METHODS AND MODELS FOR MIXING SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE AND TRAFFICKING IN PERSONS IN EUROPE & EURASIA

Final Report
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Acronyms and Abbreviations

AIDS	acquired immunodeficiency syndrome
DV	domestic violence
E&E	Europe and Eurasia
GO	governmental organization
HIV	human immunodeficiency virus
IO	international organization
IOM	International Organization for Migration
NGO	non-governmental organization
PTSD	post-traumatic stress disorder
RCP	Regional Clearing Point
SEE	Southeastern Europe
STIs/STDs	sexually transmitted infections/diseases
TIP	trafficking in persons
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VoT	victim of trafficking
WHO	World Health Organization

Executive Summary

This study considers service models for victims of trafficking in persons (TIP) and domestic violence (DV) in the Europe and Eurasia (E&E) region. The central research question was how best to provide assistance and support to both victims of trafficking and domestic violence which meets their individual and specific needs while taking into account the limited, and sometimes diminishing, resources available for these services. The study examines the various types of victim-centered services available in the region, those dedicated either to victims of DV or TIP and those where services for the two groups are mixed. Also considered is the extent to which these services are available and accessible to the two target groups. Of particular interest is how and where services may be mixed and where services should be distinct, as well as where additional services are required to meet the needs of victims of DV or TIP.

This study builds upon a 2007 study of the intersections of DV and TIP in the E&E region, commissioned by USAID and conducted by NEXUS Institute, which recommended that research be undertaken on the topic of expanding service availability for both victims of TIP and of DV. As a consequence, this current study was commissioned to conduct detailed field research on common and distinct assistance models to both populations and to consider whether victim assistance and protection services need to be created, expanded, or possibly joined. Central lines of inquiry for the study were:

- The similarities and dissimilarities between experiences of TIP and DV;
- How the assistance needs of DV and TIP victims differ and whether differences in needs are also linked to other factors, such as the backgrounds, individual characteristics, and experiences of different beneficiaries;
- How services and assistance models differ according to types of beneficiaries, including victims of TIP and DV, as well as different profiles of DV and TIP beneficiaries;
- The capacity and willingness of existing service providers to assist mixed populations, and the possible negative and positive implications of this approach;
- The extent to which stigmatization and discrimination have been experienced by beneficiaries in the provision and acceptance of services in interactions with other beneficiaries, professionals, and others;
- The circumstances in which mixed services would and would not be effective and appropriate for DV and TIP victims;
- The implications for USAID policy of combining or separating assistance programming for victims of DV and TIP, with attention to issues of sustainability, efficiency, appropriateness, quality of care, and cost effectiveness.

The study is intended to help USAID missions to focus resources cost-effectively; integrate DV or TIP issues into programming, where appropriate; and address certain issues and controversies that have arisen in the area of assistance and protection for victims of DV or TIP.

Experiences and Impact of TIP and DV: Considering Similarities and Differences

Identifying the experiences and impact of trafficking in persons is complex. Persons may be trafficked for a range of purposes—sexual exploitation, forced labor, slavery or practices similar to slavery, servitude, or the removal of organs—and the impact of these experiences are very much linked to the form and length of exploitation as well as to the individual's background and experiences before being trafficked. The overall health of trafficked persons—both physical and mental—is often severely compromised by trafficking. Similarly, domestic violence involves a range of abuses and violations that affect the physical and psychological well-being of victims, as well as their socioeconomic status.

In deciding whether services can be mixed, it is important to first identify the assistance needs of the various target groups at different points in time. These needs are related to the victim's characteristics and profiles, their experiences of violence or exploitation, and their social and economic situation following DV or TIP. Both categories of clients, although often treated as homogenous because of shared or similar experiences, are extremely diverse. Similarly, experiences of both trafficking and domestic violence involve a range of violations and no two experiences are the same. As such, it becomes important to disentangle similarities from differences (between DV & TIP and within each of these categories) in determining the extent to which services may be appropriately, effectively, and ethically mixed in assisting these categories of clients.

Different Models for Service Provision: Considering Residential and Non-residential Programs

A primary distinction in service provision to victims of domestic violence and trafficking is between residential and non-residential services. Services may be organized around the framework of a communal shelter or other types of residential facilities. Other services may be non-residential— available at a centralized service center or on an individual basis. When considering mixing victims of TIP and DV at different venues for services, it is important to consider how these different models meet or fail to meet the needs of different profiles of clients and their various experiences. There is a range of considerations when analyzing the advisability of mixed services for victims of domestic violence and trafficking. Mixing services within non-residential programs is, on some levels, less complicated than mixing services within residential programs because many of the interpersonal practical problems do not occur. Nevertheless, there are other factors and issues that must be taken into account.

Service provision and need. To evaluate the appropriateness and effectiveness of assistance to mixed populations of TIP and DV victims, it is necessary to consider how services for different client groups may differ and how these differences can be accommodated in both residential and non-residential settings. Distinct shelter and service plans (and appropriately skilled staff) are needed for both client groups. Moreover, each victim of requires individualized assessment, assistance, and intervention. There are also substantial differences in terms of needs relative to the victim's specific situation. For example, although trafficking victims may be one diagnostic category, it is not a homogeneous group. Foreign TIP victims in transit will need different services than national victims in the reintegration process, for example.

Staff capacity to work with victims of TIP and DV. A central issue is to what degree service providers have the knowledge, skills, and experience to meet the needs of the two target groups. Staff must be prepared and equipped to provide appropriate services to multiple categories of clients. These concerns can largely be addressed with appropriate and ongoing training and supervision. Also vital, particularly in residential programs, is staff capacity to navigate what can be a complicated social terrain among beneficiaries, including addressing misunderstandings and conflicts that arise between the two groups as well as among victims of the same group. This necessitates tolerance and understanding on the part of program staff.

Legal and administrative barriers. In some cases, the legal and administrative framework of a country or program inhibits providing services to victims of DV and TIP. Many countries have administrative barriers that prevent victims from receiving services, for example, they may need proof of residency to obtain services. Other administrative barriers include funding limitations or restrictions that may be imposed by the government or a donor that prevents the mixing of services or may limit services to specific profiles of beneficiaries.

Security and safety. The concern for safety is often a rationale for not mixing victims of DV and TIP in residential facilities. Although certainly there are security issues in the case of trafficking victims, they vary substantially from victim to victim. Whereas some trafficked persons face considerable security problems, others do not. Safety and security issues are relevant for both groups, mixed or not, and for residential and non-residential services. Service providers—whether specialized or centralized—report instances of threats and violence against clients and staff.

Length of residential stays and duration of programs. Although in some cases longer programs for TIP victims may be linked to their long-term needs, our findings suggest the length of services offered may equally be about the political attention focused on TIP as compared with DV in the E&E region. Some thought should be given to whether a crisis intervention model is the most appropriate one for DV victims, or whether these clients would be better served by mobilizing some of the range of services often available to TIP victims. Where the same needs exist (and this was commonly the case), there should not be a difference in the duration of program participation. In the case of both target groups, attention should be paid to supporting the autonomy of clients through services while not creating long-term dependence on these services.

Appropriate facilities. In communal shelters, lack of personal space and privacy can amplify existing stress and, for many service providers, the issue of space was particularly important. Having adequate space for clients (including private space, where possible) and functional living quarters was often key in addressing tensions and providing quality care. Other critical features such as having one's own bathroom were important for many clients and staff. Also important is client comfort levels in mixed-sex accommodations.

Relations between TIP victims and DV victims. Living communally can be a reassuring and positive experience for some clients. However, others may have difficulty adjusting to a shelter setting. Tensions may be particularly acute when clients do not identify with one another, and some service providers flagged the common lack of understanding and empathy between victims of DV and TIP as a potential issue in mixing services. Other service providers noted that mixing services could be advantageous, particularly where clients have a common issue around which to develop understanding—for example, how to care for their children.

Stigma and bias. Providing joint residential services to victims of DV and TIP may be an issue, given the highly stigmatized nature of prostitution in most societies in the E&E region, even when prostitution is forced upon the victim. Many service providers flag discrimination and bias as a critical point in the discussion of mixing services. However, what divides people may be less their specific experience as a victim of TIP or DV, and be more about other identity issues—different backgrounds, education levels, culture and language, socioeconomic status, ethnicity, and so on. Although stigma and bias between DV and TIP victims is likely to be particularly pronounced in residential settings where contact is intense and ongoing, in non-residential programs—for example, educational or training programs—such biases and tensions also occur.

Mixing minors and adults. Special skills, programs, and facilities are needed to meet the individual needs of minors at different ages, stages of development, and capacity. The presence of minors in shelters entails a heavy workload for residential staff, and institutional residential care should ideally be avoided. However, when referring to children of victims, the option to accommodate them alongside their parents is essential. The combination of adult and child family members (male and female) presents additional challenges as many shelters are designed only for adult, female residents.

Different Forms of Services and Assistance

Assistance programs for victims of domestic violence and human trafficking in the E&E region comprise a range of services, organized in different ways. When examining a general overview of services, it is helpful to consider a number of factors including: (1) whether the typical package of services for victims of TIP and DV differ; (2) whether it is short- or long-term assistance; (3) whether services are individual, stand-alone, or part of a referral network; (4) the location of the services (off or on-site); and (5) whether services are public, private, or a mix of the two.

There is a range of services offered to victims of TIP or DV. For each type of service, it is important to analyze: (1) the problems faced by the two categories of beneficiaries; (2) the (similar and distinct) assistance needs of victims of DV and TIP; and (3) the options for mixing the specific service.

- *Medical care and assistance*—Both DV and TIP victims have a range of medical needs, many of which are overlapping. The extent to which medical services can or should be mixed is case specific and largely dependent upon the medical specialty needed. When properly trained, medical personnel can play an important role in identifying victims and referring them to other services. To provide quality care, health professionals should be sensitized and trained in how to work with different victims and maintain confidentiality and safety. Health care funding rarely extends beyond crisis treatment to include recovery and ongoing assistance to victims with holistic coverage.

- *Psychological and psychiatric assistance*—There are significant parallels between TIP and DV experiences, which suggests that some of the techniques, skills, and approaches of psychological and psychiatric assistance for the two groups may be similar. Although appropriately trained psychologists and psychiatrists are able to work with both target groups, techniques for assisting the two groups may differ. For example, group counseling and peer support groups have been helpful models for DV victims but may not be constructive for some TIP victims. Sex trafficking often creates an environment of competition and loyalty among victims by using favoritism and rewards to divide victims and consolidate control. In assistance programs, such dynamics may continue. Fear of stigmatization and of traffickers can also inhibit sharing of stories.

- *Legal assistance*—There are some legal services that could be provided to both profiles of victims by the same lawyers. Lawyers may provide assistance with document preparation and legal representation in court to either TIP or DV victims. Social workers may be able to assist with administrative forms related to personal status and accessing government assistance, but specialized lawyers are usually needed to handle criminal law and some civil and immigration issues. Both TIP and DV victims are often married and have children; therefore, they face a range of family law issues related to child custody, divorce, alimony and child support, and division of property that require formal legal assistance. There are some legal issues faced by trafficked persons that do not have the same relevance for victims of DV, such as accessing national documents (via their embassies), seeking to regularize their status in the country (either temporarily or permanently), and dealing with criminal charges brought against them for acts committed while trafficked (as prostitutes, illegal migrants, etc.). These forms of assistance require a level of specialization that many domestic violence and possibly even legal aid organizations do not have.

- *Educational assistance and vocational training*—Formal education should be available to both DV and TIP victims within mainstream education programs. The provision of non-formal education and vocational opportunities can be mixed for the two populations and moreover could be dovetailed with services for socially vulnerable groups in general. The skills which are of value for trafficked persons and domestic violence victims are consistent with those for a wide range of clients. The

integration of these services into state programs and social services—whether provided by NGOs or GOs— has the added advantage of mitigating the risk of stigma and discrimination because individuals are not identified as victims of violence or trafficking.

- *Economic opportunities, job placement, and income-generation activities*—Because job placement support is generally undertaken on an individual basis, such services can be made available to both TIP and DV victims by the same organizations. Some activities may be undertaken in a mixed group—how to write a CV or succeed at a job interview—although some issues may require sensitivity and confidentiality. For example, TIP victims need to be prepared to answer questions from prospective employers about their absence from the country or lack of a (legal) work history. DV victims need to be prepared to promote their reentry into the job market if, for example, they have limited previous work experience. A key issue for income-generation activities will be risk analysis. Risk analyses are needed for both DV and TIP victims to obtain a realistic assessment of particularities, such as whether a micro-credit loan mimics experiences of debt bondage, or whether a DV victim will have control over the use of the funds, especially if she is still living with her abuser.

- *Humanitarian assistance*—DV and TIP victims and often access services from the same humanitarian organizations. Therefore, the provision of humanitarian assistance can generally be provided to both groups.

- *Housing assistance*—Access to subsidized housing is important for both DV and TIP victims. Most do not own their own homes (or cannot safely return to their homes) and the cost of renting is prohibitive, with most wages unable to cover the cost of living independently. Victims often need a place to stay as they establish financial independence. Subsidized housing to all socially vulnerable groups is, in principle, an important means of assisting both DV and TIP victims and one which does not single them out as victims of crime. However, in the E&E region, the demand for housing and the breadth of social vulnerability are so great that governments often do not have the resources to provide such housing.

- *Family mediation and counseling services*—For some victims of TIP and DV, a return to the family is unfeasible and unadvisable. However, in other cases, with family mediation and counseling, it may be possible to support a victim's return to the family. Where this is safe and the victim desires it, appropriate support must be provided. Skills required to conduct family mediation and counseling services are similar for both DV and TIP victims. Adequately trained professionals could be equipped to work with the issues of both groups. Confidentiality and the privacy of victims must be safeguarded when undertaking family mediation and counseling; many TIP victims prefer to keep details of their trafficking experiences confidential from other family members.

- *Witness protection and security services*—To the extent that TIP and DV victims serve as witnesses, the general witness protection programs available in some E&E countries would be able to serve their needs. A limited number of victims of DV and TIP require relocation away from their home community for security and protection reasons. Such relocations may be in-country using a network of service providers to find an appropriate relocation. In the case of some TIP victims, however, relocation abroad may be needed.

- *Specialized assistance to minors*—Minors, whether they are victims of DV or TIP (or accompanying a family member who is a victim) require assistance by professionals with child-specific skills and training. Within a child protection framework, attention must be paid to different profiles of minor victims, their experiences, and their needs, as well as what variables are most relevant in determining what constitutes the "best interests of the child."

Mixed Services and Mixed Populations: Key Issues and Considerations

In the E&E region, the decision to mix service—and how—should be informed by the following broad issues:

1. *Program objectives and organizational approach.* The structural framework within which services are provided, including program objectives and the organizations' approach, are important in assessing the basic compatibility of mixing services. Although many DV and anti-trafficking organizations have similar philosophies and approaches in their work (for example, a focus on the recovery, empowerment, and self-sufficiency of individual clients), there are also often large differences. Where similarities in approach and philosophies exist, mixed services are possible and perhaps even advisable in that the cross-pollination of ideas and experiences from different individuals and agencies can enhance service provision.

2. *Finances, facilities, and resources.* The overall resources available for different programs in terms of money, facilities, and other resources vary by program. Although mixing services is assumed to be the best way to deal with limited resources, available resources may not be adequate to meet the needs of both types of victims. There may be additional costs to a mixed program because of the need for staff to acquire new skill-sets or adding additional professionals not currently used. Many programs in the E&E region already share facilities and resources to serve mixed-client groups, largely as a result of limited resources rather than as a preferred option or conscious choice.

3. *Local contexts, cultural settings, legal frameworks.* Local realities—whether political, legal, social, cultural, or economic—must be taken into account in decisions to mix services. The rule of law and level of political corruption can influence whether victims even come forward to receive services. The cultural setting can also influence the types of services which are acceptable to victims. The legal framework within which service providers operate is a key element in considering mixed services—including whether DV and TIP are criminalized. Although this study focuses on regional issues, the team noticed national and even sub-national issues that directly (and at times adversely) affect local service provision.

4. *Staff knowledge, skills, and attitudes.* Where services are to be mixed, concerted efforts must be made—through professional development, training, and so on—to equip professionals with the skills and resources to work ethically, effectively, and sensitively with the two groups. Beyond developing staff skills, programs must be vigilant in ensuring that personnel working with victims are respectful of and non-discriminatory toward victims and provide appropriate care. This may necessitate ongoing sensitization of staff and, in some cases, accessing private services, including accompanying the victim to appointments to serve as advocates.

5. *Client profiles, experiences, behaviors, and needs.* Services must address the full range of differences between and within DV and TIP categories (including, men, minors, elderly persons). TIP and DV victims have many common needs; nevertheless, the types of services needed by both types of victims can differ substantially, as noted above. Differences that are not adequately addressed can complicate mixed service provision.

Conclusion and Recommendations

It is possible, and at times advisable, to mix services for victims of domestic violence and trafficking. It is not, however, an uncomplicated undertaking and mixing services effectively, appropriately, and ethically requires careful consideration of some key issues. It is not possible to develop a "one-size fits all" program or policy on the issue of mixing services for victims of DV and TIP. There are some instances in which services could be combined (e.g., based on similar profiles or needs of victims, the services required, similar organizational approaches and philosophies, etc.) and other instances in which it would not be advisable to do so (e.g., when clients have different needs; victim profiles and backgrounds are too divergent; victims are at different stages of assistance and recovery, etc.). As such, although the team's conclusion is that mixing services is possible, it is not always or in all settings appropriate.

Mixing services must be considered on a case-by-case basis because the types of assistance models and services needed by TIP and DV victims can differ substantially, depending on whether they are being assisted in their home country or abroad; their profile and background; their individual experiences; the stage of assistance and recovery; and so on. Although there are many similarities in background, experience, and needs between both TIP and DV victims, there are nonetheless often also some differences—including in terms of behaviors—which can complicate mixed service provision.

In addition, it is worth considering whether and to what extent the current assistance frameworks—dedicated to TIP or DV or mixed service models—have gaps and problems. Before, or at least as a part of, any discussion of mixed services must be an assessment of whether current services are adequate and appropriate for the target group or groups. One of our findings was that there are some substantial gaps in assistance and protection in the E&E region—sometimes for DV victims, sometimes for TIP victims, and sometimes for both.

Moreover, although some services may be effectively mixed, additional services may need to be developed for specific groups of TIP and DV victims not currently served within the existing victim services in the region—for example, male victims; elderly victims; victims with difficult cases and special needs; victims of other forms of trafficking; minors generally (DV victims, TIP victims, and the children of DV or TIP victims); and so on. Identifying and filling those gaps is paramount.

Where programs are mixed, some tailored programs are needed by different groups to meet their individual and specific needs. It will be important not to lose sight of the need for individualized assistance and case-by-case assessments and service plans for all beneficiaries.

Any decisions surrounding the mixing of services require careful attention to some key issues and considerations. The team's general recommendations center around five main issues:

1. *Consider program objectives and organizational approach.* Consider whether program objectives and organizational approach are sufficiently similar and appropriate for each target group—i.e., whether programs are geared toward reintegration or crisis intervention, whether service philosophies mesh, and so on. Any decision about mixing services must consider whether the needs of the two target groups (as well as different persons within the two categories) can be met within the framework of the existing program objectives. Where this is not possible, mixing may not be possible, or program objectives and approaches may need to be revised.

2. *Assess whether it is a cost effective and efficient approach.* Do not assume that mixing services is the best way to deal with financial concerns or to be cost effective. Mixing services may involve increased costs that result from the need for a larger shelter facility, training staff in new skill

sets, and the like. Analyze available resources—finances, facilities, and other resources—for each target group and determine whether the needs of the two groups can be met with these resources. Consider the issue of sustainability when assessing areas to pool resources.

3. *Ensure cultural and contextual sensitivity.* Be sensitive to the local context, cultural settings, and legal frameworks, and understand fully the constraints or opportunities that may be placed on each type of victim and service. These may differ not only between countries but also between regions within a country. Although models and policies can be imported from other countries or regions, the local context must be considered in any decision to mix services.

4. *Provide adequate and appropriate training, sensitization, and supervision for all staff.* A central issue is to what degree services providers have the knowledge, skills, and experience to meet the needs of the two target groups in appropriate and sensitive ways. Doing so requires training and supervising staff to provide services to both groups and to facilitate tolerance and understanding between DV and TIP clients. Staff must be prepared and equipped to provide appropriate services to multiple categories of clients. Staff attitudes and behaviors must reflect a victim-centered perspective.

5. *Consider the clients' profiles, experiences, behaviors, and needs.* Look for commonalities and differences among clients rather than assuming victims can be divided into service provision categories simply by virtue of being a victim of domestic violence or of trafficking. Be aware of differences not only between the two groups, but also within the categories of victims.

Moreover, the provision of effective and appropriate services—whether mixed or dedicated—should be undertaken in the context of ongoing dialogue, monitoring, and evaluation. Services and assistance programs must be regularly monitored and evaluated, and both professionals and clients must be engaged in this process.

Although the central research question focuses on services for victims of DV and TIP, the discussion of mixing services need not be limited to these two fields of work. It may be relevant to mix services (or some aspects of service) with other categories of clients and organizations that serve them, such as refugee and immigration organizations; migrants' rights groups; social protection models; programs for ethnic minorities; child protection models, and so on. Although these models (with their distinct needs and experiences) may not be adopted wholesale, we can benefit from these models and the lessons learned when working with the broad range of persons whose experiences, backgrounds, and needs overlap with those of TIP or DV victims. Research and analysis in this direction would be of benefit in the mixing and integrating of victim services and assistance programs.

Finally, an issue only touched upon in this research is how to move beyond the immediate crisis-intervention approaches to long-term success for victim recovery and reintegration.

Introduction

This study considers service models for victims of trafficking in persons and victims of domestic violence in the E&E region.[1] The central research question was how to best meet the individual and specific needs of victims[2] of TIP and DV, given the limited (and sometimes diminishing) resources available for these services. The study examined the various types of victim-centered services available in the region—those dedicated to serving victims of domestic violence or trafficking or both —as well as the extent to which these services were available and accessible to the two target groups. Of particular interest was how and where services could be mixed, where services should be distinct, and where additional services are required.

Service providers initially felt that mixing services was not a desirable approach. They believed that services, programs, and facilities should be distinct, that different clients required different services and professional skills, that biases existed between the two target groups, and so on. However, as the interviews progressed, the differences often became less distinct and arguments for separate services were more opaque. One professional put it this way:

> *My first impression was that services shouldn't be mixed. However, when I started to think more, answering your questions, differences appeared less and less, and actually I realized that there are many arguments for mixed services.*

One reason for this is that beneficiaries do not always frame their experiences and their identity according to the same diagnostic categories that service professionals use. That is, identity is not only about one's experience of TIP or DV, but is also about nationality and ethnicity, education, family situation, sociocultural background, occupation, etc. Furthermore, beneficiaries' needs may be as much about these other aspects of identity as they are about the experience of DV or TIP. For example, a single mother, although a TIP victim, may have needs more closely related to her status as a single mother than as a victim of trafficking. Thus, the services available at a "mother and child" program may better suit her needs than those available at an anti-trafficking shelter. In addition, it was not always possible to clearly distinguish victims of TIP from victims of DV. In many cases, victims of trafficking had, at some point, also suffered DV. Some had suffered DV prior to being trafficked, while others had entered into abusive relationships following their trafficking experience. Separating clients, and client experiences, into these categories is not always possible or entirely constructive.

In addition, discussions made clear that although many of the services (medical, psychological, legal, housing, etc.) required for the two target groups were different, many were also the same. For example, in terms of legal representation, TIP cases and DV cases are very different, and each requires lawyers with particular skills. Trafficking victims may have distinct legal issues associated with their trafficking experience—they may have been deported and have a deportation stamp in their passport; they may be charged with illegal border crossing; they may have committed crimes as part of their trafficking experience, etc. At the same time, the two groups also have a range of other legal needs that

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[1] For the purposes of this research, E&E countries are: Albania, Armenia, Azerbaijan, Belarus, Bosnia-Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Republic of Macedonia, Moldova, Montenegro, Romania, Russia, Serbia, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan.

[2] Although some argue that the term "victim" implies powerlessness and constructs identity around victimization, it has value from a human rights perspective in that it designates the violation experienced and legal responsibility for redress. This paper uses the terms "trafficking victim" and "trafficked person" interchangeably. Both terms designate persons who qualify as victims of trafficking in accordance with Article 3 of the UN trafficking Protocol or with relevant national legislation.

intersect, such as assistance with divorce and custody proceedings, document processing, birth registration, accessing state services, and so on.

Therefore, over the course of our research, we increasingly explored not only whether services could be mixed but, perhaps more saliently, how they could be best mixed in different settings. There are some important questions about how services can and should be mixed and about impediments to providing appropriate mixed services. In response to questions on whether to mix services, one social work professional replied:

> *It was hard to see one consistent difference between "real conditions" and how things "could or should be"… At the end, when I was thinking more about real service providers, real people in these organizations and among beneficiaries, again it seemed to me that some obstacles for mixed services will remain important.*

Although certainly a challenging task, the team would argue that services for victims of DV and TIP may, in many cases, be mixed. However, mixing is advisable only when care is paid to addressing five central issues: (1) the program objectives and organizational approach; (2) adequate and appropriate finances, facilities, and resources; (3) local contexts, cultural settings, and legal frameworks; (4) ongoing development of staff knowledge, skills, and attitude; and (5) similarities and differences within client profiles, experiences, behaviors, and needs. These five themes underpin much of the analysis in this study and frame our overall discussion of whether and how to mix services for victims of trafficking and domestic violence. These themes will be discussed in more detail in the coming pages.

Research Framework

Project Background and Research Objectives

This study builds upon a 2007 study of the intersections of DV and TIP in the E&E region, produced for USAID by the NEXUS Institute.[3] One of the main recommendations of the NEXUS study was to research the topic of expanding service availability for both DV and TIP victims. To that end, this current study was commissioned to conduct detailed field research on common and distinct assistance to both populations and to consider whether victim assistance and protection services need to be created, expanded, or possibly joined. In general, it has been assumed that women trafficked for sexual purposes will have similar needs and circumstances to victims of domestic violence, but there was no research to assess the accuracy of this assumption. Research was needed to examine whether both types of victims need similar services and whether their needs could be served jointly. This issue has become increasingly important as resources for such services across the E&E region decline.

Central lines of inquiry for the study were:
- The possible similarities (and dissimilarities) between experiences of TIP and DV;
- How the assistance needs of DV and TIP victims differ and whether differences in needs are also linked to other factors, such as the backgrounds, individual characteristics, and experiences of different beneficiaries;
- How services and assistance models differ for different beneficiaries, including victims of TIP and DV, as well as different profiles of DV and TIP beneficiaries;
- The capacity and willingness of existing service providers to assist mixed populations, and the possible negative and positive implications of this approach;
- The extent to which stigmatization and discrimination have been experienced by beneficiaries in the provision of services, as a result of interactions with other beneficiaries, professionals, and others;
- The circumstances in which mixed services would (and would not) be effective and appropriate for DV and TIP victims; and
- The implications for USAID policy of combining (or separating) assistance programming for victims of DV and TIP, with attention to issues of sustainability, efficiency, appropriateness, quality of care, and cost effectiveness.

Importantly, this study is not an evaluation of any specific services or agencies, nor is it an assessment of service provision within any one country. Moreover, it is not a mapping of assistance programs for victims of DV and TIP in the E&E region. Rather, it is intended as a tool for assistance organizations and donors to use in the development and tailoring of assistance work. More specifically, the study is intended to help USAID missions to focus resources more cost-effectively; integrate DV or TIP into programming, where appropriate; and address certain issues and controversies that have arisen in the area of victim assistance and protection.

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[3] See Warnath (2007).

Existing Knowledge and Gaps

Many studies, organizational reports, and country assessments have considered the particular needs of and evaluated services for victims of domestic violence and victims of trafficking in the E&E region.[4] The link between domestic violence and trafficking is often highlighted[5] and, has increasingly been built into programmatic responses,[6] such as working with DV victims as a means of trafficking prevention.

Certainly there are links and intersections between the two issues. Available data, while limited to some countries in the E&E region, reveals that violence, abuse, or other episodes of conflict within the family are experienced by a number of trafficking victims, although the type of violence and level of severity differ markedly. Warnath (2007) found that there are at least three points of vulnerability created by domestic violence that may be exploited and result in human trafficking: (1) domestic violence may act as a push factor that ultimately results in trafficking, and the urgency of escape may enhance risk; (2) domestic violence may erode an individual's self-esteem and self-confidence, thereby increasing vulnerability to traffickers; (3) and domestic violence may force children's absence from school at an early age, or lead to trouble in school or to the child's engaging in other risky, dangerous, or self-defeating behavior, lowering job prospects at home and thereby increasing their vulnerability to trafficking.

However, empirical research has been insufficient to conclude that the link between the two issues is causal. Data collected on family relations of victims of trafficking are incomplete, subjective, and anecdotal; therefore, it cannot yield reliable conclusions.[7] There is also a lack of precision and disaggregation in current datasets on DV rates among victims of trafficking. For example, it is not possible to determine whether reported domestic violence is between spouses or intimate partners, or by parents toward their children. In general, the data are not sufficiently disaggregated to reflect potentially meaningful variables within family environments or broader social contexts that may also involve violence, and there are enormous gaps in knowledge on the links between domestic violence and trafficking in persons (Warnath 2007).

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[4] See ABA-CEELI (2007); Human Rights Watch (2006); Minnesota Advocates for Human Rights (2000a, 2000b); Paci (2002); Rosenberg (2006a); Snajdr (2005); Somach (2004a, 2004b, 2004c, 2005), UNDP (2003), Women's Legal Rights Initiative (2006).

[5] Experiences of DV are often documented when interviewing and collecting data about VoTs' backgrounds as an assumed contributor to trafficking risk. La Strada International (2008: 62-4) recently published a study in which it argued: "La Strada believes that domestic violence is undeniably a contributory factor in vulnerability to trafficking," that its experience shows a high incidence of DV among VoTs and that the true rate of DV incidence among VoTs is likely to be higher still.

[6] For example, a USAID country gender assessment for Russia raised the issue of linkages between domestic violence and trafficking and the need to understand the issue better in order to design appropriate intervention programs given the limited budgets available (Somach 2004c:11,19). See also La Strada (2008: 64); Minnesota Advocates for Human Rights (2000b: 30).

[7] For example, the Regional Clearing Point (RCP) study on assisted victims of trafficking in SEE found differential data on the issue of family violence experienced by VoTs, differences not only between SEE countries but between organisations within countries. Moreover, analysis of family relations in the RCP study was based on victims' self-described assessment of family and home relations. As such, it was informed by the victim's individual subjectivity, and what a victim perceives to be "normal family relations" may be considered abusive by a service provider. As well, information about abuse is very intimate and victims may not feel comfortable speaking about this, and/or until some time has passed and/or they have developed a trusting relationship with the counsellor. This may not be possible in destination countries, where stays tend to be short and language and cultural obstacles may inhibit communication between victims and services providers (see Surtees 2005).

Moreover, the data (and the conclusions drawn from the data) apply to cases of assisted trafficking victims only, and there are substantial limits to what can be said and what conclusions can be drawn based on this sample.[8] Brunovskis & Surtees (2007) found that trafficked persons with alternative mechanisms for support were more likely to decline trafficking-specific assistance, which means that some of the characteristics associated with profiles of victims of trafficking may be more representative of assisted trafficking victims than of trafficking victims generally. As such, although it is commonly assumed that most victims come from problematic or violent families, this may be a function of the type of data being accessed. Trafficking victims who have good family relationships (including those who have not experienced DV) often return home to their families rather than enter into assistance programs. So, victims with family support (and from non-violent families) are therefore less likely to be registered in the assistance system, the system where most information about victims of trafficking comes from today and on which new programs and approaches are built.

Beyond the question of the extent to which the two issues intersect, the central question this study aims to answer is to what extent services for victims of these two crimes can be mixed. In our review of existing TIP and DV literature, we came across very few resources dealing specifically with the issue of mixing services. There are very few empirical studies on the subject.[9] Also lacking are manuals or training material that can support service providers in working with the two populations.[10] The lack of resources is particularly striking given the large number of service providers globally who are currently providing mixed services to these two target groups.

Research Methodology and Limitations

This study is based on fieldwork and interviews undertaken throughout the E&E region. Fieldwork was undertaken in Ukraine and Bulgaria in June 2008, with one week in each country. Countries were selected based the number of and development of services offered, which we assumed would yield more good practices. It was also based on the need to consider models of care dedicated to TIP or DV or both. In addition to fieldwork, the researchers conducted interviews by telephone (and, in a few cases, by email) with a wide range of anti-TIP and anti-DV organizations in the E&E region that provide assistance to these clients. A variety of service providers were selected based on different service models and target beneficiaries, as well as geographic diversity.

Semi-structured interviews were conducted with representatives of organizations and individuals working on the issues of domestic violence and trafficking in persons and also with victims of trafficking or DV (see Appendix C: Interview Questions and Lines of Inquiry for DV and TIP Service Providers). This template provided overall guidance for interviews with service providers but was adapted to the specific issues, knowledge, and skills sets of respondents. A semi-structured interview format was selected because it allows for the collection of comparable data by following a set sequence of themes, while at the same time allowing for flexibility to adapt to the specific situation of the respondent (Kvale 1996). During the fieldwork, interviews were conducted in English, Bulgarian, Ukrainian, or Russian—depending on the preference of the interviewee—mostly with the assistance of our field interpreters.

The following respondents and data sources were accessed:

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[8] For a discussion of some of the methodological problems and empirical conclusions associated with this link, please see Brunovskis & Surtees 2007; Brunovskis & Tyldum 2005; Surtees 2005, 2007e.
[9] See, for example, Shigekane 2007.
[10] For example, Winrock's *Prevention of Domestic Violence and Trafficking in Persons Training Manual* developed in Ukraine in 2001 treated the two issues separately without any linkages in the discussion or training exercises. Where manuals for mixing the services and/or client groups exist, they are internal documents within organizations and not available to other organizations or subject to outside inputs and review.

- Interviews with professionals working in DV and TIP assistance and protection programs in the E&E region;
- Interviews with victims of trafficking and of domestic violence; and
- Literature and secondary sources.

Interviews with Professionals Working in DV and TIP Assistance Programs

Semi-structured interviews were conducted with 67 professionals from 43 different organizations working on the issues of domestic violence and trafficking in persons in 13 different countries, with particular attention paid to service providers with government institutions, international organizations, and NGOs. [11]

- In Ukraine, 24 professionals from 12 institutions and organizations were interviewed. Respondents were from the capital, Kyiv, as well as Dnipropetrovsk, Rivne, Ternopil, and Zhytomyr.
- In Bulgaria, 20 professionals from 11 institutions and organizations were interviewed. Respondents were from the capital, Sofia, as well as the towns of Russe and Pernik.
- In other countries of the E&E region, 20 professionals from 17 institutions and organizations were interviewed.[12]
- Outside of the E&E region, three professionals from three institutions were interviewed based on their past or current DV/TIP work in the region.

Although it was not possible to interview individuals from all organizations working on the issue, every effort was made to access a range of relevant experiences and issues from as diverse a pool of service providers as possible. Professional respondents represented a wide range of service professions, including social workers, psychologists, psychiatrists, medical doctors, lawyers, and administrators. Equally, the programs considered in this study targeted a range of potential beneficiaries: victims of DV and TIP, adult women and men of all ages, and minors of both sexes. To this end, through fieldwork and phone interviews, the research team interviewed professionals with the following regional, professional, and institutional characteristics:

- *Regional characteristics*: 25 professionals from 16 organizations in SEE, 39 professionals from 24 organizations in Eurasia, and 3 individuals from 3 organizations working in the E&E region and/or globally;
- *Professional and service orientation*: Nine professionals from 7 organizations which provide services only to victims of DV; 41 professionals from 24 organizations which provide services to victims of both DV and TIP; and 17 professionals from 12 organizations which provide services dedicated to victims of trafficking;
- *Institutional characteristics*: 32 NGO representatives, 14 IO representatives, 5 GO representatives, 7 NGO/GO representatives;[13] 8 donor/USG representatives, and 1 university representative.

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[11] For a complete list of organizations and individuals interviewed during fieldwork in Ukraine and Bulgaria, as well as through phone and email contact, please see *Appendix B: Organizations and Individuals Interviewed/Consulted.*
[12] Due to the challenges of language, time zone differences, and phone connection problems, different techniques were used to interview other service providers, including phone interviews in English; phone interviews in native languages with interpretation provided by the interviewee; or email response to interview questions.
[13] This category captures NGOs which are financed and monitored by the national government and implement programs for the national government.

Interviews with Victims of Trafficking and of DV in Bulgaria, Moldova, and Ukraine

The research team[14] also interviewed a total of 17 victims of trafficking and domestic violence in Ukraine, Bulgaria, and Moldova. All were adult women and nationals of Ukraine, Bulgaria, or Moldova. Five were victims of DV, six were victims of trafficking, and six were victims of both DV and TIP. Respondents were, in some cases, from the capital city; in other cases we interviewed victims of DV and TIP from smaller towns and villages. The objective of these interviews was to better understand their experiences of assistance and how they evaluated these services. Also discussed were different models of assistance (both distinct and dedicated services) and how victims assessed the value and potential problems associated with these models of care. Interviews focused specifically on their experiences of assistance, rather than of domestic violence or trafficking. Respondents were not asked to relate their past experiences of violence and, where this was discussed, it was at the initiative of the respondents themselves.

Literature and Secondary Sources

The research team conducted a broad literature review to ensure that the study was based upon and builds upon the existing knowledge on the subject. Please see the bibliography (Appendix A) for relevant literature. The study also benefits from the authors' previous work and research on the subject of DV and anti-trafficking both within the E&E region and further afield.

Methodological Limitations

While the study draws on a broad pool of primary and secondary data and also benefits from fieldwork, there are a number of limitations which merit mention:

- *Limited timeframe:* This study was conducted in a very short period of time—from June to September 2008—which means that there was insufficient time to contact respondents from all countries. Because the study was conducted during the summer months, some respondents were on leave and unavailable to be interviewed.
- *Language obstacles*: In some countries, we were not able to identify or access English-speaking staff. Although some interviews were conducted through translation, this arrangement was not always possible and some respondents who did not speak English could not be interviewed.
- *Limited field travel*: Each field site was of particular importance in terms of highlighting local and national issues, as well as the more generalized considerations for mixing services. It also allowed us to meet with program beneficiaries and discuss with them their views and perspectives of different service models. More field sites, therefore, would presumably have resulted in the identification of a wider range of issues and considerations and, by implication, would have contributed to more detailed conclusions and recommendations.

Ethical and Security Considerations

Interviews with victims of TIP and DV were undertaken with careful attention to the ethical issues involved in interviewing these target groups.[15] That the interview was comfortable and generally

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[14] Interviews with victims of TIP and DV were conducted in Ukraine and Bulgaria by Susan Somach and Rebecca Surtees and in Moldova by Viorelia Rusu. We are grateful to Viorelia Rusu who, in conducting interviews with victims of trafficking and domestic violence in Moldova, afforded a wider pool of respondents whose direct experiences of assistance is invaluable in considering how to proceed in the formulation of policy and programs.
[15] See Ellsberg & Heise (2005) *Researching Violence Against Women: A Practical Guide for Researchers and Activists* and WHO (2003) "*Ethical and safety recommendations for interviewing trafficked women,*" Cf. Denscombe 2007.

positive for the respondent was of utmost concern. Issues such as informed consent, confidentiality, the right to privacy and anonymity, and security risks to respondents were central. Respondents were contacted through different service providers who were provided with written information about the research project and details about victims' role as potential respondents. In addition, in the course of the interview, each respondent was verbally informed about the research project and its objectives, how the interview would be carried out, and how the information would be used. We also ensured the respondents that they need not answer any questions that they were not comfortable with, and that they could stop the interview at any stage. Verbal consent was obtained again prior to commencing all interviews. Interviews were conducted at a time and location convenient for the respondent and the respondent was offered the option of having another trusted person present. Respondents were not obliged to give any identifying information and, when they did so, this was camouflaged in field notes and subsequently in the report. Further, in the report itself, all personal information that could be used to identify individual victims has been changed or omitted.

Issues of ethics and security have also been of concern in our interviews with professionals working on both DV and TIP assistance programs. Although the names of professional respondents and the organization are noted in Appendix B, quotes and information have been rendered anonymous. This has been done to avoid any negative fallout from information provided. In some countries, professionals work in very constrained social and political environments, and we do want to cause any undue problems that may inhibit their work. Where needed, we have provided sufficient contextual information—i.e., geographic location, professional background of the respondent, etc.—without identifying individuals, organizations, or countries. All field notes have been carefully maintained in adherence with internal data protection standards and policies of the NEXUS Institute.

Working Definitions and Terminology[16]

Assistance and protection: Measures, programs, and services aimed at the recovery of victims of DV and TIP and preventing further exploitation and/or abuse. These may be offered by non-governmental, governmental, or international organizations in countries of destination, transit, and origin. These may include, but are not limited to, accommodations/housing, medical care, psychological assistance, education, vocational training, employment, legal assistance, and transportation. Assistance may involve one or multiple services. For the purposes of this study, we have limited our understanding of assistance to the formalized assistance and protection systems in the E&E region.

Crisis intervention: Services focused on responding to the immediate needs of a person in crisis with the goal of stabilizing the situation. Such services are usually short-term.

Domestic violence: A pattern of emotional, physical, sexual, or economic abuse (e.g., denial of funds or controlling access to employment) used to gain or maintain power and control over an intimate partner or other family member. Domestic violence may be perpetrated by either a male or female family member against another female or male member of the family.

Minor: Anyone under the age of 18 years.

Recovery: The process by which victims are stabilized and their well-being is restored psychologically, socially, and physically.

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[16] Many of the definitions and terminologies are adapted from the *Regional Clearing Point's Second Annual Report on Victims of Trafficking in SEE* (see Surtees 2005) as well as the following studies: Brunovskis & Surtees 2007, Surtees 2007d and Warnath 2007.

Reintegration/integration: Reintegration or integration is focused on reuniting the individual with her/his family or community or on integrating the person into a new community. Beyond the physical act of returning, it involves unification with the individual's social environment and is intended as a long-term socioeconomic solution. Reintegration and integration is typically a service associated with trafficking assistance rather than services for victims of DV.

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

Shelter/residential facilities: Premises that provide temporary and permanent accommodation for victims of TIP or DV. Shelters may be open or closed; offer short- or long-term stay; and be tailored to emergency response or reintegration support.

Trafficking in persons: Recruitment, transportation, transfer, harboring, 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.[17]

Trafficking victim/trafficked person: These two terms are used interchangeably. On the one hand, although some argue that the term "victim" implies powerlessness and constructs identity around victimization, it has value from a human rights perspective in that it designates the violation experienced and legal responsibility for redress. On the other hand, the term "trafficked person" is used as part of an ongoing discussion of what constitutes the most appropriate terminology. Both terms designate persons who qualify as victims of trafficking in accordance with Article 3 of the UN trafficking Protocol or with relevant national legislation.

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[17] This is the definition outlined in article 3a of the *United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons*. Also known as the Palermo protocol, this protocol is one of the three protocols which supplement the *UN Convention on Trans-national Organised Crime*, adopted by the UN General Assembly on November 15, 2000.

Experiences and Impact of TIP and DV: Considering Similarities and Differences

Experiences and Impact of TIP

The impact of trafficking varies based on the individual's experience and may fluctuate according to the following factors:[18]

- the form of exploitation (i.e., sexual exploitation, forced labor, slavery or practices similar to slavery, servitude or the removal of organs); [19]
- the individual's background and experiences preceding trafficking, including any past experience(s) of abuse or violence;
- the living and working conditions while trafficked;
- the duration of the trafficking experience;
- the individual's age and development phase, in the case of minors;
- the presence, duration, intensity and frequency of abuse while trafficked; and
- the availability and appropriateness of assistance.

That is, the violations involved in trafficking are context specific, impacted not only by the form of exploitation but also the specific situation and environment in which the trafficking is perpetrated as well as the background of the victim. Two individuals trafficked for labor may have very different experiences depending on what specifically the exploitation entailed—the type of labor, living and working conditions, freedom of movement, abuse or violence, access to medical care, payment received, and so on. As an illustration, some men trafficked for labor from Belarus and Ukraine to Russia reported extreme levels of exploitation and violence and, in some cases, even the death of others with whom they were trafficked. By contrast, other men trafficked for labor suffered lower scale exploitation such as underpayment of wages, poor work conditions and restrictions on mobility (Surtees 2008e, Surtees 2007c, 2007d). That notwithstanding, some generalized impacts of trafficking can be identified.

The overall health of trafficked persons is often severely compromised by trafficking. Most trafficking victims report some type of abuse and, although the scope and scale of this violence varies substantially, it impacts both the physical and mental health of those on whom it is inflicted. Physical injuries experienced by trafficking victims are often far reaching and diverse. Victims of labor trafficking may suffer physical abuse and physical exhaustion, and even starvation. They may have broken bones, concussions, bruising or burns, as well as other injuries consistent with assault (Minnesota Advocates 2005; Surtees 2008a, 2008e, 2007c, 2005). Women trafficked for sexual exploitation also suffer sexual and reproductive health consequences— including unwanted pregnancies, miscarriage, infertility, STIs and risk of exposure to HIV—and may develop an alcohol or drug addiction through coercion or as a coping mechanism (Surtees 2008a, 2005; Zimmerman et al. 2003, 2006). Trafficking also has a negative impact on the mental health and well-being of victims who suffer high levels of stress, post-traumatic stress disorder (PTSD), and depression and may become aggressive and develop dissociative disorders. Moreover, as a psychological survival strategy, the victim may develop behaviors akin to Stockholm

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[18] Cf. Baucal et al. 2005; Surtees 2006a.

[19] The forms of trafficking discussed here conform to definitions in the United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (see section 2.5: Terms and definition). However, countries in the E&E region have national legislation that may include other forms of trafficking or differing definitions.

syndrome, in which s/he forms bonds with her/his captor or trafficker (Surtees 2008a, 2005, Zimmerman et al. 2003, 2006).

Trafficking also has an impact on the individual's social environment, as victims may have been separated from home, family, and community for long periods of time. This can cause tension, problems, and misunderstandings within families. In the wider community there is often discrimination and stigma against trafficked persons (Brunovskis & Surtees 2007; Surtees 2007d, Surtees 2008b), which can create ongoing educational, employment, and social problems.

Although trafficked persons often leave home for financial reasons, their economic situation is seldom improved upon return, and may even have deteriorated as a consequence of lost income or debt incurred while trafficked. Moreover, because of the dangerous and exploitative environments in which they work, trafficked persons often require expensive, long-term medical, psychological, and even psychiatric care, all of which negatively impacts their ability to work and support their families.

Trafficking victims commonly face ongoing threats to their personal safety and that of their family members. Traffickers have been known to threaten and attack victims' family members. Some traffickers have even targeted victims' younger siblings as potential new victims or as bargaining chips to ensure that victims will not testify against traffickers. Depending on the rule of law, level of corruption, and resources in a given country or community, law enforcement may be unable or unwilling to provide protection to a victim when he or she returns home.

Experiences and Impacts of Domestic Violence

Domestic violence involves a wide range of abuse and violations, affecting the physical and psychological well-being of victims as well as their socioeconomic environment.

Domestic violence can have a profound impact on a victim's overall health. Victims frequently suffer physical injury (such as bruises, cuts, and broken bones) as well as functional disorders (irritable bowel syndrome, chronic pain syndromes, gastrointestinal disorders) and reduced physical functioning. In terms of reproductive health, persons with violent partners often have a difficult time protecting themselves against unwanted pregnancy and sexually transmitted diseases and may also be subjected to violence during pregnancy, which can result in miscarriage or stillbirth, fetal injury, or premature labor or birth. Physical violence is often accompanied by emotionally abusive behaviors such as ongoing belittlement, humiliation, intimidation, or prohibiting women from seeing friends and family (Watts and Zimmerman 2002: 1233). In addition, domestic violence involves sexual abuse in 33 to 50 percent of cases (WHO 2002: 89).

However, the consequences of domestic abuse extend far beyond the physical harm done, and a single episode can have profound psychological consequences (Fischbach & Herbert 1997: 1168). Women who are abused by partners tend to suffer from depression, anxiety, low self-esteem, and phobias, and they may have a heightened risk of suicide or suicide attempts. Research on DV indicates that between 55 and 74 percent of DV victims experience post-traumatic stress disorders (Shigekane 2007: 127).

Beyond health concerns, there are serious socioeconomic implications of DV. An abuser maintains control over a victim by manipulating her environment, controlling her social interactions, isolating her from family and friends, fostering a sense of hopelessness and helplessness, and encouraging social and financial dependence (Shigekane 2007: 127; WHO 2002: 100-2). Abusive men may impose economic restrictions such as preventing a woman from working, or confiscating her earnings; controlling her means of transportation; and other controlling behaviors (Shigekane 2007: 127; Watts and Zimmerman

2002: 1233). The fact that abused individuals are generally emotionally involved with and economically dependent on their abuser has serious implications for both the dynamics of abuse and approaches to dealing with it (WHO 2002: 89).

Many victims of domestic violence are mothers. Children often witness domestic violence, which puts them at high risk for a range of emotional and behavioral problems including anxiety, depression, poor school performance, low self esteem, disobedience, nightmares, and physical health complaints (WHO 2002: 103). Some children may also be physically or sexually abused and may later become abusers themselves.

There are different factors that keep women in an abusive relationship including, but not limited to, fear of retribution, lack of alternative means of economic support, concern for the children being without a father, fear of losing custody in a divorce, emotional dependence, lack of support from family and friends, hope that the man will change, and stigmatization associated with being divorced or unmarried (WHO 2002: 96). Often a significant event must occur before women are able to leave an abusive relationship, such as when the violence becomes so severe that the woman recognizes that the man will not change, when the situation affects the children, or when she receives emotional or logistical support from family or friends or establishes the financial capacity to live independently (with her children) (WHO 2002: 96).

Available research from the E&E region, while limited, suggests that DV is a serious problem, affecting a conservative estimate of 20 to 30 percent of women and their children (Rosenberg 2006a: 3). This is likely to be an underestimate given that it is widely agreed that DV is underreported due to the sensitivity of the issue, fear of stigma, and rejection by the family and community (Ward 2002: 93) and may also be related to different notions of what constitutes violence and what it means within a family. For example, a widely repeated Russian proverb, "If he beats you, he loves you," serves as a reminder that violence is normative in many relationships and studies have shown attitudes suggesting acceptance of domestic violence in some of the countries in the E&E region.

Differences and Similarities Between Experiences of DV and TIP

In deciding whether services can be mixed, it is important to first identify the assistance needs of the various target groups at different points in time. These needs are related both to a victim's characteristics and to their experiences of violence or exploitation. Both categories of clients, while often treated as unitary because of their shared or similar experiences, are extremely diverse. Similarly, experiences of trafficking and domestic violence involve a range of violations and no two experiences are the same. Therefore, it is important to disentangle similarities and differences to determine the extent to which services may be appropriately, effectively, and ethically mixed.

Client Characteristics

Trafficked persons are men and women, adults and minors, from different economic backgrounds and nationalities. Trafficked persons have wide ranging backgrounds and life experiences. Although they may have similar experiences of exploitation in some cases, the issues involved in their assistance and protection are linked to their background and individual characteristics.

The profiles of domestic violence victims are equally diverse across age categories, national and racial/ethnic lines, religions and cultural traditions, social and economic classes, and the like. Some abused persons have distinct needs, such as women with disabilities, immigrants and refugees, graduates of orphanages, street children, and so on.

Thus, a necessary starting point is the recognition that there are often as many differences within a category of vulnerable populations as there are similarities. Assisting two victims of DV (or of TIP) within the same assistance framework may not work. Some DV victims decline shelter based assistance, while others find it essential in their recovery. Many victims of trafficking in Southeastern Europe (SEE) decline assistance precisely because their needs are not met by current anti-trafficking assistance (Brunovskis & Surtees 2007).

At the same time, there are similarities between categories of domestic violence and trafficked persons that merit consideration. Victims of domestic violence who suffer economic and psychological violence may experience trauma similar to people trafficked for labor. Similarly, victims of sexual exploitation may have health and psychological problems similar to those of victims of domestic violence who have suffered sexual abuse. Similarities also exist where victims of TIP have a history of DV.

Moreover, there are some noteworthy overlaps in the backgrounds of victims of DV and TIP. For example, many assisted victims of trafficking are adult women with children who may relate to domestic violence victims with children. Although it may not be possible to easily mix services for adult men trafficked for labor and younger women trafficked for sexual exploitation, there may be opportunities to dovetail services for more similar categories of clients—for example, women who have been violated by their husbands or by a trafficker or employer, either for sexual exploitation or forced labor.

Experiences with Violence and/or Exploitation

Victims of trafficking and domestic violence may experience several kinds of violence or exploitation. Until very recently, trafficking in the E&E region (and indeed in many parts of the world) was primarily seen through the lens of trafficking of adult women for sexual exploitation. Further, the most common representation was of an extremely coercive and abusive situation, for example, a woman locked in a room, chained to a radiator and forced to service dozens of clients each night. Certainly such experiences have been terrifyingly frequent. However, this scenario does not exhaust the breadth of experience of women trafficked for sexual exploitation from, to, and within the E&E region. For example, it has been noted that more recently in SEE the *modus operandi* of traffickers has changed to more subtle means of control and coercion. Victims receive some payment, abuse is less frequent, and they may develop relationships as traffickers' "girlfriends" (Andreani & Raviv 2004; Hunzinger & Sumner-Coffey 2003; Surtees 2008d, 2005). Additionally, it is not only adult women who have been trafficked for sexual exploitation but also female minors, male minors and, in some cases, adult men (Surtees 2008e; 2007: 38, 2005: 302-303). Also of note are trafficking situations that mimic, in important ways, experiences of domestic violence. For example, some victims are taken home by their trafficker or employer or bought by a client and then kept as a "wife" and exploited for both sexual and labor purposes (Surtees 2005).

Trafficking for sexual exploitation is not the only form of trafficking to, from, and within the E&E region. For example, among assisted SEE nationals in 2004 were victims of trafficking for labor (4.1%), for begging and delinquency (6.4%), for adoption (0.8%), and for combined sexual exploitation and labor or begging and delinquency (10.6%) (Surtees 2005). There is similar diversity in Eurasia, where the enormous size of the area, coupled with a lack of state controls and absence of citizen protections in many of the countries, have resulted in a thriving illegal trade of people from and through its territory (Shelley 2003).

Domestic violence is often seen as a homogeneous category; however experiences of domestic violence are myriad and diverse. In very broad brush strokes, there are, arguably, two main patterns of DV,

albeit with significant variation within each category. The first type involves severe and escalating forms of violence characterized by multiple forms of abuse, terrorization, threats, and increasingly possessive and controlling behavior on the part of the abuser. The second type is a more "moderate" form of relationship violence in which continuing frustration and anger occasionally erupt into physical aggression. The impact of these different types is likely to be different and, therefore, to have implications for interventions as well as opportunities for mixed services (WHO 2002: 93).

Experiences with Exit from Abuse

Trafficking and domestic violence victims may end up in shelters or assistance programs, but there are often differences in how they exit from the abuse/trafficking and which types of organizations or institutions help them. Trafficking situations often end due to a type of police intervention or escape, while domestic violence victims usually leave on their own initiative, sometimes with the help of family or friends. As one anti-trafficking professional observed:

> *Domestic violence victims ask for assistance voluntarily; victims of trafficking in some cases are brought to the shelters involuntarily, which requires a different approach at the start of assistance.*

Many trafficking victims describe police raids in which groups of victims are rescued together. Trafficked individuals may be afraid to reveal their trafficking experience for fear of retribution by traffickers, or because they assume collusion by law enforcement. In many instances they are treated as criminals and lack the legal and linguistic capabilities to advocate their rights. If they do not have documents, they may be treated as illegal migrants. Men's claims of exploitation are not always taken seriously, and women may risk further sexual harassment and even exploitation at the hands of corrupt police (Surtees 2007d, 2008e). Often victims are not open about their trafficking experience for fear of stigma and discrimination within their families or communities.

Victims of domestic violence tend to escape their abuse in stages over a longer period of time. It is common for a woman to seek temporary shelter for a "cooling off" period several times before leaving an abuser permanently. Many victims of domestic violence rely on family or friends to support them emotionally and financially during periods when they do leave. They may not openly reveal details of their situation, but they are more likely to discuss it with certain friends, family, or other abused women in a group setting.

In many cultural traditions, economic conditions and structural barriers make it very difficult for a woman to leave a marriage. Instead, she may try family mediation or alcohol treatment (if needed and agreed to by her spouse) in the hope that the abuse will stop. In several countries in the region, even if an abused woman divorces her husband, she may end up living in the same household due to lack of affordable or available housing.

Summary

Given the diversity of victims outlined above, it is clear that there can be as many differences within the categories of TIP or DV victims as exist between the two categories. Any efforts to mix services for victims of TIP and DV will require specific attention to the needs and experiences of the potential clients. As importantly, potential clients have access to these individualized services. Assistance should not be limited to a standardized framework of shelters or crisis centers designed with only one type of woman victim in mind (e.g., sex trafficking or domestic violence); rather, assistance should be designed to meet the needs of a broader range of victims.

Different Models for Service Provision: Considering Residential and Non-residential Programs

A primary distinction in the provision of services to victims of domestic violence and trafficking is between residential and non-residential services. Services may be organized around the framework of a communal shelter or different residential facilities. Other services may be non-residential; that is, available at a centralized service center or on an individual basis. This section considers residential and non-residential venues for services, including how these different models address (or sometimes fail to address) the needs of different profiles of clients and their different experience with exploitation or violence.

Residential Services: An Overview

Safe and secure accommodation is of vital importance to persons affected by violence and exploitation. It is often the most immediate need of both trafficked persons and victims of domestic violence. Shelters provide a safe place for victims in the initial recovery period; a place where decisions can be made about the immediate and longer future; and shelters may also provide long-term reintegration accommodation. There are different models of accommodation offered to victims of DV and TIP— short and long-term, communal and private, dedicated accommodation, and mixed-population facilities. Outlined below are the three main models for residential care options: (1) communal residential facility; (2) private residential accommodations; and (3) multi-staged and combined residential accommodation. While these may not capture every residential variation within the E&E region, these constitute the most common models in use.[20] Moreover, these models are consistent with residential programs available to victims of DV and TIP in many parts of the world.

Model 1: Communal Residential Facility

A communal residential model, commonly referred to as a shelter, offers short-term assistance (as a means of crisis intervention and emergency response), as well as long-term support (as a means of recovery and socioeconomic reintegration). Shelters are intended to be a safe setting where beneficiaries can decide on future actions.[21]

Shelters are used in assisting trafficked persons, victims of domestic violence and, in some situations, both categories of clients, sometimes in combination with other vulnerable groups. For example, some shelters are designed for female victims of violence and, thus, beneficiaries may include victims of trafficking, domestic violence, and sexual assault. In other cases—for example, state-run shelters at the

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[20] For studies which have explored shelter models for victims of trafficking in the E&E region, see Bjerkan & Dyrlid 2005; Brunovskis & Surtees 2007; IOFA nd; Rosenberg 2006b; Surtees 2008, 2007 & 2005; USAID 2005. DV shelter models have been more extensively studied. *Appendix A: Literature Reviewed* includes some of these studies (e.g., see Aguirre 1985; Barbour & Srube 1983; Bybee & Sullivan 2005; Farmer & Tiefenthaler 1996; Ferraro 1983; Fulbright 2004; Gordon et al. 2005; Haaken & Yragui 2003; Mahoney 1994), although this is not an exhaustive list of research on the subject.

[21] There are many advantages to the communal residential model for both victims of DV and TIP. Shelters—with all of their attendant facilities and staffing support—provide intensive support at highly stressful times and a safe, stable and healthy space for victims to speak and interact after experience. Beyond the assistance itself is the sense of security, which comes from being in a safe and often-confidential facility. Living communally with persons who have faced similar problems can be reassuring for some clients, helping them to not feel alone and to be in a place where they are understood. Communal living also affords a forum for information sharing among clients and between clients and staff (Surtees 2008f).

oblast level[22] in Ukraine—shelters are available to all vulnerable people (including victims of DV and TIP) without distinctions by age or sex. As the director of one such shelter explained:

> *We agree to shelter everyone who needs help… Women and orphans, women who were in jail before and come back, and orphans and street people… Yes, a family can be here. There [are no restrictions—it is for] either men or women. We have some separate rooms that even the families can stay in.*

Specific shelter configurations are determined by program objectives and target beneficiaries. These may include:

- **Dedicated shelter for victims of domestic violence:** Programs are targeted primarily to country nationals or persons with legal status in the country, although some also assist foreign victims. Clients are adult women, commonly with dependent children accompanying them during their shelter stay. Generally, these shelters are confidential, at secret locations, and have strict security protocols and procedures; for example, clients cannot reveal the location, and no visitors are allowed. Such facilities tend to be staffed 24 hours a day but are typically of an open variety, with clients free to come and go as needed. They may be short- or long-term facilities; commonly they are for immediate crisis intervention.

- **Short- term shelter for foreign trafficking victims:** These short-term facilities are a means of crisis intervention and emergency response for foreign trafficking victims in countries of destination or transit prior to their return home. The facility may be an open or closed-type, although they are commonly closed because of security issues and victims' lack of legal status in the country. Clients are generally adult women, some of whom may have dependent children who have accompanied them or who have been born as a result of having been a sex worker. In some shelters, men are also accommodated. Commonly, these shelters are confidential, at secret locations with strict security protocols and procedures, including, in some cases, security guards and police protection. Such facilities tend to be staffed 24 hours a day.

- **Shelter for national trafficking victims:** This facility is for country nationals or for foreign nationals with the option to stay legally in the country. They generally follow a communal residential model in a house or private apartment. Shelters in origin countries may be short-term (for emergency crisis intervention) or long-term (toward recovery and social inclusion). The facility may be open or closed, although it is more commonly open than are shelters for foreign victims. In some situations, the model is multi-staged—with a shelter in the initial recovery phase and semi-independent living options later.

- **Semi-independent living facilities for TIP or DV victims:** This model is one of supported living in a communal facility, but it offers less intensive support and intervention than in shelters. Clients live in groups smaller than in a shelter—sometimes two or three in an apartment; in other cases, five to six clients in a house or larger apartment. Daily life is organized by clients themselves, with the support and intervention of program staff. Some programs involve daily visits by the staff; some involve weekly contact. In some programs, the model is essentially one of semi-independent living in which clients live independently in a communal facility (house or apartment). In other cases, semi-independent living is the second stage in a multi-staged reintegration program, following crisis intervention at a communal shelter.

- **Shelter for minor victims of violence:** This model is designed for minors exposed to violence, including trafficking and domestic violence. Children are accommodated in a facility where they receive ongoing support and assistance from social workers and psychologists. The

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[22] An oblast is an administrative territorial division within Russia and other former Soviet republics, including Ukraine.

facility is staffed and supervised 24 hours a day. Such programs may be both short- and long-term and, in many situations, offer both options.

- **Shelter for vulnerable persons:** This model targets a wide range of beneficiaries deemed "vulnerable," for example, victims of DV, trafficking, and other forms of violence; homeless persons; mothers with children; and so on. In some cases, such shelters are dedicated to a specific profile of vulnerability—for example, shelters for single mothers with children—and within this category also fall victims of DV or TIP.[23] In other cases, shelters assist a mixed group of vulnerable beneficiaries. Generally such programs are open in nature, with staff available on-site to provide assistance.

Shelter services may be provided both on-site and off-site, depending upon the program. Generally in shelters (and, to a lesser extent, in semi-independent living programs) there are some staff available on-site. Social work is undertaken by staff counselors and social workers, and often a psychologist provides individual and/or group sessions. Medical professionals and lawyers may provide services at the shelter, although commonly clients access services off-site. The extent to which services are provided on-site often correlates with the level of openness of the program. Where programs (whether for DV or TIP) are designed toward long-term assistance and integration, services tend to be offered off-site, consistent with "normal" life. Where shelter facilities are closed (e.g., for foreign victims of trafficking) or where security concerns are present, services are more likely to be provided on-site.

Generally such programs are managed by NGOs, although some are also run by international organizations or government agencies and offices. Resources for such programs may be public or private, or a combination of the two. Funds may be from the national government (for example, a subcontract of public services), from international donors working in the E&E region (for example, aid agencies, foundations and foreign government donor agencies) and, albeit less often, from private donations and funds. Shelters vary widely from a government-owned or subsidized building to an apartment rented by an NGO with donor funds.

Model 2: Private Residential Accommodation

Private accommodation serves as an important alternative to communal residential facilities, which some clients experience as stressful and intrusive. Having emerged from highly stressful, violent, and exploitative conditions, some victims have difficulty adjusting to a communal setting.[24] As one U.S.–based DV shelter staff explained, "Women have said that [the shelter] is as bad as a controlling and abusive relationship. In addition to the strict rules, there was always someone wanting to know their business. It was causing some women to go back to their batterers" (Fulbright 2004). Lack of personal

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[23] In such cases, it is the identity of "single mothers" and "mothers as risk of abandoning their children" which is the unifying characteristic, rather than whether clients have been a victim of DV or TIP. As one service provider noted:

> *Yes, in the case of the maternal centers, the situations are with victims of domestic violence, trafficking victims, and also poor mothers. In this case, we have to support them if their economic situation is poor because there is a risk that they will abandon the children. We are trying to provide any kind of support and avoid the abandonment. We can provide not only the accommodation, but also material and even financial support.*

[24] Shelter settings were stressful for some trafficked women:

> *I would like to say that it is very difficult for the shelter staff to work with all beneficiaries… Each beneficiary has her own character… Some girls try to contact their owners… Many girls find it difficult to begin a new life… Many of them are used to making easy money … It is hard for them to recover physically and psychologically at least in the first period.*
> (Surtees 2007d: 144-45)

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space, another concern for some clients, is also addressed by private accommodation options.[25] In some cultures, the shelter model may seem particularly intrusive, and the intensity of service provision may be at odds with individual or community sensibilities that frown on sharing personal matters with strangers (Surtees 2008f).

Private residential accommodation is used, to varying degrees, for victims of both DV and TIP. Different configurations include:

- **Subsidized apartments:** Some agencies have apartments available where beneficiaries can be accommodated privately, either as individuals or with their family and dependents. In the United States, for example, some agencies rent apartments for families in the same apartment complex (Fulbright 2004). Though lack of resources impedes the widespread use of this practice in the E&E region, a number of organizations discussed how they worked to access private housing options for clients, including initially paying or subsidizing the rent and living costs.
- **Rental vouchers:** In some countries, service agencies for victims of DV and TIP provide clients with vouchers for apartments and money in lieu of directly providing assistance. However, no such practices were identified in the E&E region during the research.
- **Placement with host families:** In some countries, victims of DV or TIP are privately accommodated with host families. This may be a formal hosting arrangement in some countries; in other countries, this may be a temporary refuge with friends, neighbors, or family. Although this approach was not documented in the E&E region during the research, such strategies may in fact be used; for example, minors may be placed in a foster family.
- **Private, temporary refuge:** There are informal, private accommodation options in some settings which afford temporary refuge to victims of violence. One victim (of both DV and TIP) described a refuge in the ravine next to her village where abused women stayed temporarily in emergency situations:

  It's unbelievable, but the battered women from our village use to gather in a ravine, a small space they equipped for this sheltering purpose. Of course it's used only in summer time—a dugout, with a bed from branches and straw. The battered women used to gather there and cry to each other their problems. It's like we served as psychologists to each other ... The husbands never know about this place; it was a secret one. Otherwise they would come there and beat them. The women stay there usually for one … night, just to escape from the abusive husband. They return home when husbands became sober—in morning, to feed the animals, and to visit their children [staying with relatives]. Sometimes they take their children to this place. This is a place to sleep the night, and have a talk with other occasional victims.[26]

Such accommodation may be short term (offered for a few months as an emergency intervention) or long term (with clients helped with becoming economic independent). Such programs—where they are

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[25] While shelters can be a positive experience for many victims of DV and TIP (see footnote 13), it is not a solution for all clients. In many cases, problems are linked to the shelter model itself – because of negative social attitudes to shelters and assistance; because it is seen as intrusive; and because of not wanting to be located with other trafficked (read: stigmatized) persons. In other cases, problems are related to how the shelter model is designed and implemented – for example, rules and restrictions on clients. In still other cases, the shelter stay may be problematic for social and economic reasons, including the need to earn money to support their families and because in many cases victims and their families did not want to be separated from one another (Surtees 2008f).
[26] Such informal alternatives likely exist in every country and, at least in the immediate crisis, provide an important avenue for escape and refuge. It would be worth exploring how such informal coping mechanisms play out throughout the region and the extent to which assistance models may draw on the existing social and cultural norms and mechanisms in the design of sustainable assistance models.

formal—are targeted primarily to country nationals or persons with legal status in the country. Private accommodation options are likely to be particularly appealing for women with families. Private accommodation is typically geared toward integration in the community, and an individual's experience of domestic violence or trafficking is, therefore, likely to be less identifying than in a communal shelter program.

Services for privately accommodated clients are available off-site, although in some cases social workers may visit clients in their homes as part of counseling or case monitoring. Services may be accessed from the NGO facilitating the accommodation assistance; clients may also access services from other NGOs or the state. Programs may have special arrangements with private services—for instance, medical clinics—in contexts where state services lack the capacity or requisite sensitivity to provide appropriate care.

Generally, such programs are managed by NGOs, either with government funding or with funds from international donors in developing or transitional countries such as those in the E&E region.

Model 3: Multi-staged and Combined Residential Accommodations

Often times, programs combine the two models of residential care when assisting clients. The initial, crisis period generally involves an initial communal shelter stay—either in a dedicated shelter or one where TIP and DV clients are mixed, followed by a transition to semi-independent living options and, in some cases, at a later stage, to subsidized private accommodation. Not all stages are compulsory—for example, some clients return to live with their family after the initial crisis stage, some clients have a support network that can assist their independent living, some clients stay in semi-independent living or private accommodation from the start, and so on.

Non-residential Services: An Overview

Although many victims of trafficking and domestic violence require assistance with safe shelter and accommodation, others do not. Some have already exited their trafficking or domestic violence situation and have access to safe accommodation. Others may still be in the situation but are accessing services as a first step toward exiting TIP or DV or, in other cases, as a means of managing their situation.[27] There are also cases in which the residential assistance (particularly communal shelters) is not appropriate or accessible to victims. Where this is the only model of service available, it may result in victims not accepting assistance (Brunovskis & Surtees 2007, Surtees 2008f).[28] Finally, for some victims—for example, those in rural or isolated areas—residential services are simply not available, making non-residential services all the more important. As explained by one service provider in SEE:

> … I think that everywhere in the world shelters for domestic violence are necessary but, [they are] not quite sufficient. Like when people here are thinking about services for domestic violence, they always talk about shelters. And we have shelters, but shelters provide space for two months or a few days or something like that. But we lack the comprehensive programs that

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[27] Some victims of DV use shelters and services as a means of managing and improving the relationship with the abuser and working to end violence in the marriage (Farmer & Tiefenthaler 1996; Mahoney 1994). Non-residential services may be particularly important for women who have chosen not to leave the relationship.

[28] One major reason for trafficking victims to decline assistance was the shelter model itself which was inaccessible and inappropriate for many potential clients (Brunovskis & Surtees 2007, Surtees 2008f). Similarly, it is believed that only a small percentage of DV victims use shelters. Some women leave their abusers without seeking the assistance of any formal helpers; others remain in their homes unable to leave without the support of others and yet without access to the support needed to leave (Davis et al. 1994: 702).

will address the needs. Shelter need is not the only need and maybe not a necessary need if you have some other services developed. And not just services, but if you implement the legislation you can move [the abuser] out of the apartment … And you can also empower the victim to see what she will do with her life. You can develop programs for economic empowerment, for psychosocial empowerment. But we still don't have these programs [here]. We only have safe houses.

There are two main models for non-residential services in the E&E region: (1) centralized service centers, where services are centralized in or coordinated by one facility (for "one-stop shopping"); and (2) individual, non-centralized services accessed from different agencies.

Model 1: Centralized Service Center[29]

A centralized ("one stop") service center is a location at which clients can access services and assistance. It may take the form of a helpline, a drop-in center, or a crisis center; it may also be a day center with organized activities and programs or referrals to other programs. Centralization makes it easy for clients to be aware of and take advantage of available services.

Service centers can be for emergency intervention or long-term care and support. Although not all services are necessarily provided on-site, mechanisms for referral are managed from the service center. In the E&E region, many organizations provide on-site services—such as support groups and individual counseling, job training, programs for children, referrals for other needed services as well as assistance in dealing with state social services and legal matters. In the context of TIP and DV, initial contact is often through a helpline. Clients are then referred to a social worker or assistant who can help them obtain counseling or the desired assistance and services.

Such programs may be accessed by both country nationals and foreign nationals, although the provision of some services may be free of charge only for country nationals. Clients may be adults of either sex, although programs may also have a specific target group—like female victims of violence (i.e., crisis centers) or minors (i.e., drop-in centers for children in crisis, such as current victims of violence or children who left home because of abuse).

Non-residential services may be accessible to beneficiaries like adult men or the elderly who do not want or need residential services, at least not in the form of communal living. A non-residential model may also be particularly helpful for persons who have not yet left their exploitative situation. Victims of domestic violence who do not wish to leave the violent relationship or who have other options for stay (for example, with family) can find relevant support with non-residential services. In some cases, such centers may even provide access to services for abusive husbands and fathers, such as counseling or mediation sessions. Trafficking victims may also find the non-residential model of assistance valuable when they do not wish to reside in a shelter or have completed a shelter stay but need ongoing assistance toward social inclusion. Some programs offer non-residential services to a mixed population of both domestic violence victims and trafficked persons.

Service centers may be managed by NGOs or government departments, and sometimes are jointly operated, with services provided by both sectors.

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[29] This model has also been used widely outside of the E&E region. In Mexico, specialized agencies providing integrated medical, psychological, and legal services to rape survivors have been operating since 1988, and in Thailand, women's centers provide psychological counseling and medical service referral for GBV survivors (Fischbach & Herbert 1997: 1172).

Model 2: Non-centralized Services

In some countries, non-residential services are accessed from a range of agencies or private offices. Individual services must be accessed by clients, sometimes with the help of social workers, sometimes by clients themselves. Services may be provided by government agencies or by nongovernmental organizations. Increasingly in the E&E region, certain services, such as medical care, are provided by government agencies. However, where government services are complicated by bureaucratic procedures—which is common in some countries in the region—clients may receive limited or no assistance. One victim of both DV and TIP said:

> *Yes, the state social department provided me with financial help of [US$43 for one year]. It was one-time only, but it was a very bureaucratic procedure. I had to travel several times to this department, so I spent one third [of the grant] on transportation costs. I had to deal with a lot of papers, and each time I was told to wait for one reason or another, I had to travel repeatedly. I appreciate this help, but the sum is symbolic, indeed. I accepted assistance because I am in a difficult economical situation. If I hadn't accepted the assistance, [my situation] would be even worse... Additionally, I was lost in the process; I hardly understood where to go and whom to address to get necessary papers.[30]*

The convoluted process of accessing government assistance is burdensome not just to the victim, but to service providers as well. In many situations, NGO service providers must assist clients with understanding and accessing the different services available. The resources of many assistance programs (both financial and human) are overtaxed because they must be actively involved in dealing with state institutions and even other NGOs on behalf of (or alongside) trafficking victims (Surtees 2008a, 2008b).[31]

Referral mechanisms are especially important in a setting where services are not centralized at one facility or through one organization. This means that various agencies and service providers require training in how to identify victims of domestic violence or trafficking and what services are available for referral. For example, because depression is common among victims of domestic violence (and trafficking victims[32]), primary health care providers must be able to evaluate depression as a potential identifier of abuse or exploitation and provide appropriate referrals (Campbell et al. 1996: 109).

Mixing DV and TIP Populations in Residential and Non-residential Programs: An Analysis

There is a range of considerations when analyzing the advisability of mixing services for victims of domestic violence and trafficking. To some extent, these are further informed by whether one intends to mix residential[33] or non-residential services.

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[30] This is consistent with past research in which clients reported similar problems (Surtees 2007d: 230-231)

[31] This mediation role of service agencies is particularly important in the case of socially marginalized persons who generally are not aware of their right to state services or the means by which they can access them (Surtees 2008a, 2008b).

[32] Less research has been done that establishes a link between trafficking and depression, but preliminary data suggest a significant causal relationship between the two. See Zimmerman et al. 2003, 2006.

[33] The mixing of existing shelter services is assumed to entail mixing residential services for (primarily) adult women who have either been trafficked or abused with residential services for men and children. With the exception of shelters for minor victims of violence, residential options are less readily available to a wider population of clients. For example, there are few residential options for adult male trafficking victims in the E&E region, and assistance to minors is not always or easily available. However, given that both DV and TIP impact

Mixing services within non-residential programs is, on some level, less complicated than mixing those within residential programs. Because clients are not accommodated in the same facilities, many of the interpersonal dynamics and practical arrangements do not apply. Thus, many considerations for residential programs—such as length of residential stays, living arrangements, and relations between residents—are not present or not as acute as in non-residential programs.

> *You can mix [domestic violence and trafficking victims] ... There are some technical issues and other problems for shelters, for residential units. But for other [non-residential services] you can. I suppose that services should be developed not just to [address] the trafficking issue but to meet the needs of the person... And then if you are addressing her need then if some of the methodology is in mixed groups then I cannot see the problem.*

Nevertheless, there are other factors that must be taken into account, some of which are general and others which are specific either to residential or non-residential programs. These are discussed in turn below.

Service Provision and Need

Evaluating the appropriateness and effectiveness of mixed assistance to TIP and DV victims involves consideration of different service needs of different clients groups and how this can be arranged in both residential and non-residential settings. Distinct shelter and service plans (and appropriately skilled staff) are needed for both client groups. As two service providers noted:

> *At the initial stay I think that it is no problem at the shelter to mix these two groups [victims of domestic violence and victims of trafficking]. But all have different needs, and at a later stage, we work with them to meet the individual needs and have individual plans. This is where there are different cases and how specifically we deal with them is depending on the case.*

> *What I'm saying is that they don't have to be separate … However, the recovery of victims of trafficking can be much longer. Again, what is typical for victims of trafficking is rather occasional with domestic violence victims by severity of trauma. In other words, there are women who are victims of domestic violence who can get in the shelter and decide to break the cycle of violence after the first beating … and they get out. For those, it will be faster. Victims of trafficking, in general, before they can get out, they are much longer in the abusive cycle and also basically if they are in the sex industry they are raped every day. So the severity of trauma, consistent trauma, in a period of time is more in cases of trafficking.*

There are also substantial differences in terms of individual victim's needs. For example, although trafficking victims may be one "diagnostic category," they are not homogeneous. There are, for example, differences in how to arrange residential and non-residential services when working with foreign victims in transit as compared with national victims in the reintegration process. As one social work professional explained:

> *It seems to me that needs differ more between victims of trafficking that are in transit and those who are assisted at home than between domestic violence victims and victims of trafficking. Both groups can need assistance in material form, shelter, safety, psychological*

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men, women, and children, this analysis will seek to take into account all profiles of current and potential beneficiaries.

assistance, medical, capacity building, education, employment support. Both groups can have same types of needs, but the question is whether those needs can be met in same way. However, victims of trafficking that are only temporarily sheltered before transferring to their country of origin can differ more in the sense that they will not need assistance for long-term socioeconomic integration.

Staff Capacity to Work with Both Trafficking and DV Victims

Mixed services require staff with the capacity, skills, and knowledge to work with both target groups. Also vital—particularly in residential programs—is the capacity to navigate what can be a complicated social terrain among beneficiaries, including addressing misunderstandings and conflicts that arise between the two groups as well as among victims of DV or among victims of TIP. One former shelter resident explained that staff was central in avoiding conflict: "I could not remember some conflict situations [in the shelter]. I think that the staff, especially the psychologist, in many cases prevented such conflicts. I know that [the] psychologist was a person who knew about all things that happen in the shelter."

Building tolerance and understanding among clients—regardless of their different identities and experiences—is an important responsibility of program staff. As service providers explained:

> *I think that if there is a tolerance developed in society to the victims of trafficking and an understanding of [victims of trafficking], maybe in time it will be diminished and we will not have to separate the victims from each other. And what I can say more is [that in] most places domestic violence is the cause of trafficking in human beings because a woman tries to escape from it and leave the home and lives away from her family to earn money. It is one of the things that can cause trafficking in human beings. That is why I think maybe with perspective in [the] future it would work with the separate groups. But [if] they have their training to teach them to be tolerant to the problems of both, then [a mixed shelter] is a possibility.*

> *If there is a situation of stigma and judgmental behavior toward each other, they should definitely be separated, and the doctors should work toward developing the tolerance of these groups toward each other.*

Stigma also necessitates tolerance and understanding on the part of program staff, which is not always the case. Past studies in SEE and Eurasia documented instances of bias and discrimination against clients,[34] most commonly victims of trafficking for sexual exploitation. Therefore, staff supervision and training is needed on this issue. As one service provider explained:

> *We [support] training for people running shelters and services to victims of domestic violence and trafficking, and I think that both of those groups need more trainings on how to address the problems. They need training in communication, training in anti-bias. Those are the major ones, both for social workers in institutions and in NGOs. Because I don't think that they are thinking about that. They think they are doing a great job and then when the situation is like [it is], and those are the problems that can come out from those differences that people have, both groups.*

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[34] See Brunovskis & Surtees 2007; Surtees 2007d; 2008a, 2008b.

Legal and Administrative Issues

In some cases, service provision to victims of DV and TIP is inhibited by the legal and administrative framework of a country or program. Many countries of the former Soviet Union still have *propiska*[35] rules that create administrative barriers to receiving services. Other administrative barriers include funding limitations or restrictions that may be imposed by the government or a donor that prevent the option of mixing services or may limit services to specific profiles of beneficiaries. State shelters in some countries, for example, have age restrictions on who can be accommodated. Other limitations and restrictions are linked to sex (women but not men), age (minors or adults; adults between certain ages), family groupings (no mothers with children), citizenship or residency requirements (no foreign nationals; no persons from other regions), and so on. Different service providers detailed some of these constraints and restrictions:

> *The limitation here is* propiska *very often; the legal limitation, because women from different areas will have trouble getting into the shelter. And usually it's just the goodwill of the shelter director and networking—you know crisis centers help each other with different victims. But it's not really encouraged by the system. The system is rigid in that regard.*

> *Another problem is that the age-limit for coming to a shelter is 35 years because shelters were created in the system of social services for youths … so sometimes we have people who are grandmothers who suffer at the hands of their grandchildren or children, but they can't come to the shelter because of this provision in the legislation that imposes age limits.*

> *If a woman will come to the shelter with a boy 14 years old or something, [it's okay, but] it's impossible to accommodate a 16-year-old boy, the son of our beneficiary. Although they are all together, this is the only restriction.*

There are also practical issues associated with budgets—who finances and manages programs—and, by implication, funders' perspectives on services for victims of trafficking or domestic violence. Where such types of violence or abuse are not seen as problems meriting residential programs, shelters are not established. According to one service provider:

> *Another problem is that the responsibility for the creation and opening of these shelters is with the local administration. The finances come not from the state budget but from the local budget, and in the legislation there is a provision that the local administration establishes these shelters according to their regional needs. But who decides if there is [a] need or not? So if people do not apply, how do they check this? So that is why still we do not have enough shelters in the region.*

Security and Safety

It is commonly assumed that victims of trafficking are more at risk and require greater security measures than victims of domestic violence because trafficking is linked with organized crime networks[36]

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[35] *Propiska* refers to a local residency permit.

[36] The extent to which trafficking can be linked to organized crime varies substantially from case to case and region to region. In the E&E region, there is evidence of organized crime networks managing the human trafficking business (Andreani & Raviv 2004; Shelley 2002, 2003a&b; Surtees 2008d). By contrast, this is not necessarily the case in other regions such as SE Asia and parts of Africa. Moreover, it may be that some experiences in the E&E region are not controlled and managed by criminal networks which, in turn, affects the safety and security issues associated with some trafficked persons.

(Clawson et al. 2003:19; Zollo 2004: 6, Shigekane 2007: 129). This is often a rationale for not mixing victims of DV and TIP in residential facilities. And although this was also a common assertion in our interviews in the E&E region, follow-on questions seldom yielded a reliable empirical basis for this conclusion. This is an outstanding question, and merits study before related policy and programmatic decisions are made.

Certainly there are security issues in the case of trafficking victims, although security concerns vary substantially from victim to victim.[37] It is perhaps more accurate to say that some trafficking victims face greater security issues related to their individual situation, the country in question, the specific trafficking network, and so on. One service provider noted: "[Victims of trafficking] that have testified, it is connected to security, and they also need time and can have high security cases and need time to find a solution and to plan for recovery and reintegration." Moreover, although serious threats clearly exist for some victims of trafficking, documented cases of violent attacks on shelters by traffickers are rare globally (Warnath 2007).

Safety and security issues are also relevant in the case of non-residential services for both groups. Service providers—whether specialized or a centralized center—reported instances of threats and violence against staff and clients.

> *We have received several threatening calls through the hotline. We are taking them into consideration but we are trying not to focus on that.*

> *We had a serious and not good example of this. Some real beating outside of the office with the husband, here around this office, but not the shelter. [It was when the wife] was here for a consultation, not in the shelter. Because the office address is really known, [it is not difficult] for the husband to know [the location] and wait here.*

Moreover, in many cases, the lack of long-term, affordable housing options away from someone's community of origin also affects security and safety. As professionals and victims themselves explained:

> *And what concerns victims of domestic violence, the major risk is that they usually have to stay in the same house with their husbands even after a divorce, for example. Usually they do. Or they live in the same community, meaning that their husbands will find them anyway.*

> *[When I got home] they were already waiting for me. There were about seven [traffickers]. They were yelling at my mother, at me. I couldn't say anything. They threatened me that they would kill me if I didn't go back. They said that they bought me and that I have to return some money.*
> (Surtees 2007d: 169)

Security is not just an issue of traffickers or abusers. One trafficking victim described being raped by men in her community at a village event because, as they put it, she had given sex to men abroad, why not to them (Brunovskis and Surtees 2007). Another trafficked woman had been raped in her community upon her return: "One girl who came back from abroad told me that she was raped by her neighbors, they said 'you can sleep with [foreigners], will you refuse us?'" (Surtees 2007d: 169).

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[37] Surtees (2007d: 169-70) found that in a number of cases, threats and violence were exacted against victims. At the same time, many respondents for the same study reported no security problems and, although they were often concerned about their safety and possible retribution, they had not suffered threats or reprisals from traffickers.

Victims of DV are often at risk of continued violence and even spousal homicide when living at home. Given the limited options for alternative housing, many women—especially in the former Soviet Union—continue to reside with their spouse or ex-spouse despite violence and abuse. Leaving an abusive partner can involve security risks, including spousal homicide, and victims of DV may also face issues of safety while staying in a residential facility (WHO 2002: 96), an issue which was highlighted by service providers throughout the E&E region.

> *I know that shelters for domestic violence victims have more security problems than we do. Some husbands or family members try to enter [the shelter], and there is a huge rate of homicide in the family, such as when a husband kills a wife after [she seeks help]. I don't believe that security measures are different.*

> *The first time we had a man come, a husband of our client, he said, "My wife is here." And our staff said "No, there are no women here; you are wrong; please leave." But he stayed a long time. And the staff person said, "If you will not leave, I will call the police." She called the police, but when the police came, he had already left. The second time we had the problem he [knew from the last time] … usually we change the school of these children. They are going to another school, which is near the shelter. And the father, he learned from the old school where they are now. And he came several times—for one month, maybe more—to the school and wait[ed] for [his] wife and children and tried to talk with her. I called him and said, "What do you want? If you want to live with your wife, no problem, she can come back. But you can't and you don't want to. Leave her alone."*

Put simply, security needs to be a concern whether separating or mixing victims of DV and TIP and risks seem, in many situations, to be context- and case-specific. As service providers assisting both victims of DV and trafficking explained:

> *I have met victims of domestic violence who were highly endangered by molesters and required physical protection and security in the shelter. On the other hand, I have met some victims of trafficking who were in a closed shelter, under heavy guarding, who were not afraid and required little protection of that kind. So it is hard to say if shelter services should include different safety models for victims of domestic violence and victims of trafficking.*

> *And who is more dangerous? I think it depends on the situation and circumstances. A perpetrator could be dangerous to a woman who is his own wife, the same as a trafficker. To me, all of them are dangerous.*

Although client safety is paramount, restrictive security measures (and the associated program limits) may be counterproductive to the needs of clients, whether victims of DV or TIP. There are many practical issues involved in determining the proper balance in addressing the varied security needs of residents in a mixed population facility. If that tension can be resolved at all, it must be done on a case-by-case basis (Brunovskis & Surtees 2007; Surtees 2008a, 2007d; Warnath 2007).

Length of Residential Stays and Duration of Programs

Length of residential stays differs between victims of domestic violence and trafficking. Within the E&E region, shelter stays for victims of DV (where they are available) are often significantly shorter than for victims of trafficking, who may be assisted in reintegration programs for months and even years. Some DV victims had access only to crisis housing; in other cases, they may be sheltered for weeks following

the immediate crisis. Seldom were shelters available for victims of DV for longer than a few months.[38] Although in some cases the longer stay afforded to trafficking victims may be linked to their needs for long-term services, our findings suggest that it may equally be about the political attention focused on TIP as compared with DV in the E&E region.

Whereas services for TIP victims center around long-term reintegration,[39] services for victims of DV are geared more commonly toward crisis intervention, after which time beneficiaries are expected to live independently. This is in spite of the fact that many DV victims (like trafficking victims) are unable to safely return to their families or communities and lack alternative accommodation options.[40] Private residential programs are used most commonly for victims of trafficking; we found only a few instances of their use for victims of DV. However, here again, service providers need to examine the length of time that such residential services can and should be provided to each profile of beneficiary to effectively meet their needs. It is worth considering whether there should be a difference in length of residential stays for these two categories of clients.

As with residential programs, non-residential services for victims of DV tend to be shorter and less well developed than those for victims of TIP. This may be more a function of how programs have been designed and funds have been allocated than of the real needs of victims. Some thought should be given to whether a crisis intervention model is the most appropriate one for DV victims or whether clients would be better served by mobilizing some of the range of non-residential services often available to trafficking victims. Where the same needs exist (and we found this to commonly be the case), there should not be a difference in duration or scope of programs and services. Some victims of DV or TIP require only crisis intervention; others require long-term support and assistance. Regardless, in the case of both target groups, attention should be paid to supporting the autonomy of clients through services while not creating dependency on these services in the long term (see Surtees 2007d, Surtees 2008b).

Appropriate Facilities

A central question in mixing residential services is whether facilities available—communal or private accommodations—are appropriate for both target groups. That is, do they adequately take into account variables such as providing a safe area to live; affordable costs relative to the beneficiary's earnings; appropriate living conditions for beneficiaries; proximity to suitable employment, schools, and needed services; sufficient space and hygienic conditions, and so on. Many program staff highlighted the importance of good conditions in residential facilities to, at least in part, assuage some of the stress of communal or even semi-independent living (Surtees 2008f).

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[38] This is consistent with a study of victim assistance in the United States, where average shelter stays for DV victims was three to nine months, while victims of trafficking typically stayed in shelters for twelve to eighteen months (Shigekane 2007: 128). This difference was attributable to issues surrounding the TIP victims' legal status in the country as well as the lack of skills to live independently in the United States.

[39] In some countries in the E&E region, victims of trafficking also face very short shelter stays and may not have access to longer term reintegration services. For example, whereas in SEE many reintegration programs include an option for long-term residential care—sometimes up to one year—this was less common in the FSU, where many shelters accommodated victims for a matter of weeks and even days.

[40] A number of respondents asserted that DV victims, because of their ongoing links with family, friends, and communities, are better placed to independently access accommodation. While this was the case in some situations, in our interviews with victims of DV and TIP we found that both groups faced serious problems in terms of finding both temporary and long-term housing. One woman we met had been forced to stay in an abusive relationship with her husband precisely because there were neither DV shelters nor alternative housing available for her and her two children.

In communal shelters, a lack of personal space and privacy can cause tension (and amplify existing stress) and, for many service providers, the issue of space was particularly important. Explained one DV service provider in the United States, "We found that a private room gives them a comfortable and temporary refuge" (Fulbright 2004). Having adequate space for clients (including private space, where possible) and a functional arrangement of living quarters was often key in addressing tensions and providing quality care. As different shelter staff explained:

> *We have a big space at the rehabilitation center—it's more than 400 square meters. So we have the opportunity to accommodate people and if we see that the person is in, let's say, a complicated situation and he or she doesn't want to be mixed with others, we can isolate him because we have this possibility because of the big premises... For sure if we had a small shelter of three or two bedrooms, we would have such problems.*

> *It is necessary to know the capacity of these centers, how many beneficiaries are placed in each center. Because in our case, the centers are not big. They are smaller. The capacity is up to 10 places and it's not a problem to work with 10 beneficiaries. In this case the mix is not a problem...*
> *[Q: So the size is helpful—to keep it small?]*
> *Yes, the recommendation is to try to avoid big centers. It's better to have several small centers situated in communities than one big center with a lot of beneficiaries, and of course with big problems. From this point of view, mixing is not a problem, if the number of beneficiaries is not big.*

> *We made it like this: clients have their own separate part. If they don't want to mix, they don't have to. They have their own bedrooms. There is no need for them to mix. But if they feel like they need the company and there is a good group of women with teenage girls and this group of girls who are willing to work, then they have that option.... If she wants to be together with some kids or with some women as well, or if she wants to continue studying or working, she can do it. If she doesn't want that, she has her own space, bedroom, dining room, TV, kitchen. She can have her own privacy.*

Other critical features were issues of hygiene and cleanliness—for example, having one's own bathroom was important for many clients and staff. In the experience of many service providers:

> *The majority of the rooms are set up for two people in the youth center. In the case of the maternal centers, we have rooms with separate bathrooms … A mother and two children, for example, and can be placed in the same room with enough furniture with a separate bathroom and toilet.*

The configuration of residential facilities is also important when accommodating male and female victims of trafficking. Some respondents do provide shelter and accommodation services to both sexes and, when accommodated jointly in communal shelters, there is the need for separate bedrooms and bathrooms as well as other facilities and services. Also important is clients' comfort levels with mixed-sex accommodations, which may differ from country to country (as well as according to religion and culture). Some organizations saw no problem with mixed-sex accommodations; others felt it was inappropriate. Some victims were resistant to this idea: "I personally would feel comfortable being sheltered with these persons [victim of different forms of violence]. The only exception is sharing a shelter with men. After being sexually exploited, I had [a] negative attitude toward all men and rejected all of them as having inadequate behavior." However, this may be an individual rather than a widespread

opinion among clients. Issues of configuration are also relevant for victims of other backgrounds, for example, when accommodating both minors and adults or parents with their children (Surtees 2008a).

Relations Between TIP Victims and DV Victims

Living communally can be a reassuring and positive experience for some clients. However, others have difficulty adjusting and recalibrating their responses and behaviors to a shelter setting. Lack of personal space and privacy can amplify existing stresses and anxieties (Surtees 2008f, Zimmerman et al. 2006).

Tensions may be particularly acute when clients do not identify with one another, and some service providers identified the lack of understanding and empathy between these two client groups as a potential issue in any discussion of mixing services. Some service providers identified differences in attitudes and behaviors among victims of DV and TIP and its effect on the success of joint sheltering and assistance: [41]

> *Domestic violence victims think very often that victims of trafficking have some inappropriate behavior like smoking or talking with inappropriate language.*
>
> *It is difficult for victims of trafficking and domestic violence victims or their children to adapt to living in a shared environment because of different experiences and behavior. At the same time, some victims of trafficking were forced to use alcohol or drugs by their traffickers. They suffer their effects or from PTSD, so they break out in [an] aggressive way, becoming high—[and a] risk for themselves and others, especially for the children.*
>
> *But the victims of trafficking in human beings very often have other diseases …. A lot of them drink a lot of alcohol, and they are drug addicted. … it influences their behavior. I know of some instances when a victim of trafficking came back and stayed in a rehabilitation center, still they did not get treatment for alcohol or drugs, so they had some fights and quarrels because of that. Of course … victims of domestic violence want to be separate from them and judge them.*

Some service providers noted that mixing services could be advantageous, particularly where clients have a common issue around which they can develop understanding, such as how to care for their children. As one service provider explained:

> *In the case of the maternal centers, we have victims of DV and we also have survivors of trafficking in persons who are placed in the same center. Actually I can state that we don't have problems with this mix of beneficiaries. However, there are some advantages.*
> *[Q: What are the advantages?]*
> *The cooperation with our center that is specialized to provide assistance only to survivors of trafficking. And actually making a comparison, the rehabilitation period in the maternal centers for survivors or victims of trafficking is shorter than in that center specialized to work only with survivors of trafficking in persons.*

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[41] An important consideration is at what stage after violence/exploitation that victims or domestic violence or trafficking are assisted. Behaviors may be quite different at different stages of life after abuse/exploitation and at different stages of assistance. This needs to be taken into account in terms of how services and residence are organized, as explained by one social worker:
> *Those from trafficking experience are more hostile and traumatized, with additional stressed. In the initial period, they are more aggressive. Victims of domestic violence are very docile and accepting of assistance; from the very beginning, Victims of trafficking are not open to services.*

> *[Q: Why do you think that is? Is it because they are mothers and they have a different motivation, or is it something about mixing that is helpful?]*
> *They are a different kind of beneficiary. They are mothers, and they can communicate with other groups of beneficiaries. See another side of the life. See good examples of integration. It's actually easier for the center staff to work with [a mixed population, i.e.,] two [TIP] survivors from a total number of 10 beneficiaries in those centers, than to work with 10 survivors [of trafficking in persons] when the problems is the same and they are at the same stage of separation or rehabilitation.*

Stigma and Bias Between Trafficking Victims and DV Victims

Providing joint residential services to victims of DV and TIP may be an issue, given the highly stigmatized nature of prostitution in many societies in the E&E region, even when it is forced prostitution. However, although stigma and bias between DV victims and TIP victims is likely to be particularly pronounced in residential settings where contact is intense and ongoing, non-residential programs must equally attend to such dynamics. Where clients are mixed in non-residential programs—for example, educational or training programs—such biases and tensions can occur.

Many service providers identify discrimination and bias as a critical point in the discussion of mixing services:[42]

> *Yes, there are some biases and stigma because trafficking victims are stigmatized because of the association with prostitution. There are biases because victims of trafficking have been rejected from their families. Domestic violence [is] like some other part of society that is [the woman's] choice and [people] are not aware of experiences and trauma [the women] have been through.*

> *In the case of survivors of trafficking, these beneficiaries are trying to avoid communication on this subject. Actually they are not interested in communicating their history to other beneficiaries. And, of course, the staff of the center are also trying to avoid discussions about this subject in order to avoid the stigma. Actually, there are cases when, for example, in the maternal center we have 10 beneficiaries and one beneficiary is a survivor of trafficking. Nobody knows about this except one or two representatives of the center staff and that is all.*
> *[Q: What about the stigma of domestic violence—is it shameful, but perhaps in a different way?]*
> *The stigma, it's not the same as in the case of survivors of trafficking because—how to say it— actually, it's not something new. Domestic violence, it's a frequent phenomenon.*

> *From a medical point of view, the consequences may be the same, that is, PTSD, and other patients can have PTSD. But the victim of domestic violence … would say, "I am a good, well-mannered woman, I will not stay in a place with a prostitute." We understand that different people are trafficked, but there is a belief in society that the [trafficked] woman knew where was going and she knew all of the details of the work.*

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[42] For the most part, discrimination and bias was seemingly one-sided with trafficking victims more able to empathize with victims of DV than the reverse. As one service provider explained:
> *Trafficking victims perceive DV victims as potential victims of trafficking. Sometimes they even express compassion for them, and they find themselves considering the fact that most trafficking victims have experienced violence in the family from husbands, fathers, and brothers, or other members of family. We could say that the trafficking victims are particularly stigmatized … [more so] than domestic violence victims because of their experiences…..*

Although there may be biases according to whether someone is a victim of trafficking or domestic violence, it should be stressed that many other biases manifest in these settings, both between DV and TIP victims and also within these categories. Not all stigma and bias is related to distinctions between DV victims and TIP victims, but rather may play out along more generalized social faults lines. What "divides" people may be less their specific experience (whether TIP or DV) and may reflect other identity issues—different backgrounds, education levels, culture, and language, socioeconomic status, ethnicity and so on.[43] Nationality is a common source of tension among residents in shelter programs. Trafficked persons interviewed for one study of TIP in SEE (Surtees 2007d: 156) described feelings of alienation and isolation when at shelters dominated by one nationality or where they did not feel understood by the host culture:

> *It was difficult to me when they were all speaking. I don't know [their] language. They spoke [their language] so I was alone. When you sit alone, you think, when will this finish? It was crazy.*

> *I did not feel comfortable. I didn't feel that they could understand me and I needed to speak with somebody else. But I came here and I had someone with whom to speak. I felt that somebody could understand me. I felt better when somebody was listening to me. In [that language] I couldn't say everything. I didn't know all the words. … [it was] not just the language, maybe it was also not being [from that country].*

> *The [clients] react of course to poverty and ethnicity, and to refugee [status]. I don't know [how it is] now on refugees because it is 2008. But it is something like when you create an atmosphere in the 1990s that refugees are bad in [the region] then it maybe stays in the unconscious that you don't like refugees.*

Moreover, there is discrimination and bias within client categories—for example, among TIP victims or among domestic violence victims— and commonality of experience is not always a sufficiently unifying category.[44] Explained one sociologist:

> *In my opinion, this is a major obstacle to mix[ing] victims of trafficking with other groups, including domestic violence victims. They are marked by strong stigma related to the prostitution. Even among victims of trafficking I have seen that kind of stigmatization, and division lines based on their experience during trafficking. Some that were sold to be "married" would take distance from those who were engaged in prostitution. Those who managed to escape from traffickers would take distance from those who were brought to shelter by police or other authorities. So actually, their subjective perception, stereotypes, and stigmatization could be the major obstacle for mixed services, more important than differences in needs and models of services.*

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[43] For further discussion of stigma associated with trafficking in persons, please see Brunovskis & Surtees 2007, Surtees 2007, Surtees 2008a&b.

[44] Similarly, one woman, a former victim of both DV and TIP, discussed how she did not identify with victims of DV:
> *As for victims of domestic violence, since I left my husband, I became intolerant to women who declare themselves as passive beings, suffering from their husbands and do nothing to change their lives. I hate hearing about negative experience in a family life. I consider that each person should be strong enough to make change in their life, even radical change. I do not know why, but many women victims of domestic violence undertake the "victim"/passive behavior, and do not understand that their children are suffering because of this.*

As such, the dividing lines between a TIP victim and a DV victim may not always be most relevant, and other aspects of identity may amplify (or potentially address) differences between clients. Thinking through how to manage differences among beneficiaries of both residential and non-residential programs is perhaps more relevant than designing different programs that reflect myriad aspects of identity.

Mixing Minors and Adults

An important issue in terms of both residential and non-residential programs is the extent to which minors and adults can and should be mixed.

This is particularly pressing when discussing accommodation of minors and adults in a residential facility. For many professional respondents, age (particularly the distinction between adults and minors) was paramount:

> *For me the big issue is actually about age, the differences in age, and I am more concerned about this than about the difference between victims of domestic violence and trafficking in persons. For mixing domestic violence and trafficking in persons, I don't see any problems. But there are problems when we mix minors with adults. When assisting minors we need to think about categories of minors.*

> *And being around adults can be a bad influence on minors and also can influence their decisions because it is easy to influence [minors]. We have some cases where the adults find the solution for themselves but the same solution or decision would be risky for a minor because they can't manage it. Because minors can be influenced by the other adults in the shelter and they are not able to assess risk.*

Another important question is whether shelters and residential centers are appropriate and effective for assisting minors. Most service providers felt that, wherever possible, institutional residential care should be avoided.

> *When minors are initially referred, we look for different options for minors who cannot go back to their families. Some religious organizations have family houses where they can go, and we think this is a better solution to assist them, and then we also monitor them. We do not think of the institution as a good solution for minors. It is not good for them to live in a center as minors because minors must stay longer because they have needs that are longer—like education and finding a long-term solution—and when they stay longer with adults then their needs and concerns are not captured. But finding alternatives for minors is not easy. In [this country] we don't have a functioning foster system in place and also there is not even a law on foster care and so this is not an option. When it comes to minors, this is a gap. We need to find alternatives to residential care for minors at different ages. Children are better off to get into alternative care, where they can learn about relationships and other life skills. We want to place them in families.*

The presence of minors in shelters also entails a heavy workload for residential staff, which is not always necessary in the case of adults. As one shelter director explained:

> *Also with minors we worry about them and take care of them more so it is also a heavy workload … The responsibility is higher with minors, and also the risks are higher. Minors can be easily influenced, and*

the shelter format does not help this. They need a family environment to guide and influence them in positive and constructive ways.

When referring to children of victims (whether of trafficking or DV), the option to accommodate them alongside their parents is often essential. Where adult victims of trafficking and domestic violence may seek shelter for their children as well as for themselves, the combination of adult and child family members presents additional challenges as most shelters are designed only for adult, female residents (Brunovskis & Surtees 2007, Surtees 2005, 2007d, 2008a&b).

More generally, thought is needed about how minors and adults can be assisted in non-residential programs. Most programs need to be equipped to handle both minor and adult clients and, where appropriate, to provide separate services and staff. As the staff of one program explained:

> *You know we need a psychologist who can work with children. It's a big problem to work with children. We need this help of course.*

Special skills, programs, and facilities are needed to meet the individual needs of different minors of different ages, stages of development, and capacity. This may include day centers for minors, special education programs, and so on.[45]

Summary

Both residential and non-residential programs are important forms of assistance to both victims of DV and TIP. Many organizations provide both residential and non-residential services to victims of DV or TIP. Issues in mixing services identified in this chapter are complex and difficult ones and, although some programs may be mixed, this is not an easy undertaking and should not be done lightly. Nevertheless, with careful attention to the issues and considerations outlined above, many of these programs may be jointly operated to assist both profiles of victims.

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[45] There are some existing resources which can provide some guidance on working with minor victims of DV and TIP. See Bump & Duncan 2003; Dottridge 2006 & 2004; ILO 2006; IOM 2007; IOM 2005; Mitchels 2004; TdH 2005; UNICEF 2005; Groves et al. 2004; and Schechter & Edleson 1999.

Different Forms of Services and Assistance

Assistance programs for victims of domestic violence or trafficking in the E&E region comprise a broad range of services and are organized in different ways. When looking generally at services, it is helpful to consider a number of ways in which DV and TIP services may differ, including:

- whether the services are designed for victims of TIP or DV (the typical package of services for victims of TIP and DV differ);
- whether the assistance is for short-term or long-term;
- whether services are individual, stand-alone, or part of a referral network;
- whether services are offered on-site or off-site; and
- whether the services are public, private, or a mix of the two.

Typical package of services. The typical package of assistance to TIP victims includes shelter, medical care, psychological and psychiatric assistance, humanitarian assistance, legal assistance (document processing, issues related to status as a victim of trafficking, legal advice in judicial processes and assistance with general legal issues), vocational training, educational assistance, economic opportunities (job placement or income generation), family mediation/counseling, protection/security, and housing assistance. Assistance options are diverse, depending on whether the victim is a foreign or country national, male or female, an adult or a minor, requires residential or non-residential services, and so on. In contrast, services for DV victims are often limited to immediate crisis intervention services. Services typically center around a short-term shelter (often only a crisis center or safe house), and psychological counseling and legal assistance (primarily with family law issues such as divorce and child custody).

Long-term vs. short-term. Services needed by both trafficking victims and DV victims vary during the different phases of (1) crisis intervention; (2) transition/stabilization; and (3) reintegration.

For victims of DV, the extent to which long-term support is given and cases are monitored is often less than for trafficking victims. As such, there may be lessons that can be taken from the provision of reintegration assistance for TIP victims and applied in working with DV victims. For example, DV service providers have increasingly focused on long-term support (beyond emergency shelter, counseling, and legal representation) to include budgeting and financial management; parenting skills; day care access/childcare; counseling for survivors; support for children who have experienced abuse or witnessed it; transitional and affordable housing; and employment assistance, including job referrals, job readiness, and interview skills. These skills, which increase the chance of independent living and minimize the risk of homelessness or revictimization (Shigekane 2007: 128; cf. Eby 2004), are commonly part of anti-trafficking reintegration assistance. However, this is not meant to suggest that long-term assistance is available to trafficking victims throughout the E&E region. Many trafficking victims also do not have access to long-term reintegration services, particularly in Eurasia. Moreover, where integration or reintegration services do exist, their capacity varies.

Stand-alone services vs. referral networks of service providers. The extent to which trafficking victims are linked to mainstream government and NGO services is often less than for DV victims. Trafficking shelters often provide many services in-house (or through their NGO partners), while DV victims find their way to different service providers and agencies (often governmental) depending on their needs (e.g., going to the hospital after being beaten, seeking emergency shelter when forced from the house). Many countries have created a national referral mechanism to facilitate a multiple service provider model to respond to the needs of trafficking victims. Unfortunately, some countries have focused exclusively on trafficking victims rather than on building a referral mechanism to respond to a variety of

needs and social vulnerabilities, including domestic violence. Lessons can be learned by looking at both a *national referral mechanism* (used most often with TIP victims) and a *coordinated community response* (used most often with DV victims).

Location of services. Services may be provided on-site or off-site, by public facilities or private clinics. Decisions about where and how services are offered are often linked to the specific skills and capacity of private and public institutions in a specific country, as well as financial, regulatory, and structural limitations. Assistance programs—whether residential or non-residential—may also coordinate services provided to clients by other organizations or by state agencies. Overall, however, it is more common for TIP programs than for DV programs to provide on-site services, as discussed above.

Public services vs. NGOs and private services. Most governments provide a wide range of services that victims of violence may need, including medical care, psychological counseling and psychotherapy, humanitarian assistance, and even some legal services. However, quality, availability, and accessibility vary greatly from country to country and community to community. NGOs in the region usually provide specialized services funded by international donors or, to a lesser extent, contracted by national and local governments. In the trafficking arena, some international organizations also offer shelters and assistance programs, in conjunction with government and NGO partners and with funding from foreign donor agencies. Domestic violence services have largely been developed by NGOs with foreign donor funding. To date, NGOs working on both DV and TIP issues have generally struggled to get even small amounts of cash or in-kind support from national governments. Anti-trafficking organizations seem to have been slightly more successful in some cases, arguably due to the political traction of the trafficking issue. The private sector—for example, doctors (including psychiatrists), psychologists, lawyers, education and vocational teachers, business and employment services—typically provide services on a paid basis or as favors requested through personal connections with NGO service providers.

The sections that follow will discuss the individual services needed by and generally available to both victims of domestic violence and trafficking in persons. They will discuss when and how needs may overlap and, therefore, when and how services may be appropriately offered to both target groups. They also explore differences in needs and how the provision of services needs to take these into account.

Medical Care and Assistance

The problems faced: The range of medical needs and issues faced by victims of domestic violence and of trafficking is vast and include sexual and reproductive health problems (e.g., unwanted pregnancies, HIV/AIDS and other sexually transmitted infections, infertility, and complications of pregnancy), other diseases (e.g., tuberculosis, cancer, cirrhosis), physical injury (e.g., contusions, concussions, lacerations, fractures, and gunshot wounds), substance abuse and addictions,[46] and "functional disorders" (ailments such as irritable bowel syndrome, gastrointestinal disorders, and chronic pain syndromes).[47]

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[46] Drug and alcohol abuse occurs in both groups. Many women trafficked into prostitution are forced to drink alcohol while serving clients in bars and, as a consequence, develop alcohol addictions. Others are given drugs as a means to break down their resistance and develop a dependency which assures their continuation in prostitution (Andreani & Raviv 2004, Surtees 2007d, 2005, Zimmerman et al. 2003). Victims of labor exploitation have also been forced to consume drugs. For example, Cambodian men trafficked onto fishing vessels have been forced to consume narcotics as a means to increase their productivity and numb them to injuries (Derks 1998; Surtees 2000). In addition, some victims use substances such as alcohol, cigarettes or drugs as a coping mechanism to deal with the stress of TIP or DV (Surtees 2008a, 2008e).

The assistance needs: Both groups require medical care in the initial stabilization period to deal with acute conditions and emergency needs. In the long term, medical assistance is also needed to deal with ongoing problems related to sexual and reproductive health problems, physical injuries, and so on.

Options for mixing medical care: In some cases, there are significant similarities between the medical problems and needs of domestic violence victims and trafficked persons; perhaps most commonly women trafficked for sexual exploitation. Beyond physical injuries, these two groups may face a range of sexual and reproductive health issues (e.g., unwanted pregnancy, miscarriages and abortions, delayed prenatal care, etc.), although gynecological infections and sexually transmitted infections are more often associated with trafficking for sexual exploitation. There are likely greater similarities between women who suffered sexual abuse in the home or through trafficking than, for example, between adult victims of labor and sex trafficking.[48]

However, some groups of trafficked persons may have distinct needs which do not intersect with other profiles of trafficking victims or victims of domestic violence. Trafficked minors, for example, are likely to have particularly acute medical problems as the impact of trafficking is compounded by their young age and can impede healthy physical development.

Furthermore, the medical needs of both victims of domestic violence and trafficking vary according to their experiences, including the nature of their abuse or exploitation; the period of time trafficked or abused; their precise experiences of exploitation or abuse; access to medical care while trafficked or abused; and so on. Thus, as with many other services, the extent to which medical services can or should be mixed with victims of domestic violence (or for that matter with other vulnerable groups) is case specific and largely dependent upon the type of medical specialty needed. Medical clinics or facilities with a range of diagnostic skills and treatment programs are preferable in treating the gamut of health problems faced by trafficked persons and victims of DV.

However, medical services are generally provided through a national health system and, with a view to long-term sustainability, there are reasons why both target groups should be encouraged to access these state medical services. To this end, however, there are some issues to be considered:

- *Role in identifying victims.* Not only do medical personnel—both private and public—provide services to victims of TIP and DV but, when properly trained, they are also a potentially important means of identification and referral for other services. There is a need for formal and legally binding protocols[49] that obligate medical staff to identify and refer presumed victims of

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[47] See WHO 2002: 101 and Ellsberg & Heise 2005: 21 for a full list of health consequences of intimate partner violence. See also Zimmerman et al. 2003 & 2006 for a description of the range of health consequences of trafficking for sexual exploitation; Surtees 2008a for a discussion of the serious medical conditions faced by integration and re-integration programs in SEE; Surtees 2008 for a brief summary of the impact of labor trafficking on Ukrainian and Belarusian men and Gushulak & MacPherson 2000: 68, 74.

[48] Victims who have been exploited for different forms of trafficking will likely require a combination of medical assistance and treatment. Where victims have been trafficked as domestic workers but were sexually abuse by their employer, they will require assistance typical of both labor trafficking and trafficking for sexual exploitation. Similarly, children trafficked for begging may also be subjected to sexual abuse and their medical needs reflect these forms of exploitation.

[49] However, care should be taken to consider cultural issues when deciding how to use mandatory referral requirements for adults. Such efforts have sometimes resulted in victims avoiding medical care and/or hiding information that may be relevant to treatment for fear of medical personnel reporting to law enforcement or outing their experience publicly.

TIP and DV.[50] Similar protocols in some countries have been instrumental in identification and assistance in cases of child abuse, sexual assault, domestic violence, and other crimes. Models and approaches to medical care can be adapted from standards used for other, more studied and serviced vulnerable groups, with attention to adapting these for any particular needs of minority groups (Zimmerman et al. 2006: 5).

- *Quality care.* Health professionals should be sensitized and trained to work with TIP victims and DV victims, which includes developing guidelines on appropriate treatment protocols; guidelines on privacy, confidentiality, safety, and care ethics; up-to-date referral information for other necessary assistance and services; protocols for proper management of abuse cases, and guidelines for routine screening for abuse[51] (Zimmerman et al. 2006: 4; WHO 2002: 106-7).
- *Funding health care.* Virtually all victims (whether of DV or TIP, foreign or national) need free medical services during their recovery and assistance.[52] It is important to consider how national governments can increasingly assume this responsibility and, by implication, how state medical services can be supported to appropriately and sensitively provide services to vulnerable groups as well as the population generally.
- *Holistic coverage.* Assistance programs provide a range of medical services, including general health, reproductive health, dental care, optometry, and requisite surgical procedures. However, program funding does not always cover care for severe conditions that require treatment at a hospital or clinic not connected to the shelter, and some service providers face financial difficulties when victims of TIP or DV require more extensive medical assistance and hospitalization (Surtees 2005, 2008a; Warnath 2007).[53]

Right now, the government gives some money for victims of trafficking—for the basic medical help. So we have some money for them. But for the victims of domestic violence, unfortunately there is no such help. And now we are trying to negotiate with the Ministry of Health Protection and ask them for some money for victims of domestic violence … to do the tests at the hospital, for example.

Medical services are only for women living in shelter. Sometimes—I am a doctor by profession—when some woman has some problems, I can help her by myself or send her to my friends. But officially, according to our project, there is such support for the women only in the shelter.

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[50] There is also a need to identify children of victims of DV and to integrate the health care needs and responses of mothers and children from violent homes (Culross 1999).

[51] See Hawkes et al. 2005 for a discussion of some of the health/medical issues of trafficked women as well as recommendations for medical responses and services.

[52] In many situations victims lack national identity documents which prove their citizenship and, therefore, their entitlement to services. In other cases, corruption in the public sector means that even victims who are entitled to health services may not receive it or may be required to pay fees. Additionally, there are many countries with mandatory fees for health care for all citizens, even when victims of crime like trafficking or DV.

[53] Some service providers have established informal networks of public and private doctors who provide free services based on personal connections,, but this is not a sustainable or consistent model of care.

> *Yes, we buy medical drugs and it's for free, sometimes it's for free for us because we have friends. We made operations, sometimes they need operations. And it was free for them. It was our friends, good friends, and they help us. And sometimes when they need more serious help. Of course it's for free because we have no money for medical services and we want to find free services through, of course, our friends.*

Psychological and Psychiatric Assistance

The problems faced: Trafficked persons and victims of domestic violence commonly suffer serious and wide-ranging psychological trauma as a result of their experiences.

At each stage of trafficking, victims are exposed to psychological pressure and stress. Prior to departure, victims may be exposed to violence in their families, they may be under strain because of economic problems, they may face personal crises, and so on. Transportation can involve stress due to illegal border crossing, exploitation *en route*, realization that they are victims of trafficking, violence from their trafficker, etc. At the destination, traffickers use a range of psychological control tactics to manipulate victims and create dependency and fear, including intimidation and threats (against the victim or their family);[54] lies and deception; emotional manipulation; and unsafe, unpredictable, and uncontrollable events (Zimmerman et al. 2003: 3-4, 51). As a consequence, trafficking can have serious and long-ranging impacts on the mental health of victims. Depression, anxiety, and hostility were symptoms frequently detected among trafficking survivors, posing problems in recovery and reintegration as victims attempt to resume daily activities and normal relationships. In addition, 56 percent of trafficked women reported symptoms suggestive of PTSD at their first interview (Zimmerman et al. 2006: 17, 20; cf. Zimmerman et al. 2003: 4, Surtees 2005).[55] Trafficking is generally associated with trauma and other psychological issues, although most research and information on the links between the two are based on trafficking for sexual exploitation. Little attention has been paid to the psychological impact of other forms of trafficking and its potentially differential impact on different profiles of victims (male vs. female, adult vs. minor).

Similarly, domestic violence victims often experience a cycle of abuse that repeats over time. Their adult relationship may have started without violence, and the descent into violence is stressful and traumatic. Acts of violence often erupt after a buildup of tension and are followed by a "honeymoon" period of remorse. Afterwards, the tension builds again and a new cycle is underway. Adult victims exposed to domestic violence in their childhood may have normalized this violence; others are traumatized by past violence. As a consequence, victims of domestic violence suffer quite commonly from mental health issues. Depression, for example, is prevalent among battered women and can be a strong indicator of abuse (Campbell et al. 1996: 106). Moreover, abused women are significantly more likely than non-victims to qualify for psychiatric diagnoses that include major depression, alcohol and substance abuse, generalized anxiety, PTSD, and obsessive-compulsive disorder (Fischbach & Herbert 1997: 1168).

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[54] In one study of trafficking to the EU, one third of victims reported that traffickers threatened to harm family members (Zimmerman et al. 2003: 52). This is consistent with other studies globally in which threats against family serve to control the actions of victims. Cf. Pearson 2002, Surtees 2005, 2007d.

[55] Zimmerman et al (2006: 17-20) documented the psychological state of some trafficking victim respondents:

> *I am scared for no reason. I think that someone is behind my door, window. Someone will find me, pick me up, beat me and kill me. I have run off and they are looking for me. My mood changes all of the time. I cannot control my mind.* (Zimmerman et al. 2006: 17)

> *When I was in the shelter, there were moments when I was throwing the food from the table and breaking different things.* (Zimmerman et al. 2006: 20)

> *Sometimes I don't see the point in doing anything. I am useless. When someone has controlled you and made decisions for you for so long, you can't do that yourself anymore. Sometimes I can't make decisions myself.* (Zimmerman et al. 2006: 20)

Paradoxically, it is precisely these problems that may prevent abuse victims from seeking help.[56] That is, depression-related immobilization, impaired concentration, apathy, sleeping problems, and feelings of worthlessness interfere with the ability to seek help in ending abuse, obtain protection from the criminal justice system, and understand that she or he is not to blame (Campbell et al. 1996: 109). As one DV victim put it: "People who had suffered these things are very self-reserved and they need to let their emotions out. They are even afraid to go on living and they need to talk about that." Depression may also continue after exiting an abusive situation. One study of DV shelter graduates found that 43 percent and 75 percent reported clinical depression and trauma symptoms, respectively, related to childhood abuse, dissatisfaction with housing, and their own parenting and financial difficulties (Gordon et al 2005).

The assistance needs: Both TIP and DV victims have a range of related mental health needs. Psychological assistance is an essential service toward stabilizing victims in the immediate recovery period and toward longer term recovery and healing. In addition, even when PTSD symptoms decrease with treatment, the onset of other psychological problems and stressful life events can result in recurring PTSD, which can inhibit daily functioning (Zimmerman et al. 2006: 17, 20, 22).

The extent to which the psychological assistance needs of the two target groups are similar is largely a function of specific experiences. Mental health effects of trafficking are informed by a range of variables including the form of trafficking; the trafficking experience itself;[57] and the individual mental well-being of the victim, including coping skills. Victims of multiple forms of exploitation or multiple trafficking experiences will likely have complex and distinct psychological assistance needs. However, not all trafficked persons are severely psychologically traumatized by their experience (not all are exposed to extreme levels of abuse and exploitation) and some seem to have experienced trafficking more as failed migration than as severe exploitation (Brunovskis & Surtees 2007, Surtees 2008). DV victims equally have variable mental health problems linked, at least in part, to duration of abuse.

Options for mixing psychological and psychiatric services: Captivity and control are common features of both experiences, and techniques of disempowerment and disconnection are used to establish control, instill terror, and destroy the victim's sense of self (Herman 1992). The use of physical, sexual, and psychological violence is also common features of both experiences. Because of significant parallels between experiences of trafficking and domestic violence, some techniques, skills, and approaches for the two groups may be similar.

In addition, some particular patterns of trafficking mimic aspects of domestic abuse—for example, when victims are held by individual men to provide both sexual and domestic labor. In such instances, a relationship is generally forged between exploiter and exploited, which, over time, affects her perception of her situation. With the relationship based more on subtle manipulation than direct exploitation, victims are more inclined to see themselves as "wives" or "partners" than as victims of

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[56] Further, as important as it is for abused women to get appropriate care for depression, such a diagnosis may pose problems in future custody decisions or in maintaining health insurance. These issues need to be discussed with women, and confidentiality of records is critical (Campbell et al. 1996: 109).

[57] Victims trafficked for shorter periods may be less traumatized, which will impact the type and scope of assistance required and the time needed to stabilize the victim. By contrast, one may assume that the longer the period of trafficking, the greater the trauma and dependency on the trafficker. Long periods spent trafficked and separated from family and friends, living outside of a family environment, and being under extreme stress may impede recovery and reintegration in ways that merit further exploration. Being in an exploitative situation for long periods of time likely also has an impact on the individual's feeling of control and self efficacy, essential to good mental health, and may also result in feelings of dependency and connection with the exploiter (Free the Slaves & Human Rights Center, 2004: 37).

trafficking. With the victim living with her exploiter, the "bond" between them is further galvanized (Andreani and Raviv, 2004: 78; Surtees 2005).

Moreover, to the extent that victims of trafficking have been exposed to domestic violence in the past, the overlap of services (or at least service providers) can be valuable. Given that a noteworthy number of trafficking victims in SEE are trafficked by a boyfriend or husband or a family member (e.g., parent, sibling, cousin), questions about the intersection between the two issues are salient (although not causal). As such, a range of mental health problems, some quite severe, are likely to be encountered among individuals within both DV and TIP populations, some with significant points of intersection and overlap (Warnath 2007).

Although appropriately trained psychologists and psychiatrists are able to work with both target groups, there are nevertheless some issues in terms of the provision of psychological and psychiatric services in the E&E region. These include:

- *Staff capacity*: Mental health shelters, services, and properly trained professionals are not always available to provide the care required to these two groups, including when that care is needed over the long term and in rural areas. The number of psychologists, for example, was limited during Soviet times and, though this has been addressed in part in the present, one psychologist explained how the quality of education during the post-Soviet period is still viewed as problematic:

    > *You cannot imagine that, in the Soviet time we had 5,000 psychologists for 250 million people. You cannot imagine. And these psychologists worked in universities, in—we have only three psychological institutes—in Moscow, in Kyiv, and in Tbilisi, Georgia … But [being a] critical psychologist is a very new profession here and we do not have a good situation in universities because we have no educated teachers who can teach the psychologists.*

    In some countries, because of resource and capacity issues, social workers may attempt to perform counseling with trafficking victims, which is not preferred. Addressing serious mental health issues, such as PTSD, requires the attention of trained professionals. Treating some mental health issues may require a psychiatrist to make diagnoses and to prescribe medicine. When assisting minors—either those who are victimized themselves or are accompanying their mothers—there is a need for professionals trained in working with minors (Surtees 2006a&b).

- *Access to services:* Psychological (and, where needed, psychiatric) assistance is limited in many countries, particularly outside of towns and cities. Often such services are only available to trafficking victims or victims of domestic violence during a stay in a shelter program. Where shelter stays are short, psychological assistance is often brief and limited in scope (Surtees 2005). Because services are often geographically uneven, many beneficiaries do not have access to services or they must travel to access these services, which may not be possible due to time or financial constraints. Even where psychological assistance is available in a client's home community, changing counselors or psychologists at critical moments in the recovery process may be disruptive, and this lack of consistency may inhibit recovery.

- *Stigma and suspicion associated with psychiatry and psychology:* In some countries, vulnerable persons may not feel comfortable availing themselves of psychological or psychiatric services. Many societies and cultures find the concept of mental illness so stigmatizing that they ignore or deny it or ostracize not only the mentally ill person but the whole family. Stigma attached to

mental and emotional difficulties serves as a barrier to receiving treatment.[58] Other societies may recognize mental illness but not give vulnerable people the proper recognition and required services (Fischbach & Herbert 1997: 1168, Shigekane 2007: 121). In some cases, psychiatry in particular has been used by the state as a tool of control, resulting in deep hostility or suspicion of psychiatry.[59] Said one psychiatric professional: "All people had a high level of fear that the Communist Party Council will do something to this person who has problems, and we still have [this concern]." Even where the value of this assistance was recognized, it was often not deemed socially acceptable; many people feared being classified "insane." Many also feared that their decision to consult a psychologist or psychiatrist would be part of their permanent record, with negative impacts in the long term, such as diminishing the ability to get a job (Nygard et al., 2003: 46-7, cf. Surtees 2008e, 2007d).

- *Techniques:* Techniques used for assisting the two groups may differ. For example, group counseling and peer support groups have been helpful for DV victims but may not be constructive for some TIP victims. Sex trafficking often creates an environment of competition among victims by using favoritism and rewards to divide victims and consolidate control. In assistance programs, such dynamics may continue (Shigekane 2007: 129). Fear of stigmatization can also inhibit sharing of stories, as one victim explained:

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  I preferred not to share my experience. I just did not want to bring the memories to my mind. In many cases women told me their stories, but I usually avoided speaking about traumatic experiences. But I observed that some women wanted to share their experiences—they felt better after this. This is because they could not do it outside of shelter—people who are not aware what trafficking is usually turn to blame us. Personally, I felt better not to speak to somebody else about my experience.

- *Need for deeper expert analysis and research.* Recommendations about mixed services are preliminary, and there is a need for gender-sensitive and culturally sensitive mental health research that looks at the issues and needs of victims of trafficking and domestic violence. Only by understanding the potential psychological and psychiatric sequelae of the two issues will it be possible to develop effective intervention and prevention strategies (Fischbach & Herbert 1997: 1171).

Legal Assistance

The problems faced: TIP and DV victims have a range of legal problems. Some are linked to the experience of abuse or trafficking, while others arise from their family relations, or their social and

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[58] Some victims prefer to keep their experiences quiet rather than seek out counseling. "Western style therapy is foreign to them and not culturally appropriate... most refused to go because they didn't like it... there has to be another model for psychotherapeutic help." One service provider explained the importance of taking into account cultural considerations, especially the stigma attached to psychological problems: "You have to understand that there are derogatory sayings where these girls come from for people who seek help—they are seen as being crazy and described as a chained dog—rabid." (Shigekane 2007: 121).

[59] This is consistent with the general attitude to psychology in the FSU, where psychiatrists were seen to play a controlling function in society, designating people as "sane" or "insane." During Soviet times, the government routinely declared dissidents "insane" and had them committed to closed psychiatric institutions. This practice served multiple purposes: stigmatizing the individual so his or her opinions would be devalued or scorned, removing the individual from the community for indefinite periods of time (until he or she is "cured"), providing an excuse to administer debilitating psychiatric treatment (administering powerful medicines), and sending a warning to others in society who may consider speaking out against the government (Somach, 1985).

economic situation. Legal problems may involve administrative law (lack of identification and documentation to qualify for public benefits), immigration law (lack of status for foreign citizens), family law (filing for divorce, alimony, child custody and support, property distribution or defense), civil law (filing charges of domestic violence offenses or private causes of action against abusers or traffickers), and criminal law (serving as a witness in a criminal case against abusers or traffickers, being a defendant in a criminal case as a result of fighting back against abuse).

The assistance needs: Both TIP and DV victims need a wide variety of legal services. In general, both target groups need to know their rights, to be able to fill out legal forms correctly, to navigate administrative procedures, to be represented in court (whether for criminal or civil procedures), and to collectively have assistance in higher level advocacy for legal reform and policy change.

For trafficking victims, legal assistance can include informing victims about their rights, legal status, and the legal process; providing legal representation in criminal and civil cases (related to trafficking, DV or other needs such as divorce or child custody); assisting victims (foreign and national) in the processing of personal documents and identity papers;[60] and accessing government services (Surtees 2006a; 2005).

The type of legal assistance and support required by victims of domestic violence are many, but focus primarily on access to legal information and advice and navigating the legal system in terms of divorce proceedings, child custody, alimony and child support, and security measures, such as (where possible) restraining orders against their abuser (WHO 2002: 107). DV victims may also need help with personal documents and identity papers, especially if they have a particularly controlling abuser who holds the documents or if they have fled their home community.

Options for mixing legal assistance: There are some legal services that could be provided to both profiles of victims by the same lawyers working on staff at an NGO or working in private practice. Lawyers may provide assistance with document preparation and legal representation in court to either trafficking victims or DV victims. Social workers may be able to assist with administrative forms related to personal status and accessing government assistance, but specialized lawyers are usually needed to handle criminal law and some civil and immigration issues. Both TIP and DV victims are often married and have children, thus they face a range of family law issues related to child custody, divorce, alimony and child support, and division of property. Trafficking victims are not always provided legal assistance to respond to family law issues.

There are, however, some issues that arise when considering if and how to mix legal services for trafficking victims and DV victims:

- *Lack of resources for adequate legal representation*: Shelter programs for DV and TIP victims generally include some legal services, although often through referrals to other NGOs specialized in legal assistance or to networks of private attorneys willing to accept small payments for their services or work pro bono. Governments may have legal services through

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[60] Foreign victims generally require assistance in processing personal and identity documents for their return home as well as applications for temporary stay in the destination country. National victims are often without identity papers, which are essential in accessing medical care, re-entering the school system, and receiving social services. Victims may need assistance in processing the following personal documents: birth certificates, citizenship certificates, residence certificate, residence permit for foreign citizens, identity card, medical insurance card, registration with the national employment service, registration with local social service department, school certificates and diplomas, passport or other travel documents, assistance in obtaining refugee status, assistance with the temporary or permanent stay permits, tax-payer's certificate, etc. (Surtees 2008a, 2005).

the court system, but they are often heavily oversubscribed and underfunded, as described by one legal expert:

For example, in one city with a population of 200,000, there is one lawyer who provides consultation in all spheres for a lot of issues. And, if there is a trial in the court for the victims of domestic violence or victims of trafficking, of course they need the legal support for that, but it takes a lot of money.

There is a shortage of legal assistance of all kinds—information about rights, how to fill in divorce papers, etc.—and legal assistance is often inadequate to tackle the very serious and specific issues faced by victims of DV and TIP. Limited resources often require both TIP and DV programs to prioritize some services and leave other needs unmet. As one DV service provider noted, the cost of providing legal services and lack of adequate funding can result in rationing of those services to victims: "In general every crisis center has one way or another in getting legal help, but not necessarily providing lawyers in a hearing … [W]hen we have funding we can provide [legal consultation] services, but when we don't have funding, finding volunteers is not always easy."

- *Diversity of issues:* There are some legal issues faced by victims of trafficking that do not have the same relevance for victims of domestic violence. This may include accessing national documents (via their embassies), seeking to regularize their status in the country (either temporarily or permanently), dealing with criminal charges brought against them for acts committed while trafficked (prostitution, illegal migration, etc.) and so on. [61] This requires a level of specialization that many domestic violence and possibly even legal aid organizations do not currently have (although in which they can be trained). Moreover, it may also be important for DV organizations as much as anti-trafficking legal organizations to be prepared to assist foreign nationals. Many organizations already assist foreign nationals, although they are able to serve only a small number of people. As a result of the breakup of the Soviet Union and Yugoslavia, in particular, there are more foreign nationals who may be married or residing in what is now a foreign country.

- *Special issues related to identity documents:* Social workers often start by securing appropriate documents, including proof of residency, to allow victims access to government assistance. In some countries, this requires the assistance of a lawyer. A trafficking victim often needs documents from her or his country of origin and immigration documents to return home, requiring substantial interaction with the immigration officials from both countries. As one TIP service provider noted:

We have good contacts with the Federal Migration Service and the Ministry of Interior, so in … this case, we get the support of the Federal Migration Service and the Ministry of Interior, they issue us a special letter, a statement that allows us to arrange the repatriation of this victim and we don't pay any fees and it's okay with the passport control.

The situation can also be very challenging for DV victims, even for country nationals, due to *propiska*. The issue is exacerbated in the some capital cities, as one service provider explained:

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[61] Although international standards aim to avoid such situations (see UNHCR 2002), this is not always the case.

> *Usually 90 percent of the women that get to the shelter do not have their passports with them because they ran away. And a lot of other people who get here are … from other cities. And they do not have* propiska.[62]

- *Need for specialized experience in criminal and civil cases*: The handling of DV and TIP cases differs substantially. Whereas trafficking is a criminal offense in most countries, DV is often a civil or administrative offense. As one lawyer explained:

> *For domestic violence, we have a direct procedure, and for trafficking cases we have to pass through the penal procedure sometimes. So we have a process of investigation which is completely different. In domestic violence cases, [victims] would need—in most cases—a civil lawyer. In the case of trafficking, they would need a very strong criminal lawyer.*

The same attorneys can include in their cases a private right of action by the victim against the abuser, if allowed by law. However, women may be hesitant to press charges or bring a case not only because of feelings for her spouse, but also because, as a practical matter, financial penalties will adversely affect the whole family. As one DV specialist said:

> *Police come and take this person, take him to the court—it's like an administrative one—and this person gets a fine, and the money for this fine comes from the family budget. So this woman thinks, "What am I doing?"*

- *Issues of legal representation:* In TIP and DV cases, the possibility of obtaining legal representation for the victim or witness in court proceedings varies from country to country, based on legal systems. [63] State prosecutors handle criminal cases of trafficking and DV, and lesser DV offenses often result in administrative procedures. Here the level of specialization and expertise required differs between the two forms of violence and exploitation, although many lawyers may have (or may be able to develop) experience and expertise in both fields. Since other government actors are responsible for bringing cases to court, it is often permissible for a lawyer (or even a social advocate) to represent the victim or witness in the court proceedings, something victims and professionals said was helpful.

> *Maybe it would have been more helpful if someone from the center would have joined me at the court hearing every time. Because when there was somebody from the outside present, my husband does not humiliate me, does not threaten me.*

> *Usually we lawyers accompany them to court when there is a case, when there is a hearing for divorce, custody, or the division of property. Also, lawyers help victims to deal with documents because sometimes there are cases in which people from other parts of the country come to us and they do not even know how to write their names.*

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[62] When registration or *propiska* is a problem, shelters sometimes are able to find a solution, at least during the time the victim is staying there.
> *We also faced this problem [propiska]. The problem exists. We solved the problem in the following way: we made temporary propiska at our centers.*

[63] Most countries in the E&E region have laws against trafficking and, while not all E&E countries have specific DV legislation, most have acts under which DV could be prosecuted. However, for the most part, DV crimes are not prosecuted effectively, and punishments are minimal; law enforcement responses are limited or ineffective; and victims report dissatisfaction with their experiences with law enforcement (Rosenberg 2006: 18-19).

The issue of legal representation in both family and criminal law cases is very important. Financial and power imbalances, coupled with corruption, can exacerbate the vulnerability of DV and TIP victims in divorce proceedings, and have resulted in devastating loss of custody of children, among other traumatic results. As different professionals said:

And it is hard to stand that procedure. And it happens that husbands bribe law enforcement bodies and a woman cannot do anything.

I will give you an example of a woman who [was sentenced to] five years in jail. There was a fight. [Her husband] was beating her, and she was protecting herself and hurt him, so he went to the very end in the court [procedure against her]. He became the victim of domestic violence, and, as such, she was jailed. She was pregnant, so her sentence was reduced to three years.

Educational Assistance and Vocational Training

The problems faced: Low education and lack of professional skills make many trafficking victims and DV victims economically vulnerable, and poor economic conditions often exacerbate an individual's vulnerability to trafficking (and re-trafficking) and her or his inability to escape from an abusive situation. Both types of victims may lack the life skills, language capacity, educational background, and vocational skills to become economically self-sufficient. Although this is not always the case, it is not uncommon.

The assistance needs: Education and vocational training are important components in comprehensive long-term responses to trafficking in persons and domestic violence. Educational assistance can take the form of reinsertion into the mainstream education system,[64] specific educational programs by NGOs or non-formal education systems. It may involve "catch up education" that allows older children to achieve an educational level appropriate for their age prior to their reinsertion into the school system. It may also include basic functional literacy, language education (e.g., for members of minority groups and resettled trafficking victims needing to learn a national language), and certification processes (e.g., whereby education from the home countries of foreign nationals can be accredited locally).

In addition to traditional educational assistance, training in life and social skills may be valuable for victims of TIP and DV. Skills may include basic money management, health and nutrition, hygiene, home making, sexual education, problem solving, and strategies "to keep safe" (Surtees 2006a: 80; 2008a; cf. Surtees 2005, Warnath 2007). Parenting classes, offered by some NGO's, offer another valuable skill. Although parenting classes have been designed specifically for trafficking victims (who became separated from their children as a consequence of trafficking or who became pregnant as a result of forced sex work), it also has relevance for victims of domestic violence. Life skills training may be particularly important for some beneficiaries—for example, foreign victims who are staying in the destination country and may lack the skills to live independently (e.g., understanding the language, accessing

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[64] Reinsertion into mainstream schools is complicated because schools are often reluctant to readmit children who have been absent from school or who are educationally behind their age group. In addition, some reinsertion regulations are complicated. Some require students to attend school in their home districts, which may not be where they are currently living. In others, children can only register for school at the start of the school year (Surtees 2006a: 80; cf. Surtees 2005, Warnath 2007). Comprehensive reinsertion agreements are needed to facilitate access to formal education. While trafficking victims are more likely to have been away from school for long periods of time, it is also possible that children of DV victims or DV victims themselves require these services, such as in cases where they have been socially isolated and unable to attend school. Children of DV victims also may require mid-year transfers if they have moved into a shelter or a different living arrangement.

government assistance or agencies, using utilities or public transportation). Lack of skills at independent living may be the result of socioeconomic and cultural differences, but they may also result from trafficking conditions, such as being secluded while trafficked, or being uneducated with limited skills (Shigekane 2007: 121-2). At the same time, many of these characteristics are also true of victims of domestic violence.[65] Due to the traumatic and long-term nature of DV, survivors may lack the ability to live independently in the community, making them and their children vulnerable to homelessness or forced to return to a violent household.

Educational assistance may also be needed. On the one hand, education of parents of trafficked children may be needed if they lack basic literacy or other competencies (Warnath 2007). On the other hand, the children of victims of trafficking and DV may need educational (and other forms of) assistance.

Vocational training is also important. Vocational training should take into account the specific labor market needs to enhance the possibility of long-term employment for beneficiaries. Skills and education should translate into viable economic ventures in the long term, which many organizations stress:

> *First we identify the region that she's meant to return to. Then we find an NGO in that region, and we are ask the NGO to provide us with information on job opportunities, vacancy notices, and the situation in the labor market in the region. Because you know this is a big country. So the region is important. We do this through NGOs so we know what kinds of positions are available in the market. We also conduct a psychological assessment. We evaluate the previous background of the victim, the previous education of the victim that she obtained before, and also her skills. The psychologist gives her advice on what kind of profession she could start. And also we listen to the doctor's advice, because we've had cases of girls with eye problems who wanted to work with computers. …*

Options for mixing education assistance. Formal education should be available to both victims of DV and TIP within mainstream education programs. The provision of non-formal education and vocational opportunities can be mixed for the two populations; moreover, they could be dovetailed with services and programs for socially vulnerable groups in general. The skills of value for victims of DV and TIP are consistent with those for a range of clients. The integration of these services into state programs and social services—whether provided by NGOs or GOs—has the added advantage of mitigating the risk of stigma and discrimination because individuals are not identified as victims of violence or trafficking. Educators working with victims of DV and TIP should be sensitive to the problems faced by these clients (e.g., they should not probe personal background or stories) and ensure confidentiality of all students and beneficiaries.

Economic Opportunities: Job Placement and Income-Generation Activities

The problems faced: For both victims of trafficking and domestic violence, economic independence and stability is of vital importance. Many trafficked persons in the E&E region originally migrated out of a need for employment or money. Similarly, some studies have found that domestic violence occurs more frequently in societies in which men have sole economic and decision-making power in the household (WHO 2002: 100). One study found that women were at lower risk of abuse if, among other things, they were employed and reported a high quality of life, supporting the hypothesis that access to

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[65] Constriction in the capacities for active engagement with the world and a narrowing in the range of initiative become habitual with prolonged captivity and must be unlearned with liberation (Herman 1992: 90-92).

resources serves as protective factors against continued abuse[66] (Bybee & Sullivan 2005: 85). Another study found that the probability of wives returning to an abusive husband increases considerably if their husbands are their sole source of income; financial dependency almost always ensures the abused woman's return (Aguirre 1985: 352).[67] Many DV survivors cite financial dependence on their abuser and the inability to maintain a house or job as the main reasons for their eventual return (Shigekane 2007: 127). All of these individual challenges are further compounded by national economic problems, issues of unemployment and under-employment and constrained labor rights, common in many countries in the E&E region. As one DV service provider responded when asked if they provided job-placement services for their beneficiaries:

> *No, you know it's impossible for [our country]. No, no it's impossible. We can provide her with skills and then it's up to her. Of course we can say, "You can work." We can recommend her.*

The assistance needs: For most TIP and DV victims, vocational training alone is inadequate, and job placement or income-generation schemes are critical in providing economic opportunities. Finding a good job—with adequate pay and satisfactory working conditions—is vital in long-term stability and safety.

Assistance with job placement may include helping victims look for work, preparing them for interviews, and counseling them once they are employed. Following traumatic experiences, victims may find it difficult to concentrate, may lack motivation, may feel easily discouraged, and the like, which must be addressed in program design. One anti-trafficking service provider explained how the organization managed to job placement:

> *The job placement aspect of the program for me is a big success. … A lot of assistance is provided to the women to let them find jobs and help them keep jobs. They may have three or four jobs before they keep one. Job stability is the key in reintegration. Our job coordinator works very hard to build relationships with employers; she has been very active and really assertive. She coaches the girls on the interviews and sometimes even goes with them to the interview if they need the support.*

It is critical to assess the success of employment placement as a part of victims' reintegration plan. Only a minority of victims are able to keep their jobs in the long term, suggesting the need for counseling and post-placement support. In the long term, it is critical to look beyond statistics of initial placement and verify whether employment has been maintained for at least twelve months. Many beneficiaries require multiple placements and ongoing counseling in order to stabilize their employment prospects (Surtees 2006a: 80).

Income-generation programs such as small businesses and micro-enterprises have, in some cases, been pursued by organizations assisting trafficking victims. These may be offered through women's business organizations that provide entrepreneurship training or through special classes offered to trafficking victims and other at-risk women. Programs usually provide micro-finance loans (directly or through existing micro-finance networks) and may offer small grants for startup capital.

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[66] Another protective factor was having people in their social networks who provided practical help or were available to talk about personal matters (Bybee & Sullivan 2005: 85).
[67] In one US study, 84 per cent of abused wives in shelters who said their sole source of income was from their husbands said that they intended to return to their husbands; 82 per cent of the wives whose husbands were not their sole source of income said that they intended to separate from them (Aguirre 1985: 352). Financial difficulty was also a primary cause of depression in a study of DV shelter graduates in the United States (Gordon et al. 2005: 109. See also Barbour & Strube 1983.)

Finding safe and appropriate economic opportunities for either trafficking victims or victims of domestic violence is not a simple undertaking. Many DV or TIP victims have average to low education and limited work experience, which may not make them "desirable" to prospective employers. Beneficiaries who are traumatized or struggling with aspects of their recovery may miss work, have limited productivity, find it difficult to focus, and the like. Further, they often have dependents.

Options for mixing job placement and income-generation activities: Generally, job placement support is undertaken on an individual basis and tailored to individual needs. As such, job placement services can be made available to both TIP and DV victims by the same organization. Some activities may be undertaken in a mixed group—for example, how to write a CV or conduct a job interview—although some issues may require sensitivity and confidentiality. For example, trafficking victims may need to be prepared to answer questions from prospective employers about their absence from the country or lack of a (legal) work history. And DV victims may need to be prepared to answer questions about their family and to promote their reentry into the job market if, for example, they have limited previous work experience.

Generating income requires a certain level of skill as well as an entrepreneurial spirit. Some victims of TIP and DV may be motivated to start income-generating activities; for others, this is not a realistic or helpful strategy and may even prove disempowering. Where advisable, it is possible to mix the services. But risk analyses are needed for both DV and TIP victims to obtain a realistic assessment of particularities, such as whether a micro-credit loan mimics experiences of debt bondage, or whether a DV victim will have control over the use of the funds, especially if she is still living with her abuser.

Humanitarian Assistance

The problems faced: Following exit from trafficking or abuse, many victims lack basic resources for survival. They have no money, often no safe place to live, no food or clothing, and generally no means to access services. In countries where women are not working either because of cultural restrictions or a lack of employment opportunities, the situation can be dire for women who leave abusive situations. Those who do often return home. As one service provider said:

> … *First of all, there are no shelters in the country where women could stay rather than going back to their families. Also, [victims] cannot afford an apartment; they do not have a place to live. That is why they have to go back [to their households].*

The assistance needs: Both TIP and DV victims often have some basic and immediate humanitarian needs—for example, food aid, clothing, housing subsidies, public welfare funds, and other basic needs. Such assistance may be available through state social services or through NGOs.

Options for mixing humanitarian assistance: Often DV and trafficking victims obtain humanitarian assistance from institutions and organizations that assist socially vulnerable people. One of the most critical constraints to this form of assistance is limited resources. Governments in the E&E region are already struggling to meet the social service burden of many needy and vulnerable persons and have limited support to offer. As one professional said:

> *We try to provide all or at least most of the services needed in such a situation, and it is not because we are absolutely able to do so. But one of the main reasons is that because here in [this country] the social support system is not very developed, and for such cases like domestic violence and trafficking in human beings, there are no guaranteed specific services for them*

> *that are supported by the government. So we are actually trying to fill a gap … because there are no social services, particularly for victims of trafficking. And the victims of trafficking … don't have social security insurance so they have no right to use medical services. They have to pay and they don't have the money, so in such cases we have to try to find the funding from donors. But there are no other sources.*

Given weak economies throughout the region, and pressure to cut government social sector budgets, financial assistance packages in most countries are limited to specific categories—e.g., single mothers—and do not provide even a subsistence level of aid.

Housing Assistance

The problems faced: In most countries in the region, one of the greatest obstacles to victims of domestic violence leaving an abusive spouse is the inability to find affordable housing. It is not uncommon for a divorced woman to continue to live with her ex-husband, even when he is abusive. Property is often titled to the man and even when he is abusive, he is not obligated to leave the property. In a divorce, a woman can fight for property rights, and attorneys working with victims of domestic violence have assisted with these issues in divorce cases. But often there are few options for separate housing. Service providers explained:

> *There was a journalist and there was a case in which her husband raped her in front of the children, two sons. He didn't have any patience, and he divorced her. They are divorced and still they live in the same apartment.*

> *In [this country], most women try to keep the family together. Maybe it is how they try to survive because to survive being a single mother is very problematic and hard. Also, when there is a divorce, the woman can lose the apartment or house and she doesn't have a place to go. For example, in other countries with domestic violence, the aggressor has to leave the apartment even if he owns the apartment or house. The law prohibits the man from approaching the house by 500m, even if he is owner. We have the other situation. If the aggressor is an owner, nobody can do anything to him. A woman will be in the shelter with the children and he stays at home. He feels fine; his friends come and they have a little party.*

Similarly, trafficking victims often lack a safe place to return to after their trafficking experience. Some may not be able to return home safely (because of abuse in the family, their family's complicity in the trafficking, or retribution from traffickers) and others may not be accepted back by their family members. Proximity of traffickers to a victim's areas of origin may also make a return home a security risk.

The assistance needed: Access to subsidized housing is of importance for both TIP and DV victims. Most do not own their own homes (or it is not safe to return to their homes), and the cost of renting is prohibitive, with most wages unable to cover the cost of living independently.

> *Usually these [are] women who don't have an opportunity to stay in another place. They cannot stay in their home because of some dangerous situation. Sometimes their husbands don't give the permission to stay. In fact, [he says] "Okay, when I return from work, I don't want to see you in my home anymore." She has to leave and she doesn't have any place to live. And in this case she applies to us and to the shelter. After she will decide what she will do later, for example to divorce, to share an apartment. If she does have any right to share this apartment, because most of them don't have any registration so they don't have any property.*

> *It is property of the mother-in-law, the husband's property. That is why they don't have anything.*

Victims often need a place to stay while they establish financial independence. As one DV shelter provider explained:

> *They can stay as long as they need. They usually stay one month, two months. Sometimes, women have stayed for four months while we tried to find a job for her. This is our model; there is no such model in other countries. We don't have social programs; we don't have government support for these women. That is why we kept them. We keep them usually until they collect some money, or save some money. Our social workers try to find jobs for them. Then they are working. They save their money and then we will find them a very cheap apartment.*

Also needed are legal assistance and legal protections for the property rights of women, especially in divorce. (See the section above on legal assistance.) Some services providers also mentioned the need for courts to order abusers removed from the family home in case of domestic violence.

Options for mixing housing assistance: Subsidized housing to all socially vulnerable groups is, in principle, an important step toward assisting both DV and TIP victims and one which does not identify them to their community. However, in the E&E region, the demand for housing and the breadth of vulnerability are so great that governments often do not have the resources to provide such housing. Other mechanisms for housing assistance, such as vouchers, and transitional individual and communal housing could provide a bridge between staying in crisis housing and being self-sufficient enough to live independently.

Family Mediation and Counseling Services

The problem faced: Many trafficking victims come from problematic or complicated family environments that may have contributed to their being trafficked. Returning to this family situation may contribute to further risk and vulnerability. In other cases, the trafficking experience may result in family problems and tensions. Some victims may be blamed by their family for their exploitation;[68] and some family members may feel guilt and stress for failing to prevent the trafficking of their loved one. In addition, some trafficking victims may behave in problematic ways (e.g., aggressive behavior, stress, anger) as a result of their trafficking experience. Families often do not understand the extreme trauma experienced by trafficking victims and the subsequent changed behavior of the victim. Indeed many families do not know that their family member has been trafficked, which means that they themselves may be upset with the victim for their time away from home or for not returning with money for the family. As one anti-trafficking service provider explained:

> *We offer rehabilitation for all family members. It's not a secret that when people come from abroad, from work abroad, a divorce in those families often follows. Because when people come back, they go abroad with the special purpose to earn money, and when they come back and their goal has not been accomplished, the problem that was in the family still exists. The problem arises more and more and that is why it's not useful to talk to only one representative of the family about that. Very often when people come from abroad and they have been victims of human trafficking, they have uncontrolled anger and uncontrolled violence and they*

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[68] See Surtees 2007d for further discussion. Many victims reported problems within their family as a consequence of trafficking.

> *show it within the family.   We had a family psychologist who works with couples on conflict resolution things, and we had a children's psychologist that works with children separately.*

For DV victims, it is precisely the problems in the family—manifested in physical, sexual, and psychological violence—that are their central problems. However, many victims of DV do not wish to leave their marriage but rather seek ways to manage or end the problem—to "cure" the batterer rather than get divorced. As one DV victim explained:

> *Every time I returned to the shelter, staff asked me, "Why don't you divorce?" The shelter staff was amused as I told them that I love him.*

Family often plays a role in decisions about whether to divorce, as this same woman explained: "My mother regrets her divorce, and teaches me not to divorce my husband, even if he is a drunkard." Moreover, some batterers wish to change their violent ways, something which may be possible through behavior modification programs, where available, or through alcohol treatment programs, where this is a key contributor to the violence.

The cycle of DV is also concerning; violence is often passed from generation to generation and impacts children as well as parents. As one service provider noted:

> *Family is very important to them, in [this country].   We have mothers with children and the mothers had this kind of violence in their childhood home, or they had it later when they started their own families, and this means that they lack the models for how to raise their children.*

The assistance needs: In some cases, family relationships can be improved and a more supportive home environment created through the intervention of outside professional assistance. Many TIP and DV victims need family mediation and counseling services to facilitate reentry into their immediate or extended family.

Social workers at anti-trafficking shelters and reintegration centers generally provide family mediation and family reunification assistance to victims who wish to return home. Prior to reintegration, shelter social workers contact the family to conduct a family assessment and determine whether return is safe and advisable.[69] Where return is to take place, many TIP programs offer family mediation and counseling services toward the establishment of a healthy and supportive family environment before the return and then, as needed, following return. In some cases, victims opt not to return to their family but are still assisted in establishing contact and forging healthy relationships with family members.

Some couples affected by DV choose to try marriage or family counseling in an effort to stop the abuse and repair the relationship. One service provider said:

> *You know … it is very complicated. It's hard to go back to the same family with the same problems. We work with the victims of violence, and we work much less with the aggressor. We had attempts, we tried. … We even worked with the families; we tried to work with the families where domestic violence existed. But the results of our work did not last long.*

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[69] Components of the assessment include: the victim's wish to return to the family; the willingness of the family members to accept the victim; the level of family violence, if any; the likelihood of retaliation from the family, or from the trafficker or exploiter living nearby; the ability and willingness of the family to provide for basic needs, and the likelihood of re-trafficking. Some social workers in the region conduct what appear to be more comprehensive and lengthy family assessments than others, leading, it is hoped, to more sustainable reintegration (Surtees 2006a: 82; cf. 2005).

Family mediation and counseling may also be needed to navigate a woman's relationship with her extended family—where they reject her decision to leave her abusive spouse or blame her for his abuse. Where a woman returns to live with her extended family—for example, in her parents' or a brother's household—she may face poor treatment. Family mediation can play a role in managing such problems.

In domestic violence cases, many service providers and victims also point to the need for programs to reduce the violent behavior of abusers in addition to holding abusers civilly or criminally liable for their actions. However, very few batterer intervention programs have been attempted in the E&E region.[70] Nevertheless, recent domestic violence legislation in several countries already does, or likely will include, provisions for mandatory court-ordered programs. The challenge will be finding service providers willing and able to provide intervention programs for batterers.[71] Although some DV service providers do provide some services for abusers—primarily family mediation at the request of the victim—most recognize that a mandatory program would be very different. One professional explained:

> *In terms of the perpetrators, the court may order abusers to services, but there is no one working with them. And we as an NGO are unable to provide as a service because our focus is the women and children, providing counseling and social support, psychotherapeutics, psychological support, and legal advice, and there is no way that we mix those services with services for abusers. I personally have been to the police department on behalf of two clients. I was invited to provide counseling to a perpetrator and this has been a very difficult thing for me because I am not an expert in working with this target group.*

It is generally maintained that a division is needed between programs for DV victims and batterers, and that it may be problematic and even dangerous for service providers to work both with victims and batterers.

For some victims of TIP and DV, a return to the family is unfeasible and, moreover unadvisable. However, in other cases, with family mediation and counseling, it may be possible to support a return to the family. Where this is safe and possible and desired by the victim, it is important that appropriate support be provided. One service provider explained how this is done in their organization:

> *We may arrange mediation between the women and relatives—sisters, mother, whoever may help. In many cases, the relative also may need counseling in how to give support to the daughter, sister, mother. They may not know how to help, or they may feel discouraged themselves because they may have seen [the victim] leave the site of violence and go back again. ... in cases of trafficking in human beings, contact and meetings and mediating processes are actually more rare because in such cases the victim herself usually does not want to contact the family. One reason is because the family may have had a role in her trafficking, and the other reason is, of course, shame. Victims of trafficking have more shame than victims of domestic violence.*

Options for mixing family mediation and counseling services: Skills required to conduct family mediation and counseling services are similar for victims of DV and TIP. Adequately trained professionals—typically psychologists and social workers—could be equipped to work with the issues of both groups.

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[70] Therapeutic programs for perpetrators, such as counselling for violent behaviour or treatment programs for substance abuse, are lacking in the region in spite of indications from other regions that such initiatives can be effective forms of assistance in cases of DV (Rosenberg 2006a: xi, 38).
[71] See Admira 2005, for a training manual on working with violent perpetrators, designed specifically in the context of the former Yugoslavia. Cf. Butchart et al. 2003 about intervening in cases of intimate partner violence.

Moreover, most of these types of services are provided individually to families and couples, so the same professionals could work with both TIP victims and DV victims. However, the issues, considerations, and contexts for the two groups are substantially different, as outlined above, and tailored programs and services would need to accommodate the different needs of the two target groups. Specialized staff training (and ongoing supervisions and monitoring) would also be required.

Special consideration is needed on issues of confidentiality and privacy of victims when undertaking family mediation and counseling—for example, the preference of many trafficking victims to keep details of their trafficking experiences confidential from other family members. Many trafficking victims never reveal their trafficking experience even to the closest family members, and victims should not be revealed as victims through such programs. DV victims may equally wish to keep aspects of their experience private.

Batterer intervention programs are generally designed for men who commit domestic violence, particularly against their spouse or intimate partner. The methodology is designed to encourage men to acknowledge their violent tendencies and modify their behavior. Trafficking is a different type of crime, and it is treated differently under the law. Programs for treating traffickers as offenders do not currently exist, and any such initiatives would need to be tailored to the specificities of the crime.

Witness Protection and Security Services

The problem faced: Security issues are often of great concern to trafficked persons (who may have been threatened or attacked by their traffickers following their exit from trafficking) and victims of domestic violence (who likely have been and continue to be threatened by their abusive partner).

The assistance needs: Protection and security needs may range from protection orders and restraining orders to relocation in different cities or countries; from temporary police protection to long-term witness protection programs. Unfortunately, not many countries in the region have implemented systems of protection orders (mostly used for DV victims) or witness protection programs (mostly used for trafficking victims testifying in criminal cases). Advocates have been addressing both concerns in pushing for legal reform and improved victim protection measures in law and practice.

There are different levels of security needed not only between victims of TIP and victims of DV, but also within these categories. Service providers sometimes assist victims in assessing the risks in their environment. One professional said:

> *If the person desires to provide testimony against traffickers, first we do the analysis of the risks, and if it's okay, that she can testify. We go together to the police offices and we mediate between the victim and the police department.*

Options for mixing witness protection and security services: To the extent that TIP and DV victims serve as witnesses in a case, the general witness protection programs available in some E&E countries would likely be able to serve their needs. However, there are some problems with these existing programs. First, protection is not generally provided during pre-trial, trial, and post-trial periods, meaning that many victims will be at risk at some stage of the judicial process. Second, there are inadequate resources for witness protection. Few programs are established, and many existing programs have few spaces available given the number of victims who need help. Third, substantial corruption in many countries in the region negates even the limited protection the programs are designed to provide.

A number of victims of DV and TIP require relocation away from their home community for security and protection reasons. Such relocations may be in-country using a network of service providers to find a safe and appropriate relocation site with adequate available services to meet the needs of the victim. Resettlement may also be in the country where the victim was trafficked, or a third country. There are limited options for either DV or TIP victims for third country resettlement or relocation within one's home country, although far more attention is paid to this issue within the anti-trafficking arena. Where available, neither resettlement nor relocation is the only assistance required. Persons integrating in a new community will face many complications. They typically lack the support networks—whether from family or community—that often provide housing, employment, and social support. Integration in a new country is further complicated by social, linguistic, and cultural barriers (Surtees 2008b).

Specialized Assistance to Minors

The problems faced: Minor TIP and DV victims may face largely the same problems as adults, and have unique vulnerabilities due to their age, stage of development, and status in society. They may face physical and psychological challenges, as well as gaps in their education and economic difficulties. They face interpersonal and social issues when families or people they trust perpetrated the violence against them or participated in their trafficking.

The assistance needs: Beyond immediate assistance, there is a need for long-term support and reintegration of minor victims of trafficking. This includes, but is not limited to, family mediation and counseling (especially where there was conflict within the family), education and training programs, long-term medical care, and psychological support. For minors who cannot return to their families because of family abuse or relatives complicit in their trafficking, there are few options. Generally, other care options such as temporary placement with a foster family, boarding schools, and community-based care for vulnerable children, have not been widely explored and implemented (Surtees 2006b: 32; cf. Surtees 2008a). Case monitoring and follow-up is lacking in many countries in the region and poses particular problems in the case of minors. There needs to be continuity of care in the long-term for minors, which is not always necessary for adults (Surtees 2005, 2006a&b).

There are some organizations that assist minor trafficking victims within a broader framework of child protection rather than tailoring their programs specifically to trafficking victims. At the same time, attention should be paid to situations in which trafficking victims are simply absorbed in the child protection framework, with little attention paid to their specific needs (Surtees 2006b: 38, 2005: 155, 289). Such concerns are equally salient for minor victims of DV.

Options for mixing services for minors and adults: When considering blending services for domestic violence and trafficking in persons, it is important to keep in mind that minors, whether they are victims of domestic violence or trafficking in persons (or accompanying a family member who is a victim of domestic violence or trafficking in persons), require assistance by professionals with child-specific skills. All interactions by service providers must be guided by child-friendly and child-appropriate techniques that take into account the specific situation and needs of the child as well as their age and stage of development. Services—whether legal, educational, or medical—must be tailored to the needs of minors. Service professionals should be trained in working with children and have child-specific capacities, for example, training in child psychology (Surtees 2006a&b; Warnath 2007).

In terms of assisting minors, there need to be concrete examples, options, and guidance for people working with minors (whether DV or TIP victims or their children) as to what constitutes "the best

interests of the child."[72] Within this structure, attention must be paid to different profiles of victims, their experiences, as well as what variables are most relevant in determining "best interests." Determining the "best interests of the child" is an area of specialization, requiring the mobilization of expertise to formulate a framework within which training and assistance can take place.   Additionally, we must consider that the "best interests of the child" are measured differently by different people with different professional perspectives. Balancing and accommodating each of these interests is intensely complex (Surtees 2006b: 35).

Summary

Assistance programs for victims of domestic violence and trafficking in the E&E region are comprised of a broad range of services, and are organized in different ways. In some cases services can and perhaps should be mixed; in other cases, distinct services are preferable. Determining whether and how to mix individual services requires consideration of a number of factors that will be discussed in more detail in the following section.

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[72] *See, e.g.,* Council of Europe Convention on Action Against Trafficking on Human Beings, May 16, 2005, C.E.T.S. 197, art. 10(4)(A).

Mixed Services and Mixed Populations: Key Issues and Considerations

The previous sections explored a range of factors and variables that must be taken into account when discussing if, when, and how to mix services for victims of DV and TIP. In many cases it is possible to mix services for victims of DV and TIP. However, to do this well, there are some important issues and considerations to be accommodated in the design, implementation, and evaluation of programs and service interventions.

We found that, in the E&E region, the decision about whether (and how) to mix services is informed by the following broad issues:
- Program objectives and organizational approach;
- Finances, facilities, and resources;
- Local contexts, cultural settings, and legal frameworks;
- Staff knowledge, skills, and attitudes; and
- Client profiles, experiences, behaviors, and needs.

Program Objectives and Organizational Approach

The starting point for any service provider is the framework within which the program operates; namely, the program objectives and the organization approach. Successfully mixing services will require that the framework support both types of services and both profiles of victims.

Program objectives: The objectives of programs offering victim services can vary greatly, from immediate crisis intervention to long-term recovery and reintegration. As noted earlier, trafficking programs tend to take both a longer and a broader view in terms of services offered, when compared with DV assistance programs. Most trafficking programs include a package of short- and long-term services with the objective of fully reintegrating a victim into society (either their home community or a new community) and establishing economic self-sufficiency and social stability. Meanwhile, most DV programs focus on crisis intervention services and legal assistance related to divorce and custody.

Program objectives should inform the selection of models. For example, a program focused on crisis stabilization and immediate safety may establish a closed shelter in the capital city. In contrast, a program focused on long-term reintegration may establish a variety of smaller residential services, such safe houses and transitional housing options in local communities, as well as non-residential services.

Therefore, any decision about mixing services must take into account whether the needs of the two target groups (as well as different persons within the two groups) can be met within the framework of the existing program objectives. Where this is not possible, mixing may not be possible, or program objectives may need to be revisited and revised.

Organizational approach: Organizations can have a variety of approaches and philosophies toward providing services to victims that may or may not be compatible with the needs and problems of the different target groups. For example, some service providers discussed how DV organizations, because of their particular philosophies or values, may bring to their work with trafficking victims a focus on family and possibly even judgments about trafficking (usually associated with prostitution), which can have detrimental impact on trafficking victims' recovery.

On the other hand, many DV and anti-trafficking organizations have similar focuses and approaches in their work—regarding the recovery, empowerment, and self-sufficiency of individual clients—and work according to similar philosophies and models. For example, a major component of domestic violence programs is often family law counseling and representation in divorce cases, services which are needed by trafficking victims and which would enhance many anti-trafficking programs. Where similarities in approach and philosophies exist, mixed services are possible and perhaps even advisable in that the cross-pollination of ideas and experiences from different individuals and agencies can enhance service provision.

On the other hand, there are often differences in approaches among DV service providers and among TIP service providers. For example, although most domestic violence service providers take a women-centered, empowerment-focused approach, some have a family reunification bias that runs contrary to the more feminist-oriented organizations. Similarly, some anti-trafficking organizations emphasize a "rescue" and "rehabilitation" approach that may focus more on family reunification than on individual empowerment. These different approaches within the anti-trafficking service framework are linked to differing positions on prostitution, migration, labor rights, and so on.

There are also significant differences between the organizational approaches of service providers in their relations with governmental, intergovernmental, or international organizations. As one NGO service provider noted:

> *We work with the police on domestic violence issues, and when we have [complaints] or requests, we always voice them. But when intergovernmental organizations work with the government, they don't [make] criticisms that they have for the [government or police] work like the NGOs do. They are not so much in favor of having lawyers mixing in the procedure of the state. So we have a little difference of opinion. We think that we have to advocate for the victim, and they think that the government is doing a good job and they cooperate without saying a word about the government. I think both approaches are important, and there are criticisms that are important. Also lawyers [representing victims are] really going inside, and this is something they really don't want. They don't want outside lawyers from NGOs or experts; we will gather with [other NGOs] and others to go and look at what the people they are cooperating with are doing. But I think that it is desperately needed because corruption is there …. In contrast, what we want are the rights of the victims and nothing else. We are outsiders. We will always be like that. It's a big fight.*

Finances, Facilities, and Resources

Decisions about mixing services are often motivated by the need to deal with budget limitations and the desire to cut costs, as well as the need to share limited resources. However, the assumption that mixing services will be the best way to deal with financial concerns or even that mixing services will be more cost effective is not assured. The cost of mixing services requires careful assessment. For example, there may be additional costs to a mixed program because of the need for staff to acquire new skill-sets (e.g., training courses, certification processes) or retaining additional professionals not currently used (e.g., child psychologist, criminal lawyer). Many programs in the E&E region already share facilities and resources to serve a variety of victims, including DV and TIP victims. Mixing services has often been a response to the limited service options for TIP and DV victims, and service providers have had to manage both caseloads with limited resources.

Finances: Victim services in the E&E region are financed in a variety of ways—government funding of general services and specific dispensations for particular programs by private donors, foundations, and

international donors—but most are far from being sustainable without foreign donor support. It is largely funding limitations that have driven consideration of mixing services for TIP and DV victims. Services for trafficking victims became a popular issue in the past decade, and foreign funding helped establish anti-trafficking shelters, programs, and service provider networks in many countries. In many cases, though, the network was a pre-existing DV (or more generic women's counseling) network that shifted focus to include or specifically target trafficking, due, at least in part, to the availability of funding.

Funding mechanisms have been slow to transfer from international donors to national governments, although some countries (more commonly in SEE) have been more successful in this regard than others. According to one donor:

> *All of the shelters have either been created through the funding of international donors, [it has been] mostly through us that we've been able to set up five shelters. I think that that may be too many [shelters]. It's an issue of sustainability because we were hoping that the government would start throwing in [money] and they haven't. So we've been basically helping to fund and maintain the shelters.*

In some countries, DV service providers have successfully lobbied not only for legislative packages on DV laws but also for some government financing of services.

> *We proposed governmental funding for the project in 2005 from the Ministry of Finance. There were some funds remaining from the budget surplus from the previous year, so we managed to be successful. It was 2005 and that year was the adoption of the law of protection against domestic violence. So it was very topical and they saw maybe that it was very important to encourage these services.*

Nevertheless, sustainability for victim services that address the needs of both target groups will require a healthy mix of funding sources, including foreign donors, until the national governments can provide the necessary finances.

Facilities: Residential accommodation for trafficking victims tends to be underutilized in some countries; at the same time, accommodations for DV victims are often oversubscribed. The mixing of services seems to offer a rationale for the redistribution of these resources. In other places, there are no other options but to mix services, as one shelter manager explained:

> *You know, one time we had 17 people [in a shelter with a capacity of 10 people]. It's so much. The police called us in the middle of the night about five people who needed shelter: two mothers, one with two children, the second with one child, and we could not say no. The police asked us to keep them only one night, but in the morning they could not find them another place to stay, and neither could we because we have no shelters in [this country]. We have no place for these kinds of people. So they stayed in our shelter—17 people together stayed in our shelter—for two weeks.*

The type, size, and configuration of facilities can be crucial to the issue of mixing. As previously discussed, several service providers mentioned that having more space and privacy allows for the separation of victims who may feel stressed by living in close quarters. On the other hand, a smaller space can be considered a more manageable and comfortable environment where differences can be accommodated on a smaller scale. Having individual and family rooms and bathrooms was identified as important in avoiding problems in mixed facilities with victims of TIP and DV, with single victims, and those with children.

Facilities for non-residential programs are more easily mixed, although here, too, arrangements are needed within facilities for discrete and individual services, such as a private counseling room, individual offices where legal consultations can take place, and so on.

Security issues for both residential and non-residential facilities vary by country and situation as much as by type of victim. No consistent security concern was expressed with respect to a specific type of victim, so no conclusion can be drawn about whether to mix (or not mix) services based on security concerns.

Resources: When considering mixing services, resources other than money and facilities are critically important. Meeting the needs of TIP and DV victims requires access to a range of available expertise. Mixed programs will require staff to acquire new skill-sets (e.g., training courses and certification processes) and retaining other types of professionals (e.g., child psychologist and criminal lawyer). Whether through a *national referral mechanism* (more typically used for TIP services) or a *coordinated community response* (more common with domestic violence cases), coordination and referral of resources will be necessary.[73] Strategic decisions can then be made as to which resources are most critical for the target population and should remain in-house, or become a priority for referrals.[74]

Local Context, Cultural Setting, Legal Framework

Local context: Although models can be imported from other countries or regions, the local context must be considered in mixing services. The local context impacts the provision and success of victim services at all levels. The rule of law and level of corruption can influence whether victims even come forward to be identified as victims and receive services. As one trafficking service provider noted, the overwhelming number of victims they served did not choose to report to the police:

> *I think it's more a lack of hope in thinking that justice will actually come about. There is a corruption issue so a lot of the cases will get dragged on for years. So their names are always up and they have to maybe testify a couple times only to find out that the person is only on probation. If there is social compensation, they never get it.*

The political context may inhibit legal reform efforts on protection for victims of DV or TIP. The quality and accessibility of government services, including hospitals, clinics, mental health facilities, and social service centers, may greatly limit referral options, no matter how sophisticated a referral mechanism is developed. In poorer countries with weak economies, economic opportunities are limited for all citizens, but particularly for DV and TIP victims, who may have fewer skills and more barriers to successfully entering the job market. Where there is a severe lack of housing or an inflated housing market, experience has shown that victims will have little choice but to return to their spouses and families even if they are abusive.

However, local realities can also promote greater understanding and collaboration among service providers who must work together to meet the needs of the victims. As one service provider explained:

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[73] Some countries are working through National Referral Mechanisms; others are using multi-disciplinary committees to which complex cases can be brought; others use a combination of the two models.
[74] For example, a U.S. service provider working exclusively with foreign national trafficking and DV victims utilizes *pro bono* legal assistance to help with immigration work (because it is standardized and relatively easy to learn even for lawyers without experience), but keeps a family lawyer on staff because this requires strong technical skills and there are few experienced practitioners willing to volunteer their time.

> *In some regions we have no lawyer. In some regions we have no psychologist. But we are working together with other NGOs. But it is comfortable for us and for victims who come to us.*

The local situation can sometimes create new opportunities for mixing services. For example, in one country the government trafficking shelter would not provide shelter to DV victims even when they had empty beds and the only DV shelter (run by an NGO) was overcrowded. However, with the government's plan to open its own DV shelter, the DV service provider predicted that the restrictions may change over time:

> *I think it will happen because [the shelter] will be full all the time. All the time. When we started, of course we had only one, two, three victims. But now, it's full and we never have fewer than 11 victims in our shelter. When they open this shelter, it will be very close to the shelter for trafficking. Yes, I think the shelter for trafficking victims will get victims of domestic violence.*

Cultural setting: Cultural norms and traditions affect the attitudes of the community, especially stigma attributed to different types of victims. For example, although it may be considered honorable for male trafficking victims to seek employment overseas, female trafficking victims may be blamed for their exploitation. Cultural traditions may mark women who travel without family as "loose," and therefore all female trafficking victims may be considered prostitutes. In some settings, DV victims may be seen as having suffered "bad luck" because of their violent relationship, though in other settings women who are abused are seen as having failed in their wifely or motherly duties and blamed for the abuse they suffer.

Cultural traditions can also create special vulnerabilities for certain types of victims, for example, the added risk to single women where the tradition of "bride stealing" is still practiced (see Kleinbach 2003, Nariman et al 2004). In some countries in the E&E region, in cases of rape, the victim may be forced to marry the offender (Rosenberg 2006a: 10) which, in addition to the violation that this entails, places them at acute risk of abuse in marriage, as evidenced by the initial rape.

The cultural setting can also influence the types of services that are offered to victims, or are sought by, or acceptable to them. In some cultures, mixing men and women in the same facilities would be taboo, while in others it is acceptable (albeit with separate bedrooms and washrooms). Accommodation in shelters—even in the short term—may be unpalatable to women in environments where their roles as wife and mother are highly valued, while in others it may serve as an important means of exit. In countries with strong societal bias against divorce, victims may express a strong preference for family counseling rather than legal assistance with divorce and child custody issues. Some cultures rely heavily on personal relationships and trading in information, potentially raising concern for both TIP and DV victims, who need a high level of confidentiality to work with a service provider. Thus, in planning for mixed services, care must be taken to consider the cultural setting and how services may need to be tailored to respond to the additional challenges.

Legal framework: The legal framework within which service providers operate is a key element in considering mixed services. Shelters may have legal restrictions that limit the types of beneficiaries that can be served, or laws may not permit services to be provided in certain locations or by certain types of professionals. As one professional explained:

> *All of the services are separated in our country and are under the aegis of central social services. According to law, we don't have the right to provide medical treatment. So this is the situation that victims of domestic violence don't go to the psychiatric hospital and on the social service side, we do not have the right to provide the medical treatment.*

Failure to enact legislation criminalizing DV or legislation related to witness protection significantly impacts the types of services that can be provided and the effectiveness of responses to DV and TIP. All too often, legal reform has been tailored to only one group of victims—for example, TIP victims or DV victims, but not both—adding to the inconsistencies in rules for working with each type of victim.

The breakup of two former states—the Soviet Union and Yugoslavia—also has implications for the legal framework of various countries in the E&E region. Particularities based on previous laws have remained in many countries—for example, *propiska*—and create additional barriers for providing victim services. Intermarriage within language and cultural groups is still common across borders. As a result, citizens of different republics of a formerly unified country may now be considered to be foreign nationals, thus complicating document processing, legal status, and divorce proceedings, as well as the ensuing custody and property issues typical of both TIP and DV victims.

Staff Knowledge, Skills, and Attitudes

Central to any service provision is the staff which implements the actual day to day program work and, by implication, the knowledge, skills, and attitudes that they bring to their work. A critical issue is to what degree services providers have the knowledge, skills and experience to meet the needs of the two target groups in appropriate and sensitive ways. This requires training and staff supervision—to provide services to both groups and to build tolerance and understanding between DV and TIP clients. Staff must be prepared and equipped to provide appropriate services to multiple categories of clients both within and across the issues of DV and TIP.

Knowledge: Staff working with both target groups—whether in dedicated or mixed-service arrangements—must have the requisite knowledge and professional background. This means that lawyers must have the training to handle both the legal, judicial, and administrative aspects of DV and TIP cases; doctors must be aware not only of the ailments faced by trafficking and DV victims, but also how to treat these clients with care and sensitivity; and so on. Moreover, services should be offered by persons specifically trained in that field of service—that is, social workers can provide counseling where they are trained to do so, but this should not replace the work of psychologists and psychiatrists; minors should be assisted by persons trained to work with minors, whether psychologists, psychiatrists, social workers, and so on. When speaking about trained professionals, the ability to work with both target groups is often present, having been part of both professional training and practical work. But there is likely a need for ongoing training, to keep abreast of developments in both fields.

In some cases, there are legal issues associated with service provision—that is, that certain professionals are not legally permitted to work with specific problems. As one psychiatrist explained:

> *Psychologists do not have any medical training. And according to the law, they can provide treatment only to people who are medically healthy. Medical psychologists and psychiatrists have medical education and they can do the consultation and rehabilitation of people with mental disorders. In [this country] there is an international classification of disease and the first chapter is the order of psychological behavior and health. And this is what is interesting to us: that is PTSD, the disorder of adaptation, depression, these all have … to be treated not just by a psychologist but by a doctor [psychiatrist].*

Skills: Beyond professional background, there are also some specific skills needed by different service professionals when working with mixed populations. Many professional respondents felt that skills could be developed with appropriate training and supervision.

> *I personally don't believe there is a problem [with mixing shelter services]. The trauma suffered by the victim of domestic violence is really close to the trauma that a trafficking victim suffers. So a good psychologist is prepared on these issues [and] on PTSD I think can cover both populations.*

> *I am a psychiatrist; I work with both groups. For each group there is a different approach, and some differences in rehabilitation programs. But I would say that it is not so different [or] that I cannot work with both groups.*

Although the skills needed vary by profession, all professionals would benefit from additional training that allows them to meet the specific needs of the two, often distinct, target groups. Some service providers explained how this is handled in their organizations, which work both with DV and TIP victims, including how staff supervision and support is central to ensuring staff skills and quality care:

> *There are several types of training … There is a psychological one, how to give psychological help to victims of domestic violence and victims of trafficking in human beings. Also there are trainings regarding the legal aspects of the two problems … what to advise and what to do regarding legal issues of this problem.*

> *Those who work on the hotline start their education here. They have to already have a social or psychological background before applying for the job. But they will also have long-term training. First would be the five-day intensive course on trafficking in persons and psychological issues, and then we have thematic meetings between the center and the hotline on the cases, meaning some kind of intervention sessions. We can discuss the cases between ourselves and know how to use different communication techniques with the different categories of people. And those who are working at the center have psychological background and psychotherapy [training] as well. This was the first step before the hotline for the job. And second, we applied for different trainings, for example in child sexual offenses, sexual abuse or trauma, or PTSD— having parts of trainings on different issues with which we deal more often.*

> *I think all staff need to receive permanent special training and to have [their own] psychotherapist, or supervision. We call it supervision. We have a regular supervisor who works with our staff to help them with burnout and all these problems. But at the same time, they need to be educated constantly to know how to deal with all problems they may face while working this kind of job.*

However, there will be cases where referrals to other specialists are needed—whether DV or TIP victims—and programs need not have staff on hand to deal with all possible problems of the two groups. Knowing when and how to access other resources and services is also an important skill.

Training is also needed on certain principles of care, including the privacy and confidentiality of the clients they serve. Lack of confidentiality is a significant concern for many victims of TIP and DV. For example, in the provision of health services, trafficking victims may fear stigmatization by family and community if details of their physical and sexual health are not kept confidential (Zimmerman et al. 2003: 6, Surtees 2007d: 201). Similarly, domestic violence victims routinely hide the reason or give benign causes for injuries from domestic violence in order to avoid embarrassment and stigmatization.

Attitudes: There is also a need for tolerance and understanding of victims on the part of program staff, which also requires staff supervision and training. As one service provider said:

> *You have to create the trainings, and … raise awareness. Also discrimination [against Roma] by social service providers and others should be punished. Because when Roma people want to get assistance from social services, they cannot get services. They are not [treated] like citizens, and even if they seek services, providers say, "You are not entitled to that; you don't know anything; we gave you [money] last year and that is all that we have that we can give you." Providers are not trying to make services approachable for Roma, and that is a problem I think should be systematically solved. It is not just a problem of that particular individual; it is a problem of the society. And, of course, they also have their bias against the others, the beneficiaries, domestic violence victims, and trafficking victims.*

It is important that programs are vigilant in ensuring that personnel working with victims are respectful of clients, do not discriminate against them, and provide appropriate care. This may necessitate ongoing sensitization of staff and, in some cases, facilitating access to private services, including accompanying the victim to appointments to serve as advocates. For many victims interviewed for a study of assistance experiences in SEE, being treated well and not being "looked down upon" was central in the recovery process. As one former trafficking victim said: "And the staff working here in [the organization], I like them. They don't look at you in a judgmental way; you can always talk to them about everything. They understand you and they explain things to you. They hear you, they tell you how you should do things, they always help" (Surtees 2007d: 217).

Although many service professionals are sensitive and sensitized to victims of TIP and DV, there are cases where problems with attitudes and perspectives have been noted by service professionals:

> *Unfortunately, I have had the opportunity to see a biased approach toward victims of trafficking, even from service providers. Trafficking victims are stigmatized as prostitutes, as drug addicts, and are considered dirty, uncooperative, with high health risks, etc.*

And by victims:

> *This one girl [social worker] was absolutely out of her mind, I can't remember her name. She treated us as if we were lepers. She brought her own cup, her cup of tea, and she brought everything of her own and she was all snobbish, horrible.* (Surtees 2007: 217)

> *Yes, right, you could say they didn't treat us as their equals there.* (Surtees 2007: 218)[75]

Lack of sensitivity can have a direct impact on clients' willingness to seek out and accept assistance (Brunovskis & Surtees 2007) and in their recovery process.

Client Profiles, Experiences, Behaviors, and Needs

Client profiles: Most commonly in the E&E region, programs assist adult women, some of whom have children. Some older minors may also be assisted, although generally there is a different assistance framework for minors—sometimes dedicated trafficking assistance and sometimes embedded within child protection frameworks. For the most part, there are few services specifically targeting men, and where they do exist they are primarily non-residential, individualized services.[76] Therefore, questions

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[75] In SEE there have been complaints about lack of sensitivity toward trafficked persons by a range of professionals, including lawyers, social workers, medical staff, and law enforcement professionals (Surtees 2007d: 217-220).
[76] Occasionally, men may be accommodated in shelters in transit or destination countries but for short times; they may also be accommodated in private accommodation because of the lack of services/facilities for men.

about mixing domestic violence and trafficking programs often assume beneficiaries are adult women from the country where assistance takes place.

Although in many countries this target group is the majority of those who are assisted, it may not be the majority of persons who are trafficked. That is, men and minors of both sexes are also trafficked. Therefore, to collapse the categories of trafficking and DV into one package of services may further alienate persons already outside of this category—for example, men, children, foreign nationals, victims of other forms of exploitation/trafficking, etc. Therefore, though some services may be effectively mixed, additional services may need to be developed for specific target groups of victims of TIP and DV not considered in current victim services.

An overarching point on the issue of mixing services is that many assisted trafficking victims are also victims of domestic violence. Although there may not be a causal relationship between the two issues (Warnath 2007),[77] there are many cases where individuals are victims of both. This is particularly true in some countries and for some programs where service providers report a strong overlap between the two issues and target groups:

> *Almost all of our [trafficking] cases are also victims of domestic violence. If we see the profile, most have been abused in their families and also in the wider environment like community, but most it is in the family itself. We also see many cases of extreme forms of violence like incest. So we are not just talking about psychological or physical violence but also sexual violence. These experiences have an impact on the recovery of the victim, who must recover not only from the trafficking but also from the initial violence. If there is conflict in the family of trafficking victims, it is often caused by violence and also by the inequality for women generally in society.*

Where victims have experienced both kinds of violence, mixing services for the two populations may be particularly valuable and strategic. However, it should not be assumed that TIP victims are also victims of DV, and programs cannot be grounded in this premise. To design services in ways that assume the overlap of the two groups may prove unhelpful in that services may not be desirable, appropriate, or relevant for victims who have suffered one but not both types of violence.

Clients' experiences: Dedicated services (for DV or for TIP) are based on the assumption of similar experiences (and therefore needs) within the categories of DV or TIP. To some extent this may be the case, but it is not possible to make generalization across the E&E region or even sometimes at a national level about the profile of victims of DV or of TIP. In some settings, there were greater differences within each category of DV or trafficking victims than between the two categories. For example, whereas trafficked women in some countries were illiterate, others had high levels of educational. One SEE service provider who assists national as well as foreign trafficking victims remarked:

> *I can talk only from the data we have in [our country]. I think that the identified [foreign] victims of trafficking have different educational backgrounds. Because our experience is that*

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[77] Many assisted victims are victims of DV, but almost equal numbers of TIP victims are not victims of DV in many settings (Surtees 2005). Moreover, the fact that data are collected only from the assisted caseload distorts the assumed links between the two. Most studies that focus on the link between the two issues base their conclusions on data about assisted victims, who may not be representative of trafficking victims generally (or DV victims generally). Brunovskis & Surtees (2007) found that victims who had negative family situations were more inclined to accept assistance, which means that they are likely to be overrepresented in the assisted caseload. See Existing Knowledge and Gaps. See also Warnath 2007.

> *[foreign] women who were in our program finished high school, and for [national victims] this is not [usual]; it's like someone who finished high school is a statistical mistake.*

Moreover, it is also the case that victims with similar experiences (whether DV or TIP) do not always identify with one another. Similarities in experience cannot in and of themselves bridge interpersonal and intercultural divides. This raises questions as to whether the designation of "trafficking victim" or "DV victims" is (or is always) the most helpful organizing category when providing assistance.

Ultimately, the question can be reduced to whether "trafficking victim" or "trafficking exploitation" (or DV victim or DV) are functional diagnostic categories. Are the experiences within these categories sufficiently distinct such that they require specialized assistance? Or is there an overlap in characteristics and experiences (and, therefore, assistance needs) between the two categories? As one social work professional said:

> *It seems to me that there are many common problems and unifying experiences for the two groups—exposure to violence in many forms (sexual, psychological, and economic), feeling unsafe, problems in family relations, weak social position, feelings of guilt, etc. Those common issues could be the base for mixed services.*

The diversity within the category of trafficking victims (and equally within the category of DV victims) is often greater than that between the two categories, which means that, in terms of services and assistance, dedicated services may not always be the most effective means of intervention.[78]

Thus, service providers should examine to what extent other categories of vulnerable or victimized persons have sufficiently similar experiences or assistance needs in order to determine how to mix services at a more strategic level. Further, both DV and trafficking victims needs can then be mainstreamed within the general framework of social service provision in the region.

Client behaviors: Although there are many similarities in background and experience between trafficking and DV victims, there are nonetheless often also some differences—including behaviors—that complicate mixed service provision. As previously discussed, there may be differences in attitudes and behaviors among victims of DV and TIP that cause tension and inhibit smooth interpersonal relations. However, these are not insurmountable problems and many programs assisting both groups have found ways to navigate them. As one service provider explained:

> *At the beginning, it was tough to mix these two groups. The domestic violence victims said that [trafficked women] were all prostitutes. But the staff was trained and strong and has good capacity, and they worked with the women and informed them about how to be more tolerant. They said to them all that they each had different experiences and that was something to accept about each other.*

Moreover, among the victims of DV and TIP that we met, many expressed openness to mixed service models. Certainly this was true of trafficking victims who were often not opposed to being assisted

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[78] It is interesting to note, for example, that trafficked children are strikingly diverse, with distinct profiles and experiences. One program assisting minors identified five distinct target groups of minors: (1) minor victims of trafficking (generally 14-16 year-old girls trafficked for sexual exploitation), (2) children trafficked with their mother/parent, (3) mothers who return home pregnant or with a baby; (4) children left in [this country] while their mothers were trafficked and reunited with their mothers during rehabilitation; and (5) minors victims of trafficking (young males, 16-17 years old) (Surtees 2005: 19-20).

alongside DV victims. As important, however, is that among the DV victims we interviewed, there was also openness to this approach in many cases:

> *There is no difference for me whether the victim was trafficked or another type of victim. It only matters that the person is a victim.*

This is not to suggest, however, that this is uncomplicated terrain; our interviews with victims equally revealed potential fault lines and misunderstanding between the two groups. One respondent (a trafficking victim), when asked whether she had concerns about receiving mixed services with DV victims, explained as follows:

> *On the level of counseling—yes, because counseling is on an individual basis. On the level of being sheltered altogether—probably no. But I am afraid that victims of domestic violence, even though they have the problem of domestic violence, also have other problems, such as a stress disorder. They are oriented to try to hear about the "interesting stories" of exploitation in prostitution. In comparison with trafficking, their experience with domestic violence is "boring" and consequently they [share trafficking stories with others].*

Another victim discussed tension between the two groups:

> *I have heard [about fights between beneficiaries] from other women. A victim of trafficking complained to a woman sheltered with her small child to be quiet. You know, it's impossible sometimes to shut your child [up] … I understand this, even though I do not have children yet. But that poor woman said that she had terrible headaches, and could not tolerate the noise….*

Clients' needs: TIP and DV victims do have some common needs, such as shelter or a safe place for themselves and their children, food, clothing medical assistance, individual and group counseling, training courses, education, a job, and legal assistance. However, as former victims of both DV and TIP explained, though the services required may be the same, there is often a need to accentuate some services in different cases:

> *The main difference I see is that for victims of domestic violence, the assisting organizations should put the accent on making such beneficiaries economically independent. It's a good solution for cases of economic dependence and also in cases of physical abuse because an independent women can more easily make the decision to divorce … Some battered women need the same types of assistance: psychological, medical legal, and so on. Of course the emphasis on assisting victims of trafficking should be first put on psychological rehabilitation because these women have a deeper trauma compared with victims of domestic violence.*

> *No, I do not see any differences [in the needs of victims of domestic violence as compared with trafficking in human beings]. The needs are the same. Maybe trafficking victims exploited in prostitution need more attention from specialists, comparatively longer, for example, intervention by psychologist. In cases of domestic violence the psychologist/psychiatrist/expert in [substance abuse] should intervene to work with abusers [husbands].*

> *I think that the needs of victims of trafficking and all mentioned kind of victims are the same, and they may need the same services and can be included in the same program of assistance. But I assume that women exploited in prostitution need more attention from a psychologist. I even think that they should be sheltered for a longer period as their recovery may take more time. I would accept being in the same program with all these people, except being sheltered*

> *together. I would not feel comfortable to speak about my exploitation experience to somebody else who was not exploited (I mean to another beneficiary). Moreover, I think that there is a small difference in the needs of sheltered victims of trafficking and victims of domestic violence: the exploited women being sheltered need more quiet—thing that cannot be assured in the same place where women are sheltered with small children. Victims of domestic violence mostly need just long-term sheltering, and they are more concentrated on communicating with other women, playing with children, their work etc.*

There are some noteworthy differences in services needed for each group. For example, one service provider described how victims of DV in their program were more in need of higher level educational qualifications, whereas victims of trafficking had more basic education needs: "In trafficking in human beings cases, we are really hearing that the large problem is that they didn't finish elementary school. So we need to develop basic programs for their education." Differences in education levels among TIP victims and DV victims may also mean that the different victims require different types of educational programs—some at a basic level (literacy and grade school education); some at a higher level (high school, university and vocational training). Trafficking victims may need medical assistance for a longer period of time than DV victims because of sexual and reproductive health issues caused by prostitution. Trafficking victims may face more problems in finding and keeping a job, while many DV victims often already have work or have worked in the past.[79] Some DV victims may also access assistance for different reasons from trafficking victims, some using a shelter or anti-DV program as a temporary "timeout" from the husband or as a tool in negotiations about return, rather than as a means of exiting the relationship.

Differences between types of victims may be less about the need for a different service and more about how that service is designed and implemented. As one professional respondent said:

> *Even when both groups have common needs, to satisfy those needs in the same manner can be inappropriate for one group. And there is the possibility of neglecting specific needs of one group by focusing more on another.*

For example, although group counseling has typically been a successful intervention for DV victims, many service providers have faced problems in mobilizing this same type of intervention for trafficked persons, at least in part because of victims' resistance to sharing their trafficking story with others, even other trafficking victims. Similarly, though both groups may suffer from PTSD, how this PTSD is treated will likely differ.

Mixing services must be considered on a case-by-case basis because the types of services needed by trafficking victims and DV victims can differ substantially depending on whether they are being assisted in their home country or abroad; their profile and background; their individual experiences; and so on. Foreign trafficking victims sheltered briefly abroad prior to repatriation may not be a comfortable fit with victims of domestic violence who are in a longer term recovery and reintegration process. This is due not only to differences in language and culture, but also because the beneficiaries are at different stages of recovery and have distinct needs. However, in a country of origin, it may be more feasible to mix the two groups, particularly in the recovery (rather than emergency) phase, when beneficiaries are working to rebuild their lives. In addition, some shelter staff find significant overlap between victims of abuse and trafficking. For example, one shelter in SEE that assists female minor victims of abuse has

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[79] One U.S.-based program that houses both victims of domestic violence and trafficking observes that some of the programs designed for domestic violence victims, such as support groups, may not be appropriate for trafficking survivors, who have been socially isolated and under the control of a trafficker for a significant amount of time (Free the Slaves & HRC 2004: 45).

increasingly assisted trafficked girls whose needs tends to be consistent with girls who have been sexually or physically abused (not least because many have also been victims of sexual or physical abuse prior to being trafficked). In addition, the form of exploitation is likely to impact how well groups mix. Victims trafficked for domestic work and abused within this household may find the situation in a domestic violence shelter more suitable for them than being in a shelter where women have been sexually exploited.

Where programs are mixed—regardless of whether it is mixing different forms of trafficking or trafficking and DV victims—tailored programs are needed by the different groups to meet their specific needs. Each victim, whether of DV or TIP, requires individualized assistance and intervention:

> *For me as a doctor, the medical outcome of the disease is the most important. I can set a diagnosis of post-traumatic stress disorder in both cases, but the history of those patients may be different, and the way that the disease acts, the way that people act under that disease, and the approach of rehabilitation and treatment will be different. The rehabilitation program should be individual and according to the individual situation.*

Summary

In many cases it is possible to mix services for victims of DV and TIP. However, to do this, there are some important issues and considerations to be accommodated in the design, implementation, and evaluation of programs and service interventions. In the E&E region, the decision about whether and how to mix services is informed by the following issues: (1) program objectives and organizational approach; (2) finances, facilities, and resources; (3) local contexts, cultural settings, and legal frameworks; (4) staff knowledge, skills, and attitudes; and (5) client profiles, experiences, behaviors, and needs.

Conclusions and Recommendations

Our overall conclusion is that it is possible and, at times advisable, to mix services for victims of domestic violence and trafficking. But doing this effectively, appropriately, and ethically, is a complicated undertaking. It is not possible to design a "one size fits all" program or policy on mixed services for victims of DV and TIP. There are some instances in which services could be combined (e.g., based on similar organizational approaches and philosophies, similar profiles or experiences; similar service needs; etc.), and other instances in which it would not be advisable to do so (e.g., when clients have different needs; victim profiles and backgrounds are too divergent; victims are at different stages of assistance and recovery; etc.). As such, though our conclusion is that mixing services is possible, it is not always, or in all settings, appropriate.

Mixing services must be considered on a case-by-case basis because the types of assistance models and services needed by TIP and DV victims may differ substantially depending on whether victims are being assisted in their home country or abroad; their profile and background; their individual experiences; the stage of assistance and recovery; and so on. Although there are many similarities in background, experience, and needs between both TIP and DV victims, there are often differences—including behaviors—that can complicate mixed service provision. Foreign trafficking victims sheltered briefly abroad prior to repatriation may not be comfortable with victims of domestic violence who are in a longer term recovery and reintegration process. However, in a country of origin, it may be more feasible to mix TIP and DV victims, particularly in the recovery (rather than emergency) phase, when beneficiaries are working to rebuild their lives.

In addition, it is worth considering whether and to what extent the current assistance frameworks have gaps and problems. Any discussion of mixed services must be informed by an assessment of the adequacy and appropriateness of current services for the target group or groups. One of the study's findings was that there are some substantial gaps in assistance and protection in the E&E region for DV victims, TIP victims, and both.

Moreover, although some services may be effectively mixed, other services may need to be developed for specific groups of TIP and DV victims not currently served within the existing victim services and assistance frameworks in the region—for example, male victims; elderly victims; victims with difficult cases and special needs; victims of other forms of trafficking; minors generally (DV victims, TIP victims and the children of DV or TIP victims); and so on. Identifying and filling those gaps is paramount.

Where programs are mixed— trafficking and DV victims or victims of different forms of TIP or DV— tailored programs are needed to meet their individual and specific needs. It will be important to not lose sight of the need for individualized assistance and case-by-case assessments and service plans for all beneficiaries.

Any decisions about mixing of services require careful attention to some key issues and considerations. Our general recommendations center around five main issues and considerations, which have been explored in detail in the previous section. In sum, these include the following:

1. *Consider program objectives and organizational approach*. Consider whether program objectives and organizational approach are sufficiently similar and appropriate for each target group—i.e., whether programs are geared toward reintegration or crisis intervention, whether service philosophies mesh, and so on. Any decision about mixing services must consider whether the needs of the two target groups (as well as different persons within the two categories) can be

met within the framework of the existing program objectives. Where this is not possible, mixing may not be possible or program objectives and approaches may need to be revised.

2. *Assess whether it is a cost effective and efficient approach.* Do not assume that mixing services is the best way to deal with financial concerns or to be cost effective. Mixing services may involve increased costs that result from the need for a larger shelter facility, training staff in new skill sets, and the like. Analyze available resources—finances, facilities, and other resources—for each target group, and determine whether the needs of the two groups can be met with these resources. Consider the issue of sustainability when assessing areas to pool resources.

3. *Ensure cultural and contextual sensitivity.* Be sensitive to the local context, cultural settings, and legal frameworks, and understand fully the constraints or opportunities that may be placed on each type service, including restrictions on types of beneficiaries served. Rule of law and corruption influences whether victims will accept services; the cultural setting influences the types of services which are acceptable to victims; and the legal framework informs the provision of services, as well as how DV and TIP are legally regarded. These factors may differ not only between countries but between regions within a country. Although models and policies can be imported from other countries or regions, the local context must be considered in any decision to mix services.

4. *Provide adequate and appropriate training, sensitization, and supervision to all staff.* A central issue is to what degree service providers have the knowledge, skills, and experience to meet the needs of the two target groups in appropriate and sensitive ways. Doing so requires training and supervising staff to provide services to both groups and to facilitate tolerance and understanding between DV and TIP clients. Staff must be prepared and equipped to provide appropriate services to multiple categories of clients. Staff attitudes and behaviors must reflect a victim-centered perspective, with service provision that is respectful and non-discriminatory.

5. *Consider the clients' profiles, experiences, behaviors, and needs.* Look for commonalities and differences among clients; do not assume victims can be divided into service provision categories by virtue of being victims of DV or TIP. Be aware of differences not only between the two groups but also within each category. Diversity within the categories of victims can be greater than differences between the two categories, which means that dedicated services may not always be the most effective means of intervention. Consider what other categories of vulnerable or victimized persons have sufficiently similar experiences or assistance needs to justify mixing services at a more general and strategic level. Also consider whether the needs of both DV and TIP victims can be met within the general framework of mainstream social service provision. Engage clients in any discussion of mixing services, as well as of subsequent monitoring and evaluation of these programs.

Moreover, the provision of effective and appropriate services—whether mixed or dedicated—should be undertaken in the context of ongoing dialogue, monitoring, and evaluation. Services and assistance programs must be regularly monitored and evaluated. Adjustments must be made accordingly, internally by program staff and externally through independent research and evaluations. In addition, monitoring and evaluation should be undertaken with the inputs not only of professionals but also of program clients (past and present) who have a vital contribution to make in this process and toward the improvement of victim assistance and services for both target groups.

Although the central research question was on services for victims of DV and TIP, the discussion of mixing services need not be limited to these two fields of work. Given the wide range of issues,

identities, and experiences involved in TIP and DV, it may be equally relevant to mix services (or to mix some aspects of service provision) with other categories of clients and organizations that serve them. For example:

- Refugee and immigration organizations may be well-situated to provide some of the types of services needed by trafficking victims trying to integrate in a new country and society;
- Migrant rights groups may be well equipped to provide assistance to trafficking victims, given that so many experience trafficking, at least in part, as failed migration;
- Social protection models for socially and economically vulnerable groups may have appropriate services for both DV and TIP victims, and tapping into these mechanisms can address, at least in part, issues of long-term sustainability as well as potentially avoid the stigmatization associated with TIP or DV-specific assistance;
- Programs for ethnic minorities and foreign nationals may be able to provide support and services in ways that are more accessible and appropriate to persons from these categories; and
- Centers and shelters based on child protection models may be appropriate for minors and youths, whether they are sexually abused, trafficked, or children of trafficking victims.

Although models from these other groups (with their distinct needs and experiences) may not be adopted wholesale, we can benefit from these models and the lessons learned when working with the broad range of persons whose experiences, backgrounds, and needs overlap with those of TIP and DV victims. Research and analysis in this direction would benefit the mixing of victim services and assistance programs.

Finally, an issue only touched upon in this research is how to move beyond the immediate crisis-intervention approaches that comprise the vast majority of services in the E&E region. Moving to the next level of analysis will require further investigation into how post-crisis intervention assistance operates in the spheres of self, family, and community. Two key questions to consider will be: (1) what does long-term success for victim recovery and reintegration look like? and (2) how it should be measured? Framing these questions must take into consideration local context and conditions. Such a targeted investigation could yield comparisons of organically developed strategies and interventions that are particularly appropriate to the local, national, and regional settings.

Appendix A: Literature Reviewed

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Appendix B: Organizations and Individuals Interviewed/Consulted

Country	Name/title	Organization
Albania	Marjana Meshi, Director	Different and Equal (D&E), Tirana
	Diana Kasa, Program Manager	Tjeter Vision, Elbasan
Armenia	Susanna Vardanyan, Director	Women's Rights Center, Yerevan
	Nora Mnatsakanyan, Project Coordinator	Hope and Help, Yerevan
	Maria Shatvoryan, Hotline Coordinator	
	Armine Shaboyan, Project Head Assistant	
Azerbaijan	Leyla Yunus, Director	Women's Crisis Center (WCC), Baku
Bosnia	Selma Begic, Project Manager	Foundation for Local Democracy, Sarajevo
Bulgaria	Ani Torozova, Clinical Social Worker	Animus Association, Sofia
	Radoslav Stamenkov, Counter-Trafficking Staff	International Organization for Migration (IOM), Sofia
	Victoria Shilegova, Counter-Trafficking Staff	
	Diana Dimova, Executive Director	Nadja Centre, Russe
	Rossanka Venelinova, Executive Director	Nadja Centre, Sofia
	Emanuela Shopova, Consultant Psychiatrist	
	Nadja Gerakova, Administrative Secretary	
	Simona Tertjanova, Social Worker	
	Ekaterina Veleva, Executive Chairperson and Psychologist	Positive Personal Skills in Society Foundation (P.P.S.S), Pernik
	Gene Gibson, Director, Office of Democracy and Governance	United States Agency for International Development (USAID)
	Svetozara Petkova, former Rule of Law Advisor	
	Todor Kolarov, Staff Attorney	US Department of Justice (DOJ)
	Joslyn Mack-Wilson, Counselor	US Department of State, Political and Economic Affairs (POLEC)
	Radostina Mihalkova, Staff	

	Genoveva Tisheva, Managing Director	Bulgarian Gender Research Foundation (BGRF)
	Daniela Savova, Social Worker	Complex for Social Services for Children and Families, run by EKIP Foundation
	Bojidara Petrova, Social Worker & Manager of Community Support Centre	
	Liliana Novousenilieva, Psychologist	
	Maria Dachovska, Social Worker	
	Daniella Ktevska, Senior Expert	Social Assistance Agency, Child Protection Department
Georgia	Nato Shavlakadze, Chairperson	National Antiviolence Network of Georgia (AVNG)
Kyrgyzstan	Aleksandra Eliferenko, Director	Chance Crisis Center, Bishkek
	Ryskulova Bubusara Rakhmatovna, Director	Sezim Crisis Center, Bishkek
Moldova	Alina Budeci, Manager of Drop-In Center	La Strada, Chisinau
	Shelter Staff	Casa Marioarei, Chisinau
	Irina Todorova, Counter-Trafficking Direct Assistance Coordinator	International Organization for Migration (IOM), Chisinau
	Viorel Albu, Project Manager, Better Opportunities for Youth and Women	United Nations Development Programme (UNDP), Moldova
Russia	Marina Pisklakova Parker, Director	ANNA, National Center for Prevention of Violence, Moscow
	Alberto Andreani, Project Coordinator	IOM, Moscow
	Anonymous CT staff	
Serbia	Marijana Savic, Director	ATINA, Belgrade
	Marija Babovic, Professor of Sociology	University of Belgrade
Ukraine	Marianna Yevsyukova, Legal consular	La Strada, Kiev
	Anh Nguyen, CT Focal Point	International Organization for Migration (IOM), Kiev
	Tetyana Ivanyuk, CT Specialist	
	Irina Titarenko, CT Reintegration Coordinator	
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	Bernadivna Svitlana, Psychologist	
	Tarannikova Klavdiaya Konstantynivna, Chair of the Shelter	
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	Tetyana Bikovska, Coordinator of Anti-crisis Programs	
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Appendix C: Interview Questions and Lines of Inquiry for DV and TIP Service Providers

1. **Basic Information:**

Organization:	FSU	SEE	Govt/Public	Private/NGO	Private/Other

2. **Beneficiaries: What types of populations are served through these programs?**

Beneficiaries:	DV	TIP	Women	Men	Youth	National	Foreign

- What is the profile of beneficiaries (of DV and TIP) who are receiving assistance?
  - socio-economic, married/single/w/children, etc.
- Is there a profile of beneficiary which does not accept the assistance and, if so, why?
- How many beneficiaries do you assist each year? How many new cases, how many on-going cases?

3. **Services: What services are currently provided to DV and TIP victims? Both residential and non-residential?**

	Housing	Medical	Legal	VT/Econ	Education	FC/Mediation	Psych Assist	Secure/Protect	Spec. Minors
Res/Non-R									
Length of Time									

4. **Considerations for Mixing Services:**
- What are the key considerations when mixing services for DV and TIP victims?
  - In residential programs?
  - In non-residential programs?
- What is the most important variable(s) in mixing populations? For example, exploitation? age? sex? nationality? socio-economic status?
- Are there differences in what services are needed when dealing with TIP victims and DV victims? What are the different services and why?
- Are there differences in how some services are provided to different types of beneficiaries? For example, the use of group therapy vs. individual therapy?
- Are there other beneficiary groups would could be effectively mixed with VoTs? For example, returned migrants? rape victims? refugees?
  - What are the experiences of mixing VoTs with other groups of beneficiaries?

- Are there some characteristics (apart from DV and TIP) which are problematic to mix – for example, women and men or adults and minors? Which ones and why?

5. **Attitudes Issues re Services:**
   - Do beneficiaries have attitudes and issues toward some types of services? (e.g., psychological assistance)
   - What services are problematic and why?
   - What services are particularly valued and why?
   - Do these attitudes vary according to sex, age, nationality, ethnicity of beneficiary?
   - Are there different reactions to services based on whether a VoT or DV victim?

6. **Stigma/Attitudes re Other Beneficiaries:**
   - What are the attitudes of beneficiaries toward other beneficiaries and their different experiences (e.g., prostitution, sexual exploitation, abuse)?
   - Are some experiences stigmatizing vis-à-vis other beneficiaries? How do staff deal with this?
   - Are some experiences unifying and/or sympathy-inducing?
   - Are there other issues or identities which create tension between beneficiaries such as: nationality? ethnicity/race? How are these tensions resolved by staff?

7. **Challenges for staff:**
   - What do staff identify to be the challenges when working with mixed populations? How does this differ from when working with only DV or TIP victims?

8. **Special Needs:**
   - What are the most difficult cases (TIP or DV)? What makes them difficult (i.e., mothers with children, long term needs, etc)?
   - How this is (or is not) complicated by mixing services?

9. **Costs and Sustainability:** Costs and issues of sustainability of separate vs. mixed shelters (and services) for victims of DV and TIP generally as well as relative to the population in a city/region/country and relative to the number of identified cases.
   - Would mixing services for DV and TIP victims be a more sustainable model?
   - In your country is more funding available for DV or TIP?

10. **State Services:**
    - What state services (health care, social workers) exist which are or who may be able to offer immediate care in either or both of these areas of assistance, and also for long term assistance, especially in the area of trauma?
    - To what extent are state agencies educated in how to identify and where to refer victims who may seek medical help separate from shelter or safe house services?

11. **Other programs/services in the country:**
    - What organizations in the country provide dedicated services to VoTs? (residential or non-residential?)
    - What organizations in the country provide dedicated services to DV victims? (residential or non-residential?)
    - What organizations in the country provide mixed services to VoTs and DV victims? (residential or non-residential?)
    - Recommendation about good DV or AT programs in the country and why?

12. **Standards of Care: What are the standards of care within the programs (both dedicated and mixed populations) including:**
   - SOPs for assistance
   - Training of staff/volunteers
   - Confidentiality
   - Data protection
   - Security/victim protection, etc.