate health needs. Several respondents worried about sexually transmitted diseases and infections contracted while trafficked, as one woman explained:

I wanted to go to the doctor to check if everything was okay with me. I'm not sure if those people were healthy or not. But fortunately [the doctors] didn't find anything.

Medical testing was also a condition for being accepted into some residential shelter programmes, according to one victim:

When we were still in the police station a psychologist came and we had a talk and we were taken to the hospital. We had some examinations at the police station too, because when you come to the shelter you can't have infectious diseases. If they find that you do, you have to stay with the police.

Two trafficking victims suffered violent injuries while exploited, one of them needing prolonged hospitalisation and multiple surgeries. She was pushed out of a window while trafficked and suffered a complicated leg fracture and permanently reduced

functionality. The other needed treatment for serious head injuries from being beaten by her exploiters.⁴

Other serious medical needs stemming directly from trafficking were related to substance abuse and addiction. Some victims were given or forced to take drugs or drink alcohol as a means of controlling them and making them more malleable. In other cases, alcohol and drugs were used by victims to cope with prostitution and/or abuse (Surtees 2008a: 20-22; Zimmerman 2003:55-56). One young woman, trafficked as a minor, was injected with heroin by her traffickers as a means of control, and forced by some clients to inject heroin before sexual intercourse. She became addicted to heroin as a result. When arrested by the police in the destination country, she was temporarily assisted and then sent back to her home country in the Balkans. With no assistance available at home to address her addiction she went abroad to obtain what she referred to as “medicines that could help me with the addiction.” She stayed abroad and financed her medication with prostitution before returning home, where she began injecting drugs again (Brunovskis and Tyldum 2004).

Addressing health worries was often an entry point into assistance more generally. As such, health services were prioritised by many service providers. Generally victims were offered medical care; some organisations contracted private doctors to ensure an adequate quality of care or as a supplement to the sometimes insufficient services available under national public health systems. One shelter was situated in a hospital and medical treatment was an important aspect of the services provided (to beneficiaries and, not uncommonly, their families as well). In general, respondents’ basic medical needs were addressed in a timely fashion and the anti-trafficking assistance system seemed fairly well equipped to handle these needs, at least in the short term. At the same time, the provision of medical care to trafficked persons (which is legally guaranteed by many Balkan governments) often needed to be supplemented with private care to ensure timely, comprehensive, and specialised medical assistance.

While this approach was possible in some cases over the short term, the cost raises critical issues of sustainability, particularly when international donor funds (the funding source for much of this private care) are decreasing in the region. This poses challenges for trafficked persons with specialised needs or chronic medical conditions. Without support from service providers, they will be unable to address their long term medical needs.

Some trafficking-related health needs were the direct outcomes of violence and exposure to sexually transmitted diseases. In other cases, victims had either had very limited or no access to medical care while trafficked or received sub-standard care. This was often due to the stigmatisation of women (and men) in prostitution by health care workers. Our sample of respondents included 20 women and transgender persons in street prostitution in Belgrade. One fairly consistent pattern for this group was that they

⁴ Other studies in the region have documented a range of health issues, including infectious diseases (tuberculosis); cases of cancer (colon, bone and uterine cancer); liver disease (cirrhosis); hearing and sight disorders;; gastrointestinal complications, dermatological problems, cardiovascular complications, musculoskeletal complications, cognitive problems, sensory and nerve damage, malnutrition, exhaustion, weakened immune system and so on (Surtees 2008a: 27-29; 2007: 206-208; Zimmerman et al 2006: 43-56, cf. Zimmerman et al. 2003).

preferred to pay for private medical services rather than accessing public alternatives, having experienced stigmatisation and ridicule in public health care institutions. This has also been documented in destination countries; in Norway, one study found examples of women in prostitution having very unpleasant encounters with health professionals and feeling badly treated (Hafskjold 2009). The fact that trafficking victims were in contact with health care providers while trafficked, standing alone, may not necessarily indicate that they have received adequate or appropriate treatment.

While respondents suffered many negative health outcomes because of trafficking, many medical needs were not directly related to trafficking, although insufficient or substandard medical care while trafficked often exacerbated other medical problems. While trafficking-related health problems were often tied to sexual and reproductive health, those that were pre-existing or came about after trafficking were generally of a different nature. Access to specialised treatment, which victims otherwise could not afford, was one general type of medical care sought. For example, two respondents needed surgery - one for a tumour, another for kidney problems. Another victim was an alcoholic and would have benefited from a treatment programme. Another key form of support was the provision of (often prohibitively expensive) medicine. Some respondents were generally in poor health condition - some as a result of trafficking but many others because of their poor living conditions and lack of economic options after trafficking. One woman in particular (as well as her two small children) would potentially have been considered malnourished. The victim put on weight while she was at a shelter but had since lost that weight and more besides because she did not have enough food for herself and her children.

Some medical issues were those of victims' dependents, most commonly their children. Some women explained that medical assistance for children was an important factor in accepting assistance:

My daughter suffers from tonsillitis about eight times a year and we were in the shelter three times, at two weeks each. She was given medicine there. She used to be ill so often.

First of all I had my child examined; I needed that because there was a suspicion that she had epilepsy. The doctor said that everything was okay. I don't have any possibility to have my child examined anywhere else.

This was particularly true in one country, where medical care was an integral part of assistance.⁵

Medical care for other dependents was also important. One woman's reintegration was regularly compromised by her husband's alcoholism. She was eventually able, with the intervention of doctors assisting her, to enrol her husband in an alcohol rehabilitation programme. Another beneficiary leveraged her contacts within the anti-

⁵ This is consistent with other studies where children/families' medical needs contributed to initial migration and were the priority also upon return from trafficking (see also Surtees 2008a: 17-18; 2007: 208).

trafficking assistance framework to help her brother enter a drug rehabilitation programme, which was typically very difficult to access.

In several countries where trafficking is prevalent, corruption in health care is a substantial issue which, in turn, disproportionately affects people with low income. Informal payments are regressive: although poor individuals pay less in absolute terms than the rich, they pay more as a proportion of their income, something that has been documented both for Albania and Moldova (Allin et al 2006: 67). As such, health care expenses and unequal access to health care often affects victims' living conditions in a profound way.

Psychological treatment and mental well-being

Studies of women trafficked for sexual exploitation reached through assistance programmes have documented high rates of negative mental health symptoms such as depression, hopelessness, numbness and suicidal thoughts (Crawford & Kaufman 2008, Hossain et al 2010, Shigekane 2007, Zimmermann 2003). This is consistent with reports by respondents in this study, several of whom described adverse psychological reactions to what they had been through. For some, this manifested as nervousness, anxiety and irritability. Others had more serious mental health illnesses, as one woman explained:

I'm afraid to guess what would have happened to me if I hadn't come here. But because of my depression, I'm afraid that I could have killed myself. [...] The most important help for me was the psychologist. The one psychologist helped me more than all the doctors. [...] I tried to do [things] to distract myself but it was very difficult and sometimes I thought I was going mad.

While a few respondents had serious mental health issues,⁶ the majority spoke of a generalised nervousness and irritability and of feeling fundamentally different after trafficking, as one woman's comments illustrate:

Ever since I came from Turkey, I've had problems having a lot of people around me all the time. It makes me nervous. That is why I stayed at the shelter for only a week and then went home.

Several organisations had psychologists available (commonly on staff) who were experienced in treating trafficking victims. However, psychologists working in these settings were sometimes frustrated with their limited opportunities to continue working with patients over time. In many cases they described only being able to "patch up"

⁶ For instance, one respondent spoke of suffering a nervous breakdown and shouting uncontrollably at her children upon return; three respondents mentioned suicidal thoughts; another was diagnosed with psychosis.

victims, offering a temporary solution rather than the long-term therapy they felt some beneficiaries needed for sustainable recovery. In several cases this was related to lack of resources, with one or two psychologists working with a substantial number of victims. In other cases, practical concerns made ongoing therapy difficult or impossible; victims returned to home communities, which were typically distant from urban centres where many services are often concentrated and had few or no options for local follow-up. Even when a psychologist was available in a nearby town (through the state or an NGO), this (shorter) distance was often still prohibitive, as were other barriers such as conflicting work hours. One young woman described benefiting from speaking with a psychologist at an NGO day centre. However, she stopped going because the town was quite far from her village and travel was costly. Her family also did not approve of her travelling alone to town and, moreover, the counselling sessions conflicted with her work hours.

Some respondents had suffered quite severe difficulties before trafficking, which impacted their well-being and recovery over the long term. This was particularly common amongst girls and young women whose childhoods had involved significant difficulties. One 17 year old girl lost her father when she was quite young (still a very tangible grief and loss when we interviewed her many years later), and was sold into prostitution by her mother at the age of eleven. Another girl, 16 at the time of our interview, lost her mother to suicide and migrated in a bid to escape her alcoholic and abusive father.

There was also a substantial psychological impact on those who are close to victims. Children, spouses, parents and sibling were profoundly affected by the exploitation and abuse of a loved one when they were informed what had happened. In a number of cases, children were trafficked with their mothers or were born as a result of trafficking, thus being victims themselves. Even when trafficking was not known to the family, there was a significant impact on family members as a result of tension and conflict with the trafficked persons, often triggered by trafficking-related stress, guilt and trauma (Brunovskis & Surtees 2012b, see also Melnyk 2006). Some programmes work with family members – e.g. trafficked mothers and children – to address these challenges of communication and connection (Budeci 2006).

When considering the psychological assistance needs of trafficking victims generally, there may be a powerful selection effect in that victims needing such services – largely unavailable outside the anti-trafficking (AT) system in many countries - sought out service providers and, thus, are disproportionately represented in their caseloads. One respondent initially returned to her family after escaping trafficking but was unable to deal with her anxiety and depression and sought out a shelter specifically to access psychological treatment. Studies that address needs, including psychological needs, of victims are generally based on interviews with assisted victims, which may cause the sample to be skewed towards persons with more substantial assistance needs and weaker support networks. In a previous study we found that some victims who had declined assistance either did not need assistance or had other means of support, including through family networks and social assistance (Brunovskis & Surtees 2007).

While this selection effect informs our perceptions of most, if not all, needs of assisted trafficking victims, it is particularly salient when discussing mental health needs. There is a tendency, in literature, public discussion, and service provision, to point to post-traumatic stress disorder as frequently, if not universally, present in trafficking victims. While focusing on possible mental health consequences of trafficking is important, not all victims are traumatised. Further, diagnoses (or assumed diagnoses) have been used to justify restrictive measures in programmes with the argument that victims do not know or understand what is best for them (see also Brunovskis and Surtees 2008). In interviewing service providers, post-traumatic stress disorder (PTSD) was commonly used as an explanation for unfavourable behaviours in victims - when they were seen as manipulative, dishonest, aggressive or ungrateful. However, when pressed, it was clear that service providers often *assumed* that victims suffered from PTSD, rather than having victims diagnosed by medical professionals. Some behaviours ascribed to PTSD in these cases could equally be interpreted as dissatisfaction with services or opposition to restrictions.

Emotional support and social well-being

Many victims stated that the emotional support of shelter and assistance staff was equally important as (and sometimes more important than) psychological treatment. One woman explained what happened in her case:

When the shelter employee came she told me that I was safe, that no one was going to sell me again into slavery. She behaved like a psychologist—she helped me psychologically and I was on the edge of hysteria after the experience I'd had. I felt terrible and first of all she helped me to calm down. She reassured me that everything would be okay and I would be sent home.

While there is a strong focus on the mental health of trafficking victims, psychological treatment may not be the right solution for everyone. In many settings there is considerable stigma attached to mental and emotional problems and therapy may sometimes be culturally or individually inappropriate (Aron et al. 2006: 12; Shigekane 2007:121, Surtees 2007: 141). Beyond this, there are many different types of therapy, not all of which would be equally conducive, effective or appropriate. One respondent found the psychological treatment she received at one shelter to be intrusive and, in her words, “pointless”. She described responding well, however, to the emotional support she received from shelter staff (social workers, not psychologists) when she moved to another shelter programme:

I went to the doctor to check up on my nervousness. I never used to be nervous before but at that [other] shelter I was sweating and my hands were shaking. The therapist gave me sedatives and told me I had to take them and she also said that if

they didn't work she would give me a higher dosage. But when I came here, [to the new shelter] the staff told me to stop taking the sedatives and I am no longer nervous.

Staff at the new shelter speculated that her nervousness was as much tied to stressful conditions and an unsupportive social and professional environment as to trafficking. It is also worth underlining that the young woman was not involved in and did not have control over decisions about her treatment, including the use of psychoactive medications, taking them when instructed by the doctor and stopping when shelter staff told her.

Other trafficked women also stressed how important support from staff had been to their recovery, as one woman's comment illustrates:

They helped me a lot and I started to trust them. They gave me some ideas on how I could restart my life. And they made me believe in people, trust people again.

Emotional support was important in the immediate aftermath of trafficking but also in the months and sometimes years following escape. This was frequently caused by the fact that most victims did not tell anyone outside the anti-trafficking system what had happened to them. As a consequence, they were not able to confide in others when struggling with memories of past events. This meant that assistance providers were the only ones with whom victims could talk about their past without fear of judgement. In some cases, beneficiaries were on a positive path but suffered a setback in another area of their life, which required support. Some victims temporarily returned to programmes after a period of living independently; after a conflict in their family, economic crisis or tension in personal relationships. Some victims sought assistance a number of times after "graduating" from the programme. In many cases this assistance provided a safety net, which many lacked within their social environment. Trafficked persons may face social, economic and personal obstacles, which because of their vulnerability – sometimes due to trafficking, sometimes preceding trafficking - may be sufficient to derail their recovery and reintegration (Surtees 2008b: 23; 2007: 188-90; Melnyk 2006).

As previously mentioned, we found in a former study that many of those who sought out anti-trafficking assistance did so because they had few other options and very limited support networks (Brunovskis & Surtees 2007: 63, 136). In some cases, lack of family or social support was linked to problems and tensions arising out of trafficking. This was not always because the family or social environment knew about the victim's trafficking. In some situations, the desire to keep trafficking a secret led to a deterioration in relationships and various misunderstandings, which undermined trafficked persons' communal support (Brunovskis & Surtees 2012b). Not sharing the fact that they were trafficked meant that victims' families did not understand why they returned with little or no money, or with stressed behaviours that led to or exacerbated conflicts.

In still other cases, lack of family/social support was a pre-existing issue for trafficking victims and, in some cases, was a direct contributor to migrating and being

trafficked. One young woman explained how she looked for work abroad at her local employment centre in a bid to get away from her problematic family.

Lack of social support meant that some trafficked women and girls became extremely dependent on the emotional support of programme staff (and even other beneficiaries). To address this need in the longer term, service providers often worked to build support networks for victims, either by identifying an existing positive presence or by forging new social networks (Surtees 2008b: 33-36; 2007: 191-94). This did not necessarily have to be family but it was important to find someone who could provide some level of consistent and healthy support, explained one social worker:

When these women come to us and complain about what is going on in their families, we together start to think: “Okay maybe not your family or husband, but if you have a sister, a grandmother, a friend, a teacher, whatever, a priest who can support you?” If no, it is a very risky situation for that person.⁷

In cases where victims’ trafficking experiences were known in the local community, on-going emotional support was of immense importance. One woman was harassed and shouted at on an almost daily basis in her local community and was ostracised for having been involved in prostitution abroad. But with the moral support of the organisation that had helped her, she explained how she fought back:

I decided I had to protect my family, defend it, against this abuse. If they shouted at me, I shouted back... And, you know, thanks to the people in this organisation I had my feet firmly on the ground. They made me believe that I was strong. And they helped me believe in my own self, in my own forces and powers, that I am just like any other person. Not all people are rude and impolite and this is what they taught me.

This woman also had a very limited support network; her husband was an abusive alcoholic and her extended family was of low standing in the community. The organisation worked with her to address these family problems. Over time and after treatment for alcohol abuse, her husband became a source of support. In the interim, support from programme staff was invaluable⁸.

⁷ Developing alternative social contacts and broader social networks might include identifying fora where social contacts can be fostered - for example, with other mothers at their children’s day care, with other beneficiaries working together in a social enterprise, with persons at one’s job placement. Also important in providing social support (while preventing dependency) was to maintain professional boundaries using, for instance, an ethical code of conduct for programme staff, staff rules and regulations, job descriptions and job contracts. Systematic supervision of staff was another tool - e.g. regularly scheduled meetings where staff discuss and analyse cases; rotating staff in case management to help to maintain a professional distance; using a multidisciplinary team which can identify when staff is too involved or a beneficiary is too dependent, etc. (Surtees 2008b: 34).

⁸ For a discussion of stigma management strategies, please see: “No place like home? Family reintegration of trafficking victims” (Brunovskis and Surtees 2012b).

While this type of support is important, not all organisations have the resources to work with beneficiaries in the long term. While some organisations work on long term reintegration over months and years, others work more in terms of direct assistance and sometimes only crisis intervention. In these latter cases, staff were frequently pressed for time, which meant that some former beneficiaries felt rejected and abandoned when they sought assistance at a later stage and did not receive the response or support they hoped for. In other cases, staff members did their best to meet their needs but ended up stretching their time so thin that their own health and well-being became compromised. The importance of on-going support is an issue that should be recognised in assistance providers' budgets, funding, and work plans; for several respondents, this was a clear and pronounced need (Brunovskis & Surtees 2012b). Moreover, service providers should also consider how best to cope with long term needs and high demands, not least in terms of individual assistance plan design, with an eye toward preventing or addressing staff burnout.

Economic assistance needs

Many respondents highlighted their acute economic situation after (and generally as a result of) trafficking. Most generally failed to remit or return with much, if any, money from the period during which they were trafficked. In many situations this constituted a serious financial problem for them and their families. It also created tension with family members left behind, who felt disappointed, frustrated and even angry over their failed migration.⁹ In addition many had incurred migration-related costs and debts, which needed to be repaid. In some cases, debt was owed to traffickers; “debt” (often fabricated or inflated) was used by some traffickers to control victims. In still other cases, victims had incurred debt to others who were not involved in their actual exploitation. Some took out high-interest private loans to cover the initial cost of migration and job placement and depended on their hypothetical wages to repay this debt. This meant that leaving one's trafficking situation had serious consequences in terms of being able to repay that debt (Brunovskis and Surtees 2012a and 2012b). Some victims or their families put up their homes or land as collateral to secure such debts (Shigekane 2007:120), creating a complicated situation that could result in their eviction and the loss of their home. One trafficked girl described the stressful situation she faced as a result of debt incurred from migration, which had turned into trafficking:

It was a very warm welcome when I came back, but we had problems of another kind. I had spent a lot of money and I had no way of giving it back. I thought of

⁹ Such tensions are likely to be particularly acute when trafficked persons do not reveal (the full extent or any of) their trafficking exploitation to family members who, as a consequence, are unable to understand why they have failed to earn and remit money (for further discussion, please see Brunovskis & Surtees 2012b).

how I could do it, but I was in shock because of the money, the illness, the bad experience, so I had no idea what I was going to do.

Other victims faced financial problems because of fines linked to migration violations or prostitution charges, as one woman explained:

When I came back, it was because I was arrested with a false passport. I was given a big fine, in addition to house arrest.

In these cases, financial or economic assistance was imperative and often ranked as the first priority in terms of needed support, both initially and in the longer term. Indeed, the need to earn money quickly led some trafficked women to decline assistance, opting instead to return immediately home and look for work.¹⁰ One respondent left an assistance programme and migrated abroad for work when she could not cope financially. Financial assistance was not a common form of assistance to trafficked persons—at most beneficiaries received some very small amount of money to cover emergency living costs. Rather, the focus was commonly on economic empowerment—either job placement or setting up a small business which would allow trafficked persons to earn money in the longer term.

Unemployment was generally high in the countries included in this study, and many trafficking victims faced difficulties in finding suitable employment in a safe and healthy work environment. Most problems related to finding work, however, were a consequence of general economic conditions in the countries and not unique to trafficking victims as such. In many cases, limited opportunities were compounded by trafficking victims' low education or lack of professional skills, constraints which they shared with many others in the population at large and which were not a consequence of trafficking. Many needed vocational training in order to become employable and received training in fields such as hairdressing, cosmetics, sewing, etc. Assistance organisations are increasingly working in this arena of training (as a first step toward job placement and even small business start-ups), with many programmes accessing state run training and employment programmes for vulnerable people. In some cases, states have created programmes specifically for trafficked persons (Surtees 2012, 2008b, see also ICS nd).¹¹ Lack of access to childcare was another impediment for mothers looking for and accepting work, although again not one unique to trafficked persons.¹²

¹⁰ This is consistent with findings from a study of men trafficked from Belarus and Ukraine who, after escaping trafficking, sometimes stayed abroad to work, returning only when they were able to do so with some cash in hand. Others returned home but neither accepted nor pursued assistance options because they needed to work and support their families and could not “waste time” with assistance (Surtees 2008c: 81).

¹¹ For further discussion of economic empowerment efforts amongst trafficked persons, please see Surtees 2012.

¹² That being said, some trafficked persons faced problems in accessing day care or school in communities because issues linked to their trafficking past, as one woman's experience illustrates:

Even when respondents found work, salaries were not always enough to meet their living needs (i.e. accommodation, food, clothing, day-care/school, transportation, medical care, etc.), or working conditions were poor and problematic, sometimes even exploitative and dangerous. Limited work options forced some women to accept whatever conditions were offered by employers. Commonly, beneficiaries worked in the informal sector where job security was limited, working hours long, salaries were low and health or social benefits were non-existent. Cases of discrimination and sexual harassment were also reported by some formerly trafficked women (Surtees 2008b: 22). The quotes below illustrate some issues raised by former trafficking victims:

Yes, I worked long hours, from twelve to sixteen hours. I wanted to find something with regular hours but I couldn't find anything (Surtees 2007: 187).

The salary is not enough for food, although I am by myself and I don't pay electricity, water and rent. But I can hardly pass the month. I go to work at six o'clock in the morning and I come back at six o'clock in the afternoon and you know how much the salaries here are (Surtees 2007: 188).

However, trafficked women and girls faced other difficulties which were a direct consequence of trafficking - e.g. lack of work experience that they might otherwise have acquired had they not been trafficked, lack of personal contacts that might have helped them finding work, etc. This can be of particular importance when victims are stigmatised for having been trafficked and their association with prostitution.¹³

Other obstacles to finding and keeping employment were related to the long-term effects of trafficking and the aftermath of trauma. This sometimes manifested as problems adjusting to the workplace environment, including responding inappropriately to supervisors, negative reactions to being reprimanded or told what to do, tensions with co-workers, high levels of anxiety which impeded job performance, and the like (Surtees 2012, 2008b). A related issue was that some available jobs were inappropriate for trafficked women; some settings (like bars and cafes) resembled the sites of their exploitation. Problems in adjusting were more pronounced for victims who had been exploited for a long time and who had additional difficulties, such as intellectual disabilities.

Another assistance need was emergency help with food and other necessities, where beneficiaries lived in severe poverty. For most respondents, food packs and toiletries were helpful and served as an ice breaker and trust builder for organisations. For some, though, this type of assistance was crucial and made a considerable difference in their very difficult situation:

When I came back, I tested positive for HIV at the local clinic. Then the whole village got to know it. My neighbours learnt about it. I had very many problems. They didn't let me approach the well. They treated me as if I were a piece of dirt. They humiliated me. I had many problems with my child at school. They wanted to expel him from school, although I showed them the negative result of his test, under different pretexts. I suffered a lot (Surtees 2007: 201).

¹³ See Brunovskis and Surtees 2012b for a discussion on stigmatisation and reintegration challenges.

When I came to the office, a big packet was waiting for me. When I took it home, it was everything I needed. There was cereal, sugar, oil, soap, shampoo—everything I needed. I took it home and I cried. I had suffered a lot during those years.

With some especially vulnerable respondents, it was often hard to distinguish when vulnerability was or was not a consequence of trafficking. One respondent received emergency assistance for her children but still felt hopeless, highlighting her acute vulnerability which was both trafficking and non-trafficking related:

Sometimes I have these ideas, to commit suicide and kill the children too. I have no food to give them and we have no clothes for winter—we are absolutely bare. No clothes. [...] I used to collect nuts that I could sell but now the season is over and within a week I ended up with empty shelves.

In many instances, however, the poor economic situation was most likely not a direct consequence of trafficking. While being unable to remit money while away had not helped their situation, it was not the cause of victims' problems. Many had migrated initially precisely because of their sometimes dire economic situation. This was particularly common amongst single mothers who migrated to provide for their children. In no case had this changed after trafficking; needs were even more pressing after their return.

Some women sought out assistance from anti-trafficking organisations to address urgent (but non-trafficking related) problems. One woman went back to a trafficking victim assistance organisation several years after having been trafficked, when she faced the possibility of becoming homeless during the harsh winter months:

We were kicked out of the house. I didn't know what to do; I had my little girl with me. I don't care if I sleep in a chair but I was scared for my daughter. I went to the psychologist and told her about my problems. She said; "Don't cry, we'll help you". She told me to find an apartment and that the organisation would find some money to pay the rent for the first months.

In fact, several respondents sought assistance in the AT system primarily to help their children, to address their basic needs, such as food and clothing:

At the time when I started communicating with the organisation I was in a very difficult situation. I only got [26 USD] from the state per month, and it wasn't enough for food and clothes. When I was offered assistance I thought about my girl because I needed these things for her. The day I met with my social worker we went and bought some winter boots for my daughter.

Another described acute needs that led her to contact an assistance organisation a few years after having been trafficked:

I had a lot of needs. I work as a street sweeper and I only make about [45 USD per month]. You can't raise two children on that. I needed a lot of things and in the beginning they helped me with food packs. Sometimes some of the neighbours give me clothes for my children but they need to be dressed properly for school.

I am lucky that my younger child attends kindergarten, he gets some food there, but the older one needs to be fed. Now the winter is coming and I have no idea how to survive. I don't have any footwear, my children don't have any either.

Given the lack of social protection mechanisms in many countries, there are often few options in such situations. Poverty was particularly pressing for single mothers with limited family networks and few options for support. For this group, migration originally presented a potential solution to their monetary situation. But after trafficking, migration was no longer an option for many, sometimes because they had young children. One said:

When I came back I was pregnant. I gave birth to the child here, but before term [...]. So I didn't leave [the country] again. I stayed here in this poverty.

These very vulnerable respondents generally had little to fall back on in times of crisis; unforeseen events further exacerbated their financial situation. One woman had to come up with a large sum of money to legally take ownership of an apartment she had co-owned with her now deceased ex-husband. Unable to borrow from a bank (she lacked collateral), she explained being forced to borrow from private money lenders in her community, who charged a prohibitive and debilitating interest rate of 10 per cent per month:

I had to borrow quite a lot of money [...] because I hadn't expected that I was going to be the one to pay for this. When I borrowed money there were these conditions, interests, and I have to pay the interests every month. Now I do not have to pay rent for a place to live but I have to pay this interest and it's very difficult. [...] I had to borrow around [900 USD] for [...] the paperwork for the apartment. [...] the interest is around 85USD per month. [...]. What can I say? I understand that this interest is quite high and that there are other people who lend at a lower interest. But you know, there are people who when they see that other people are in need of the money urgently, they raise the interest. This is the system here...

Debts of this kind increase vulnerability; they may also create vulnerability to re-trafficking.

Legal assistance

An important issue for many respondents was legal assistance, although the type of legal assistance differed substantially from case to case. For some trafficked persons, legal assistance involved receiving legal advice about criminal and civil proceedings related to their trafficking. This commonly involved advice when providing statements or testimony as a victim or witness, to the police or in legal proceedings. One respondent initially declined all legal assistance but changed her mind and reported her trafficker to the police when she decided that her family was in danger. She was supported by a lawyer who dealt with the police and coached her in the legal process, including her role, rights and responsibilities. Two respondents described unfortunate experiences with the police, one of whom was pressured to report her traffickers, underlining the need for legal assistance and advice:

The French police helped me and offered me a lawyer. In the other countries I was in it was also good. But [here] it is not like this. The [police] offend you and threaten that you will go to prison if you do not report the trafficker

Similarly, one 16 year old minor needed legal advice and intervention in her dealings with the police. A social worker recounted what happened:

She had identified the criminal in a picture for the police on an earlier occasion, so they didn't anticipate any problems. Then, one day, they called and gave her 15 minutes' notice for a confrontation line-up. When she was there, she said that she didn't recognise anyone. The police then said that they would prosecute her for prostitution.

The victim herself said:

They took me to an office. I'd previously been told that there would be no charges against me, but now they said that they would charge me and send me to a correctional centre. It was like they turned off the light at the end of the tunnel. I was very scared and wouldn't sign my police statement. Before I left they said again that they would charge me and that they would call me if I needed to attend the trial. I left the police station and I didn't know where I was, I was very scared. I called my social worker on my way home.

In some cases, legal assistance was the entry point for other forms of help. One woman explained how when she reported her trafficker to the police, they referred her to a lawyer for legal support, who then referred her for other forms of assistance:

The traffickers let me go on the condition that I tell no one where I had been and they threatened me. But when I came back I went straight to the police and wrote down everything that happened. Then the woman with the false contract was arrested—there hasn't been a trial yet, so I haven't testified. The police referred me

to this organisation that gives legal assistance and they in turn referred me to a shelter.

The provision of legal advice was an important resource for trafficked persons, and one which most NGOs provided or facilitated access to. However, many victims chose not to report their case or become involved in the prosecution of their traffickers (although in some countries they were legally obligated to serve as victim/witnesses). Instead, legal assistance was most often needed to obtain legal documents, without which it was not possible to access state services (whether medical, education, social insurance, education, training). These documents were also essential to finding legal or formal employment.

Some trafficking victims lacked documents because they were lost or taken away while exploited. Other trafficking victims did not have legal status in the country because they had never been legally registered, or had irregular status in the country as a refugee or internally displaced person (IDP). One reintegration organisation reported that the majority of its beneficiaries - more than 55 per cent - did not have clear legal status (i.e. birth certificates, identity papers) even before their trafficking situation. In many cases this was because they had not been registered at birth. In such cases, the individuals essentially did not exist for the state and, as a consequence, lacked basic rights like health care, education and social assistance (Surtees 2008a: 29).

Another form of commonly requested legal assistance was help in legally registering children. In some cases, children had never been registered and trafficked women took the opportunity offered by AT organisations to go through this complex procedure. Other victims returned from abroad with children who were born as a result of trafficking. These children rarely had birth certificates and registering them was very difficult as there were no papers to verify their identities. One victim said that, in fact, this was her main difficulty in the seven months she had been home.

Most respondents, in spite of being assisted in their home country, faced considerable difficulty in obtaining legal documents, both those who had been registered in the past and those registering for the first time. The process was complicated, time consuming, and hampered by an opaque and sometimes corrupt bureaucracy. In some countries, it was not possible to get identity papers without a residential address, something many victims (and their families) lacked because they did not own property. In other countries, it was only possible to access documents in the individual's place of origin, which required travelling to their place of origin, often on multiple occasions. The procedure for accessing documents was even more difficult for beneficiaries with security concerns or when traffickers resided in the vicinity of their hometown. Beneficiaries typically did not have the resources and information needed to resolve the wide range of problems associated with accessing documents and regularising their legal status. As a result, service providers expended a significant amount of staff time and resources to resolve these issues on behalf of beneficiaries. Many service providers stressed the need for legislative and administrative changes to facilitate and expedite the processing of identity papers and regularising legal status (Surtees 2008a: 30-31).

For victims assisted in destination countries, processing documents involved other procedures and stakeholders altogether. Foreign victims being temporarily assisted needed support from their embassy to obtain identity or travel documents and return home. Issuance of temporary residence permits (TRPs) by many countries in southeast Europe has allowed foreign victims to stay in the destination country in some circumstances. However, accessing these permits is not always straightforward, and requires the time and investment (and sometimes advocacy) of service providers (Surtees 2008a: 31).

Legal assistance was also requested for other types of legal procedures including divorce and custody proceedings - some related to trafficking experiences and some independent of this. In some cases, legal proceedings involved the trafficker as “spouse” and/or father of the child. One woman, kept as the “wife” of her trafficker, was unable to return to her home country with her child because of outstanding custody issues (Surtees 2007: 206).

Safe and affordable accommodation and housing

Another assistance need related to trafficking was access to safe and affordable accommodation. Several respondents were unable to return home to live with their families - some because of security issues or general fear of traffickers; some because they did not want to or were not welcome by their families to return. As we have argued elsewhere (Brunovskis and Surtees 2012b), family relationships may be strained after a victim returns. Sometimes relations were difficult to begin with; several victims were trafficked after leaving home following conflict or abuse. One (minor) victim, for instance, ran away from home to escape physical and psychological abuse and ended up trafficked into prostitution. Returning home was not an option after she escaped trafficking. In other cases, victims were rejected by their families because of the shame they brought to the family after being trafficked into prostitution. This often left them with quite literally nowhere to live.

In other cases, trafficked women’s apartments or houses were in such a state of disrepair that they were effectively uninhabitable, as one woman explained on returning home:

The first thing I felt when I got home was relief. But when I got to the flat it was terrible. The door didn’t lock, it was cold, the gas was leaking, the water was leaking. A catastrophe. There was no money, no food. There were no relatives.

In the initial stages of assistance, trafficked women and girls were generally able to count on some form of temporary accommodation. Some programmes offered quite lengthy housing options - e.g. up to six months in a shelter and then opportunities for semi-independent living (partially funded by the NGO and usually accommodated with other victims). Such strategies gave beneficiaries time to find work and save money

before assuming full responsibility for housing/living costs. In other instances, though, shelter stays were quite short - sometimes as little as a few days, up to a few weeks. While this gave some reprieve in the initial stages of recovery, it meant that many trafficked persons needed to immediately come up with accommodation options. In cases where trafficked women did not wish or were not able to enter a shelter - e.g. they had dependent children or siblings who could not be accommodated, or the shelter environment was restrictive or unsatisfactory - finding safe and affordable accommodation was a considerable challenge.

Victims, particularly in their early stages after trafficking, generally did not have a steady income. For many, renting independently was out of the question. Even those with a reasonable salary often faced problems in finding affordable accommodation: rents, especially in capital cities, far outpaced salaries, at least for the jobs of many trafficked persons.

For those unable to obtain sufficient income to live independently, one alternative was social housing, although this option was not widely available in the region. During one visit we made to municipal social housing, conditions could, at best, be described as sub-standard. The social environment was unsafe and unpredictable, neither of which is conducive to recovery after trafficking. Another issue was the safety of women living in these settings. While not a concern unique to trafficking victims, it is important to note the psychological effect that an unsafe environment can have for someone who has been through such a difficult experience and may continue to feel unsafe.

In some cases, respondents experienced very serious consequences of unsafe accommodation. One woman, who lived alone in a rural location with her two small children, was assaulted by her male neighbour. With nowhere else to go (she was no longer in a relationship with the children's father and her extended family was also impoverished), she remained in the house and as unable to move away from her attacker.

Accommodation took on particular importance and posed additional challenges when respondents had dependent children; they were necessarily less flexible than beneficiaries who were on their own. Some shelter programmes allowed beneficiaries to be accommodated with their children, although introducing children into the shelter environment brought a raft of issues along with it. These included conflict with other residents, exposing children to high stress settings and traumatised residents, lack of adequate services for children and lack of staff capacity to work with children (Brunovskis and Surtees 2007, Surtees 2008a&d, 2007). Some organisations provided temporarily subsidised housing options for mothers and their children for an interim period, while they saved money to set up an independent life. However, this was not a universally available option. Moreover, such programmes were largely funded by international donors (not national governments), which meant that they were not ensured in the long term. When dependent children were the result of a trafficking experience, beneficiaries faced particular difficulties in finding safe and affordable housing - marriages often fractured as a result, leaving the mother to care for the child (and often those born before trafficking, as well) on their own. Mothers with dependent

children (particularly single mothers) faced unique difficulties in terms of securing safe and affordable housing.

Safety and security

Particularly in the early phases of anti-trafficking work, substantial attention was paid to the security situation of victims in their post-trafficking phase. Shelters were - and, in many cases, still are - in secret locations, with high security, for fear of organised criminals targeting victims. Today there are many different approaches to security in shelters - some are police-secured shelters for high risk cases, others are run by NGOs in secret locations and with restrictions on residents' contacts and movement,¹⁴ while still others are essentially open in nature.¹⁵ There is no consensus on what types of shelters or accommodation are appropriate for different victims and no consistent approach to undertaking security assessments.

Several respondents worried about security in the early phases after leaving their exploitative situation; eleven women and girls mentioned this specifically as one of their primary assistance needs. Some trafficked persons faced direct threats from traffickers or associates, as one woman explained:

When I was trafficked, a social worker offered to help me and get police assistance, a lawyer; she offered to arrange to send me to another city where I couldn't be found, protection. But I couldn't make a decision, because he threatened me, to bring my sister into this. And also, I loved him. When I finally tried to get away from him, he called me and said that he knew that I was leaving. He was trying to find my weak points.

This also illustrates that the relationship between victim and trafficker may be complex and even experienced as a romantic, albeit abusive, relationship. While this man had

¹⁴ While many shelters tried to keep their location secret, this was rarely 100 per cent successful. One respondent was moved from a shelter after her trafficker's son saw her there. In another case, shooting outside a shelter was attributed by shelter staff to the presence of a group of young women who were giving evidence against their traffickers. That being said, reported attacks against shelter staff and residents have been few and it is unclear whether this is a function of effective security measures or varying (and sometimes limited) security risks to victims.

¹⁵ For example, reintegration organisations in the Balkans have different safety and security measures in place, which vary substantially. Some organisations have a range of security measures and protocols including employing security firms or being monitored by law enforcement agencies, using sensor systems that detect movement on the premises, having alarm systems and panic buttons linked to security agencies, 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 out from the landline (Surtees 2008a: 33),

threatened the victim and her sister and forced her to pay off a substantial “debt” through prostitution, she still loved him and, even after she escaped, declined to press charges against him.

Threats against family members were not uncommon. One respondent described how traffickers threatened to harm her young daughter while she was in hospital, recovering from serious injuries:

When I was in the emergency hospital, a man came and talked to me, and he said that if anyone asked me what had happened to me I should tell them that it was a taxi accident, a road accident. He said; ‘if you tell anything we know where you are from, we know that you have a daughter, and you know what the consequences will be’. So the fear was very deep in me.

Security was also a major concern in several cases where threats were not as pronounced. Victims’ fear was still significant and dictated how the women and girls planned their lives. As one woman said about the prospects of returning to her country of origin:

At first I wanted to go home. But I was sold by a [man from my country] and I was afraid and decided to stay. I told the police about it and they said they would try to do something through Interpol but they did nothing. [...] I was very scared to go home, nervous because I know that man. He lives near my town. So if I go back and I see him I would have to move to a different region to avoid him. You can't trust people today.

Living with fear had a negative impact on recovery and became, for some respondents, an ongoing anxiety that influenced choices and decisions. One respondent feared for the safety of her family and moved away to protect them. She was afraid to visit them and saw them only when they were able to travel to the city where she lived in a shelter.

In some cases, the degree to which there were real and probable security threats was unclear. In some cases, it seemed that the police, during initial contact with victims, underlined potential dangers as an argument to convince victims to stay in a shelter. There may be good reasons for security warnings; consequences of being too lax with security can be extremely serious. However, it was also in the interest of the police that (particularly foreign) victims stay at a shelter, as this afforded easier access for interviews as investigations proceeded. Further, some shelters had strict rules - for instance, not being allowed to go outside on their own or no unsupervised phone calls. In most cases, these restrictions were explained as necessary safety precautions. However, on closer inspection, restrictions also had other functions - for example, to end contact with traffickers and people seen as negative influences, to make beneficiaries focus on the programme, to have a degree of control over the residents’ day to day lives, as illustrated in the statements by different service providers:

The victims often have problems adjusting to not being able to go out. They want to go out without permission, go out in the morning and come back in the evening.

(...) And often there is confusion about understanding the services when their mind is somewhere else.

It was hard for her to go home because of the conditions but she also didn't want to go to the shelter because of the conditions of it being closed and we had to put her in a closed type shelter because we did not know if she would contact her trafficker if she were free to go. She has a low tolerance for frustration so she can't handle a closed shelter.

One trafficked woman described her reaction to such restrictions:

I think the first thing is freedom... For two months and two weeks, I was locked between four walls. I was banging my head against the radiator and I was hitting the walls with my bare fists. I was simply going crazy. When I talked to the director and she told me that I was supposed to stay for two or three more months, I was destroyed. I protested (Surtees 2007: 177-79).

Similarly, in an assessment of shelters in Bosnia and Herzegovina (BiH), some victims said they felt that they were in prison when in a closed shelter, with negative consequences for their psychological recovery (Rosenberg 2006). Beneficiaries finding these conditions stressful were sometimes explained away as a deficiency on their part; they had "a low tolerance for frustration". Yet frustration as a response to loss of freedom and self-determination is not necessarily a pathological response.

In many countries, individualised security assessments - i.e. assessing each victim's risk level, and their need for security restrictions like placement in a closed shelter - were not undertaken.¹⁶ As a consequence, some victims were housed in closed shelters even when security concerns did not demand it. In designing assistance responses, including security protocols, it is important to consider the potentially adverse effects of lack of freedom and the resultant increased anxiety levels. It is also important that security be assessed and re-assessed over time. For some victims, the initial phase after trafficking was precarious, requiring accommodation in high security facilities, risks that sometimes lessened over time. However, many others faced risks only later on, when they returned to their local communities. Most respondents were trafficked or recruited by someone known to them, commonly from their family or community, which meant they could track them down afterward, if they wished to do so. One girl, along with her mother and her grandmother, were seriously assaulted by her trafficker after she returned to her village.

Safety and security was not only about risks posed by traffickers but also by others in the community. In one instance, a trafficked woman was raped by men in her village after her return because she was seen as a prostitute. As her psychologist detailed:

¹⁶ Please see also Brunovskis and Surtees 2008 for a discussion of restrictions and security in AT assistance. See also Gallagher & Pearson 2008 and Surtees 2007 & 2008d.

She went to a party in the village and guys there took her out and raped her—“You were there and did this for money, why not do it for us free of charge?” She came here very depressed. So stigmatisation is a very serious problem.

In another instance, mentioned above, a single mother of two small children living alone was beaten by her male neighbour after she fought off his attempts to rape her. In this latter instance, she may not have been targeted because she was trafficked but rather because of her vulnerability as a young woman living alone in a conservative, rural village. Her status as single mother may have amplified her vulnerability.

In a handful of cases, victims faced security threats within the family environment, sometimes from parents, but most commonly from husbands. Some respondents were beaten (or threatened with beatings) by their husbands or partners. Service providers also described tension and suspicion on the part of husbands when their wives returned after trafficking, linked largely to their sexual exploitation.¹⁷ Some husbands were described by their wives as “jealous”, accusing them of promiscuity and infidelity, in essence blaming them for being trafficked into prostitution. One social worker described an instance in which a trafficked woman, participating in a retreat organised by the assistance organisation, was threatened by her husband who had become convinced she was having an affair:

We had a woman who was called by her husband the last day, and he said that I know you have found someone else and when you come back I will beat you. So she was very scared to go back, so that is why we had to call him and explain what happened.

One psychologist worked with several women who felt that the conditions they returned to were more dangerous than their trafficking situation. In the case of one woman with a violent husband:

There was one woman [whose] husband beat her with a chain. It is much better for her [abroad]—she does not have anything to lose. We don’t have programmes for support to women, it is a state problem. Single women get [eight dollars per month], she can’t live with this money. This lady who was beaten, I went home with her. She told me not to tell anything to the [village] police because he used to drink with her husband. There will be no help. She has nowhere to go, she has two children, she can’t sleep in the street. What should she do, sleep in the street or go [abroad]? That is why long lasting assistance is necessary.

This points to the need for long term assistance, but also to the need for safe accommodation, as was discussed above. In some areas, domestic violence was common-place and prolific but assistance options for victims of domestic violence were largely non-existent.

¹⁷ This is discussed in more detail in *No place like home? Challenges in family reintegration after trafficking*, (Brunovskis and Surtees 2012b).

Conclusion and recommendations

This report addresses three main questions:

- What do victims of trafficking see as useful and important assistance?
- To what extent are these needs met within the current system?
- And how could interventions respond better to the assistance needs of trafficked persons?

One overarching conclusion is that trafficking results in a range of both short- and long-term assistance needs for women trafficked for sexual exploitation. Significant assistance was needed to address the direct results of their exploitation and was, for many respondents, pivotal in their recovery and regaining a sense of control over their lives. This included medical assistance for trafficking-related injuries and illnesses; legal assistance in cases against traffickers or in migration related issues; accommodation to recover in the short term or when it was not possible to return home; security measures immediately after trafficking; and psychological and emotional support to cope with the impact of trafficking. Because many of these trafficking-related assistance needs have been the main focus of the AT assistance system to date, it was often possible for organisations and, increasingly, state institutions within the AT assistance system, to meet many of these needs. That being said, access, scope and quality of AT services varied considerably, not only from country to country but also between individual organisations and assistance models.

While trafficking had a debilitating impact in the lives of all of the victims we interviewed, many victims' most important and pressing assistance needs were not directly caused by trafficking. Rather, the assistance they required most urgently and often over longer periods of time was a function of their social and economic exclusion and vulnerability. Many lacked general medical care for themselves and their family, or had no access to education, training, and employment opportunities. Many needed safe housing for themselves and their dependents or legal advice unrelated to trafficking (such as to obtain legal documents or in connection with divorce or custody proceedings). Where these needs existed, this was both a reflection of, and substantial factor in, their social and economic vulnerability. Moreover, many of the needs described as most important by respondents were related to general social and economic issues and were shared by many others within the population at large.

While issues and needs related to trafficking itself were generally addressed in the case of many respondents, social vulnerability and exclusion often ran deeper and proved more difficult and time consuming to remedy. That is, whereas it was generally possible to provide medical assistance for trafficking-related injuries, the provision of medical care for trafficked persons (and their families) in the longer term or for non-

trafficking issues, was far more difficult to assure. This was often a function of the relatively short-term funding of AT assistance projects, as well as a focus on direct, immediate assistance in preference to longer term, sustainable reintegration assistance. It was also exacerbated by weak or inadequate social protection mechanisms and assistance schemes for the population at large.

As we have discussed here and elsewhere (see Brunovskis and Surtees 2007, 2012a and 2012b, Surtees 2008a) the needs of victims are often intertwined with the needs of their family and dependants - e.g. children, parents, siblings and spouses. The needs of family members were in some cases the primary assistance need for victims and the most serious obstacle to recovery and reintegration (such as when children had substantial medical needs or partners or husbands suffered from addictions). Building the assistance needs and responses of “secondary beneficiaries” into the AT response has proven successful as an entry point for assisting trafficking victims as well as in galvanising their recovery process.

While trafficking victims share a large part of their assistance needs with other vulnerable groups (and in many cases with the general population), it is important to underline that this does not mean that specialised services for trafficking victims are not needed or do not play an important assistance role. This is not only because of trafficking victims’ specific needs but also because of the stigma that surrounds having been trafficked, which can severely impede recovery and reintegration. It is also important that victims feel confident that they will be treated with respect and sensitivity by service providers, something which is not assured in social services in all contexts. Moreover, assistance needs after trafficking are often complex, manifold, and interrelated in such a way that competence and experience in dealing with such cases may increase the chance of successful reintegration.

Analysing victims’ assistance needs also has a bearing on how we frame and understand human trafficking more broadly. What we learned from our interviews with trafficked persons in different countries in the Balkans and FSU was that their trafficking, and the related difficulties, cannot be understood separately from the socio-economic and structural context from which they originate. With too narrow a focus - that is, on only trafficking-related assistance needs - we risk misreading human trafficking (essentially a social and economic problem) as caused by individual circumstance and need. While human trafficking is detrimental to people’s health and well-being, so are discrimination, exclusion, vulnerability and structural inequality. Assistance to victims of human trafficking will necessarily involve tackling these broader issues of protection, inclusion and vulnerability. This paradigmatic shift is not insignificant and will require careful attention in design and implementation. It will also require careful monitoring and evaluation to assess whether and to what extent such an approach addresses the assistance needs of trafficked persons. Monitoring and evaluating assistance and protection efforts is an underdeveloped aspect of the anti-trafficking response. Part of this process must involve exploring how this can be done practically, ethically and with the engagement of trafficked persons and programme beneficiaries (Surtees 2009, 2010).

To this end, we set out below a number of recommendations which we feel can play an important role in meeting the assistance needs of trafficking victims in the Balkans and FSU region. That being said, we make these recommendations with recognition that these findings reflect the life, trafficking circumstances and assistance needs of those trafficked persons whom we interviewed - i.e. women and girls trafficked for sexual exploitation, who came into contact with the formal anti-trafficking assistance framework in some way. Designing and refining a comprehensive anti-trafficking assistance framework, which should be of utmost importance to anti-trafficking practitioners and policy makers, will require increased recognition of the fact that our current knowledge and response is based on only the assistance needs of those trafficking victims we actually meet. A comprehensive, holistic framework will require increased engagement with these other, as yet under-considered and under-accessed, trafficking victims.

Recommendations for assisting trafficking victims

Frame assistance more broadly than only trafficking-related needs. While trafficking-related needs (e.g. injury, illness, security and legal issues) are vitally important in an effective anti-trafficking assistance framework, they do not cover the full range of trafficking victims' needs. These often include those linked to their general social and economic vulnerability. Assistance should take into account the full range of victims' needs (and those of their families), particularly with a view to alleviating social and economic exclusion and vulnerability.

Address both short-term and long-term assistance needs. Assistance needs are both short- and long-term in nature, which means that interventions must be designed and implemented in ways that can accommodate a longer term timeframe. Whereas some needs, such as emergency medical care or temporary shelter, are short-term, others will require more time, greater resources and possibly the involvement of other stakeholders. This also means that donors and national governments must consider the issue of time in the anti-trafficking funding that they offer and the potential length of projects and services they support.

Map and advertise services available to victims of trafficking. Some respondents did not know where or how they could access assistance, whether trafficking specific or more generally. Mapping existing services should include both those from state and civil society organisations, and should consider the country as a whole, not only those services available in capitals or larger towns. As important as listing available services is

information about who can access these services, and how they can go about it. In some cases, it may be necessary for service providers to facilitate first contact through other assistance opportunities.

Identify and respond to assistance needs of all trafficked persons. Much of what is known about trafficking and anti-trafficking assistance is drawn from information about assisted trafficking victims, most commonly women and girls trafficked for sexual exploitation. However, the little that is known about less-considered forms of trafficking and victims suggests that assistance needs may differ quite substantially between groups and categories of victim. Increased attention is needed in identifying and working with less-considered categories of trafficked persons; this will necessarily involve engagement and research with these distinct groups.

Ensure adequate staff time and resources for the full package of needs, over the full length of time. Some forms of assistance, including counselling, accessing legal documents and the like, are labour intensive and involve regular involvement over time. Accessing legal documents was something which took months and even years for service providers to resolve in some cases. Recognition of the time and resources necessary for more complex service provision needs to be built into programmes' design and funding, to ensure comprehensive assistance and sustainable reintegration.

Access state services and funding opportunities. In recent years, governments in the Balkans and FSU have become increasingly involved in the provision of services and assistance to trafficked persons. This includes access to free medical care, the provision of vocational training, assistance with job placement through state employment agencies, school reinsertion programmes, and so on. In addition, some countries have provided limited funding to NGOs working on victim assistance. This constitutes an important shift in many countries toward a more sustainable model of assistance; a process which should be further encouraged and supported. It is of particular relevance in light of the decreasing availability of funds for assistance from international donors in the region.

Consider the assistance needs of trafficking victims and their families as part of the anti-trafficking response. For many trafficking victims, the needs of their family and dependents factor among their most pressing concerns. The provision of assistance to these “secondary beneficiaries” can be an important means of addressing the victim's most urgent needs as well as an entry point for offering them further assistance in other areas. Failure to work with dependents may lead some trafficking victims to decline assistance, thus constituting a missed assistance opportunity, while potentially contributing to their on-going vulnerability.

Build monitoring and evaluation (M&E) into all assistance programmes and policies. M&E should be an integral part of AT assistance programmes. These mechanisms are needed to assess whether services and interventions are available, accessible, effective, affordable, and of sufficient quality. While each organisation or programme should engage in M&E in its work, it is also important that the overall AT and social protection response in a country be monitored and evaluated in terms of its impact on the continuing recovery of trafficked persons.

Include trafficked persons in discussions of assistance needs, and in monitoring and evaluating programme and policy responses. Trafficked persons should be consulted in the design, implementation, and evaluation of all anti-trafficking assistance programmes. This goes beyond simply involving trafficked persons in their own assistance plans; they can also offer crucial contributions in assessing programmes and services generally. Learning directly from trafficked persons - both about what does and does not work - is invaluable in ensuring appropriate, responsive and effective assistance options. That being said, research and M&E with trafficked persons will involve a host of practical and ethical issues, which must be carefully considered and accommodated.

Prevent trafficking through assistance. Consider opportunities for trafficking prevention through assistance to trafficked persons or those considered at risk of trafficking. Addressing the needs of trafficking victims (both trafficking-related and their pre-existing/post-existing needs) can potentially serve to prevent re/trafficking. Given the social and economic vulnerability of many trafficked persons, providing social assistance opportunities to at-risk groups, such as employment placement, vocational training or social assistance, may prove effective as a prevention scheme. The extent to which this approach is (or is not) effective will require assessment and evaluation; M&E should be built into any such interventions.

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