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### List of Abbreviations

<table>
<thead>
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<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>ACTIVATE</td>
<td>Enhancing the anti-Trafficking Identification, Prevention and support Mechanisms</td>
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<tr>
<td>AMIF</td>
<td>Asylum, Migration and Integration Fund</td>
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<tr>
<td>CCM-GBV</td>
<td>Co-creating a counselling method for refugee women GBV victims</td>
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<td>DD</td>
<td>Differenza Donna</td>
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<td>EcIHR</td>
<td>European Court of Human Rights</td>
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<td>EIGE</td>
<td>European Institute for Gender Equality</td>
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<td>EU Data</td>
<td>Data Collection on Trafficking in Human Beings, EU Analysis 2017-2018</td>
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<td>FGM</td>
<td>Female Genital Mutilation</td>
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<td>GBV</td>
<td>Gender-Based Violence</td>
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<td>ICAT</td>
<td>Inter-Agency Coordination Group against Trafficking</td>
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<td>INTAP</td>
<td>Intersectional approach to the process of integration in Europe for survivors of human trafficking</td>
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<td>KMOP</td>
<td>Social Action and Innovation Centre</td>
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<td>NGO</td>
<td>Non-governmental Organisation</td>
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<td>PTSD</td>
<td>Posttraumatic Stress Disorder</td>
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<td>RIC</td>
<td>Reception and Identification Centres</td>
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<tr>
<td>SARAH</td>
<td>Safe, Aware, Resilient, Able and Heard – protecting and supporting migrant women victims of gender-based violence</td>
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<tr>
<td>SGBV</td>
<td>Sexual and gender-based violence</td>
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<tr>
<td>SOLWODI</td>
<td>SOLidarity with WOmen in DIstress</td>
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<td>STS</td>
<td>Secondary traumatic stress</td>
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<td>TCN</td>
<td>Third-country national</td>
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<td>THB</td>
<td>Trafficking in Human Beings</td>
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<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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<td>VoT</td>
<td>Victim(s) of Trafficking</td>
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1. Introduction

As concluded in the report on the transposition of Directive 2011/36/EU of the European Parliament and of the Council on preventing and combating trafficking in human beings and protecting its victims\(^1\) (hereinafter Directive 2011/36/EU),\(^2\) national authorities have made substantial efforts to enact the Directive in national law. Yet, there is still inadequate access to information about victims’ rights and ineffective referral mechanisms at national and transnational level, coupled with failure to identify all those who fall victims of trafficking in human beings (THB), including those in mixed migration flows.

In order to grant an early identification of victims of trafficking (VoT) and prevent re-trafficking and secondary victimisation, all practitioners who come into contact with migrants, shall have common tools and procedures which highlight a prompt identification of persons exposed to forms of victimisation (Boiano et al., 2022: 7). This is not always an easy task, as VoT face a number of vulnerabilities on the micro, meso and macro level. On the micro level, violence causes VoT to lack participation in society. Socio-economic consequences - amongst others - entail: marginalisation; feelings of guilt; shame; losing previous social roles and status; personal isolation and integration problems; loss of social status; damage to relationship with own children and other family members; risking their residence permit due to contradictory statements in the asylum interview; fear of discrimination; losing social support - from family; friends; acquaintances. VoT also face a number of economic consequences caused through the trafficking experience: loss of income; problems finding a job (e.g. due to lacking language skills, missing school certificates, no allowance to work by the immigration authority), medical treatment expenses, fees for legal consultations, difficulties to return to school, paying their traffickers in order to secure the safety of their families in the countries of origin, etc. On the meso level, violence creates an unstable and unsafe family life, especially if the perpetrator is a family member or the family is not allowed to know that the VoT has fallen victim of human trafficking. Particularly if VoT are mothers that e.g. suffer from traumatisation, health problems, etc., the children are also consequently at risk of suffering distress in their psycho-social well-being. Furthermore, human trafficking as a form of gender-based violence (GBV) helps to promote gender stereotypes, gender inequality and discrimination as well as increasing GBV crime rates within societies at macro level (Wells et al., 2019: 16-18; Aninoşanu, et al., 2016: 53). Here lies the challenge for practitioners working with VoT to acknowledge the fact that there is no single profile of a victim and there are no one size fits all responses.

It is imperative to make a clear definition of what is meant by the term ‘vulnerability’. ‘Vulnerability’ appears to connote an internal characteristic of the person (VoT) not

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dependent from the context, whereas it is known that vulnerability is ‘induced’, as a consequence of the violence suffered, of a socio-economic system that is structurally discriminatory towards women, migrants, persons with disabilities, etc. The European Institute for Gender Equality (EIGE) describes the **vulnerable groups** as:

Women, children and persons belonging, or perceived to belong, to groups that are in a disadvantaged position or marginalised.

A position of vulnerability means a situation in which the person concerned has no real or acceptable alternative but to submit to the abuse involved (Art. 2 Directive 2011/36/EU). By identifying particular vulnerabilities, a framework such as this Guide of Typologies can assist in the development of multiple individually-tailored support programmes targeted at those who are in fact most vulnerable. This Guide of Typologies is meant to be a practical tool for improving support mechanisms to deal with multi-faceted cases of trafficking. The introduced typologies of vulnerabilities can help practitioners working with VoT to acquire a better overview of the most common vulnerabilities and interwoven vulnerabilities. It may guide current work with VoT. It could also serve as a point of departure for future case management with VoT, as acquiring knowledge about complex vulnerabilities based on this guide may help to reveal important gaps in current service provision to VoT.

### 1.1 The ACTIVATE project

This guide is produced in the framework of the EU-AMIF (Asylum, Migration and Integration Fund) funded project « ACTIVATE - enhAnCing the anti-Trafficking Identification, preVention And supporT mEchanisms » coordinated by the Social Action and Innovation Centre (KMOP) (Greece), in partnership with "Animus Association" Foundation (Animus) (Bulgaria), Differenza Donna (DD) (Italy) and SOLidarity with WOmen in DIstress (SOLWODI) Deutschland e.V. (Germany). ACTIVATE aims at enhancing the prevention, identification and support mechanisms against THB with a special focus on VoT for sexual exploitation. The present guide, is developed under Work Package 3 (WP3) – *Enhancement of support and coordination mechanisms*, which objective is to

- strengthen National Referral Mechanisms with regards to data collection, synergies among partners, referrals’ effectiveness and dissemination of knowledge/resources/expertise;
- improve support mechanisms for the field professionals/service providers;

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3 Vulnerable groups described by EIGE: [https://eige.europa.eu/thesaurus/terms/1429](https://eige.europa.eu/thesaurus/terms/1429)

4 For more information on the project, visit the ACTIVATE website: [https://www.activateproject.eu/](https://www.activateproject.eu/)
• enhance the transnational exchange of expertise among Consortium’s partners but also beyond them.

1.2 Structure & aim of the guide

After briefly describing the aim of this guide in this subchapter, Chapter 2 explains the need to address vulnerabilities. Attention will be paid to common vulnerabilities VoT face and highlights barriers practitioners come across with, while also showcasing best practices in addressing these vulnerabilities. Chapter 3 looks at multiple vulnerabilities and gives practical tips on how practitioners can address complex cases. Chapter 4 summarises the main points.

The aim of this guide is to provide practitioners with essential information on how to work with and support VoT who face multiple vulnerabilities. The purpose of this guide is, therefore, threefold. To serve:

1. **As a practical guide** to improve the capacity of victim support organisations across the EU to identify VoT facing multiple vulnerabilities and to provide victim-centered support services, tailored to the needs of VoT contributing also to their early identification.

2. **As a resource for governmental, non-as well as inter-governmental organisations** to enhance the access to support services for VoT.

3. **As a tool for other readers** interested in the project findings – such as people working as volunteers, from academia or the general public – to foster their knowledge on the topic of THB and common vulnerabilities.

This guide gives practitioners working with VoT a voice, as the collected case studies (see Chapters 2 and 3) and background information are based on their extensive experience in providing victim-centered support to VoT facing multiple vulnerabilities. As THB occurs globally and refugee movements are a matter of international concern (UNHCR 2007, 1-2), this guide can also be used by practitioners beyond the EU, who are confronted with similar challenges. As the anonymised case studies will in particularly focus on the situation of adult women VoT, who have experienced THB for the purpose of sexual exploitation, it is equally important to highlight that these findings can be expanded by practitioners working with men, boy and girl VoT, as well as adult women who have experienced other forms of exploitation.

The guide aims at fostering practitioners’ multi-disciplinary skills. Taking a multi-disciplinary approach is the key underlining principle of this guide, as it helps practitioners supporting
VoT facing multiple vulnerabilities. In order to be effective, this practical tool was developed and carried out by multi-disciplinary teams composed of lawyers, social workers, psychologists and criminologists with experience in trafficking cases and providing assistance to VoT. Each case chapter has been drafted with specific country-based reference.

2. Common factors of vulnerability

In order to be able to take a multi-disciplinary approach, it is important to be generally aware of vulnerabilities VoT commonly face. Vulnerability is a complex term, which can have varying meanings depending on the context (e.g. in sociology, economic science, the IT etc.) (Cambridge Dictionary n.d.). In the context of THB, the United Nations Office on Drugs and Crime (UNODC) describes vulnerability as follows:

« Vulnerability refers to the condition of a person in a specific context. […] The terms are [sic] more precisely understood in law, where the term ‘vulnerable victim’ is used to refer to ‘a victim who is unusually vulnerable due to age, physical or mental condition, or who is otherwise particularly susceptible to criminal conduct’ » (UNODC, 2008: 68).

Once again it is significant to explicitly highlight that vulnerabilities are not inherent human characteristics, rather they are resulting from the society’s inability to deal with them.

The Inter-Agency Coordination Group against Trafficking in its “Adressing Vulnerability to Trafficking in Persons” defines vulnerability as “those inherent, environmental or contextual factors that increase the susceptibility of an individual or group to being trafficked” (Issue brief 12, page 2). By discussing common vulnerabilities and introducing case studies from the practical field, it will be outlined how to identify VoT in the first place and how to equally become aware of why a VoT is made vulnerable due to a specific condition and/or situation. The authors refer to these as vulnerability factors. Social and legal vulnerabilities will be highlighted, as case studies are derived from case law in front of the European Court of Human Rights (ECtHR) and practical case studies from the everyday work of the ACTIVATE project partners.

5 The Inter-Agency Coordination Group against Trafficking (ICAT) – Issue Brief 12 “Addressing Vulnerability to Trafficking in Persons”
The anonymised case studies describe the main vulnerabilities identified through assisted cases in the framework of the project consortium’s work with VoT. These subjects are illustrated in the below subchapters through the selected stories of the project partners. This will allow to take a step further in Chapter 3, where vulnerabilities will be brought together. This chapter entails more complex case studies and will show how to address multiple vulnerabilities.

Let’s start with introducing to the common vulnerabilities that project partners experience in daily work with VoT. Each subchapter gives you background information on the given vulnerability and includes a practical example in form of a case study. The below conditions are not intended to be conclusive, but to serve as a starting point for further discussion. By identifying particular vulnerabilities, a framework such as this can assist in the development of more effectively tailored and multiple support programmes aimed at VoT.

2.1 Residential status

In this session, we briefly discuss the importance of a gender based approach for the analysis of the human trafficking phenomenon (THB - Traffic in Human Beings), we identify a variety of violence and discriminations experienced by VoTs and the possible actions which can be put forward by professionals in their work with VoTs.

Women and girls are trafficked for many forms of exploitations as vulnerable subjects already exposed to gender discrimination, domestic and sexual violence, and, often, socio-economic marginalisation. A gender approach raises awareness on how social gender forms contribute further to reinforce the inequalities and multiple discriminations experienced in the various systems during each trafficking history.

Starting from the representations of the VoTs and the identified gender related vulnerabilities, a gender-sensitive approach aims to reinforce the centrality of the person beyond the socially constructed perception and expectations of victimhood often associated to a victim of trafficking. Moving beyond the stereotypical views of victimhood and gender it is with the adoption of an intersectional lens at all level that awareness among anti trafficking professionals can contribute in incorporate aspects related to THB that are normally rendered invisible.

Victims of trafficking often spend years in European countries without an official ID or residence document. This is due to the fact that they were illegally brought from their countries of origin by trafficking organizations that can then force women into exploitation by
taking advantage of their undocumented status within the destination country. Keeping women undocumented is one strategy to control victims and to discourage their attempts at escape, to report or actively look for help, because they could be under the threat of arrest due to their lack of a regular residence permit.

Moreover, victims of trafficking’s uncertainty of their legal status not only represents a consequence of their previous or current victimization, but also a concrete obstacle to access support and is a cause of serious psychological distress (PICUM, 2022).

Although surviving these traumatic experiences, due to their ‘irregular’ position in Europe, women victims of trafficking and exploitation can fear deportation, experience anxiety and difficulty adjusting to a new environment, and feel a sense of loneliness, isolation and hopelessness. Living day by day without being able to plan for the future, even an immediate one, can cause a higher risk of exposed to additional forms of violence, exploitative mistreatments and multiple discriminations, producing a perpetuating cycle of dysfunctional dynamics and recurring vulnerabilities.

As a professional (e.g. a legal practitioner, social worker, counselor, facility operator, or cultural mediator) in contact with women who have survived trafficking and exploitation, you should bear in mind that the EU legal framework prioritizes the protection and safety of the victims over any criminalization measures and law enforcement procedures related to their being undocumented, by adopting an approach that focuses on their rights as victims rather than on their residence status.

Directive 2004/81/EC qualifies victims of trafficking who report their traffickers and exploiters by granting a temporary residence permit that can be renewed and that gives access to assistance programs. Moreover, the Anti-Trafficking Directive introduced the measure of a ‘reflection period’, allowing victims to recover and make an informed decision about whether or not to cooperate with authorities while still being entitled to the right to receive specific support. Directive 2011/36/EU, on preventing and prosecuting human trafficking and protecting victims, reinforces this principle and affirms that survivors of trafficking, including those not in possession of a regular residence permit, have the right, even during the reflection period, to receive specific assistance in terms of safe shelter, legal aid, health care, social and psychological support, education and training, not conditioned on their willingness to cooperate with the authorities in the investigation and prosecution of their traffickers (Recital 18).

Likewise, EU Victims’ Directive (2012) underlines how victims are entitled to be safe and protected, to get remedy for the trauma they suffered, such as experiences of trafficking, exploitation and violence, regardless of their residence status and their willingness to report
those responsible for the criminal acts they were subjected to. Despite the provisions of EU laws, the lack of a secure residence status has a specific impact on the safety of undocumented women across Europe (PICUM, 2021), including VoT, as they often face significant obstacles in practice and fewer opportunities to access justice and protection.

Undocumented women who currently are or have been subject to trafficking and exploitation could experience institutional victimization. By not identifying victims of trafficking and proceeding with detention measures against them, States fail the prescription of the Recommended Principles and Guidelines on Human Rights and Human Trafficking (OHCHR, 2003) according to which VoT should not be “prosecuted, detained or punished for the illegality of their entry or residence or for the activities they are involved in as a direct consequence of their situation as trafficked persons”.

Immigration enforcement policies affecting undocumented migrants can, in fact, regard VoT as well, and can lead to detention practices and deportations, which are harmful, ineffective and deny the right of accessing protection and support for women who then experience additional forms of vulnerability (PICUM, 2021). These situations can occur when the police stop them in the street and find them without a regular residence document, as officers often fail to recognize the indicators of trafficking. On the other hand, it is not common that women self-identify as victims of trafficking, thus they do not express their need of help. The restraint of VoT to actively and explicitly state the necessity of protection and support is connected to several factors that you as professional must consider:

- the exploitation they may still be enduring;
- the fear of consequence to their lives or exposure of their dear ones in their countries of origin to the risk of repercussions - if reporting their traffickers and exploiters or even if talking about what they experienced;
- the lack of trust in law enforcement agencies based on past experiences in their countries (ICRSE, 2020), where the intervention of the police often depends on corruption mechanisms and financial transactions, as well as the fact that the dealing with episodes of gender-based violence mostly result in the normalization/minimization of the reported situation.
- the fact that their traffickers and exploiters may have convinced them that they will be persecuted for entering the territory without documents, regardless of the violence and exploitation they were victims of;
- cultural and language barriers;
- survival mechanisms that lead to the necessity of removing traumatic memories and avoiding intrusive thoughts that could arise while sharing their experiences of trafficking and exploitation;
• the fear of suffering forms of marginalization, discrimination and stigma related to having been trafficked and exploited, especially for victims of forced prostitution;
• the absence of information about their rights of protection and access to free and specific support services.

As professionals, you could act as intermediaries between undocumented victims of trafficking who want to report but feel afraid of engaging with public authorities.

Beyond detention and deportation, you must remember that undocumented victims of trafficking have a great risk of being further exposed to repeated forms of sexual and/or labor exploitation, as well as ‘secondary’ exploitative practices related to criminal acts, such as carrying and dealing drugs for traffickers under threats and violence. Therefore, as professionals - especially those among you who work in detention centers for undocumented migrants across Europe - you should:

• gain extensive understanding on how to recognize the indicators of trafficking and victimization when encountering undocumented women;
• clearly inform victims of trafficking about their unconditional rights in Europe; assess victims’ individual needs and multiple vulnerabilities, which often involve various aspects of their identities (i.e. gender, ethnicity, age, disabilities, sexual orientation, etc.);
• have a precise knowledge of holistic services available for women who survive trafficking in their territory that employ a gender-sensitive and intersectional approach, which are crucial when offering support to migrant women (Differenza Donna, 2021) (EIGE, 2018);
• invest in networking processes and put in practice referral mechanisms and procedures with the goal of ensuring victims of trafficking access to psychological, social and legal support;
• identify possible pathways in obtaining a regular document.

In regards to the asylum system and procedure, requests for international protection are often presented by victims of trafficking, who may experience different circumstances when applying for the recognition of the refugee status: for instance, while some may have already escaped their traffickers, others may still be undergoing exploitation and violence or have the risk of being re-trafficked, some may feel safe and comfortable in self-identifying as victims of trafficking, others may fear repercussions in doing so (GRETA, 2020) (UNHCR, 2006).
Given the broad range of situations in which trafficking cases come to light within claims for international protection, as professionals working in contact with asylum seekers, you should be:

- specifically trained and invested in expanding your knowledge of the phenomenon and the indicators of trafficking and its related forms of victimization;
- aware of the above-mentioned factors that can lead to obstacles of self-identification (current exploitation and the obligation by the traffickers to tell stereotyped life stories, fear, survival mechanisms, lack of information, cultural and linguistic barriers, etc.);
- pro-active in building networks among services that are generally available to asylum seekers (including the provision of housing, legal assistance and information, medical, psychological and material assistance, employment, educational and training opportunities) and in particular those for victims of trafficking offered by organizations that specifically work with a gender-sensitive approach in dealing with survivors.
- Moreover, you must know the referral protocols that are in place between institutions and anti-trafficking organizations of civil society, as well as to facilitate the related procedures.

A good practice you should keep in mind regards the possibility of initiating the referral mechanisms yourself, by implementing networking and cooperation strategies between the service you work for and anti-trafficking organizations. This has the main goal of ensuring victims of trafficking early identification practices and supporting actions, including clear and proper information concerning their rights, access to specific protection projects, psychosocial assistance in the process of expressing their stories of trafficking and exploitation. It is crucial that this kind of support is provided by specialist practitioners who are trained to identify gender-specific dangers and the needs of women VoT (EIGE, 2018).

You may recognize indicators of victimization and therefore refer potential victims of trafficking to anti-trafficking organizations in several pivotal moments:

- as soon as women arrive in the reception centers for asylum seekers, with the purpose of avoiding recruitment mechanisms and the risk for them of being forced by their traffickers to abandon the hosting facility without telling its operators, who would be unaware of their exploitative purposes;
- after women present their request for international protection but before their interview with the institution that is in charge of the evaluation of asylum claims;
• when they receive a negative response from the Territorial Commission who examined their claims of international protection. The denial can have concrete consequences on victims' lives: not having a residence permit can increase the risk of being re-recruited and exploited, and an unsuccessful experience can increase their feelings of loneliness, hopelessness and lack of trust in the process;
• when women suffer from trans-European trafficking and exploitation and the risk of being transferred to another country without their consent, under the application of the Dublin III Regulation, that establishes the criteria for identifying which Member State is responsible for the examination of an asylum claim within Europe. This scenario could represent an additional risk factor for a VoT, as being transferred back to the European country where they were initially trafficked to and exploited can be not only extremely traumatic and dangerous but can also mean losing the assistance gained up to that moment (EMN, 2014). Anti-trafficking organizations can then advocate for women's asylum claims to be evaluated in the State where they actually are.

By promptly and efficiently referring women to competent anti-trafficking organizations, you increase the opportunities for victims of trafficking to:

• access protection, free legal counselling and assistance;
• be clearly informed of their rights;
• be ensured of a safety network, a holistic support and the time to build relationships of trust with specialized operators;
• be supported in the elaboration of the traumatic experiences they have been subject to and in progressively overcoming feelings of shame and fear they may manifest while telling their life stories (EIGE, 2018).

Therefore, with the purpose of avoiding the risk of re-victimization and violation of the principle of non-refoulment, the anti-trafficking organizations can report to the competent institution about the supporting project activated after your efficient referral practice. Anti-trafficking organizations can also underlie intersectional discriminations and additional gender-based violence that victims of trafficking may have suffered in their countries of origin, transit and destination, such as: female genital mutilations, the denial of their right to education based on their gender, forced marriage, domestic violence, rape, forced abortion and other violations of their human rights, which can emerge throughout the supporting project as inhuman and degrading treatments they survived, as well as the risk of being re-trafficked or exposed to secondary forms of exploitation.
Case study: Happy's story

Happy is a young woman born in Nigeria who was trafficked in Europe when she was nearly 18 years old. After the death of her parents, when she was only seven, she moved with her elderly sister to Benin City to live with a relative, the paternal grandmother. Given their condition of poverty, economic hardship and lack of social and family support, Happy worked in the fields while her sister left in search of job opportunity. As the little financial help provided by the sister was not sufficient for their sustenance, Happy's grandmother was contacted by a female neighbour from their village who suggested Happy to migrate to Europe. The woman explained them that her sister, Mama B., could offer Happy a job (with a salary of 600 Euro per month) in Italy as she was looking for some help with the children and cleaning. Given the extreme poverty, feeling the pressure of the old grandmother, despite her fears Happy accepted the offer without knowledge of the recruitment system. Counting on the power of the belief system of Nigerian population, through the so called 'juju'-oath proclaimed by the native doctor and the criminal network, Happy's debt was sanctioned (Euro 30.000) and her journey started under the control of the traffickers.

After a difficult journey from Nigeria to several connection houses where she was sexually and psychologically abused and forcibly kept for long period, Happy arrived in Libya under the custody of some Asma boys. In Tripoli she spent a month in a connection house where she was constantly under threat and obliged to work as prostitute in order to pay the last part of her journey to Italy. It is only after a month spent in Libya that a connection man named Happy as passenger of the next dinghy boat to Italy. On an overcrowded boat which counted 150 persons, Happy was smuggled through the Mediterranean Sea when the inflatable boat was shot and 50 people died. Happy and the other person were rescued by a fishing boat. During November 2016, Happy arrived in Sicily without any document, she was registered and moved to a CAS (Temporary Reception Center - Centro di Accoglienza Straordinaria) in Foggia from which she escaped under the protection of a woman Mama B. And her network. Happy was then brought to Lazio region where she was under the control and protection of the woman for whom she had to work as prostitute. One day after years of exploitation and violence, Happy managed to escape with a friend and provided for herself by begging outside of the supermarket. In December 2018, given her extreme poverty, she accepted to carry a bag for a man in exchange of a small amount of money, in this occasion she was stopped by police, arrested, convicted as drug carrier. After her five months detention at Rebibbia Prison, at the beginning of the summer of 2019, without being identified as a potential victim of trafficking, Happy was transferred to Ponte Galeria detention
center (C.P.R., Centro di Permanenza per il Rimpatrio) where she was waiting for her forced repatriation.

Happy was trafficked as undocumented migrant, suffered primary and secondary exploitations as well as detention and institutional violence without being ever identified as a trafficked person. Moreover, none of the immigration police officers, neither the prison officer or her own lawyer recognised any of the indicators of trafficking or Happy’s multiple vulnerabilities. Happy did not receive specific assistance until she met our anti-trafficking social worker at the C.P.R., Centro di Permanenza per il Rimpatrio. This case underlines the importance of territorial services such as the sportello at C.P.R. which often are the last opportunity for initiating the referral mechanism. After that meeting in person, Happy was informed of her rights of protection, support and access to services during several phone calls in which she gained confidence thanks to the gender-sensitive approach of the anti-trafficking professional.

The actions taken in her specific protection projects included:

- collection of Happy's personal story and psycho-social support in the process of expressing her stories of trafficking and exploitation
- identification of the primary and secondary exploitations
- support in accessing a shelter for VoT and the anti-trafficking project
- identification of the multiple discriminations lived in Italy: criminalisation, marginalisation due to institutional failure in activating any form of protection and support as stated in the EU legal framework, victimisation
- request of asylum for obtaining the refugee status
- legal support in obtaining document as convicted person
- legal support during a second court trial in which she was accused person in a criminal proceeding related to a trafficking network. Although Happy was not clearly recognised during the trial as victim of trafficking, she was cleared of any charges also thanks to both her work within the project and the legal support provided
- access to health service and screening which confirmed severe gynaecological condition and FGM related health special care
- after a period of reflection, as a result of all the work done together, Happy took the informed decision to sue for damage as civil party one of her trafficker Mama B.

Happy is continuing with her project moving to a house dedicated to the autonomy project.
2.2 Racial & minority discrimination

Many women are victims of multiple and intersectional discrimination based on gender and ethnicity. The notion of intersectional discrimination has been recognised by several UN conferences on women, such as the Beijing Platform for Action and the subsequent Political Declaration of the 23rd Special Session of the General Assembly (2000).

The EIGE defines intersectional discrimination as "Discrimination that takes place on the basis of several personal grounds or characteristics/identities, which operate and interact with each other at the same time in such a way as to be inseparable" (EIGE, N.D.), multiple discrimination interacts simultaneously to the point that it is no longer possible to distinguish between them. The combination of gender, race and socioeconomic status make women more vulnerable to sexual and labour exploitation, domestic servitude, forced marriage and forced begging. As a result, for women who are part of minorities or marginalised groups, the possibility of exercising their fundamental human rights and the right to equality is limited/compromised.

The debate on legal protection from multiple discrimination has developed in Europe in the preambles of Directive 2000/43/EC6, which implements the principle of equal treatment before the law between persons irrespective of racial or ethnic origin, and Directive 2000/78/EC7, which establishes a general framework for equal treatment in employment and occupation.

References to multiple discrimination are also made in some non-binding documents of the European Parliament such as the Resolution on the situation of women belonging to minority groups in the European Union (2003/2109(INI))8, which focuses on women with disabilities, migrant and Romani women, and the Resolution on the situation of Roma women in the European Union (2005/2164(INI))9. Another document related to the multiple discrimination is the Communication COM(2006) 92 “Roadmap to equality between women and men 2006-20104", which includes among its indicators efforts to combat multiple discrimination, in particular against migrant and ethnic minority women.

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8 European Parliament resolution on the situation of women from minority groups in the European Union (2003/2109(INI))
The need to combat multiple discrimination also appears in the Roma Youth Action Plan\(^{10}\), a document drafted by the Council of Europe to incorporate the grassroots proposals made by Roma young people who took part in the Roma Youth Conference in September 2011. Even within the framework of the Council of Europe’s activities, multiple discrimination has been discussed, especially with reference to Roma young women.

As far as e.g. Italian law is concerned, multiple discrimination was introduced with the Legislative Decree 215/2003 and Legislative Decree 216/2003 transposing, respectively, Directive 2000/43/EC and Directive 2000/78/EC. Article 1 of the Legislative Decree no. 215 provides for, the measures necessary so that differences in racial or ethnic origin do not cause discrimination, also from the point of view of the different impacts that the same forms of discrimination may have on women and men.

Ethnic minority women experience intersectional discrimination and stigma related to sex, gender, race, sexual orientation, nationality, migrant status, ethnicity, religion, age, violence, health, human trafficking and exploitation suffered. The compounded and intersectional discrimination they suffer as well as their lack of support and opportunities relegate women to marginalised positions and foster their vulnerabilities, exposing them to further forms of violence and exploitation.

Izsák-Ndiaye (Izsák-Ndiaye, 2015) and the European Roma rights Centre and People in Need\(^{11}\) identify racism, gender discrimination, marginalisation, poverty, unemployment, domestic violence and social exclusion of minorities in their countries of origin as crucial push factors to migration. On the other hand, the authors point out how minorities face racial and other intersectional discrimination in the destination countries, in addition to targeted deportations, without full and informed consent, toward origin countries where they are likely to face discrimination and persecution. In fact, during over 15 years of experience at the helpdesk dedicated to victims of SGBV and human trafficking within the Ponte Galeria detention centre in Rome, Differenza Donna NGO has identified many undocumented Roma women, who were often born and raised in Italy and faced deportation in countries where they had never been to, had no knowledge of the local language and where they risked facing intersecting forms of racial and gender discrimination, isolation, marginalisation, ghettoization and persecution.

Detention, deportation, and limited access to fundamental rights trigger a cycle of marginalization, and cultivate and reinforce women’s and girls’ oppression. Conversely,

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\(^{10}\) https://www.coe.int/en/web/youth-roma

\(^{11}\) European Parliament resolution on the situation of women from minority groups in the European Union (2003/2109(INI))
access to protection, justice, healthcare, education and qualifications, documents, housing and employment that do not perpetuate gender stereotypes break the cycle of violence and foster the wellbeing of the victims.

**Case Study: Marina’s story**

Mariana is a Romani woman from an Eastern European country and a survivor of human trafficking for the purpose of begging. At the age of fifteen, she was sold for six thousand euros and forced to marry her partner through a traditional Roman ritual. She suffered domestic violence, including sexual violence, from her partner and his family who felt entitled to beat her because they considered her their property since they had bought her. She had three children, who she was forced to leave in her country to come to Italy for begging purposes. Apart from begging, she was beaten up almost every day by her husband and his family, and was forced to steal as well. She had no documents and she was often threatened by her husband, who used the lack of documentation to control and subjugate her.

After being battered, she was taken to the hospital on several occasions both in her country of origin and in Italy, seeking treatment for multiple injuries including a fractured jaw. However, with each visit, the practitioners who assisted her failed to detect the indicators of violence and trafficking. Despite the battering signs, she was never referred to a social worker or an NGO which assists victims of SGBV.

In addition, she was arrested after being caught stealing, but the law enforcement officers were also unable to detect the trafficking indicators. She opened up and asked for help from the owners of a local shop who saw her begging daily. The owners were always very nice to her and they put her in touch with the local police. She was able to report her slavery and trafficking condition, was subsequently put in protection, and taken to a refuge for women survivors of trafficking. When she arrived at the refuge, Mariana was terrified and feared for her safety. She was also constantly worried about her children who were living with and being used by her partner’s family to threaten her and control her.

Mariana was supported to access the national health system where she was assisted, among other things, for her fractured jaw which still had not properly recovered. As a girl, during her life, she was never able to access the national health system in order to receive appropriate and specific gender related check-up and treatments.

Through counselling sessions based on a personalised gender perspective, she was able to open up and process her trauma. Additionally, she gained access to legal
assistance as well as education and language courses. During the counselling sessions, Mariana talked about how as a girl she was prevented from ever attending school. In fact, Mariana was illiterate but had an important aspiration to learn how to write and read. She was referred to a local school and several meetings were set up with the teachers in order to meet her needs and desires. The aim was also to raise awareness of her past experiences and to try to remove bias and discrimination towards ethnic minorities survivors of human trafficking. Mariana attended school and successfully obtained a secondary school diploma.

Through the shelter operator’s support, Mariana was able to attend court, obtain justice for the crimes committed by her partner and his family and obtain a residence document. Eventually, she was able to find a job through a state-funded work grant and become independent. Recently Mariana finally reunited with her children.

2.2.1 Identification and emersion

Discrimination and stigma affect women victims of violence who are part of minorities at all stages of their existence starting from their identification as victims. In Mariana’s case, more than once she met with different professionals who failed to identify her as a victim due to stigma and subsequently couldn’t appropriately assist her and refer her to organisations which offer protection to survivors. Moreover, they failed to recognize the indicators not just of a particular form of violence she suffered, but multiple gendered forms of it.

2.2.2 Education and language courses

Education is key to accessing fundamental rights and to achieving social and labour inclusion. Women and girls who are part of minorities face compounded and substantial discriminations and barriers to accessing education, not only within their own community but also in the societies in which they live. Izsák-Ndiaye (Izsák-Ndiaye, 2015) and the European Roma rights Centre and People in Need12 have reported major barriers all over the world for people belonging to minorities in relation to accessing education. Such barriers include prejudice, discrimination, legal and economic obstacles, poor quality education in segregated environments, exclusion, placement of children in special schools for children

12 European Parliament resolution on the situation of women from minority groups in the European Union (2003/2109(INI))
with mental disabilities and biased attitudes. Moreover, the UN underlines how the majority of people belonging to minorities have hardly ever attended school and, consequently, are illiterate. Poor education is listed as both a push and pull factor for women victims of human trafficking. Moreover, the lack of language skills in the recipient countries is a major obstacle for women and girls to access protection and pursue integration. Ensuring access to education and language courses constitutes a fundamental right, which prevents further marginalisation and oppression and guarantees access to rights, protection, legal assistance, health services, professional training courses and employment.

It is of paramount importance for you to remove the systemic obstacles which hinder trafficked women from accessing education and language courses. For example, you should create a map of schools in your area specialised in teaching migrants and, where possible, provide gender-sensitive training to teachers on issues related to human trafficking, SGBV and racial and minority discrimination. Moreover, you should set up meetings with the teachers in order to discuss the barriers, prejudices and biases, and how to overcome them in order to guarantee the access to a quality education for trafficked ethnic women and girls. Other issues also need to be addressed for a successful access to education and language courses such as psychological traumas and physical wellbeing of the survivors.

### 2.2.3 Health issues

Ethnic minority women experience major systemic barriers to adequate medical care and health services\(^\text{13}\). The compounded discriminations which stem from the lack of access to healthcare are seriously aggravated by the violence and exploitation victims suffer. Prostitution has a short and long devastating impact on many areas of women’s health including: exhaustion, frequent viral illness, STDs, vaginal infections, back aches, sleeplessness, depression, headaches, stomachaches, cervical cancer, chronic hepatitis, traumatic brain injury, post-traumatic stress disorder, substance abuse, premature old age and eating disorders (Farley, 2004).

As a practitioner, you should facilitate access to the healthcare system and immediately address the health issues of ethnic minority women who experience SGBV and trafficking. You should make it a priority and ensure that women have access to free gender specific medical and psychological care by removing the barriers that hinder their physical and mental wellbeing.

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\(^{13}\) Council Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin
2.2.4 Residency documents

Women victims of human trafficking often have no residency documentation in the countries where they are exploited and this is used by the traffickers as a means to control them and prevent them from fleeing and asking for help\(^\text{14}\).

In DD’s experience, the lack of access to a residency document further exposes victims to deportation and re-trafficking. Ethnic minority victims risk facing multiple discriminations related to the absence of a residency document, as well as statelessness which disproportionately affects them. Despite being born in a country, attending the local schools and speaking the local language, minorities such as Roma, for example, have no access to nationality or long-term residency documents\(^\text{15}\). You should be aware that according to the EU directives\(^\text{16}^{17}\) and the Istanbul Convention (Europe, 2011), victims of human trafficking, in addition to protection, are entitled to residency documentation in the countries where their exploitation occurs. You should refer to organisations specialised in the field which offer legal assistance in removing all obstacles and barriers for the victims, enabling them to obtain a document.

2.2.5 Accommodation

Inadequate accommodation represents a serious risk factor for ethnic minority women survivors of human trafficking to be exposed to further forms of violence and limited access to rights and services.

International research\(^\text{18}\) shows how ethnic minority women victims of human trafficking experience major barriers to access protected programmes. As a professional assisting the victims, you should refer them to specialised organisations which offer adequate and structured safety and protection, effective personalised projects and guaranteed access to fundamental rights and services. Mariana was supported to access a protected programme.

\(^{14}\) See Mariana’s case.
which assisted her in all the phases of her project guaranteeing her safety and a dignified life towards independence.

2.3 Gender & sex discrimination

To be able to develop a deeper understanding of the relevance of Gender & sex discrimination, we will first take a closer look at the general existing data and facts on Gender and THB but also on the interconnections with discrimination based on gender and gender-based violence, as well as the specifics LGBTQI+ people are facing.

2.3.1 Gender and THB: EU data

According to information reported by the Member States with respect to VoTs who have been registered by authorities and/or other agencies and organizations, for the overall period of 2017-2018, 26,268 victims were registered in the EU-28; 12,514 victims were registered in the EU-28 in 2017, and 13,754 in 2018 (EC, 2020). Women and girls remained the majority of the victims of THB in 2017-2018. In the EU-28, 58% of all registered victims were female (women and girls), whilst males (men and boys) represented the 39% of all registered victims. Over half (6,941 out of 10,163) of the male registered VoTs in the EU-28 were found in the United Kingdom. While these figures are referred to persons identified by NGOs and/or police forces, there is still a very high number of invisible victims who are exploited.

Gender, however, is not only related to the prevalence of victims, but is closely related to the type of exploitation. Women were the vast majority (92%) of the victims of trafficking for sexual exploitation in the EU-27 in 2017-2018, whilst men represented the 6% of victims for this form of exploitation. In the EU-28, the proportion of female VoTs for sexual exploitation is identical (92%) to the one in the EU-27. Men accounted for a higher share of the registered VoTs for labour exploitation in the EU-27 (80%) than in the EU-28. In both, around two thirds (63%) of the VoTs for other forms of exploitation were female.

Collected data confirm the gender-based characteristics of trafficking in EU Member States: women and girls are the majority of victims and they are still mostly exposed to sexual exploitation. In Italy, out of an estimated 40-45,000 persons involved in street prostitution, approximately 60 per cent (24-27,000 persons) according to NGOs are victims of trafficking or at risk of becoming victims of trafficking, and between 5 and 8 per cent (between 2,000

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and 3,200 persons) are minors (US Department of State, 2021). In Italy, victims come mainly from Nigeria - and other African countries - China, Pakistan, Romania and Bulgaria, and also include Roma people. The pandemic has made victims of trafficking more vulnerable, also due to the increasing isolation of victims, which complicates efforts to recognise and identify them.

Women are mainly sexually exploited, although due to the Covid-19 pandemic, NGOs increasingly find that they are also involved in begging and drugs - especially as couriers.

Trafficking is carried out for the purpose of sexual exploitation - both on the street and indoors - labour exploitation - in factories, in the agro-food industry (a phenomenon that rages in the South of the country, some areas of Central and Northern Italy), begging and drug dealing.

2.3.2 THB and interconnections with gender discrimination & gender-based violence

As also confirmed by data20, when talking about trafficking in human beings, it is important to underline its interconnections with discrimination based on gender and gender-based violence, in order to better understand the phenomenon and how it works.

Although trafficking affects both men and women, it is not a gender-neutral phenomenon: women are affected differently depending on the type of exploitation, but also due to their background and to the violence and/or discrimination suffered in their country of origin, as well as during the trafficking routes.

Trafficking and gender-based violence have common dynamics - both are the result of an imbalance of power - but they also have similar dynamics of perpetration, since different forms of violence (psychological, economic, physical and sexual) are perpetrated in trafficking in order to subjugate the victims as well as to establish power and control over the victim.

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Furthermore, gender-based violence - as well as multiple discriminations - are circumstances that make people want/need to flee their country of origin.

Many of the factors that increase the risk of GBV, gender discrimination, poverty, natural disasters, conflict, poor education and health infrastructure, are root causes of human trafficking (Directive 2013/33/EU, Articles 21-22). Gender-based discrimination due to structural barriers and pervasive inequalities is a significant contributing factor to the susceptibility of women and girls to trafficking (OSCE, 2021).

Gender-based violence and multiple discrimination are both pushup factors of human trafficking and the means to control and exercise coercion and subjugation of victims. It is worth noting that in many cases trafficked women are fleeing from abuse, forced/combined marriages, female genital mutilation, rape and that in trying to get away from the contexts of violence or fear and threat of one of the forms of violence listed above, they are recruited by traffickers and end up in situations of exploitation.

2.3.3 LGBTQI+: invisible bodies and stories

Lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) persons face specific obstacles when it comes to accessing many of their rights, including their right to social protection.

Contrary to popular belief, trafficking for sexual exploitation also affects persons belonging to the LGBTQI+ community. An increasing amount of research, including research by the Polaris Project\(^{21}\) and the STOP THE TRAFFICKING\(^{22}\) Report, shows that LGBTQI+ persons are at higher risk of becoming victims of trafficking.

Recent studies show that LGBTQI+ adolescents and young people can be particularly vulnerable to trafficking in persons for the purpose of sexual exploitation and forced labour (UNODC, 2021). The underreporting of sex trafficking among this population makes it difficult to understand the specific nature of the crimes and the total number of people affected. Examples of documented migration cases include Caribbean and Latin American LGBTs ending up in Western Europe, African victims being found in Europe, and African LGBT victims of Arab Gulf–based trafficking rings who end up as sex slaves for the wealthy in United Arab Emirates, Qatar, and Saudi Arabia. Their high vulnerability stems from

\(^{21}\) https://polarisproject.org/category/lgbtq/
\(^{22}\) https://www.stopthetraffik.org.translate.goog/lgbtqi-trafficking/?_x_tr_sl=en&_x_tr_tl=it&_x_tr_hl=it&_x_tr_pto=sc
several factors such as: young age - greater possibility of being manipulated and not adequately able to protect themselves -, gender identity - due to isolation and ostracism by families and friendship networks that force them to move away from the family home and in many cases the country of origin. For criminal organisations, the combination of these factors is a new and risk-free ground for them to operate and exploit LGBTQI+ people who are often marginalised and lack networks to turn to for support and assistance.

As of December 2019, the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) reports that 70 countries continue to criminalize same-sex relationships (ILGA world, 2020). In countries where same-sex relationships are criminalized, LGBTQI+ persons face more intense societal stigma, and those who fall victim to trafficking and are forced into same-sex sexual exploitation are labelled as criminals rather than acknowledged as victims, violating the United Nations Trafficking Protocol and preventing LGBTQI+ victims of trafficking from exercising their rights and seeking help.

Sexual abuse and exploitation against men and boys is often considered taboo, which limits trafficked men and boys from reporting their victimization and accessing victim rights and services. Most of the research on LGBTQI+ persons’ vulnerability to trafficking in persons has been conducted in North America, and, to a lesser extent in Europe and Latin America.

The limited studies available reveal the need for increased research at a global level, especially in countries with strong social stigma and severe laws criminalizing same-sex relationships and/or transgender identities (UNODC, 2021). LGBTQI+ persons face elevated threats of violence and discrimination in employment, healthcare, and educational opportunities. The cumulative effects of homophobia and discrimination make LGBTQI+ persons particularly vulnerable to traffickers who prey on the desperation of those who wish to escape social alienation and maltreatment (US Department of State, 2014). Also, biases and discrimination severely complicate proper identification of, and provision of care to LGBTQI+ victims of human trafficking.

Law enforcement officials and service providers should partner with LGBTQI organizations to enhance victim identification efforts and adapt assistance services to meet the unique needs of victims. LGBTQI survivors of human trafficking should also be included in the dialogue on these issues (US Department of State, 2014).

It is difficult for many individuals who have been trafficked to reach out for assistance, but this is especially true for individuals who fear that they will be mistreated or not believed because of their gender identity or sexual orientation (POLARIS, 2016).
Case Studies

The two cases described below, drawn from the experience of Differenza Donna, show how multiple discriminations related to sex, sexual orientation, and/or gender identity can impact how victims are recruited, how they are exploited, how they are recognized as victims, and pathways to protection and support.

Case Study: Eva’s story

Eva, a Brazilian woman, was intercepted by a criminal organisation in São Paulo at the age of 23. The organisation promised to help her by covering her medical expenses and the costs of surgery related to her transition process from M to F. After a few times, she left São Paulo and arrived in Italy, where shortly afterwards all her documents were taken away and she was forced into prostitution for six years. Eva managed to escape from the criminal organisation and from the exploitation and, after travelling around several Italian cities, she arrived in Rome, where she soon came up against prejudice and stereotypes: she could not find a job. Eva started prostituting herself again.

At the age of 32, as a result of a police check, she was found without any identification document and she was taken to the CPR of Ponte Galeria, in Rome. Here, she came into contact with DD’s specialized operators.

After meeting DD, a complaint against the criminal organisation was formalised, a nulla Osta was received and subsequently, as victim of trafficking, she was granted a residence permit for social protection (ex. Art. 18 D.LGS 286/98). Eva could then have access to the protection and socio-work reintegration programme for victims and she entered in the anti-trafficking shelter managed by DD, where she stayed for a year. The personalized support project shared with Eva, included:

- Social and psychological support;

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23 CPR (Centri di Permanenza per il Rimpatrio – Detention Centers for Repatriation) are places of detention of undocumented foreign citizens awaiting the execution of expulsion orders, regulated by the Italian legislative decree 286/1998. Differenza Donna manages a helpdesk inside the Centre addressed to women detained there.

24 Nulla Osta – is authorisation / permission
• Medical orientation and accompaniment, especially aimed at investigating and solving medical consequences related to surgery made in the past;
• Administrative support, to re-obtain her passport at the Brazilian embassy;
• Legal assistance during the criminal proceedings;
• Educational path that allowed EVA to obtain her middle school license;
• Job orientation;
• Placement, through a paid internship, in a bar for a period of six months, that was then transformed into a regular employment contract;

Throughout the whole process, Differenza Donna collaborated with Associazione Ora d’aria, an association specialized on trans women victims of trafficking and sexual exploitation. Specifically, the collaboration with Ora d’Aria consisted of:

• Meetings and exchange of knowledge between operators from DD and Ora d’Aria on trans women, psychological health and care, trauma related to trafficking and prostitution;
• Counselling sessions conducted jointly by DD and Ora d’Aria operators.

After a year of hospitality in DD’s shelter, and given the job placement that was proceeding effectively, Eva agreed on entering in a semiautonomy house - managed by Ora d'aria - to enable her to achieve full autonomy and economic independence. Differenza Donna continued to support Eva, collaborating with Ora d'aria, even after she entered the II Level centre.

Case Study: Elena’s story

Elena was born in a small village in Edo State (Nigeria). As the eldest daughter of underprivileged parents, she managed with great efforts to complete the secondary education in Nigeria.

She studied at a girls’ boarding school, where she soon realised her sexual orientation and fell in love with one of her classmates. Although they feared for their lives (homosexuality is still forbidden in Nigeria) they began a clandestine relationship.

Neither family knew about the relationship until Elena's partner's family discovered it. Elena’s father, an influential member of the community and police officer, threatened
and physically abused Elena, trying to detain her and take her to the police station. She managed to escape, and after sleeping on the street for a few days, fearing for her safety and needing to get away from the city, she came into contact with a person who assured her that he can help her. It was this person who organised the trip to Italy and put her in contact with the exploiter, convincing Elena that she had no chance of living in Nigeria. Elena, realising that she had no other possibility, agreed to travel to Italy, where she was promised a job in northern Italy. Elena underwent a juju ritual and incurred a debt of 30,000 Euro. She left Benin City, together with eight other girls and a man who took them to Italy, passing through Niger, Libya and then on a makeshift boat to the final destination Italy.

Once in Italy, Elena, together with the group, was taken to a Reception Centre for asylum seeker in Turin. Once there, Elena was immediately contacted by her exploiter in Italy, who invited her to leave the centre and go to her home. However, Elena understood from the tone and insistence that this woman in Italy was hiding something from her. The phone calls from the pimp soon became daily threats and soon the pimp explained to Elena that she had to pay off her debt to prostitution as soon as possible.

Elena again refused to leave the reception centre. She began to have contact with her mother in Nigeria, who told her that she repudiates her as a daughter because of her homosexuality. After Elena's refusal, the exploiter sent people- linked to the criminal organisation- to Elena's parents' house, who were threatened and beaten.

Following strong pressure from her parents, seeking alternatives to prostitution to begin repaying the debt, Elena decided to accept a proposal from a Nigerian man she met outside the reception centre. The proposal was to transport 21 cocaine eggs from Piedmont to Sardinia in exchange for 600 euro.

Elena was arrested outside Alghero airport, in Sardinia, and taken to prison for drug trafficking, where she remained for four years. At the end of her sentence and since she was undocumented, Elena was taken to the CPR of Ponte Galeria to await repatriation to Nigeria.

Elena met Differenza Donna at the CPR of Ponte Galeria, when she had just turned 29. Inside the CPR, Elena met the operators of Differenza Donna and decided to tell her story, asking for help. Differenza Donna started a path with Elena, and she was supported in the request for International Protection, given the danger to her life and safety and the real possibility of retrafficking if she was repatriated to Nigeria.
After being released from the CPR and after a small process of re-elaboration of the experiences of trafficking and induction to prostitution, Elena decided to go back to Sardinia, where in the meantime a woman with whom she had started a relationship during the period of imprisonment was living.

Elena's story is a perfect example of how all too often victims of trafficking for the purpose of sexual exploitation find themselves cooperating with criminal organisations dedicated to the distribution of drugs, as the only viable alternative to sexual exploitation. Her story also shows the critical role that RIC staff can play in early recognition of trafficking victims, even before exploitation begins, in order to ensure their access to protection programs, avoid re-victimisation and the risks related to repatriation and re-trafficking.

2.4 Social class & financial vulnerabilities

Financial vulnerabilities and social class have been identified as factors increasing the vulnerability to trafficking. The Report ‘Trafficking in women and girls’ of the Secretary-General of the United Nations General Assembly A/75/289, highlights the effects of economic disparities on THB: such disparities between countries contribute to people migrating to wealthier countries often exploiting risky opportunities, while relevant disparities within countries may push people to ‘take risky routes to improve their economic status’.

Women and girls are more likely—compared to men—to be informally employed or employed with indecent work conditions, which enhances the likelihood of experiencing vulnerability in the context of employment and, thus, exploitation. Social status also affects vulnerability, as inequalities may force women to further risky opportunities. Economic and social vulnerabilities that are exacerbated in health crises tend to increase women and girls’ risk of being, amongst others, victims of abuse, violence, sexual exploitation and trafficking.

The qualitative research conducted by the UNODC (2020), the results of which are presented in the relevant Global Report on Trafficking in Persons, with the study of 233 court cases supported this claim, as most of the victims were in economic need and unable to meet basic needs, before they were recruited; a fact that was exploited by the traffickers, offering the victims jobs allegedly providing financial stability and better social status. In such cases of financial vulnerability and structural disadvantages (e.g. migrant workers, women and children), traffickers do not need to use deceptive means to recruit individuals. When intersecting with other vulnerabilities (for example gender and being a member of a disadvantaged group), these vulnerabilities exacerbate the susceptibility to the risk of being trafficked. For example, migrants in an irregular situation may accept to work under
exploitative conditions, like in the Manolada case presented below, as there are no alternatives.

Social and migration status, including lack of work and residence permit, can further exacerbate potential victims’ vulnerability, as traffickers may use threats of filing reports to intimidate the victims and keep them under exploitative conditions. In fact, socio-economic deprivation constitutes one of the vulnerabilities used by traffickers to recruit victims. The financial situation of the victims may also be used by the traffickers in order to prevent them from leaving the exploitative situation. For example, traffickers might use financial control in order to maintain the status of exploitation; in the case of forced labour, relevant strategies may include delay of wages payment, the promise of higher payment in the future, debt bondage (sometimes increasing the debt over time), and preventing the victim to address supporting mechanisms (UNODC, 2020).

Although social class and financial vulnerabilities have been long ago identified as characteristics that affected the situation of THB, the impacts of this intersectionality during the Covid-19 pandemic were enhanced, both in terms of victimisation and in terms of support provision. Only 55.6% of the respondents in the recent ODHIR and UN Women (2020) research reported that financial support is available to victims and survivors of THB, while the percentage of participants that stated that compensation is applicable dropped to 36.2%. Similarly to compensation, long-term accommodation was reported to be available by less than half of the sample (41.5%).

The policy recommendations provided in the UNODC 2020 Global Report highlight the need to ‘address the conditions of vulnerabilities to trafficking in persons’, laying the focus on socio-economic vulnerabilities, that were expected to be amplified by the Covid-19 pandemic consequences. As underlined, marginalised communities need to be at the centre of preventive strategies, along with the groups that are usually identified as trafficking victims. A safety net of stakeholders needs to be established –nationally and transnationally-, in order to enhance cooperation amongst local communities, grassroots and international organisations. Thus, frontline professionals should further cooperate with relevant stakeholders at local, regional and national level and organisations working on THB, in order to develop and implement community-based interventions and support vulnerable households, as well as increase the awareness of ‘the risks of irregular migration or child labour’. Relevant information should also be provided to people entering the respective country, by the competent authorities and professionals.

As a practitioner, you should also be aware of the international and national legal framework on the rights of the victims, in order to not only provide useful information to interested persons, but also know what rights they have and how they can exercise them, so as to
provide guidance. For example, the right of compensation on material and non-material damage is available in the majority of States (COUNCIL DIRECTIVE 2004/80/EC). Furthermore, you should also have relevant information on services available providing material support to VoTs, in order for the latter to be able to cover their basic needs and be supported in exiting the exploitative situation, avoiding re-exploitation and integrating in the society. It is also advisable for you to also be aware of the indicators of labour trafficking – which are available in the Annex of the present chapter, as developed by ILO and the European Commission (2009).

**Case Study: Chowdury and Others vs. Greece – labour trafficking**

The case study Chowdury and Others vs. Greece is a well-known case of labour trafficking in Greece, that was also addressed to the European Court of Human Rights and received a verdict in 2017. The said case illustrates the procedure followed, as well as the gaps and the steps followed by the competent authorities.

During October 2012 and February 2013, 42 Bangladeshi nationals were recruited by two employers working in agriculture to provide services (picking strawberries) in Manolada, a village in Ilia in Western Greece. During their recruitment, they did not have work permits, while they were promised that they will receive 22 euros per seven hours of work, as well as three euros for each hour of overtime. However, this was not the case: they worked 12 hours per day, under the supervision of armed guards and threats of their employers that they would receive their salaries only if they continued working. The workers testified in Areios Pagos Supreme Civil and Criminal Court of Greece that the employers were carrying weapons, aiming to cause them fear; one of the employers was reported to show his gun to the workers, while the second one was constantly carrying his rifle. As the workers testified in court, another incident aiming to their intimidation pertained one of the defendants shooting two dogs that were strolling around the workers’ shacks while telling them that he would kill them as well, and pushed them. Moreover, their living conditions were harsh, as they had to reside in makeshift shacks without toilets and running water.

In February, March and April 2013, the workers went on strike, demanding their salaries, but their efforts were proven to be vain. When the two employers recruited other migrants from Bangladesh, on April 17, 2013, 100 to 150 workers from the previous season attempted to approach the first in an effort to demand their accrual; the armed guards opened fire, seriously injuring 30 workers, including 21 of the 42 that addressed the case to the ECtHR. The injured workers were transferred to the
hospital, where they were questioned by the police, initiating the official investigation. The procedure followed was the typical one of preliminary and main investigation, implemented by the investigator or police officers and the public prosecutor respectively.

Initially, the two employers, the armed guard who opened fire and an armed overseer were arrested with the accusations of attempted murder and THB. However, the attempted murder accusation was reclassified as grievous bodily harm. In July 2014, the defendants were found innocent in terms of THB, while the armed guard and one of the employers were found guilty of grievous bodily harm and unlawful use of firearms. They were sentenced to prison, based on the national law and their sentence was commuted to a financial penalty; the court also ordered them to pay 43 euros to each of the 35 workers that have been recognised as victims (1500 in total).

The Greek Council for Refugees represented the plaintiffs in court and reported some of the identified errors of the procedure: (1) the specialised anti-trafficking unit of the Hellenic Police was not involved in the procedure, (2) the preliminary investigation, conducted by the local police, included interpreters from the community of the victims that lived in the area longer and were in close business with the defendants (one of them was in fact a defence witness and was also asked to act as an interpreter in court), (3) the State did not secure the protection of the victims during the pre-trial investigation and during the trial period, (4) the State did not ensure the transportation of the victims to the court.

After the perpetrators were found innocent for trafficking in human beings, the 42 workers appealed to the European Court of Human Rights. The two men convicted by the Greek court lodged an appeal against that decision, which during the time of the trial in the European Court of Human Rights, was still pending. ECtHR found that the working and living conditions of the said 42 workers certainly pertained THB, and more specifically labour trafficking.

After the ECtHR verdict in 2017, Generation 2.0, an NGO aimed at the advocacy of human rights, equality and diversity, established the initiative ‘Manolada Watch’ for the monitoring of the work and living conditions of the land workers in Manolada, providing monthly reports in order to raise awareness to the public. As of their report for November 2021, most of the workers do not have legal documents and no improvements have been made in terms of their living conditions. With regards to measures for the elimination of the spreading of the Covid-19 virus, vaccinations were available for the workers who had a residence permit and a social insurance number.
(AMKA), while efforts have been made by the competent Municipality and the 6th Health District.

In 2018, the Greek National Commission for Human Rights has issued a report based on this case, illustrating recommendations for the compliance of the Greek State; these included, amongst others:

- Insurance of the compliance with the principle of non-punishment of the VoT
- Cooperation amongst competent authorities
- Improvement of police investigations, with specialist police units
- Further specialisation of prosecutors and judges
- Information provision to the victims, in a language they understand, regarding compensation and the steps that need to be followed, and insurance of their access to legal aid
- Implementation of awareness raising campaigns and trainings addressed to organisations working on labour trafficking cases, in order for the latter to familiarise with the various forms of labour exploitation and ways to handle relevant cases
- Promotion of measures for the social and economic empowerment of socially vulnerable groups

2.5 Drug/alcohol/medication abuse

The impact of trafficking on individuals is manifested in all areas of their life, including their health. Apart from the impact on victims’ physical and mental health, substance abuse and misuse have also been reported. As indicated in the UNODC Background Paper *An Introduction to Human Trafficking: Vulnerability, Impact and Action* (2008), some trafficked women are forced to consume drugs and alcohol, in order to comply with the commands of their traffickers, work long hours and perform risky acts, or threats of withdrawal are used to achieve the above; while others turn to drugs and alcohol in order to ‘alleviate the pain of their situation’. Thus, substance abuse in the context of trafficking might take place during the recruitment period (victims are targeted because they present such an addiction), the exploitative situation (use of drugs to keep victims in the trafficking situation and exercise more control; drugs may also be used as a reward or punishment), and as a coping mechanism (response/coping with trauma) (Office for Victims of Crime, N.D.). According to the Human Trafficking Survivor Advocate Toolkit, half of ‘human trafficking survivors’ are estimated to ‘struggle with opioid addiction’.
This substance abuse might lead first-line professionals and relevant stakeholders to disregard the signs that an individual is a victim of human trafficking, laying their focus on the signs of the substance use disorder. At the same time, the social stigma on the aforementioned situation might also affect the victims themselves and lead them to avoid seeking support (Office to Monitor and Combat Trafficking in Persons, 2020).

It is also important for you to remember that substance abuse may lead to other physical and mental health issues and strive to provide support that corresponds to the needs of the victim. For example, victims might be led to believe that the exploitative situation was their fault and feel powerless to exit. Relevant physical and mental health issues should be addressed by professionals with a relevant expertise (Office for Victims of Crime, N.D.).

The recent survey conducted by ODHIR and UN Women (2020) regarding the current trends of human trafficking and the consequences of the Covid-19 pandemic on the phenomenon and its treatment, revealed that although basic services were available to trafficking survivors, some core services, including reflection and recovery period and witness protection, were not as widely in use. Substance dependency treatment was reported to be available by less than half of the respondents (46.4%). Respondents of the survey also recognised people with alcohol or substance dependencies as at-risk groups that their anti-trafficking organisation targets, while they reported that children of those who have alcohol and substance dependencies are also at risk.

Bearing in mind the above, in the case of victims and survivors with substance abuse addictions, professionals should first and foremost make efforts to not neglect and overlook signs of THB. For example, doctors can endeavour to screen patients admitted to emergency care for drug overdose for signs of human trafficking. At the same time, you, as first line professionals, should:

- Develop networks and cooperation with organisations and institutes that provide safe and ethical treatment programmes, along with a safe space.
- Strive to attend and participate in trainings for trauma-informed care and approach.
- Endeavour to support the victims throughout the process of investigation, prosecution and recovery, following a trauma-informed approach.
- Respect the needs of the survivors and actively engage them in their process of recovery.
- Try to enhance peer and specialised support provision, by collaborating with survivors with lived experience, survivor experts and survivor-led organisations (Office to Monitor and Combat Trafficking in Persons, 2020).
Other practices that should be followed by professionals, that are included in the Human Trafficking Survivor Advocate Toolkit, developed in the US, pertain the following:

- Apart from the victim’s needs related to the exploitative situation, you, as a professional, should also make efforts to address the needs related to the addiction: try to provide effective substance abuse treatment.
- Provide mental health support and/or medical assistance when deemed necessary, also bearing in mind that relevant needs might emerge from the addiction per se.
- Try to eliminate potential barriers related to substance abuse, such as accommodation support – try to find housing that does not prohibit substance use (if it is a prerequisite of the relevant support programme) or people with substance abuse issues.
- Provide support related to employment and try to limit potential barriers related to criminal records, by creating synergies with local businesses and organisations and collecting information about relevant programmes.
- Develop multidisciplinary teams, including substance use disorder specialists, and follow a trauma-informed approach and response to the needs of the survivors.

2.6 Medical issues

Victims of human trafficking (VoTs) are especially vulnerable to suffering medical problems (The Advocates for Human Rights, 2022). These medical issues occur as a result of the inherent exploitative and abusive nature of human trafficking, as well as the often lack of access to medical care (Administration for Children & Families, 2022). VoTs often experience abuse, lack of appropriate nutrition, housing and access to health care (The Advocates for Human Rights, 2022). The most common medical issues include physical injuries, psychological injuries, exhaustion and many more. Ibid. Medical issue can be either physical or psychological or both and affect VoTs irrespective of age, sex or ethnicity. Additionally, some specific health conditions may increase vulnerability to medical issues. These may include chronic or acute illnesses which depend on the use of life-saving medications (such as HIV, diabetes, asthma, etc.) that could be scarce for VoTs. Ibid. Poor living conditions, may also lead to the development of these chronic and acute illnesses as well as others such as tuberculosis, physical deformity, chronic fatigue, substance addiction as well as psychological issues. In many cases, these medical issues exist before trafficking and are exploited by traffickers, which often lead to their worsening.
Case Study: Ms. E’s story

Ms. E. was born in Guinea as the only girl of three children. She received very little formal education. At the age of five she became a victim of Female Genital Mutilation (FGM). FGM is practised by all the women in her family. She did not receive any proper medical care after the FGM was performed. When she started menstruating, she had a lot of pain during it. Her father died when she was 10 and she was sent into the care of her paternal uncle. She was forced to marry a much older man at the age of 16. This man was a friend of her uncle. She was not consulted about the marriage and met her husband at her wedding. This man already had three wives and children much older than her. As the youngest wife, she was responsible for all the household chores in her new home. She was repeatedly raped by her husband. He was also violent and beat her several times. She has several scars from these beatings, including a scar on her scalp from a beating. She has migraines because of this injury.

After trying to escape from her husband’s sexual assault, he beat her and she fled her village with the help of a neighbour. She went back to her uncle who chastised her for running away from her marital home and called her husband to pick her back home. Upon hearing this, she fled the country, joining a group of migrants heading to Europe.

On the way to Europe she was trafficked and forced into prostitution for about six months. The trafficker kept all of the revenue. She slept roughly and had no good food or shelter. She also had no access to medical care. She was finally able to come to Austria where she sought for Asylum. Her asylum application was rejected and she landed on the streets. There she met a man who she told her life story. He promised to help her, only to force her into prostitution once again. There she was captive for several months. She was able to escape and sought for asylum in Germany. Her asylum in Germany was denied and she was deported back to Austria. She came back to Germany and sought for asylum again. She was transferred so often within Germany that she was never properly identified as a victim of trafficking and had no access to proper psychological and medical care. She suffers severe migraines and has PTSD as well as insomnia. She was never questioned about FGM nor received any medical information about it.
2.6.1 Gynaecological Consequences

The 2020 UNODC Global Report on Trafficking in Persons describes female victims as particularly vulnerable (United Nations Office on Drugs and Crime, 2020). According to the report, sexual exploitation makes up half of the forms of trafficking. Apart from the general medical consequences that affect VoTs, female VoTs experience sexually-transmitted infections such as HIV, syphilis, unwanted pregnancies, forced abortions and many others (The Advocates for Human Rights, 2022). Other medical consequences include: pelvic pain, rectal trauma and urinary difficulties from working in the sex industry as well as Infertility from chronic untreated sexually transmitted infections or botched or unsafe abortions (Administration for Children & Families, 2022).

FGM and its effects often present another medical issue facing VoTs (Thomson, Kirsty, & Yonkova, 2020). FGM is a procedure in which the female genitalia are partially or completely removed. This is to prevent women from having sexual desire. FGM can take place before puberty in girls between the ages of four and eight. However, in some cases FGM is performed in infants. FGM is usually carried out without anaesthetic and under unhygienic conditions (Desert Flower Foundation, 2022). The World Health Organization (WHO) estimates that at least 200 million women are affected worldwide (World Health Organization, 2022). According to the World Health Organization (WHO), there are 4 forms of FGM:

- **Type 1:** This is the partial or complete removal of the clitoral glans (the outer and visible part of the clitoris, which is a sensitive part of the female genitalia) and/or the foreskin/clitoral hood (the fold of skin that surrounds the clitoral glans).
- **Type 2:** This is the partial or total removal of the clitoral glans and labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer skin folds of the vulva).
- **Type 3:** Also called infibulation, this is the narrowing of the vaginal opening by forming a covering seal. The seal is formed by cutting and repositioning the labia minora or labia majora, sometimes by suturing, with or without removal of the clitoral hood/prepuce and glans penis.
- **Type 4:** This includes all other damaging interventions on the female genitalia for non-medical purposes, e.g. Pricking, piercing, incising, scraping and cauterizing the genital area.

FGM cannot be reversed and can have severe psychological, physical and social consequences, including death (Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung, 2022). FGM can cause severe medical problems including: severe pain, bleeding, urinary retention and inflammation. Women can suffer from problems with sexual
intercourse, pregnancy and childbirth, an increased risk of HIV infection and psychological trauma in the long term. In some cases, the birth of a child can be life-threatening for mother and child due to prevented labour or tissue tears that occur.

In the case study, Ms. E experienced FGM as a child. She was also a victim of rape as well as sexual exploitation. It is important that the approach to supporting VoTs include the focus on gender sensitive as well culture sensitive approaches to be able to holistically address the issues of medical care (Thomson, Kirsty, & Yonkova, 2020). Information about reconstructive plastic surgery should also be made available to female VoTs. Ibid. It is important to be thorough when addressing the gynaecological needs of VoTs because of the often layered nature of their medical issues. Additionally, it is important to address issues of sexual health, menstrual hygiene, contraception, sexually transmitted diseases among others. Gynaecological care should also be inclusive, especially to members of the LGBTQI community.

2.6.2 Health Insurance

Each case chapter of his Guide has been drafted with specific country-based reference. Thus, when VoTs are identified e.g. in Germany, they qualify for social benefit from the government which includes health care (Bundesweiter Koordinierungskreis gegen Menschenhandel - KOK e.V., 2022). Therefore theoretically, VoTs can apply for and receive health insurance in Germany under the Asylum Seeker Benefits Act. This is however only possible if the VoTs have been identified. Identification of VoTs is therefore crucial to the health of VoTs. In the case of Ms. E, despite coming into contact with several organizations in the asylum process in both Austria and Germany, she was never officially identified as a VoT.

In many cases, the lack of identification is the barrier to achieving access to health insurance. After 18 months, asylum seekers have the same right to medical care as recipients of social assistance, so that there is no longer any difference to those with statutory health insurance. The asylum seekers then also receive an electronic health card (Verbraucherzentrale NRW e.V., 2022). This also goes for VoTs who are also asylum seekers or social benefit receivers. Having Health Insurance helps facilitate VoTs access to healthcare and should therefore be promoted.
2.6.3 Medical check-ups

VoTs rarely have access to medical check-ups and if they do, it is usually when the medical issue has become life-threatening (Administration for Children & Families, 2022). Access to qualified health care is hardly the case. The inherently exploitative nature of trafficking means that that the VoTs do not hold much value beyond their gain to the trafficker and so medical checks are usually regarded to be an unnecessary cost. There is little regard to infection control and prevention (ibid.).

There are also further barriers to getting medical check-ups for medical problems which include: language barriers, discrimination, lack of information, stigma and many more (The Advocates for Human Rights, 2022). Traffickers often isolate their victims, thus making it difficult for them to access health care in the first place. Often VoTs find it difficult to trust health workers enough to be open about possible medical problems. They are even sometime accompanied by the traffickers when seeking healthcare. This is further exacerbated if the person is involved in a criminal activity as a result of the trafficking going on. This is especially the case of victims of sex trafficking or child sex trafficking as well as trafficking for the purposes of crime like stealing (Europol Public Information, 2016, S. 21). Additionally, many VoTs do not identify themselves as ‘victims’ and so do not seek the necessary medical check-ups (The Advocates for Human Rights, 2022).

Finally, it is important that medical personnel be more proactive to be able to facilitate access to proper health care. It is also important that medical treatment include access to information, counselling, as well as psychological assistance. Emphasis should also be place on informed consent, participation and confidentiality to improve access to health care.

2.7 Disability

Disability is another aspect of common vulnerabilities important to indicate and be aware of while identifying the VoTs. People with disabilities are at higher risk to become victims of trafficking in human beings due to their vulnerability.

"Persons with physical or visible disabilities are more likely to be trafficked into forced begging because a visible disability may have a stronger impact on public sympathy. Women and girls with intellectual or psychosocial disabilities are more at risks of sexual exploitation because the traffickers consider them easier to manipulate, as they may not immediately identify themselves as victims, or are less likely to be
believed when reporting the abuse.” (European Disability Forum on Combatting Trafficking in Persons with Disabilities, March 2022).25

People with disabilities, especially women and girls with physical, psychological, cognitive disabilities and mental illnesses are exposed to some specific forms of human trafficking, such as sexual exploitation, begging, labor exploitation and organs trafficking (ibid.).

Different forms of physical disability can be related to a risk of trafficking for the purposes of begging. The psychological trauma could lead to emotional disbalance and affect their attitude in a way that puts migrants at risk of abuse and trafficking. Different mental health problems could prevent adequate reality testing, affect their behaviour and create a risk of trafficking. Psychological problems are often used by traffickers. These may be hypomanic states whose symptoms can include sexualised behaviour or lack of personal boundaries. Addictions to substances and mental deficits also constitute risk factors. The health factor creates additional vulnerability to women in relation to their reproductive health and especially in case they are pregnant or have given birth recently. (RIC Training Manual, 2022).

The Office for Victims of Crime Training and Technical Assistance Center26 has identified several reasons which make the individuals with disabilities especially vulnerable for trafficking:

Some of those reasons are described below (ibid.):

1. Traffickers may seek out victims with disabilities to gain access to their public benefits such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits.
2. Individuals with disabilities may require a caregiver to meet their basic needs and this caregiver can take advantage of this dependency and force them into prostitution or labour. Even if the caregiver themselves is not the trafficker, people with disabilities may have a learned response to comply with caregivers’ wishes due to their dependence on them. Therefore, they may have normalized an unequal power dynamic in their relationships, which could carry over into their relationship with a trafficker or abuser.
3. Some individuals with disabilities may have difficulties with communication and/or speech. This may affect their ability to get help and report the abuse they

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are suffering and could require them to depend on their trafficker for interpretation. For these victims, suffering in silence takes on a very literal meaning.

4. People with disabilities may be sheltered and isolated and therefore crave friendships and relationships. In one example from the National Human Trafficking Hotline, an adult potential victim with a developmental disability was recruited from a recreational and vocational training center. The potential trafficker posed as a boyfriend and made the victim believe that counsellors, family, and friends did not want her to be an independent adult. He used her fear of being treated as a child against her, which caused her to be isolated from those looking after her interests. He then convinced her to engage in commercial sex out of their home.

5. People with disabilities may be desensitised to touch due to isolation, a lack of informed sex education, or medical procedures related to their disability. They may be unaware of their right to object or reject unwanted touching. They may be unsure of what constitutes a crime and what their rights are as a victim of a crime.

6. Traffickers may also target individuals with disabilities because of the social discrimination and prejudice they face. This can cause authorities and even their own family and friends to not believe victims when they report their abuse. This is especially true for victims with disabilities that affect intellectual, cognitive, or communication functions or those individuals with mental health diagnoses. In some cases the National Hotline has seen, it has required nonprofit organizations to add their voice to the victim’s report before their experience and needs are addressed properly.

Case study: Mrs. E’s story

Mrs. E. comes from Nigeria. At the age of 18 she was fleeing from a forced marriage from a village in Edo State to Benin City. There she met a woman, who promised her a possibility to study in Russia. The lady organised a visa for her, was warm and welcoming to Mrs. E.

So Ms. E. flew from Nigeria to Moscow. Once there, she was hosted by a friend of that woman. After three weeks with the woman, she was taken by her to St. Petersburg. Ms. E thought that now she could finally go to university. But she was taken to a brothel. There she was locked up and when she tried to escape she was severely abused by the security guards and the brothel operator. Ms. E. had to prostitute herself in St. Petersburg for three years. She managed to escape through a friend. When she arrived in Moscow, she was soon found again in an underground station by human traffickers. She was forced into prostitution again, clients called her and she had to go to their home addresses.
She was placed in a rented flat by human traffickers. When the traffickers called, she refused to continue and told them that she would contact the police. The traffickers told her that she would then be deported and that she would only have to work for three months and then the money would be paid off. Therefore, Ms. E. went again to the clients that the traffickers referred her to.

When she arrived at the customer’s house, she was threatened with a pistol and ordered to go to the window. There the man pushed her out of the third floor. Ms. E. only woke up in hospital. Her ankle joints were shattered. In the hospital she was able to call her friend. She picked her up and she was at an address unknown to the traffickers. In 2015, when many refugees crossed the border to Finland, the friend and other refugees helped her cross the border into the EU with a makeshift wheelchair.

In Finland, Ms. E was again found by the traffickers and severely abused. However, the police intervened. After this incident, Ms. E fled from the hospital on crutches. She took a train to Germany and applied for asylum. The counsellor got to know the woman during a visit to the initial reception. In Germany, the counsellor wrote a comprehensive statement and arranged medical assistance. Ms. E. was then again in a wheelchair during this time and an operation was planned for her ankle joints.

Her flight story was also described in an extensive statement by the NGO. A request was also made for self-advocacy with the responsible federal office. The woman had a Dublin procedure to Finland.

The woman’s mental state improved a lot with the prospect of surgery. Ms. E. often described that this very injury and her being in a wheelchair permanently reminded her of the trafficking experiences. Because of her disability, she still felt in the clutches of the traffickers. For Ms. E., the prospect of surgery was also a prospect of psychological healing.

The counsellor organised special disability-friendly accommodation for the woman. This also gave her peace of mind and the feeling of standing out everywhere also got better for her. For Ms. E., her disability was an externally visible sign that she was in prostitution. During counselling, it was often mentioned that because of her wheelchair, no one could see that she was a victim of human trafficking. But Ms. E. knew the connection and thought that others could also see this connection.

Despite all her efforts, Ms E. was then unexpectedly deported to Finland under the Dublin Regulation. Fortunately, project partners there were able to accommodate her
in accommodation suitable for disabled people and an operation could be performed on her injuries there. All medical reports from Germany were translated into English and sent to the social worker colleagues in Finland. However, her psychological condition worsened massively due to her deportation and a new act of violence. In Finland, she now receives further support services in order to be able to live with her experiences.

2.8 Illiteracy

According to the definition by UNESCO, a person is considered illiterate if he or she is unable to read, write and understand a simple sentence about everyday life. A differentiation is made between primary and secondary illiteracy. The first describes the lack of opportunity to learn to read and write during childhood. People who are affected by secondary illiteracy received an introduction in reading and writing but mostly lost it over the time (Spektrum, 2001).

Despite the rise in literacy rates over the past decades, 773 million adults worldwide still are illiterates (UNESCO, 2022). Two thirds of them are women (UNESCO, 2021). 50 per cent of the 773 million illiterates live in Southern Asia. 27 per cent are from sub-Saharan Africa. The rest lives in East, South-East and Western Asia, Northern Africa, Latin America and the Caribbean (ibid.).

The Global Alliance for Literacy (GAL) was initiated in 2016 to encounter this worldwide problem and to enhance literacy rates especially in the countries that need it the most. Today, 29 countries are members of this alliance (ibid.).

Illiteracy can make women more vulnerable: According to the handbook of the CCM-GBV project (counselling asylum seeking and refugee women victims of gender-based violence) many of the identified victims of gender-based violence had a low level of education, one fifth of the women were even illiterate (Lilja, 2020, p. 22). This is often a consequence of an early marriage (ibid.). Early marriages or pregnancies of refugee women and the fact that girls are usually more often expected to take care of the family or do the house work lead to an irregular school attendance or even dropping out from school (Ceneda, 2002, p. 38).

The resulting low education implicates less or hardly any chances at the job market, which consequently increases the risk of falling into informal employment and situations of exploitation. This chain reaction is confirmed by the report “Breaking the Silence. Trafficking in Romani Communities” of the European Roma Rights Centre (ERRC) that lists illiteracy
and a low level of education as one of several vulnerability factors which can increase the risk of becoming a victim of human trafficking (Kushen, R., Mann, L., Ovalle, O. M., 2011, p. 41).

It is clear that a social worker can be of great help if the person has this context in mind when a new client comes into counselling. As already explained, many victims of human trafficking are affected by illiteracy. Yet they wouldn’t tell from the start because they are ashamed. The following case study shows that is nevertheless possible to support illiterate clients sufficiently when one is aware of the issue and consequently be able to deal with the topic sensitively.

Case study: Ms D’s story

During the first session Ms. I. D. told the counsellor that she was born in Nigeria and grew up in Benin City. Her family was very poor and therefore Ms. I. D. had to sell water at a street stall every day from a very early age. To make sure that she is taken care of her parents wanted her to marry an older man, but she could refuse and found work as a hairdresser. There she met someone who told her about a better job in Europe. They promised her work in a supermarket and good schooling. Because of her poverty and the dream of a better life, she trusted them and was easily recruited by human traffickers. A man brought Ms. I. D. to Italy via Libya. After she had stayed in a camp for three weeks she was brought to the Madame’s house and forced into prostitution in the city of Naples. She had to serve clients in the bushes and she was locked into the house during the rest of the time. One day Ms. I. D. managed to escape by running away from the red light district. She was forced into prostitution for two years. After that she had to beg for food and tried to make money by cutting hair. Yet, the Madame threatened her and told her that she was looking for her. As Ms. I. D. was really afraid of being found she fled to Germany via Switzerland.

The story about her childhood already hints at the possibility that the client might not have been able to receive a proper education. During the first meeting it also became more and more clear that she couldn’t describe the travel route properly. The woman could hardly say where she had been or remember any name of a city. Moreover, it seemed that she did not understand flyers in English either. Of course, it could have been that the woman was (re-)traumatised and therefore couldn’t remember things properly or focus on something. Yet to make sure that Ms. I. D. could get all the important information, the common dense, textladen leaflets or other information material weren’t used during the counselling sessions. Instead the flyer developed by the EU project CCM-GBV (Co-creating a counselling method for refugee women GBV victims) was shown to her. It informs about different forms of exploitation, that are
forbidden in Germany, by mainly showing pictograms. In addition, voice messages or phone calls were used as a communication tool when she was not in a face to face meeting.

With increasing trust in the NGO staff, Ms. I. D. then admitted that she is illiterate. She told the counsellor that they were too poor to pay for school fees or material. The woman was too ashamed and also she did not tell it at the interview for her asylum procedure either. During the hearing she was asked to write down the name of the criminal group to which her tormentors belonged to. As she is illiterate she did not succeed in doing so. The woman was therefore wrongly not considered credible. The NGO then contacted the BAMF and told the responsible person about the woman's life story and that Ms. I. D. was simply too ashamed to talk about her illiteracy. With this clarification her credibility was regained and strengthened.

During the following counselling sessions, Google Street View was used, which enabled the woman to describe her history and the place of exploitation in Italy in more detail. The BAMF was also informed about this information. In general, it is also obvious that illiterates need much more support when dealing with letters or public services. This is why the NGO tried to accompany the client to offices, explained letters or helped to fill out applications and forms.

Moreover, the NGO managed to organise language lessons. As she was still in her asylum procedure she was not able to attend an official course. The search for a volunteer was successful and she could finally be alphabetised with the help of a retired teacher. Next to being able to learn German more easily it will make her feel more empowered and self-confident.

It should also be noted that if the illiterate person is returned to the home country without support, there is a very high chance that they will end up in an exploitative situation again. This is why the NGO talked with the woman about the possible decisions of the BAMF. This is why the woman was informed as a precaution about organisations that help women in the possible destination country, just in case of a deportation without notice.
2.9 Minor Victims of Trafficking\textsuperscript{27}

Young age is a major risk factor for trafficking in persons. According to the 2020 Global Report on Trafficking in Persons, children make up 34% of all victims of trafficking globally with 19% being girls and 15% being boys (UNODC, 2020). Trafficking in children is related directly to the economic situation of the society the victims come from. In low-income countries, child victims of trafficking reach as high as 50% of all victims (UNODC, 2020). In Europe, children accounted for 22% of all victims and nearly 75% of all child victims in the EU were EU citizens (EC, 2020). Children in Europe fall prey mainly to trafficking for sexual exploitation and forced begging and less for forced labour, sham marriages, and criminal activities.

Poverty is a major factor for trafficking in children but it is hardly the only one. Many children live in poverty without being exploited. Just as significant a factor for trafficking in children is the severing of family ties and the inability of the family to fulfil its function to provide a safe and stable environment for the development of its offspring. Most child victims of trafficking come from dysfunctional families – families with violence, a mental illness or another significant illness, substance abuse, prolonged unemployment, distrust, loss of a parent and others. Or they are children deprived completely of parental care.

The child position entails legal, physical and emotional dependency on an adult – a parent, care-giver, guardian, trustee (even if the function is performed by an institution). A child is always in a dependent position which the child needs in order to survive and which decreases gradually as the child grows up. Trafficking in children is a flagrant abuse of the children’s natural dependency. In addition to physical aspects (food, shelter, safety), the dependency is necessary for the child’s psychological development due to the attachment to the main care figures. Trafficking in persons and exploitation interrupt this process and inflict enormous harm on development. A child grows up in stages with each stage having specific main tasks. If the trauma happens at a certain stage of development, there is a risk that the newly acquired skills and abilities will be destroyed. The younger the age of the children exploited is, the greater the damage and the more difficult it is to overcome it.

The main goal of the work with child victims of trafficking is to provide the children with a beneficial environment to continue their development in the best way. This happens with the restoration of family ties and relations and, when this is impossible, with providing reliable substitutes. In this regard, the greatest difficulty stems from the fact that, in many cases, the parents are directly involved in the trafficking of a child, or they have failed as parents by being passive and neglecting the risk, or they are completely missing (they are in another country or they are deceased). The lack of a stable family environment to return to is the

\textsuperscript{27} The term is used to refer to people under the age of 18.
children’s greatest vulnerability. Therefore, the work on cases of child victims of trafficking entails a close cooperation with child protection institutions. They examine thoroughly the family environment and the reasons leading to trafficking. They assess the parental capacity of the mother and the father and, when necessary, of the extended family. These institutions have a mandate to propose alternative care options such as placement with a foster family or in a specialised child care centre. They can support families to deal with various health, social and economic problems and to refer them to social services to increase the parental capacity. These institutions also help to follow up cases in their natural environment in the long term.

The trauma suffered as a result of trafficking has specific manifestations among children which causes further vulnerability. The symptoms may include:

- **With younger children** – fear, clinging to a care-giver, separation anxiety, crying, shouting or whining, hyperactive behaviour or stupor, return to behaviours from earlier stages such as thumb sucking, wetting or soiling, unconscious sexualised behaviour (in the case of sexual violence) and others.

- **With adolescents** – flashbacks, sleep disorders, alcohol and substance abuse, aggressive, provocative, destructive and disrespectful behaviour, purposefully seductive and sexualised behaviour, physical complaints, depressive states, strong need for independence and self-expression, refusal to take responsibility for the future, cynicism and distrust in others, eating disorders, self-harm, suicidal thoughts, cognitive difficulties related to memory, concentration, comprehension and others.

These symptoms are a serious challenge for every professional care-giver and prove unbearable for the families of children who are victims of trafficking. Regardless of this, placement at a crisis centre or another institution should be a temporary and short-term measure. Working with children requires active support of their families and communities because the lack of a relevant environment leads to a significant risk for the children with trauma symptoms to find themselves in a vicious circle of violence and to become victims of trafficking yet again.

Another essential vulnerability with a potential long-term effect is dropping out of school due to trafficking. Some children do not attend school even before being involved in trafficking. (Re)integration at school is a hard task because the children who have experienced trafficking and psychological trauma have academic difficulties due to it. They may easily fall prey to school bullying and be marginalised by their peers. This issue entails joint work with educational institutions.
Unaccompanied migrant children make up the group at the highest risk. They are left to survive on their own, without reliable care from an adult. The language barrier and the cultural differences hamper communication and result in further isolation.

Child victims of trafficking have specific rights as participants in criminal proceedings. A child participates through a legal representative (each of their parents or guardians). However, when the child is the victim of a crime committed by their parents there is a conflict of interests. In such a case, the child is represented by a special representative who is a lawyer appointed ex officio to represent and defend the child when the accused persons/defendants are their parents. This entails cooperation with the legal aid system. Children who are part of criminal proceedings may feel guilt that their parents will be hurt or even go to prison because of them. This is a highly traumatising circumstance with a possible long-term negative effect. In such situations the child’s best interest should be considered with priority and measures should be taken to prevent secondary victimisation as a result of the criminal proceedings.

The following case shows the typical difficulties in the work with child victims of trafficking.

**Case Study: E’s story**

E., age 15 from Bulgaria, was detained on the airport by the British border authorities upon her arrival to London. She was travelling with her relatives – an aunt and her friend but none of them was her legal representative. She had a declaration signed by her mother giving her the right to leave Bulgaria independently for unlimited number of times. At the London airport, the British police decided that the child was at risk and did not allow her in the country. E. was sent back on the same flight and was met at the airport in Sofia by a social worker from the Child Protection Department. She was placed in a Crisis Centre.

An assessment was launched into the family environment of E. so that she could be returned to her relatives. In the past 4 years, E. had been living with her grandfather. Her mother was in Italy where she was married and had two children. There were suspicions that she was a prostitute there. Her father had passed away when E. was very young and she does not remember him. Initially, E. told a rehearsed story that she had travelled as a tourist and denied any doubts of trafficking. She gradually weaved new elements into the story and it emerged that there had been an agreement that she would stay with another man in London, a family acquaintance, while her aunt and her friend would continue to another city. She had hoped to stay with him longer so that he could find her a job.
At the Crisis Centre, E. showed symptoms of anxiety and depression. She shared that she was becoming ever more desperate, sad and hopeless. She complained about not knowing when she would be able to see her relatives, about having no idea what was going to happen with her and about having no control over her life and her future. She also shared that she had suicidal thoughts. According to her, her placement at the Crisis Centre was a mistake and she felt as a “prisoner”. Over time she became even more closed, untrusting, angry and aggressive to the other people there. She often cried uncontrollably and shared her apocalyptic and unrealistic expectations of life and the world. She did not want to go school because she felt she was lagging behind her peers.

Several multidisciplinary meetings with Child Protection Authorities were held to discuss whether it would be better for the girl to go back to the family environment (with her grandfather) where she was at risk or to be placed at a centre for children without parents.

A month after E. was placed at the Crisis Centre, her mother came back to Bulgaria with the intention of taking over the care for her daughter. The Child Protection Department launched a procedure to assess her parental capacity. An opinion was issued that meetings should be held between the mother and the daughter in the presence of a social worker in order to restore the connection between them. The final decision was taken that the mother had the necessary resources to provide adequate care for the child and could take care of E. The Crisis Centre team had doubts whether that was the best for E.

2.10 Elderly Victims of Trafficking

The other end of the age spectrum is for the people in the so called third age who can also easily become victims of trafficking. There is almost no targeted research of this group. There are different reasons why the elderly is considered as people at a high risk of trafficking – reduced physical activity and stamina, poor health, physical disabilities or mental disorders (issues with their memory typical of their age, dementia, Alzheimer’s), loss of support networks due to their withdrawal from social and professional life, lower income after retirement, need for money for expensive medicines and others. Many elderly people, especially from Eastern Europe, are alone because their children have emigrated abroad.

28 The term is used to refer to people over 50
Another reason is that they use less contemporary communication technology, the internet and social media and it is more difficult for them to access useful information.

Most elderly men become victims of trafficking for labour exploitation. Many men with physical disabilities are exploited to beg. They are often victims of physical violence. The elderly women care for sick people or in the household in exploiting working conditions. There are cases of sexual exploitation of such women by their employers.

The elderly people rarely report that they are being abused. They feel ashamed and helpless. This results in anxiety, depression, sleep disorders, alcohol and substance abuse, heightened health problems, suicide. The poor health due to exploitation is the most significant vulnerability for the elderly victims of trafficking. They need substantial medical care. Working with the elderly is very difficult in countries with no well-established services for lonely elderly people and it is hard to ensure that they have a satisfactory quality of life. An additional obstacle is the lack of places to accommodate male victims of trafficking.

The following cases demonstrate the difficulties described above.

**Case Study: Mr. G’s story**

Mr. G., age 60 from Bulgaria, was referred to a centre for victims of trafficking having been through several institutions where he had not received assistance because they only worked with women. He was identified as a victim of trafficking for begging by the police at the destination country. He was found in a miserable state. He is disabled and needs crutches to move. He was placed in a hostel in Bulgaria because there is no place for men who are victims of trafficking. Mr. G. is entitled to treatment, rehabilitation and disability pension but, in order to benefit from them, he needs to renew his disability certificate. This takes time while his health is very poor. Mr. G. has no relatives to take care of him. He lives in extreme poverty. He was temporarily placed in a hospital to get stable. After that, Mr. G. returned to his home town. Contact was established with the relevant social services in advance. Mr. G. also received social support and a lump-sum financial support upon his return but there is still a risk of new abuse due to the lack of a supporting environment, his very low income and his disability.

**Case study: Ms. M’s story**

Ms. M., age 58 from Bulgaria, was involved in trafficking for the purposes of begging in Sweden by her neighbours of Roma origin. She is divorced. She has a son who has lived and worked in Germany for years. She was victim of violence on the part of
her parents and then in her marriage. She suffers from multiple sclerosis. She has a life-long disability certificate but is still able to take care of herself and even work. Ms. M. has always had low-qualified jobs. She found it ever more difficult to find jobs with age and the exacerbation of her illness. Her pension is insufficient to cover her basic needs. Several years ago, she left for Spain with a friend where she worked as a hotel cleaner. She returned to Bulgaria because her mother was sick and there was no one to take care of her. After her mother’s death, she agreed to leave for Sweden as she expected that the job would be the same but it turned out that she was supposed to beg in front of large food stores. She soon found out that she would get nothing of the money she was making. The traffickers refused medical help when she needed such. They threatened to kill her or that something would happen to her relatives. Ms. M. could not stand the physical and psychological harassment and turned to the police. She testified against the traffickers and was placed in a shelter in Sweden. In the meantime, due to stress and irregular medication use, her health deteriorated and she returned to Bulgaria in a wheelchair. It turned out that she had been forced by the traffickers to take out a loan in her name to pay for everyone’s travel to Sweden.

Ms. M. acts very helplessly and passively and does not demonstrate any resources of being capable to cope. She clings to anyone who offers support; she underestimates the dangers which puts her at risk. She does not have a home of her own to go back to. The only option for her is to stay at a home for the elderly. A number of documents need to be prepared to this end but Ms. M. is unable to do it herself.

Case study: Ms. K’s story

Ms. K., age 76 from Bulgaria, was referred to a Crisis Centre for women victims of violence because of the violence on the part of her son. The assessment of the case established that, along with the physical violence, Ms. K. was forced by him to beg. He took all the money she made and her pension. He has an alcohol abuse problem and a gambling addiction and he is also unemployed. Ms. K. is a widow and her older son passed away several years ago.

The violence began during the Covid-19 pandemic when her younger son lost his job, split up with his girlfriend, and returned to live with his mother. Since he does not have any money, he takes his mother’s debit card with her pension and forces her to beg, leaving her in a subway in the big city in the morning and taking her back home in the
evening. The violence against her takes the form of daily verbal attacks and insults, threats, blows to the head and the body. In most cases, this happens after alcohol use. Ms. K. thinks he might be suffering from a mental disorder.

At the Crisis Centre, the woman speaks slowly and it is hard for her to describe the traumatic events. She is anxious and unable to sleep. She has been diagnosed with a number of illnesses which are typical of her age: cerebrovascular disease, chronic ischemic heart disease, arterial hypertension. She needs to take medicines daily.

Ms. K. refuses to take any action against her son, either under the Protection against Domestic Violence Act or in relation to trafficking in persons because she believes that this will worsen his situation. She is afraid to go back to her home. She wishes to be placed in a home for the elderly. A social worker accompanied her to a mental health centre for the issuance of the necessary documents. During the examination, she broke down with symptoms typical of a micro brain stroke – numbing of the face and the body, difficulties with speaking, problems with orientation in time and space. She was admitted to a neurology hospital ward as an emergency case. The mandatory PCR test upon admission was positive and she was placed in a Covid ward. The examinations found a tumour in her lungs and she will need prolonged treatment. Shortly after she was hospitalized, Ms K. passed away.

2.11 Parenthood in the context of trafficking

As women account for the majority of the victims of trafficking, a gender-based approach entails specific attention to female issues such as pregnancy, birth and motherhood. They are part of the lives of many women, yet trafficking puts a special negative imprint on them. Pregnancy and motherhood make women even more vulnerable and can turn into traumatic events when in the context of trafficking in persons.

Many women who are victims of sexual exploitation become pregnant. In most cases, these are unplanned and unwanted pregnancies but sometimes this may be a targeted salvation strategy. There are cases when pregnancy is used for greater exploitation and violence. It is also possible for the trafficker to be the child’s father and to use the child to manipulate the mother. Pregnancy (especially during the third trimester) and the care for the new-born place both the mother and the child at high risk because they entail support from someone which is a prerequisite for dependency.
In some cases, women leave their children in the country of origin. These are the so called "transnational mothers" who have left for abroad with the intention of providing a better income for their families but have been ensnared in trafficking. Traffickers use the children usually left with relatives to exert greater control and pressure on the mothers and to gain a more profit (Garzón, Fernández, Juan, & Contreras, 2018). Such a separation is an enormous challenge both for the mother and the child. Even when saved from trafficking, these women feel obliged to continue to send money for their children which makes them vulnerable to new abuse (Faulkner, Mahapatra, Heffron, Nsonwu, & Busch-Armendariz, 2013).

A major issue professionals face is whether the victims of trafficking are able to take care of their children. The response to this question is individual and depends on the effects of psychological trauma, its impact on the women’s ability to provide care for their children. Due to the systemic violence and cruelty they have been through, a high percentage of the victims suffer from accompanying health problems and mental disorders (PTSD, depression, anxiety) which make it difficult for them to take care of children. Trauma has a tremendous impact on parenthood. According to research, motherly behaviour in the cases of victims of trafficking is organised around three themes: 1) protecting the child when the world feels unsafe; 2) ambivalent emotional connection with the child: from joy to withdrawal which fluctuates between unconditional love and neglect and rejection due to the difficulties to deal with one’s own psychological pain; 3) regaining control and building confidence as a mother which shows the extent to which the effect of the trauma has been overcome (Castaner & Flower, 2021). In addition, they could be low tolerance to frustration, inability to persevere in the care for the child, inability to recognise the child’s needs and to respond to them, high anxiety impulsive and even aggressive behaviour towards the child, projection of negative experiences onto the child. It’s important to consider the fact that many women victims suffer from complex trauma (see 2.13.; 2.14) or have been exposed to violence and neglect in the families they were born into. They have not internalised positive or good models of human relations and they are not ready to assume the role of parents. In other cases, the mothers are still underage and emotionally immature to be parents.

Unfortunately, the above characteristics are usually attributed to the personality of the mother and are not recognised as symptoms of psychological trauma. There is a high risk for the mothers who are victims of trafficking to fall prey to stigmatising and accusing behaviours. For example, disputes regarding parental rights (custody) are rarely resolved to the benefit of victims of trafficking. If the crime remains unproven, as it does in many cases, the women become victims of prejudice because they worked in prostitution and ‘abandoned’ their children; they have no permanent and stable income, are unable to provide a safe place to live, have insufficient capacity and lose the parental rights. The loss
of rights over the child can result in a feeling of guilt and depression and again put the woman at risk.

Women from other cultures (Africa, the Arab World) face stereotypes about motherhood. For example, Nigerian mothers in Europe are considered “bad mothers” because they raise their children in a way which is different from the European standards of good mothering (Garzón, Fernández, Juan, & Contreras, 2018). When placed in services, these women are forced to adopt parental strategies they disagree with. They are accused of having given birth to gain the right to reside in the country of destination (Garzón, Fernández, Juan, & Contreras, 2018).

In reality, working on mothers, victims of trafficking, means providing care for two people – the mother and the child (even if the child is in another country) – and requires very good cooperation between the protection systems for victims of trafficking and the protection systems for children. Quite often the work with mothers who are victims of trafficking means providing substitute care for the child until the mother has recovered sufficiently from the psychological trauma. Victims of trafficking are usually single mothers. They need to be supported to find a stable job and a place to live and they also need additional care for the child if the child is younger so that they could work. They should reach a satisfactory level of security in order to have the child stay with them. Sometimes this proves to be an unmanageable task, especially when they are not educated, have no work experience or do not know the language of the country of residence.

Women who are victims of trafficking need long-term care to overcome the effects of violence and to reach sufficient social security to be able to take care of their children. In many countries, this long-term support is limited. This places professionals in a situation of a moral dilemma whether to support the mother (without knowing how long it would take or how effective the support would be) or whether to provide care for the child whose development will be hampered. In many cases, the matter is resolved based on the principle of the child’s best interest through finding alternative care (for example, a foster family). Thus, trafficking leads to yet another painful loss for the women – the possibility to be mothers.

The work on the case of Ms. L. is an example of most difficulties associated with the support for victims of trafficking and their children.

**Case study: L.’s story**

When she was 19, L. fell in love with a young man who offered that they live in France. After 3 months of romantic life there, they decided to get married but, before that, they
had to go to Belgium so that she could meet his mother. At some point, her boyfriend and his mother got in one car and she had to get in another car with a man she did not know. On the way, she found out that she had been sold for 900€. She was forced to prostitute but she soon managed to escape. Rather than going to the police, L. returned to her boyfriend in France to ask him why he had treated her that way. He convinced her that he had been forced by his mother. It was enough for L. to decide to stay with him. However, he found photos of her from the time she had been in prostitution and, in his anger, he beat her severely. He broke 10 of her ribs and her leg. L. was admitted to hospital in an emergency and put on drips. The next day her boyfriend kidnapped her from the hospital and hid her in a dark and damp cellar where she was supposed to recover. L. was unable to get up, move or eat. She had to stay hidden from the authorities so that they would not find out what happened and who did it. After she recovered, her boyfriend forced her in prostitution again. L. worked at a hotel in France and she repeatedly informed the people at the reception desk that she was being exploited but she did not receive any support. One day she started screaming for help from the hotel room where she was locked up and a woman from a nearby room called the police. It was thus that L. managed to save herself. She was placed in a safe house in France for several months. During that time, she found out that she had become pregnant from her boyfriend. With the help of IOM, L. returned to Bulgaria and was placed in a specialised shelter for pregnant women and women with young children. At the time, she was in the seventh month of her pregnancy.

L. was confused as she was about to have a child from her tormentor for whom she felt a mortal fear. She was provided with psychological and medical support related to her pregnancy. L. gave birth to a girl and she decided to keep the baby. Still, in the beginning, she was very distanced from her baby. She turned away from the little girl, refused to provide care for her and neglected her to the extent that it would threaten her life. At the same time, she showed strong traumatic symptoms – she refused to go outside fearing that she might be found by her tormentor or his relatives, she refused to look at herself in the mirror, she did not want to expose a single part of her body, she did not want to take baths or use cosmetic so that she would not be seen or liked.

The team provided care for the baby, meaning that the mother was accompanied in all care activities for the baby every day. A psychologist and a psychiatrist worked with L. A connection was established with her family. Her parents were supported to overcome their accusations against L. and to understand that she was not guilty for what had happened but she had been the victim of violence. Her family began to visit her regularly at the Centre and felt happy for the baby.
Over the time, L. became more careful, loving and responsible for the child. The baby started to seek her attention more actively and she responded ever more. She overcame her fears and began to go outside for walks with the other mothers. She rebuilt her relations with her parents and her mother expressed readiness to help with the child. The mother suggested that L and the baby move in with her. The little girl developed magnificently and won over the hearts of her relatives. L. has many competences – she knows English and is able to work with computers and she is planning to find a job. Pre-trial proceedings have been initiated on the case and L. is cooperating. She has been provided with a legal representative.

2.12 Psychological consequences

In this chapter you will learn about different psychological consequences that many VoT suffer from as a result of being exposed to traumatic events: Posttraumatic Stress Disorder (PTSD), Psychosomatic Disorders and Depression. You will further learn how to protect yourself from vicarious and secondary trauma. This chapter uses a case study to illustrate the individual psychological problems that VoT often suffer from. In the next chapter 2.13 we will describe more considerably how a person experiences trauma and talk about psychological trauma, traumatic memory and vulnerabilities.

Case Study: A.’s story

A. was born in Kosovo in 1987. She grew up in very difficult circumstances: Her parents were alcoholics and her father abused her and when she was 16, her father raped her. Shortly after that, she ran away from home stayed with her aunt until her aunt died. Afterwards, A. stayed overnight at different friends' houses or in the park, because she didn’t know where to go. After some time, she started working in a pizzeria where she was offered a more lucrative, better job and she eventually agreed. However, she was deceived and was taken to a brothel where she was forced into prostitution against her will. In desperation, she asked the other women in the house how to escape. One of these women told the pimp about the escaping plans of A. and therefore the pimp beat A. so badly, that she still has pain in her lower jaw today. Again and again, A. was drugged. She was forced to drink a beverage and often lost consciousness. A. had to work in the brothel for 10 years until a john finally helped her to escape. She fled to Germany and applied for asylum here in 2015. She was granted refugee status. She now lives in a small city in Germany, in a flat next to her sister, who has been living in Germany with her husband and two children for some time. The sister and the NGO are the only support in A. life and her condition has improved significantly, although she also has a very traumatic history.
2.12.1 Trauma

A. has experienced many traumatic events over a long period of time. In order to understand the impact trauma has in the lives of VoT, the following chapter will discuss trauma in more detail (see more on trauma and memory in 2.13).

Trauma is defined as an event that confronts a person and their previously developed coping mechanisms with a task that they cannot cognitively and emotionally process in the usual way. The psychological structure is therefore faced with a challenge and must adapt to the new circumstances. A traumatic event can be an isolated, one-time event, but also a continuous exposure to threatening stimuli and events that the person perceives as difficult and threatening. Cases of VoT, who have not suffered severe trauma in childhood or at an earlier stage of adulthood (e.g. victims of sexual violence, forced marriage, victims of domestic violence, etc.), are less common. As a consequence, one speaks of a complex trauma when traumatic episodes build on each other and/or when the traumatic events were exceptionally dramatic and unexpected, to the point where they can be compared to torture (ASTRA, 2013: 17).

In A.’s case, it was not a one-time event that was perceived as life-threatening, but recurring, life-threatening events to which she was exposed. Due to the fact that A. was repeatedly exposed to violence and abuse while being forced into prostitution and has already experienced sexual abuse by her father and emotional rejection by her parents in her childhood; one can speak of a complex trauma.

For each VoT, trauma differs and can affect numerous aspects of their lives: “daily functioning, emotional well-being, relationships, self-image, goal setting and follow through, engagement in services, mental health and physical health” (HTCBC, 2020: 1). The list of psychological problems, which VoT may suffer from after experiencing Trauma, is very long. Psychotherapists and research studies prove that as a reaction to the events and circumstances, to which the VoT have been exposed, the following problems and illnesses can occur:

“(…) posttraumatic stress disorder (PTSD), complex PTSD or Disorder of Extreme Stress not otherwise specified, depression, absence of emotional reactions, anxiety disorder, self-blame, helplessness and meaninglessness, nightmares, anger and rage control problem, suicidal ideas and attempts, paranoia, Stockholm syndrome, fatalism and temper tantrums, psychoactive substance abuse problems, alcohol abuse, problems in everyday grooming, sleeping problems, dissociative disorders etc” (ASTRA, 2013: 23).
A. has been undergoing psychotherapeutic treatment weekly since 2017 so that she can come to terms with what she has experienced and be stabilized. A. suffers from various illnesses. Among other things, she was diagnosed with severe post-traumatic stress disorder.

2.12.2 Posttraumatic Stress Disorder (PTSD) & dealing with symptoms

Since not only A., but very many VoT suffer from Post-Traumatic Stress Disorder, the following subchapter will go into more detail.

Post-Traumatic-Stress Disorder - short PTSD - is defined as:

“development of a group of symptoms after being exposed to extreme traumatic stressors, including threat of death or injuries, or peril to physical integrity of the person and exposure to events where other persons are exposed to danger jeopardizing their life or threatening to inflict severe injuries” (ASTRA, 2013: 27).

Flashbacks/intrusions are typical terms used to describe traumatic stressors. Flashbacks are defined as an unexpected, strong re-experiencing of traumatic memories in the form of images, film-like scenes, unpleasant nightmares, body feelings, and odors, as well as bodily sensations and scents. No processing of the experience could take place during the traumatic situation, but thereafter, these attempts take place in situations where the body comes to rest (falling asleep, nightmares, waking up). Flashbacks can happen at any time of day or be caused by "triggers" or "key stimuli," such as odors, colors, sounds, or other stimuli that remind the VoT of the traumatic incident. Often, these triggers are not even consciously linked to the traumatic incident. Those who are affected are sometimes unaware of the triggers. Extreme fear or dissociation can be triggered through these flashbacks. The memory of the event makes people feel powerless, and they may have the feeling of reliving the traumatic event (Flory, 2017: 17).

It is important to be able to recognize the signs in order to recognize physical manifestations of flashbacks. Fixed stare, trembling, frozen facial expressions, crying, petrified posture (high muscle tone), running away, not responding to the environment, and so on, as if reliving a horrible event from their past (Küstner-Nnetu, 2018: 3; Robjant, 2018: 2). In such situations, VoT’s frequently dissociate themselves. Dissociation refers to the "separation" or "dissolution" of the functions of memory, perception, and motor abilities, which are actually interconnected. During a traumatic scenario, VoT’s can disassociate and thereby step out
of the unavoidable situation internally. Dissociation serves as a protective strategy in these situations, which explains why there is a reduction in incoming stimuli, insensitivity, and a distorted perception of time (Flory, 2017: 18).

It’s essential to talk clearly in such situations, avoid physical contact (unwanted touching might be a new violation of boundaries), and have stimuli on hand (hedgehog ball or similar). The following are concrete ways for bringing the person back to the “now and now”:

- Address the person by name multiple times in a clear, calm way.
- Ask about the location and time (simple questions help with orientation in the present moment);
- Look for eye contact by moving to the height of the VoT
- Instruct the VoT to stand and move (stomping, lukewarm, shaking out, and exiting the room together);
- Encourage her/him to take a deep breath
- Offer something to drink;
- Offer strong stimuli: Hold hands under cold water, squeeze a hedgehog ball, offer sharp chewing gum / lozenge.

The VoT should not be asked anything trauma-related (i.e.: "what did you just see/experience...") and should not be pushed to describe his/her feelings (Küstner-Nnetu, 2018: 8). This can trigger (further) flashbacks. Maintain communicating with the person after dissociation, give orientation, change the location and topic, and radiate calmness and security. (Flory, 2017: 19).

A. suffers from extreme anxiety and panic states, flashbacks and derealisation experiences. When A. came to Germany, the triggers were more numerous and flashbacks appeared regularly. When A. had to speak about the traumatic situations she had experienced, she dissociated regularly. She seemed absent-minded, started crying heavily and was difficult to calm down. The counsellors then asked her to regain eye contact and reminded her where she was. When A. had calmed down a bit, a break was taken and then another topic was discussed, so that A. could get some distance first. But even when A. did not have to talk about what she had experienced, she experienced flashbacks and was triggered by various sounds and situations. Loud noises such as doors slamming, cars honking and men’s voices made her flinch and led to anxiety. To this day, A. has difficulty being alone in a room with men.
2.12.3 Depressive Disorder & dealing with symptoms

Along with PTSD, the development of one of several trauma sequelae disorders is a frequent psychological reaction. Depressive disorder is one of these disorders. Potentially traumatic situations, a lack of options and prospects, the insolubility of difficulties, and the inability to appropriately process loss and pain are all causes of depressed symptoms. Depressed mood, loss of interest, joylessness, lack of drive and energy, inner restlessness, increased fatigue, exhaustion, sleep disturbances, difficulty concentrating, negative or pessimistic future prospects, reduced self-esteem and self-confidence, feelings of guilt, worthlessness, reduced appetite, and thoughts of death and suicidal tendencies are all common symptoms of a depressive disorder.

Like many VoT's, A. is also suffering from recurrent depressive episodes. Two years ago, the immigration authorities wanted to hold a new hearing with A. to have her refugee status reviewed. The mere invitation of the authorities frightened A. so much that her health condition deteriorated drastically. She needed emergency sessions with her therapist to be stabilized again. It was only when the therapist and NGO counsellors were able to avert another hearing that A.’s condition slowly stabilized.

2.12.4 Other physical health consequences

Somatic symptoms with no obvious organic source are not rare, but they necessitate a comprehensive evaluation to clear out any underlying organic reasons. Post-traumatic reactions sometimes correlate with and intensify the symptoms of VoT’s. Anorexia, chronic fatigue, chronic headaches, chronic pain, dizziness, emotional numbness, hostility, overexcitement, hypervigilance, irritability, low motivation, memory issues, poor concentration, reliving traumatic events, and sleep disturbances are some of the somatic and behavioral symptoms associated with trauma. These post-traumatic symptoms contribute to persons who have been affected’s general poor health (IOM, 2009: 58). The IOM cites research that shows the following are frequent post-trafficking symptoms and physical health problems: headaches (one of the most common and long-lasting physical symptoms), exhaustion, dizziness, memory loss, sexually transmitted illnesses (including HIV), stomach pains, back pains and dental issues (IOM, 2009: 15).

A. has been suffering from back pain, abdominal pain and severe non-organic insomnia for years. She regularly has herself examined by various doctors, but they

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29 Persons: Guidance for Health Providers,” Page 58
cannot find a medical cause for her pain. In addition, she is exhausted very quickly and needs a lot of rest.

2.12.5 Vicarious and Secondary Trauma: The importance of self-care

As a consultant for VoT, it is essential to handle stress and develop resilience. Consultants who are exposed to severely distressing stories, images, films, or materials are at risk for secondary traumatic stress (STS) and vicarious trauma. There's a risk they'll develop trauma symptoms on the same scale as if they'd observed the incident first-hand, causing problems for both the operators and their jobs. As a result, they may feel cut off from themselves and the world around them, have work-related nightmares, emotions of despair and hopelessness, and have a more negative outlook on life. (ARSIS, 2020: 1).

A perceptual change that happens as a result of long-term empathic interaction with trauma victims is known as vicarious traumatisation. The cognitive changes in attitudes and thinking that occur in professionals who work with VoT on a daily basis are referred to as vicarious traumatisation (Potocky et al., 2020:7). STS is a term that describes the behaviours and feelings that arise as a result of learning about a traumatic incident that a VoT has experienced, as well as the stress that comes with assisting or trying to assist that person. Being in an empathic relationship with someone who has experienced a traumatic event and witnessing the severe or horrific experiences that person has had causes STS. Secondary traumatic stress has symptoms that are comparable to those of post-traumatic stress disorder (PTSD). (Potocky et al., 2020: 7).

Self-care is essential for keeping one's ability to work and protecting one's own health. To avoid burnout, it is important to recognise the problem early on (Wells et al. 2019: 53). Self-care include hygiene, diet, lifestyle (sports, hobbies, etc.), environmental, and socioeconomic factors.

"Self-care can assist the professional in recognizing and managing general life obstacles such as stress, burnout, and interpersonal issues. Recognizing personal vulnerability, such as traumatization, secondary trauma, and compassion fatigue. Getting a better sense of balance between personal and work life. Increasing resilience, which refers to one's ability to cope with adversity and high levels of stress." (ARSIS, 2020: 36)
2.13 Psychological trauma and vulnerability

Trafficking in persons has different manifestations and impacts victims in different ways. However, in all cases, the consequences of the longest term are for mental health. Quite often the effects on the victims’ psychological wellbeing are underestimated and priority is given to physical health, criminal proceedings and social integration of the victims which are considered more urgent. Issues related to mental health are postponed to a later stage and often remain unresolved. Indeed, the emotional state of the people who have experienced trafficking has a direct impact on their behaviour and their ability to make decisions and plans. In this sense, mental health is a key factor to the successful implementation of all other support activities and needs to be a priority.

Problems usually are related to the difficulties to diagnose mental problems and to the limited access to professional psychological and psychiatric help, especially for foreign victims.

Zimmerman and Pocock (2013) describe the forms of violence in the context of trafficking and the trauma they inflict on the victims’ mentality. They include physical and sexual abuse as well as psychological tactics to establish power and control over the victim such as threats, deprivation, restrictions, constant control of movement, isolation, demonstration of violence and others. The authors note that the lack of predictability and control over the events is a key factor for the development of psychological trauma in the context of human trafficking (Zimmerman & Pocock, 2013)

Most people who have been through trafficking show symptoms of post-traumatic stress disorder (PTSD). In addition to intrusive memories (flashbacks), nightmares, insomnia, sense of “numbness”, anhedonia, alienation (described in ICD-10), the victims talk about depression, feelings of sadness, hopelessness, inability to think about the future, suicidal thoughts (Zimmerman & Pocock, 2013). These states reduce their motivation to cooperate in the recovery process. Along with this, many victims of trafficking show symptoms such as hostility, anger, low frustration threshold, quick temper, high pressure (Zimmerman & Pocock, 2013). These reactions are often attributed to the victim’s personality and are not considered traumatic symptoms which leads to strong negative attitudes to the victims.

In one of the most comprehensive studies of the psychological trauma Trauma and Recovery, Judith Herman describes three groups of symptoms which guide the victim’s behaviour. They are fully applicable to victims of trafficking.

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31 According to the International Classification of Diseases (ICD-10), it arises as a delayed and/or protracted response to a stressful event or situation (either short- or long-lasting) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone (F 43.1.).
Victims can be on constant watch to prevent something bad from happening again. They are in a state of hyperarousal and react disproportionally to minor stimuli. They are easily irritable, have sleep disorders, fears, intensive anxiety (Herman, 1992). Victims of trafficking often exhibit such states which exceed in intensity the ordinary emotional responses and, hence, are more difficult to handle.

Second, the victims' behaviour can be characterised by a constant intrusion of the traumatic event in their life. They seemed to be fixed on it and it prevents them from having a normal everyday life. The traumatic event appears intrusively every day through repetitive memories, associations and traumatic dreams which cause strong reactions of fear and anxiety similar to those which the victim experienced during the actual traumatic event. Often the victims are unable to control the urge to recreate in the present the traumatic moments from the past again and again. They neglect the dangers and fall prey to new risk situations (Herman, 1992). For example, very often women who are victims of sexual exploitation get into relationships with men who behave like their pimps. This mechanism, which is described in the literature with the term repetition compulsion, is explained with the unconscious fantasy that the victim will do better next time, will have more control of the situation and will not let herself be hurt. It is for the same reason that some victims resume relationships with traffickers. Unfortunately, this frequent behaviour exacerbates the risk of new violence and repeated trafficking. Similar is trauma bonding on account of which the victim remains emotionally dependent on the trafficker for a long time.

The constriction of psychological processes is explained with the helplessness, capitulation and numbness in the face of violence which threaten one's life. When it is impossible to take action in the outer reality, the salvation reaction takes place in the inner reality. The victim does not feel emotions; the victim reacts with a lack of feelings and indifference both to the violence she has experienced and to her future. This is also the group of symptoms related to cognitive distortions of space and time (dissociation, depersonalisation and derealisation), fragmented memory, stalled thinking, stalled action (Herman, 1992).

A study carried out with victims of trafficking in seven countries shows that the PTSD symptoms decrease significantly with time (Zimmerman, et al., 2006).

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32 The term was introduced by Sigmund Freud in “Beyond the Pleasure Principle” (1920). He describes a process in which subjects unconsciously put themselves in traumatic situations, thus re-experiencing things which happened in the past without realising that the present situation is not related to the past one.

33 Trauma bonding emerges when a trafficker alternates between abuse and punishment and gestures of mercy and reward. The victim thus gets a false sense of connection. The victim sees the trafficker not only as an abuser but also as a protector and friend and reacts with affection, trust and loyalty to him (Office to Monitor and Combat Trafficking in Persons, 2020)

34 Bulgaria, Moldova, Ukraine, Czech Republic, Italy, Belgium and the United Kingdom
These data justify the need for a **period of recovery and deliberation** and explain its significance for the victims’ mental stability with a view to making informed decisions and taking part in criminal proceedings reliably.

It should be noted that psychological trauma has a special impact on memory. The memory of traumatic events, the so called **traumatic memory**, has many expressions. It is natural for a traumatic event to be forgotten due to the need to protect one’s mind against the painful emotions caused by the memory of it. Remembering a traumatic event depends on the extent to which a person has built psychological defences against it. The more stable the defences are, the more difficult it is to reproduce the event (Laub & Auerhahn, 1993). Traumatic memory also depends on the extent to which a person can create a distance from the trauma and the extent to which the person’s memories are integrated and conscious.  

In addition, trauma causes **cognitive deficiencies**. It is so because the victim is unable to use the familiar social and cultural norms to make sense of the cruelty and violence and this has an impact on the memory of the events. Victims of trafficking often have confused, partial and inconsistent memories of their experiences. Their testimony changes at each interrogation and they fail to provide reliable information to the investigating authorities. They

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35 According to Laub and Auerhahn (1993), traumatic memory can take the form of a complete ‘not knowing’ what happened (“This never happened”), ‘fuge states’ of impulsive recalls which, due to their intensity, are hard to be put in words, fragmented memories of details without a memory of the whole or the context, destructive memories (the memory can be described and put in words but it is experienced intensely and painfully as if happening here and now), life themes (the memory becomes part of the person’s identity), a memory from the position of a witness (the event is relayed from a distance, as if it happened to someone else), metaphor of the trauma (the reason for recall is to understand one’s own life and personal history and not outer reality) (Laub & Auerhahn, 1993).
can even be accused of concealing information or misleading the investigation. Hence, the testimony of victims should only have an auxiliary and not a central role in the criminal prosecution of cases of trafficking.

Arguably the most important factor for the destructive power of a traumatic event is its duration. Survivors of **prolonged and repeated trauma** show a more complex set of symptoms. They develop specific changes in personality, in their relations with people and in their identity (Herman, 1992). In 2018, following a long history of clinical observations, the 11th and currently latest edition of the International Classification of Diseases (ICD-11) differentiates officially for the first time, upon the proposal of the World Health Organisation (WHO), between post-traumatic stress disorder (PTSD) and the so called **complex post-traumatic stress disorder** (CPTSD). Victims from the latter are people who were victims of violence and neglect in their childhood, who lived in a situation of domestic violence, who were victims of torture, kidnapping, captivity, exploitation and slavery. Human trafficking has all the characteristics of such a traumatic event and the victims often develop symptoms of CPTSD which include the symptoms of PTSD as well as disorders in the **regulation of emotions, self-perception** and the **capacity for interaction with others**. The symptoms could be outbursts of anger or sadness, frequent change in moods, inability to calm down, negative self-evaluation, a feeling of inferiority, a sense of being different from the others, a feeling of rejection, isolation, a feeling of guilt and shame due to the experience, suicidal thoughts, hostility to the world and people, feeling of emptiness and hopelessness, inability to create a bond of trust. These symptoms develop in the long term and worsen the quality of the victims' lives. As their behaviour is hard to understand, the victims can easily be stigmatised and marginalised, they can abuse substances, show self-harm behaviour, suffer from various psychosomatic disorders, find it hard to find jobs and keep them, it is hard for them to be integrated in the society again.

Victims of trafficking are the subject of physical violence, sexual violence and threats which decrease the duration and quality of their lives. These damages are “intangible” because they do not have a direct pecuniary value but they are essential to the people. In 2020, the European Commission published a report on the economic, social and human price of trafficking in persons. According to the report, the price the European society pays for the reduced quality of life as a result of the long-term consequences for the victims’ mental health amounts to EUR 1’089 672 262 for EU-27 (1’508 629 186 for EU-28). The individual price paid by the victims is assessed as 135’751 for EU-27 (127’504 for EU-28) and includes the physical, sexual and mental injuries that reduce the quality of life. Victims of sexual exploitation pay higher cost. Sexual exploitation is related to longer-term mental health effects both for men and for women. As far as sexual exploitation is disproportionately experienced by women, there are higher costs associated to female rather than male victims (EC., 2020)
The challenges in the work with victims of complex mental trauma can be seen in most of the cases discussed here. The case of T. is particularly indicative in this respect.

**Case Study : T.’s story**

T. is 19 years old. Upon her arrival to Bulgaria with the help of the IOM, T. was placed in a psychiatric institution due to her grave emotional state and the high risk of suicide. She was soon released with a conclusion that there were no indications of an affective disorder but that she was suffering from post-traumatic stress. She was placed in a Crisis Centre for victims of trafficking.

T. has a long history of violence. She is the fourth child out of 13 in a Roma family. The children all have the same mother but different fathers. She was raised in extreme misery and was often forced to beg. Her mother is currently serving time in prison. Her father is unknown. Her minor brothers and sisters are placed in different institutions. When she was 10, T. left with her mother and some of her siblings for Greece where she was supposed to beg and gather scrap metal. The family made a living in this way for several years until they were detained by the police and returned to Bulgaria. T. was 15 at the time. The mother convinced the girl to leave for Greece yet again, this time with relatives. They forced her to prostitute. For several years, physical (blows to the body and the head), mental (insulting and diminishing attitude), emotional (threats for her life) and sexual violence (rape attempts) was an integral part of her every-day life.  T. could not stand it and when she became of age, she turned to the police for assistance. She was placed in a shelter for victims of trafficking in Greece. In her words, “everything was turned upside down for her” then, she felt abandoned by everyone and decided that it would be better for her to die. She was hospitalised after a suicide attempt. Several days after she was released, she hurt herself with glass and was again admitted to a psychiatric institution. T. was released after several months and following a brief stay at the shelter in Greece, she was returned to Bulgaria.

Upon her placement at the Centre in Bulgaria, T. was confused, tense, utterly helpless and unable to take basic decisions about herself. Often she was unable to sleep and had nightmares. She jumped at louder noises during the day. She was afraid to go outside on her own. She calmed down with time and adapted well, she began to behave friendly with the other people placed there and does not start conflicts. T. shares that she continues to have suicidal thoughts which she describes as “pictures” – as if she is looking at herself from the sidelines after she has killed herself or she has persistent thoughts about the way in which to do it. She tries to hold these impulses and what helps her is the fear

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36 See also the case of L. on page 10 and the case of E. on page 3.
that she would be locked up in psychiatric institution again. Т. tries to make plans for her future but every time she feels dissatisfaction or disappointment, she is likely to hurt herself again. Т. cooperates during her treatment with medication. She is illiterate and has no work experience. She has no home or relatives to go back to.

3. Dealing with multiple vulnerabilities – How to successfully carry out multi-disciplinary case work

In chapter 2, you were made aware of the common vulnerabilities practitioners face in their everyday work with VoT and what you should look out for when working with this target group.

As discussed, discrimination and consequences faced by VoT can result in vulnerabilities that are often very complex and interrelated. The suffering of VoT can be very high. The different vulnerabilities give rise to a variety of needs: There are security, medical and social needs addressed by VoT. For practitioners it can be confusing on what to focus first. In the following chapter, we will look at how these aspects can be addressed. It is important to have a holistic view on the different vulnerabilities on one hand and on the other hand it is important to set priorities. This makes multidisciplinary work necessary. You should gain an understanding how you as a practitioner can identify the most pressing need(s) expressed by VoT.

The Screening Tool for Risk Assessment presented in the "Trainer’s Manual for Professionals Working in Reception and Identification Centres" (Boiano et al., 2022; pp. 75-82) can assist practitioners in assessing vulnerabilities and risk factors for trafficking in human beings. The tool can be completed during daily work based on information gathered during asylum hearings, counselling sessions, and other professional encounters with the individual. The goal is to identify vulnerable areas so that timely action can be taken to ensure the safety of asylum seekers. The vulnerability assessment is not a one-time activity. Information may also be obtained from others involved in the case. Vulnerability is determined by individual and environmental factors specifically combined for each individual. The screening tool includes a list of many factors and different indicators for each of these factors. The importance of some factors increases when they are combined with others. For example, one such "intensifying" factor is gender.

In this subchapter, you will learn about complex cases with multiple vulnerabilities and how you could address them through multi-disciplinary case work. You will also learn how to set
priorities in supporting VoT. But before that, it is important for you to understand what common practical barriers practitioners face.

3.1 Common practical barriers

It is important for you as a practitioner to know about the most common barriers, as these are the ones you are likely to be confronted with when offering support to VoT. Knowing about barriers will ensure that you can learn how to circumvent and/or deal with them, as described in more detail in subchapter 3.2. In this subchapter we will tackle common practical barriers you as a practitioner might be familiar of when working with VoT:

- Joint impact of multiple vulnerabilities
- Beneficiary does not inform case manager about all problems
- Setting priorities
- How to face different vulnerabilities and conditions

3.1.1 Joint impact of multiple vulnerabilities

As identified in the Co-creating a counselling method for refugee women GBV victims (CCM-GBV) project, refugee women GBV victims – such as VoT - commonly are victims of repeat victimisation. This implies that VoT are a repetitive victim of THB, so-called re-trafficking. Further, evidence from the above project suggests that VoT face multiple victimisation, meaning that VoT women, in particular, suffer several different forms of GBV, two or more. For example, human trafficking is often interwoven with forced marriage, female genital mutilation (FGM) and/or domestic violence (Wells et al., 2019: 9). It is important that you as a practitioner are aware of the fact as this implies addressing different vulnerabilities.

Not only is it likely that the VoT you support has been repeatedly or multiply victimised, but also that they suffer from more than one form of vulnerability mentioned in Chapter 2.

Such complex cases are a common barrier you are likely to face as a practitioner. You will find solutions in subchapter 3.2.

All the named vulnerabilities caused as a result of THB listed in Chapter 2 can have different impacts on individuals. Some of them are listed here in order to gain an understanding of the diverse effects (Ionescu, 2016, p. 20):

- Suicidal intentions
- Aggression and hostility
Fatigue and indifference
Denial of being trafficked
Inability to remember events occurred during exploitation
Lack of a chronological order in relating events
Filling the memory gaps by inventing answers and justifications
Difficulty to make a decision or to make choices
Complicated personal and family relations
Feelings of loneliness, prone to negative states
Loss of sense of identity and its own value
Addiction to alcohol, tobacco, drugs

Also the project GIRL (Gender Interventions for the Rights and Liberties of Women and Girls Victims of Trafficking for Sexual Exploitation) describes the big impact of trafficking on their victims, their families and also their communities. Six main categories of the consequences of exploitation are listed there:

- **Physical impact**: the aggravation of pre-existing diseases or the acquisition of diseases and illnesses. In most cases, these consequences result from poor medical care during exploitation. Common are, for example, problems with the immune system, hepatitis, tuberculosis, HIV or syphilis.
- **Emotional impact**: post-traumatic symptoms (PTSD) like anxiety, depression, acting out of negative feelings and psychosomatic symptoms.
- **Physical security impact**: exposure to threats by traffickers against the victim and her family and difficulties in accessing safety services such as shelters.
- **Legal impact**: Civil consequences of exploitation such as divorce or loss of child custody and penal consequences such as re-traumatization due to long court proceedings and inadequate protective measures in court.
- **Economic impact**: losing the possibility to work and provide income (some victims used to be the main economic providers in their families).
- **Social impact**: social stigma leading to isolation, marginalization, feelings of guilt and shame or loss of former social status. Many victims feel forced to quit school or work or have difficulties returning to the former school or work. Sometimes victims can't or don't want to live in the same city anymore, fear discrimination, or experience loss of social support from family and friends.

The GIRL project was implemented from 2014 to 2016 by a partnership composed of organisations from Romania (*CPE*, Center for Partnership and Equality, and *ADPARE*, Association for the Development of Alternative Reintegration and Education Practices), Italy
(Cultura Lavoro, Expert for Europe) and Spain (Fundació SURT). More about the project can be learned in the manual „Why is gender an important factor in the process of trafficking for sexual exploitation? Guide for professionals, with a special focus on the trafficking for sexual exploitation of Romanian women and girls“ (Aninoșanu et al., 2016)

### 3.1.2 Beneficiary does not inform case manager about all problems

There are many conscious and unconscious reasons why a victim keeps silent about some aspect of his/her experience.

Many VoT have a different perception and way of behaving. This can be a consequence of (multiple) traumatic experiences. For example, a victim may initially appear hostile, distrustful or very fearful and introverted. These behaviours can also all occur at the same time (IOM, 2007; p. 32).

It is quite possible that people have traumatic life biographies even before they are trafficked. All this has an impact on their interpretation of what they have experienced, there may even be a normalisation of suffering, but the person suffers from the symptoms (Aninoșanu et al., 2016; p. 50).

This can lead to the situation that victims are not reporting to social workers/psychologists, simply because they have normalised the violence they have experienced. It is also difficult to adapt the reality of the trauma experienced to the requirements of the European asylum system. This leads to a situation where victims of gender-based violence, including VoT, are not granted protection (Lilja et al., 2020; p. 62). Criminal investigations also require mental resources and a feeling of safety and confidence from the victim. During the asylum process, it is challenging to start such a process. The outcome of the process and the consequences for the asylum claim are too uncertain (Lilja et al., 2020; p. 79).

On the one hand, it can be due to the manifold psychological consequences of (multiple) traumatisation. It may also be because the victim does not consider it important to prosecute the perpetrators. It can also be that a crime is not reported because of language barriers or because the belief in state authorities is lacking. The fear of revenge by the perpetrators, being ostracised by the community and certain perpetrator strategies (e.g. juju rituals) can also lead to victims not daring to speak out even to social workers (Lilja, 2019; p. 39).

Emotional and economic dependency on the perpetrator can be a reason for the fear of speaking up, too (Lilja, 2019; p. 34). Sometimes the perpetrators can even be family members. Some women may not dare to ask for help and report problems to the police and authorities because they feel restricted by social norms, traditions and feelings of insecurity.
Gender-based violence remains a private issue for them (Lilja et al., 2020; p. 76). In some cultures, trauma is stigmatized (Blöcher et al., 2020; p. 32) and therefore strongly associated with feelings of shame. Also, an insensitive attitude of the authorities might discourage victims from reporting crimes. Many of these barriers can be overcome, but to do so it is important to address the root cause: The fact that refugee women see no benefit or need in reporting crimes (Lilja, 2019; p. 34).

3.1.3 Setting priorities

With the multitude of vulnerability factors and the different needs resulting from them, three goals can be roughly identified that are helpful in the work with VoT (Aninoșanu et al., 2016; p. 54):

- Ensuring the physical protection and wellbeing of victims of trafficking
- Ensuring improved emotional wellbeing by reducing posttraumatic symptoms
- Ensuring the economic sustainability for victims

Concrete goals or intermediate steps can be helpful for professionals in this context, against the background of diverse problems (Aninoșanu et al., 2016; p. 54).

The assistance differs between emergency, immediate and long-term needs. Immediate/emergency assistance incorporates crisis intervention care (medical and psychological support, legal and social support, safe housing, etc.), while intermediary and long-term assistance addresses issues such as educational and (re)integration needs until the objectives of the assistance and protection plan are met (Aninoșanu et al., 2016; p. 54; Wells et al., 2019; pp. 45-46).

The first focus always should be on health (e.g. in chapter 2.12.), but in reality it often lies on securing the residence permit:

Many VoT from third countries do not have permanent residence permits. Often, VoT are initially in the asylum procedure. Many are afraid of deportation and have also received negative decisions. They are supposed to return to another EU country via the Dublin III Regulation, which was often the place of exploitation. There are also threats of deportation to the country of origin (Küblbeck, 2019; pp. 2+4).

This can lead to emergency assistance again. Without security or with the threat of a forced return to their perpetrators healing trauma symptoms and focus on a future is hardly possible. This can set the affected person back and also destroy the steps taken to help,
e.g. because the excitement and fear make it impossible for the VoT to attend and concentrate.

Due to the increasing number of refugees in Germany since 2015, the Federal Office for Migration and Refugees (BAMF) introduced so-called arrival centers in 2016. Here, the asylum procedure is processed under one roof. In addition to medical examinations, this also includes identity checks of the applicants as well as their hearing and the decision on the asylum application. This very tightly scheduled asylum procedure demands a high level of attention from the applicants and leaves them little time to prepare for individual procedural steps in order to be able to make informed decisions. This practice also makes it almost impossible to identify VoT (KOK e. V., 2017).

Traumatic experiences can affect the memory processes of VoT (see 2.13 about traumatic memory). Then, the recollection of the experiences is only possible incompletely or in a contradictory manner. As a result, asylum seekers are often unable to present their experiences in a coherent and chronologically correct manner, which is expected in the asylum process. In addition, fear, shame and other main symptoms of PTSD can lead to avoidance of talking about those aspects that are relevant to the asylum procedure. Or the VoT can only make statements, that are confused, incoherent, contradictory or distorted in time. People who have experienced severe violence need time and protection to be able to present their stories and the human rights violations they have suffered. The time available in shortened procedures is not sufficient for this (Bittenbinder, 2016).

Shortened procedures may make it possible to reduce the time of uncertainty for those seeking protection. However, acceleration must not be detrimental to trafficked persons (KOK e. V., 2017).

3.1.4 How to face different vulnerabilities and conditions

The previous chapters described how different the respective vulnerabilities of VoT can be. In order to be able to respond to each affected person individually, a holistic approach is needed. However, this often appears to be difficult. The BAIF e.V. (Nationwide Working Group of Psychosocial Centers for Refugees and Torture Victims) describes various structural challenges that practitioners can encounter here: For example, the access to regular care is often difficult, the field of work is complex and existing services are sometimes not transparent. The constantly changing legal situation and the uncertain financing of existing services also make it difficult to work with and care for VoT. Furthermore, psychosocial offers are often only bridging offers with a limited number of sessions. This often does not adequately cover the complexity of the issue. It is important to have a good network of services and to create individual follow-up opportunities. Especially refugees with
various problems and uncertainties should be protected from further "disappointments" (Zentrum ÜBERLEBEN, 2020).

It is also important to provide VoT with information about their rights and explain their individual options. After that, the trafficking experiences should be worked through. Ideally, this requires psychological counselling. In parallel, the asylum procedure must be taken care of, as well as other court proceedings. Preparation for court hearings is important in order to be able to structure the memories in advance. Furthermore, detailed statements can be written in support, in which the escape route of the VoT is described and in which a professional assessment can be given. Here it is important that the individual danger of the VoT is worked out and explained. (BAfF e. V., 2020).

3.2 Solutions

In subchapter 3.1, you were introduced to common barriers you might be aware of in your work with VoT. Now we would like to show you how you can learn to circumvent and/or deal with them.

3.2.1 Successful case management & general principles

Successful case management implies a holistic, victim-centered and gender-based approach that facilitates the recovery of VoTs (Heffernan & Blythe, 2014). A successful case management is trauma informed, and seeks to empower VoTs. It is important that the needs of VoTs are recognized, their physical and emotional needs are recognised, trustworthiness is assured, VoTs have a choice with active collaboration and a priority on VoTs empowerment as well as active efforts to remove culture and language barriers to help. Evaluation is also a very important part of a successful case management (ibid.). Recommendations on issuing successful case management and building up trust with VoT can be found in the CCM-GBV project handbook on on counselling asylum seeking and refugee women victims of gender-based violence37 (Lilja, 2019: 47-55).

In the project SARAH - Safe, Aware, Resilient, Able and Heard – protecting and supporting migrant women victims of gender-based violence, our consortium member, SOLWODI developed a helpful counselling tool alongside with the other project partners, which is a

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37 The project handbook is available in English, Croatian, Finnish, German, Greek, and Italian: https://www.solwodi.de/seite/353264/eu-projekt-rec-ccm-gbv.html
practical tool you can refer to in your work with VoT: *A Toolkit for Enhancing Counselling for Victims of Gender-Based Violence – Empowering Counsellors and Beneficiaries to Assess the Needs and the Impact of Counselling with Women in Migration.*

In order to facilitate your case management for VoT, you could use *Tool 1 – Background information on beneficiaries and data on access to services*, which will help you to collect information on the VoT and on the services provided to him/her (Lietonen & Lilja, 2021: 11-13). After that, you can use *Tool 2 – Discussion topics for counselling*, which includes questions and discussion topics that are designed to 1) ensure that the beneficiary and her needs are heard, and assist the beneficiary to understand her own strengths, resources, expectations and priorities; and 2) help the counsellor manage their own expectations and to make informed decisions about the possible steps in supporting the beneficiary (Ibid., 15-19). The Tool 3 – Feedback Form for the Counselling, is a voluntary and anonymous feedback form, translated into beneficiaries’ languages which helps to provide feedback on the services provided to VoTs (ibid. 21-22). The Feedback Form can be electronic or in Paper form and can include a list of useful contacts for clients. It is important that the feedback is independent and honest because this will help to improve service to clients.

You should always keep in mind the following **general principles** in working with VoT and addressing vulnerabilities. If this is not the case, the authors of this guide encourage you to consider implementing them as a means of enabling the successful address of multiple vulnerabilities:

- **Victim-centred approach**: In the context of discussing the vulnerabilities of VoT, this in particular means that you should be aware of the fact that “vulnerability is not a static, absolute state, but one that changes according to context as well as to the capacity for individual response” (UNODC, 2008: 69). This approach has also been reinforced by the most relevant EU Directives on the issue of trafficking and protection of victims of crimes (Art. 7 2011/36/EU, Arts. 4 and 8 of the Victims’ Rights Directive 2012/29/EU). It implies that all professionals dealing with migrant populations are aware of their previous possible and/or actual exposure to serious human rights violations (Boiano et al., 2022: 36-38). This awareness stresses the need to establish a relationship based on support provision and active listening. Your support should therefore be individually tailored for each of the VoT you are supporting.

- **Intersectional approach**: Taking an intersectional approach in supporting the experience of vulnerabilities by VoT helps to acknowledge that “each person’s story

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38 The toolkit is available in English, Finnish, German, Greek and Italian: [https://heuni.fi/~sarah-impact-toolkit](https://heuni.fi/~sarah-impact-toolkit)

and needs are unique” (Blöcher et al., 2020: 21). The European Institute for Gender Equality (EIGE) defines intersectionality as an:

“Analytical tool for studying, understanding and responding to the ways in which sex and gender intersect with other personal characteristics/identities, and how these intersections contribute to unique experiences of discrimination” (EIGE, N.D.).

The approach, developed by Kimberlé Crenshaw, is understood to be formed of two components: the individual social categories and the interplay between them. Main social categories such as race, sex, gender, sexual orientation, class, disability, religion and ageism have been discussed in the subchapters of chapter 2, as well as vulnerabilities caused through other social categories such as residence status and motherhood (Blöcher et al., 2020: 21-23).40

- **Gender-sensitive approach:** By involving non-governmental organisations (NGOs) focusing on women VoT, this guide takes a gender-specific approach. Through the fact that the majority of VoT in the EU are female and VoT for the purpose of sexual exploitation as well as acknowledging this form of trafficking as a form of GBV, taking a gender-sensitive approach is necessary in the work of VoT (EIGE, 2018). This approach entails that you as a practitioner are aware and respectful of the needs of women and girls, while providing appropriate support services (ASEAN, 2016: 13).

- **Cultural-sensitive approach:** This means that you as a practitioner should understand how culture has an impact on trauma and the self-perception of being a VoT. It is important that you as a professional understand that crime is committed by individuals, not by cultures. We also recommend that you acquire basic knowledge of the victim’s country of origin (e.g. religious practices, gender equality, etc.) and, if necessary, hire qualified interpreters and cultural mediators (Wells et al., 2019: 10; 41-42). In Annex I, you can find a helpful tool that you can use in your work with VoT to enable cultural-sensitive communication with your supportee.

- **Multi-variable/multi-disciplinary approach:** This approach needs to be adopted in order for the VoT to receive appropriate support. In such an approach, victims are supported in a holistic way, which takes into consideration the intersections of multiple vulnerabilities. This approach will be brought closer to you in subchapter 3.2.4.

- **Age-sensitive approach:** An age-sensitive approach can be crucial for professionals, if the VoT are minors or children, and should be in line with the standards of the UN Convention on the Rights of the Child (Astra et. al., 2021: 2).

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40 If you are interested to learn more about this approach in the context of VoT, please have a look at project results of the *Intersectional approach to the process of integration in Europe for survivors of human trafficking* (INTAP) project: [https://intap-europe.eu/](https://intap-europe.eu/)
If you want to learn more in detail about these approaches, please read our training manuals for professionals working in Reception and Identification Centres (RIC), which can be found on the ACTIVATE website.41

3.2.2 The importance of risk assessment

Assessing potential risks is decisive to ensure the safety of VoT. In order to assess risks that VoT could experience, we would like to recommend the Tool Nr. 4 – Screening Tool for Risk Assessment, which we have developed for our RIC training manual42 (Boiano et al., 2022: 76). Another tool for risk assessment we recommend you as practitioners to use is PROTECT II: Capacity Building in Risk Assessment and Safety Management to Protect High Risk Victim (2012).43

When assessing potential risks of VoTs, it is important that the place in which the counselling process is done is a safe space. A good place to meet will be the premises of the counselling organization. It is however important that the premises be discreetly and neutrally labelled to encourage VoTs feel safe to be there. This is because direct labelling may discourage VoTs who do not identify from seeking the service (Lilja, 2019, S. 64). Traffickers will also be able to track or prevent VoTs from accessing the service. The premises should also have alternate exits routes with clear instructions on what to do in case of danger. Emergency contacts should be clearly visible for all and contact should be established with the local emergency services. VoTs should be provided with new telephone numbers and locations services on electronic devices should be turned off. In case of emergency accommodation in a shelter, VoTs should be advised to cut all contact to traffickers and never to disclose their location to anyone. If the identities of the traffickers are known, VoTs can apply for a protection order restricting contact. It is also possible to apply for national as well as European Union-wide protection orders to prevent contact from the trafficker. VoTs can also apply for an administrative order of non-disclosure of personal information. This ensures that personal information of the VoT is not shared with any third party without the exclusive permission of the VoT.

Paramount to the potential risk assessment of VoTs is active participation. It is important to include VoTs in all aspects of the risk assessment and to encourage active participation.

41 [https://www.activateproject.eu/](https://www.activateproject.eu/)
42 ACTIVATE Project RIC Training Manual
43 [Protect II: Capacity Building in Risk Assessment to Protect High Risk Victim(2012)](https://www.activateproject.eu/) available in 12 languages - WAVE Network (wave-network.org)
This ensures that VoTs understand why these steps are necessary to ensure their safety and will encourage VoTs to stick to agreed safety steps.

The safety of victims and the counselling staff must be considered throughout the counselling process. Based on our experience it is better to meet and counsel women in the premises of your organisation as this makes discreet participation possible, and other people will not be able to interrupt the session. Consider advertising counselling neutrally as sessions to discuss “women’s issues” or similar, because advertising counselling for victims of violence might prevent some women from attending either because they do not identify themselves as victims or because their family members, including the possible perpetrator, do not want them to take part in counselling. Make sure that the space for counselling, as well as your office space in general, has several exit routes and locks that can be locked from inside. Make sure that you have emergency numbers saved on the staff phones and/or clearly visible next to phones. It is good to have a contact person at the nearest police station in order to make sure that they understand the severity of the situation/the power dynamics of abusive relationships your clients face. Often a women’s shelter would be the best immediate option to guarantee the safety of a victim. Women’s shelters have different safety rules and women must be informed of these. For some beneficiaries, strict rules, including having to report their movements, can be difficult due to their history of abuse with severe limitations of freedom. A safety measure is to inform beneficiaries that they should take precautions when contacting relatives/friends, including not to inform even close family members on the whereabouts of a shelter. When informing the woman on the importance of sticking to safety measures it is good to keep in mind the power and control dynamics discussed earlier. The woman might (Lilja, 2019: 64) relapse back to the abusive relationship due to the underlying power dynamics and risk her own safety. The safety of children needs to be also considered, especially in domestic violence cases, as the perpetrator might want to harm the woman by harming the children. There are legal measures that can be taken to protect a woman. She can apply for a protection order to assure immediate reaction by the authorities in case of a threat from the perpetrator. However, all of the above mentioned measures are made in practice more complicated by the residence status of the refugee women, including the fact that a beneficiary is usually assigned to be accommodated in a refugee accommodation centre (Lilja, 2019: 65).

3.2.3 Solutions during different support phases

As mentioned above the assistance is characterised by various categories differing between emergency/immediate, intermediate and long-term needs. The immediate/emergency assistance assumes crises intervention care, such as medical, psychological, legal and social support, safe housing, etc. Whereas the intermediate and long-term assistance is
directed towards the needs of integration and education thus being longer and consistent support in its nature.

Table 1 - Direct assistance needs during the three phases of assistance

<table>
<thead>
<tr>
<th>Emergency/immediate assistance phase</th>
<th>Intermediate assistance phase</th>
<th>Long-term assistance phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Security</td>
<td>• Temporary/Permanent residence</td>
<td></td>
</tr>
<tr>
<td>• Medical and psychological assistance</td>
<td>• Legal assistance</td>
<td></td>
</tr>
<tr>
<td>• Shelter</td>
<td>• Health care</td>
<td></td>
</tr>
<tr>
<td>• Clothing, food</td>
<td>• Social assistance</td>
<td></td>
</tr>
<tr>
<td>• Legal assistance</td>
<td>• Psychiatric assistance/Psychotherapy</td>
<td></td>
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<tr>
<td></td>
<td>• Material assistance</td>
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<tr>
<td></td>
<td>• Education</td>
<td></td>
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<tr>
<td></td>
<td>• Skills development</td>
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<tr>
<td></td>
<td>• Vocational courses</td>
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<td></td>
<td>• Employment</td>
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<td></td>
<td>• Child care support</td>
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<tr>
<td></td>
<td>• Family reunification</td>
<td></td>
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<tr>
<td></td>
<td>• Repatriation</td>
<td></td>
</tr>
</tbody>
</table>

Source: own table

To make it easier to differ between emergency/immediate, intermediate and long-term needs certain questions can be asked, the answers to which can provide clarity about further action steps. These questionnaires were created based on the experiences of the staff of SOLWODI Bonn (see Annex IV).

In the below subchapters you will be introduced to different tools you can use in order to successfully support VoT in the given support phase.

a) Immediate solutions

As VoT often suffer from serious threats including death threats, immediate protection of victims is of utmost importance. There are two decisive situations in which you need to provide immediate support to a VoT: firstly, when seeking help in order to leave the trafficking situation; and secondly, support after leaving the exploitative situation (Wells et al., 2019: 45).
• **Health**

Many VoTs suffer serious health problems before, during and as a consequence of their exploitation (see chapter 2.7). It is important that VoTs receive a thorough health check-up when they are identified. Special attention should be paid to injuries sustained during the trafficking process as well as chronic diseases whose treatments have often been neglected by traffickers (The Advocates for Human Rights, 2022). Immediate attention should also be given to VoTs who substance abuse as well as from malnutrition.

When a VoT has been identified as being a possible victim of FGM, it is important to arrange for the VoT to go to a gynaecologist for immediate attestation that she is indeed a victim of FGM. It is also important that this attestation include the type of FGM as detailed in chapter 2.7. This attestation is important because FGM can cause severe medical problems and the VoT may need medical attention for issues with urinary retention, severe pain and many others. The identification and attestation also ensure that pregnant VoTs receive the appropriate care since FGM can cause complications during childbirth (Desert Flower Foundation, 2022). For VoTs in the asylum process, the attestation is also important to ensure that the responsible asylum authority has proof of FGM, which may in turn increase their chances of receiving asylum protection. Furthermore, the identification and attestation of FGM will help later in the planning of the reconstruction of the FGM affected tissues.

• **Psychological impact**

The victim of gender-based violence suffers substantial and long-term consequences. The effects of violence are frequently manifested in mental health issues (fear, anxiety, low self-esteem, depression, post-traumatic stress disorder, suicide attempts, loss of sexual desire, etc.) (Lilja, 2019: 28). Therefore, it should be clarified very early on whether the VoT needs rapid psychological support. Access to psychological support is a basic requirement for the recovery process of VoT. In these cases, experts recommend a trauma-informed approach to psychological support that takes into account the nature and extent of trauma when designing and implementing the psychological counselling process. (Yonkova, 2020: 27-28). It is important to be trauma sensitive with survivors and know how to respond to different behaviours and symptoms. However, not all VoT decide to start psychotherapy.

**Case study: Jennifer's story**

Jennifer grew up in a small village in Nigeria. She lived there with her parents and four siblings. At the age of thirteen, Jennifer was raped by a man. During a later relationship, Jennifer became pregnant. After the birth of her son, the son was taken
away from her by the family of the child's father in a non-legal way. Being separated from her son and not being able to see him since then, severely traumatized Jennifer. After the death of her mother, Jennifer moved in with her aunt and her aunt's husband. During 2012 to 2015, the aunt's husband raped her on a regular basis. In 2015, Jennifer became pregnant by her aunt's husband. Jennifer told her aunt about what had happened and she informed the chief priest of the village. Jennifer's entire family then knew about the crime. According to tradition, it is customary for the chief priest and the village elders to make a decision about what to do next and also pass judgment. They came to a decision and wanted to force Jennifer to walk naked through the village for three days, so that the land would be cleansed of the - in the eyes of the chief priest and village elders - shameful act. Jennifer refused to do so.

Three months later, the aunt's husband died of a heart attack. The widow blamed Jennifer for his death and threatened to kill her and her child after it was born. Jennifer was therefore forced to flee. At first, she fled to her father's house, but she could not stay there, because tradition dictates that after an "outrage" such as this, the culprits are expelled from the family and society and sent to the forest, where they are abandoned to their fate. Therefore, she continued to flee to Kanu, but knew that the chief priest could find her there as well, since he also has a power and authority in Kanu. She could not flee to her siblings either, since she was considered an offender to everywhere, until she would take her punishment upon herself and run naked through the village so that the land would be cleansed. Because Jennifer did not want to take the punishment upon herself, she was not only considered an outcast, but the chief priest also had the right to have Jennifer killed.

In Kanu she met her trafficker. He organised the journey, she travelled through the desert to Libya for over a month. Since her eyes had no protection from the wind and sand, Jennifer suffered eye injuries from which she still suffers today. She had to spend three months in Libya. There she gave birth to her second child who died after two weeks due to the cold, lack of care and the catastrophic situation in the country. Around August, Jennifer arrived in Italy and was placed in a shelter together with other refugees. The house in which the people had to live was in a disastrous condition. The residents received only 20 Euros per week, from which they could afford neither clothes (especially winter clothes) nor food. There were times when the residents were not provided with food at all. The nearest larger town was also only accessible by bus and train. However, it was not possible to buy a bus or train ticket from the 20 Euros per week. Consequently, Jennifer had to hitchhike to get to the next town. The manager of the camp demanded sex from the women on a regular basis. For example, they were not allowed to leave the house without sleeping with him first. Because of her eye complaints Jennifer went to see a doctor in Italy. There she was told they could not do anything for her now, Jennifer would have to wait six
months for treatment. In Germany, doctors told her that there would be no reason to wait; but any delay would be detrimental to the eyes and to Jennifer. Due to the non-treatment of the eye complaints and the catastrophic conditions in the accommodation in Italy, Jennifer’s health condition deteriorated. When Jennifer’s application for asylum in Italy was rejected, she saw no other way out but to flee to Germany. She applied for asylum in Germany and was supervised by the counselling centre from then on. Jennifer was in a very bad mental condition. She complained of sleep disturbances, flashbacks, depressive moods, suicidal thoughts. It quickly became clear that she needed psychological care. The counselling centre organized sessions with a psychotherapist and Jennifer was able to start therapy on a weekly basis.

• **Suicidality**

Threats of deportation, racially motivated violence, the death of relatives left behind in the country of origin, or the lack of communication with family or friends due to the flight scenario are all examples of external reasons that can cause a psychological crisis for a trafficked person. A distinction must be made between a crisis and acute suicidal tendencies in your conversations with the beneficiary. As a result, it should be determined whether the survivor has concrete suicide plans or can convincingly separate herself / himself from them during the dialogue. Suicidal thoughts, as well as indirect and direct statements of suicidal intent, should always be regarded seriously and addressed as such. They should not be judged or dismissed. An understanding of the suicidal tendency can be shown against the background of what has been experienced and the current life situation: This can be reassuring, as well as demonstrating that many other people in similar situations have similar thoughts (Flory, 2017: 9, 61-63). Determine the severity of the situation:

As a result, if required, refer them to a hospital, accompany them to a clinic, contact a psychiatrist, and, in the event of immediate danger, call an emergency doctor and rescue service.

• Ask a trusted friend (external anamnesis) whether they know anything about it.
• Perceive (reflect), accept (validate), and enable bad feelings to exist;
• Simultaneously, clarify and set realistic expectations, such as for the duration of the residence permit;
• Determine the extent of his or her commitment; what does he or she require and desire?

In the resolution stage, there can be a "calm before the storm". The VoT may seem to be feeling much better, sometimes even happier again. Often the decision to actually take his/her own life has already been made and there are already concrete suicide preparations. It is important to clarify whether this is actually an improvement or already a mental exit from life (Küstner-Nnetu, 2018: 12-13).

Jennifer’s asylum appeal in Germany was rejected and was told to go back to Italy where she first applied for asylum. When Jennifer was informed by the immigration office that she would be deported to Italy in a week, her condition got worse. Jennifer made pointed statements about a possible suicide attempt. She said phrases like "I'm not going back to Italy, I'd rather kill myself." The social worker then consulted with the treating psychotherapist and subsequently told Jennifer that they would now like to accompany her to a psychiatric hospital. Jennifer agreed to this. During the admission interview with the doctor, Jennifer took countless sleeping pills out of her bag and showed the doctor a photo of a bottle of chlorine cleaner and told her "If the police come tomorrow and want to pick me up, then I will have swallowed this beforehand". This was the first time Jennifer was so specific about her plan to take her own life. Finally, she was admitted to the closed ward and the deportation to Italy could not take place.

○ **Grounding exercise**

At some points during counselling it can be useful to do a grounding exercise with the beneficiary. For example, when the person suffers flashbacks, dissociates or is in a very sad mood. These grounding exercises can help the beneficiary to focus on the here and now.

The 5 – 4 – 3 – 2 – 1 – Exercise

Advice the beneficiary to get into a relaxed posture to enhance the effect. In the second step, advise her/him to count five things that she/he sees right now. If the situation allows, she/he should count out loud, otherwise in her/his mind. For example, if you are in an office, she/he counts: "I see a monitor, a flower, a printer, a waste paper basket and a picture." Once she/he has listed five things she/he can see, advise her/him to focus all of her/his attention on five sounds. Let's stay in the office: "I can hear a printer, I hear a phone ringing, I hear the sound of a computer, I hear cars driving by, I hear someone is talking in the hallway." Once she/he has listed five things she/he can hear, advise her/him to draw her/his attention to what she/he can feel: "I feel my feet on the floor, I feel my toes in my shoes, I feel hands lying on my legs, I can feel my back against the chair, I feel my pants against my
skin.” Now advise her/him to repeat steps 2, 3, 4 with four things that she/he sees, hears and feels, then continue with three things, two things and finally with only one perception. (Werder-Mörschel, 2017).

- **Residency**

Decisions in Migration Law can also become a serious threat for VoT, especially when it comes to a deportation order via Dublin regulations.

**Case study : Mrs A’s story**

In the following case study you should get an understanding, what it means:

Mrs. A is a beneficiary of the counselling office. She is a VoT and was forced to prostitution in Italy. The traffickers have a wide spread network there and they found Mrs. A always when she tried to escape them. She was even found by them when she escaped from South Italy, where her «Madam » is located, to North Italy. This is why Mrs. A fled to Germany. Here the counsellors prepared her for asylum interview. But unfortunately, the law is increasingly restrictive and despite repeatedly finding the woman in Italy, the authorities assume that it is safe for her to return to Italy. Therefore, a deportation order was issued. The woman was told to be ready for deportation on a certain date. Mrs. A was so afraid that she would be found on arrival at the airport in Italy that she went to Italy on her own and without informing the counsellor in Germany.

She was in a shock situation and just ran. When the counsellor tried to contact her, the social worker found out, that she left. Mrs. A described that she thought she could make the traffickers lenient by going to them on her own. She didn’t even remember in that shock moment, when she got a deportation date, that there is a Social Worker who is willing to help her. However, after the social worker contacted her, it was explained to her that help could also be organised from a distance.

So the counsellor was talking to Mrs. A if she would be ok if her dates and short cut version of her story was given to colleagues in Italy. Also her current residence in Italy. The social worker could establish a network of helpers and Mrs. A was contacted by an Italian organisation specialised on VoT. The woman could find help and got a safe accommodation and medical treatment.
This case shows that immediate help had to be organised because of the rushed return from Mrs. A. she was in serious danger.

- **Security from traffickers**

As pointed out before, permitted stay is the basis of VoT’s physical and psychological safety and stability. However, human trafficking is no longer recognised under asylum law in Germany, which enhances the risk VoT’s are under from traffickers. The following case is intended to show how social work can support in claiming human rights violations that can lead to a residence permit and security from traffickers.

**Case study: Mrs F’s story**

Mrs. F. is VoT and she got infected with HIV during the sexual exploitation she suffered. Ms F. is visibly traumatised by this time. She tried to escape to Germany from another EU country where she was exploited. She was deported via the Dublin Regulation and found again by human traffickers. She was able to free herself again and fled back to Germany. Then she came into contact with the counselling centre. She was to be deported a second time to that EU country. The social worker was able to organise a church asylum. This prevented the deportation and Germany carried out the national procedure.

Her asylum procedure ended negatively despite her story and her HIV status being presented. A complaint was filed. This was also rejected. In order to bring forward her traumatisation, the law requires a detailed expert opinion by a specialist doctor. This also entails considerable costs. Therefore, the counsellor started a fundraising campaign and thus an expert opinion could be paid for. With this expert opinion, a follow-up asylum application was filed. After 4 years of uncertainty, Mrs. F. was finally granted a residence permit due to massive traumatisation.

The case shows that a person needs immediate help several times when it comes to legal residence. In the case of the church asylum, immediate action had to be taken. Providing evidence in the case of mental illness caused by trafficking experience, on the other hand, is a longer process.
b) Medium – long-term solutions

Alongside immediate interventions, it is also important for you to provide VoT with intermediate and long-term protection measures such as specialist services, 24-hour helplines and shelters (Wells et al., 2019: 46). Every decision concerning the medium and long term solution for VoTs should be made with the active participation of the VoT.

- **Pregnancy**

Pregnant VoTs should be given access to a gynaecologist to receive medical attention. When necessary, a translator should be provided to ensure that the VoT’s medical needs are fully understood. Contact can be established to pregnancy counselling centres where pregnant VoTs can receive financial support and counselling concerning the pregnancy. It is important to ensure that the pregnant VoT has safe and appropriate accommodation for herself and her expected child or children. The VoT should be provided with health insurance as well as assistance applying for public financial assistance when necessary.

- **Custody / family reunion**

A gender-sensitive and intersectional approach to analysing the phenomenon of trafficking and developing appropriate legal assistance cannot fail to take into consideration the fact that, in many cases, exploited women are or become mothers during exploitation. Many women, in fact, often become pregnant as a result of the sexual violence they have suffered and very often their motherhood depends on the exploitative organisation itself, which controls every decision in this regard: the use of contraception, access to abortions and the possibility of carrying the pregnancy to term. In addition, the children of trafficked women are often used as a means of control and a tool to increase the profitability of exploitation. (Lawyers Manual, 2022: 106)⁴⁴

Very often trafficked mothers therefore find themselves caring for their children in difficult and hostile contexts and situations. They are generally single mothers where, as we have seen, even when there is a father, in the context of exploitation, there is domestic violence and a connection to the condition of being a VoT (Pascoal 2020).

Women are therefore very often alone in caring for their children, they continue being exploited or suffering from trauma deriving from past exploitation.

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⁴⁴ ACTIVATE Trainers Manual for Lawyers, 2022
Although the children of trafficked persons are entitled to the same level of safety, reparation and restoration of their rights as their mothers and that if the victims constitute a family, protection should be provided to the whole family, it is common that these principles are not adequately taken into account in child protection interventions. In fact, during the stay in the territory of the State, during the contacts with the institutions it happens that the mothers who are victims of trafficking, especially in situations of strong social marginality, undergo jurisdic- tional interventions that intervene, limiting their parenthood because of the need to protect minors from situations of risk and abuse. In some cases, children are separated from their mothers and placed in facilities for unaccompanied children.

It is essential to promote the principle that it is in the best interests of the child that the mother is supported in overcoming trauma and victimhood through the adoption of appropriate measures.

The right to safe motherhood is included within the category of reproductive rights (AbouZahr 2013, 13ff).

Safe motherhood may be broken down into two broad areas: the right of every woman to enjoy motherhood as a free choice, and the right to access to the healthcare services necessary for healthy pregnancy, childbirth, and postpartum period and the social services necessary for childcare. This right should be enjoyed without discrimination and in conditions of equality, meaning that motherhood should not create disproportionate burdens on women because of their gender, race, ethnicity, immigration status, or any other condition. Therefore, for example, States should take all necessary measures to ensure that pregnancy and motherhood are not stigmatized or used as a basis to deny access to rights. Family reunion is a high-priority need for the woman if she has left her child/children in the country of origin.

- Financial problems and debt

Not only VoT but immigrants in general frequently have to learn how to navigate unfamiliar financial systems when they arrive in the country of arrival. They have to learn how to work with new financial institutions and products. They may also confront language and cultural obstacles while seeking banking services. Banks may not have employees who speak the VoT’s original language or are familiar with unique financial cultural norms (Ballard et. al., 2016: 88).
Case Study: Fatoumata's story

Fatoumata has lived in Germany for over 15 years. She comes from Guinea and has never attended school. She can neither read nor write. As a child she was circumcised and later became a victim of human trafficking. She now has a secure residence permit in Germany, but has repeatedly severe financial difficulties and cannot pay bills. Because she never went to school, she has difficult access to numbers and bills and cannot manage her money well. In addition, she is a recipient of social benefits and does not receive much money. When she could not pay bills, she received reminders, which she did not understand. Although she regularly tried to make instalment payments together with the counselling centre, not every instalment on her part could always be served, so the agreement to pay in instalments was withdrawn. When she went to the bank to set up an instalment plan, she often could not explain exactly what she wanted because her German skills were not yet good enough. Finally, an appointment was made with a debt counsellor because Fatoumata's unpaid bills could no longer be paid in instalments. At this point, it made sense for the counselling centre to involve another counselling centre that specializes in financial problems and debt issues. Thus, a counsellor was found who speaks French, so that Fatoumata can understand all the steps exactly.

Money transferred by VoT to their spouses, children, parents, or other relatives in their home country is known as remittances. These payments are usually sent via fee-based money transfer firms (e.g., MoneyGram, Western Union), banks, or friends or relatives visiting the nation of origin. The duty to send money home can be stressful and difficult for VoT. The pressing need for financial assistance adds to the pressure to find work. Making enough money to cover one’s personal financial commitments (e.g., rent, food, utilities, etc.) and to send money home might be tough (Ballard et. al., 2016: 89)

Although Fatoumata has little money to spend and nothing left at the end of the month, she regularly sends money home to her family. She also recently married a man in Guinea, whom she also wants to support financially. Fatoumata also reported that family and friends in Guinea think she has a lot of money since she now lives in Germany. This puts pressure on her and she is expected to send money to her home country.
Drug substance abuse by VoTs can happen either as a coping mechanism during the trafficking ordeal, or through force by the trafficker as a way to control the VoT, or both (The Advocates for Human Rights, 2022). During the counselling process, any hint of substance abuse should not be ignored. VoTs should not be pressurised to talk about triggering experiences, however it should be made clear there is assistance to cope with substance abuse. Imperative is that, this assistance is offered in a non-judgemental way. VoTs should be assured that they would not be punished for the substance abuse, but rather receive help dealing with it.

3.2.4 Successful multi-disciplinary work & referrals

As discussed above, VoT have multiple needs, which multidisciplinary teams consisting of psychologists, social workers, lawyers, doctors, educators, etc. are able to meet collectively. In some cases, all these specialists might be working together for your organisations/institutions; but in many cases several service providers need to collaborate together to ensure holistic assistance to VoT (Aninoșanu et al., 2016: 55; Lilja, 2019: 43). This might also be the case for the service provider you are working for. Multi-agency cooperation in THB cases is important, because VoT often suffer from diverse vulnerabilities caused through their THB experience, which means that referrals are therefore necessary in order to ensure that all needs are addressed in a victim-centred manner. Arts. 8 and 9 of the Victims' Rights Directive 2012/36/EU recommend referral of victims to services, including referrals made by ‘other relevant entities’, such as e.g. specialist services for VoT (Rosell et al., 2018: 33-34). But what counts as relevant service providers? And how can you identify relevant stakeholders? This subchapter helps you identifying important stakeholders for making referrals for VoT.

There are a number of service providers that support VoT. Service providers can be understood as

"agencies or organizations that support victims [...] in [re]integration. [...] Service providers can be public, private or civil society organizations, which may be specialized in assisting victims [...] or may be attending to a wider population" (ILO, 2020: 36).

In order to enable VoT to recover and integrate as quickly as possible, it is necessary that you as a case manager maintain active collaboration with other relevant service providers. Therefore, it is important to set up a database of service providers and regularly keep in
contact with the relevant contact persons from the given service (Ionescu, 2016: 25). A stakeholder analysis can help you and your organisation/help centre to identify:

- the interests of all stakeholders, who may affect or be affected by their work with VoT;
- potential conflicts or risks that could jeopardise their work with VoT;
- opportunities and relationships that can be built on during implementation and the identification of possible gaps that can be filled;
- groups that should be encouraged to participate at different stages of the support service;
- appropriate strategies and approaches for stakeholder engagement;
- and ways to reduce negative impacts on VoT (e.g. avoiding duplications in support services that could harm the beneficiaries) (Golder & Gawler, 2005).

VoT receive better services through established collaborative relationships. It is best to establish these relationships before you encounter a victim so that the groundwork is already in place when you need the help. We recommend that you either fill out the Contact/Resource List in Annex II by yourself or with colleagues, which we recommend your organisation to fill out in order to make appropriate referrals and offer holistic support to VoT.

Need an impulse for your stakeholder analysis? Read Lilja’s (2019) Chapter 3 – Counselling as a method of assistance in the Handbook on counselling asylum seeking and refugee women victims of gender-based violence where you can find information on different stakeholders required in supporting GBV victims, such as victims of human trafficking (Ibid.,: 58-63).
4. Summary

This guide provides you with practical guidance to support VoT with multiple needs, according to the needs of each individual. It is intended to be adapted into your national context. The case studies presented in chapters 2 and 3 have been chosen among the many accounts collected in order to help raise awareness of vulnerabilities within and/or caused through THB. Even though they are very dramatic stories, they are part of a reality that the ACTIVATE consortium feels necessary to share with practitioners, also for the purpose of a stronger joint coordinated response to the phenomenon.

We hope that the Guide of Typologies gives you a better understanding of the multiple vulnerabilities VoT face and helps you to develop new skills as well as motivation to assist these persons. We equally hope that the guide will be widely used and support practitioners in their everyday work with VoT.

As the ACTIVATE consortium specialises in service provision for women VoT, this guide is informed by and seeks to highlight the female perspective and the importance of gender-specific support services. The guide can also serve as guidance for any service provision to women, irrespective of nationality or residence status, who have experienced different forms of GBV in particular, but you could also adapt it for service provision to men or transgender persons.
5. List of References


Aninoșanu, L., Marțiș, D., Stoian, G., & D'Amico, M. &. (2016). Why is gender an important factor in the process of trafficking for sexual exploitation? - Guide for professionals, with a special focus on the trafficking of sexual exploitation of Romanian women and girls.

Areios Pagos Supreme Civil and Criminal Court of Greece. (n.d.). Case-law: Case number 2/2019. Available from: http://www.areiospagos.gr/nomologia/apofaseis_DISPLAY.asp?cd=47ITH6RZJMX54R0TWHSPMF02N7FZWW&apof=2_2019&info=%D0%CF%C9%CD%C9%CA%C5%D3%20-%20%20%CF%CB%CF%CC%C5%CB%5%C9%C1


Boiano, Ilaria; Cecchini, Cristina; Fioravanti, Giulia; Spampinati, Chiara; Kaplani, Maria Elli Doufexi; Athanasiou, Eirini; Vassileva, Antoaneta; Kozhuharova, Nadia; Danner, Eva; Hein, Katharina; Nyamekye, Bernadette & Wells, Anja (2022). *Trainer’s Manual for Professionals Working in Reception and Identification Centres*. Athens: KMOP.


Bundesweiter Koordinierungskreis gegen Menschenhandel - KOK e.V. (17. 03 2022). *Bundesweiter Koordinierungskreis gegen Menschenhandel - KOK e.V*. Von Opferschutz und Rechte der Betroffenen in Deutschland. Available from:


https://www.kok-gegen-menschenhandel.de/menschenhandel/was-ist-menschenhandel/opferrechte


female victims of trafficking for sexual exploitation. Irland: Immigrant Council of Ireland.

6. Annexes

Annex 1 – Do's and don’ts in communicating across cultures

ANNEX I : Do’s and don’t’s in communicating across cultures

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build up awareness of other cultures.</td>
<td>Do not over-generalise or develop stereotypes about cultures based on your interactions with a few individuals.</td>
</tr>
<tr>
<td>Learn about other cultures to understand how values may influence actions and behaviours.</td>
<td></td>
</tr>
<tr>
<td>Remember that while culture may shape the way a person acts or responds to various situations, culture alone does not determine the full person. Other factors influence the way people act, perceive events, or interpret situations.</td>
<td>Do not judge a person’s culture through your own culture. Understand that there are differences, with no culture being superior or inferior.</td>
</tr>
<tr>
<td>Actively seek out opportunities to learn about other cultures. Do research, attend activities sponsored by various ethnic / cultural communities, talk to leaders of cultural groups, or learn some phrases in their languages.</td>
<td>Do not be ‘culturally blind’, assuming we are all the same, with the same thought patterns and reactions to situations. Recognise that cultural differences do exist and interpretations of situations may differ across cultures.</td>
</tr>
<tr>
<td>Know what is appropriate behaviour and speech in cultures different from your own. Learn about non-verbal cues that might be offensive or confusing to people of specific cultures and adapt your language to their needs.</td>
<td>Do not expect immediate acceptance by the person of your cultural values. Expect some resistance and confusion while the person is making sense of everything.</td>
</tr>
<tr>
<td>Do</td>
<td>Don’t</td>
</tr>
<tr>
<td>-------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Recognise that beneficiaries are in a culture not of their own and thus may feel a loss of their own identity. Understand the person’s need to retain his/her cultural identity while integrating into your culture.</td>
<td>Do not underestimate the difficulty beneficiaries may have in adapting to your culture. Allow them time to move through normal cultural adaptation processes.</td>
</tr>
<tr>
<td>Respect all beneficiaries equally regardless of country of origin.</td>
<td>Do not treat people differently based on the culture they are from. Treat all beneficiaries with the same level of respect regardless of their backgrounds and cultures.</td>
</tr>
<tr>
<td>Treat each beneficiary as an individual.</td>
<td>Do not make sweeping generalisations about people from various countries (Asians, Africans, Europeans). Remember that each continent is made up of individual countries, within which there are individual states, provinces, territories, regions, ethnicities and cultural communities.</td>
</tr>
<tr>
<td>Listen actively and empathetically. Try to imagine yourself in the beneficiary’s situation.</td>
<td>Don’t be afraid to ask the beneficiary for more explanation if you don’t understand something. Make sure you get the information needed that will be of greatest assistance to the beneficiary.</td>
</tr>
</tbody>
</table>

## ANNEX II: Contact/Resource List

<table>
<thead>
<tr>
<th>Category</th>
<th>Service Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local anti-trafficking centres</td>
<td></td>
</tr>
<tr>
<td>Telephone hotlines</td>
<td></td>
</tr>
<tr>
<td>Counter-trafficking hotline</td>
<td></td>
</tr>
<tr>
<td>Family violence hotline</td>
<td></td>
</tr>
<tr>
<td>Child services hotline</td>
<td></td>
</tr>
<tr>
<td>Suicide hotline</td>
<td></td>
</tr>
<tr>
<td>Missing persons hotline</td>
<td></td>
</tr>
<tr>
<td>Shelters &amp; housing services</td>
<td></td>
</tr>
<tr>
<td>Counter-trafficking shelter</td>
<td></td>
</tr>
<tr>
<td>Children &amp; adolescent shelter</td>
<td></td>
</tr>
<tr>
<td>Migrant &amp; refugee shelter</td>
<td></td>
</tr>
<tr>
<td>Homeless shelter</td>
<td></td>
</tr>
<tr>
<td>Domestic violence shelter</td>
<td></td>
</tr>
<tr>
<td>Religious or community-based organizations</td>
<td></td>
</tr>
<tr>
<td>Health services</td>
<td></td>
</tr>
<tr>
<td>Sexual health clinics &amp; outreach services</td>
<td></td>
</tr>
<tr>
<td>Reproductive health services, including (where legal) pregnancy termination services</td>
<td></td>
</tr>
<tr>
<td>General practitioners</td>
<td></td>
</tr>
<tr>
<td>Alcohol or drug clinics</td>
<td></td>
</tr>
<tr>
<td>Mobile clinics or outreach services</td>
<td></td>
</tr>
<tr>
<td>Free health services</td>
<td></td>
</tr>
<tr>
<td>Mental health &amp; counselling services</td>
<td></td>
</tr>
<tr>
<td>Psychologists or therapists</td>
<td></td>
</tr>
<tr>
<td>Specialists in violence-related counselling</td>
<td></td>
</tr>
<tr>
<td>Mental health/psychiatric clinics</td>
<td></td>
</tr>
<tr>
<td>Non-governmental &amp; community organizations</td>
<td></td>
</tr>
<tr>
<td>Counter-trafficking</td>
<td></td>
</tr>
<tr>
<td>Family violence</td>
<td></td>
</tr>
<tr>
<td>Rights organizations (e.g. human rights, women’s or children’s rights, labour), refugee or immigration services</td>
<td></td>
</tr>
<tr>
<td>Social support services</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>--</td>
</tr>
<tr>
<td>Religious or community-based organizations</td>
<td></td>
</tr>
<tr>
<td>Legal services</td>
<td></td>
</tr>
<tr>
<td>Independent lawyers (immigration &amp; criminal)</td>
<td></td>
</tr>
<tr>
<td>Community legal aid services</td>
<td></td>
</tr>
<tr>
<td>Local government contacts</td>
<td></td>
</tr>
<tr>
<td>National anti-trafficking centre</td>
<td></td>
</tr>
<tr>
<td>Children’s offices or services</td>
<td></td>
</tr>
<tr>
<td>Women’s offices or services</td>
<td></td>
</tr>
<tr>
<td>Immigration services</td>
<td></td>
</tr>
<tr>
<td>Housing &amp; social services</td>
<td></td>
</tr>
<tr>
<td>Embassy and consular offices</td>
<td></td>
</tr>
<tr>
<td>Embassies &amp; consular services for most common migrant or trafficked persons</td>
<td></td>
</tr>
<tr>
<td>Police, law enforcement services</td>
<td></td>
</tr>
<tr>
<td>Local police contacts</td>
<td></td>
</tr>
<tr>
<td>Sexual &amp; domestic violence focal point</td>
<td></td>
</tr>
<tr>
<td>Children’s focal point</td>
<td></td>
</tr>
<tr>
<td>International organizations</td>
<td></td>
</tr>
<tr>
<td>International Organization for Migration</td>
<td></td>
</tr>
<tr>
<td>International Labour Organization</td>
<td></td>
</tr>
<tr>
<td>Office of the High Commissioner for Human Rights</td>
<td></td>
</tr>
<tr>
<td>United Nations Children’s Fund</td>
<td></td>
</tr>
<tr>
<td>United Nations Office on Drugs and Crime</td>
<td></td>
</tr>
<tr>
<td>Non-governmental organizations in other countries</td>
<td></td>
</tr>
<tr>
<td>Counter-trafficking organizations based in common countries of origin</td>
<td></td>
</tr>
<tr>
<td>Interpreters (list likely language required)</td>
<td></td>
</tr>
</tbody>
</table>

ANNEX III: Operational indicators of labour trafficking in human beings

As presented in the Operational indicators of trafficking in human beings: Results from a Delphi survey implemented by the ILO and the European Commission in 2009. All indicators are available in the following link:


<table>
<thead>
<tr>
<th>INDICATORS OF DECEPTIVE RECRUITMENT</th>
<th>INDICATORS OF COERCIVE RECRUITMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strong Indicator</strong></td>
<td><strong>Strong Indicator</strong></td>
</tr>
<tr>
<td>Deceived about the nature of the job, location or employer</td>
<td>Violence on victims</td>
</tr>
<tr>
<td><strong>Medium Indicators</strong></td>
<td><strong>Medium Indicators</strong></td>
</tr>
<tr>
<td>Deceived about conditions of work</td>
<td>Abduction, forced marriage, forced adoption or selling of victim</td>
</tr>
<tr>
<td>Deceived about content or legality of work contract</td>
<td>Confiscation of documents</td>
</tr>
<tr>
<td>Deceived about family reunification</td>
<td>Debt bondage</td>
</tr>
<tr>
<td>Deceived about housing and living conditions</td>
<td>Isolation, confinement or surveillance</td>
</tr>
<tr>
<td>Deceived about legal documentation or obtaining legal migration status</td>
<td>Threat of denunciation to authorities</td>
</tr>
<tr>
<td>Deceived about travel and recruitment conditions</td>
<td>Threats of violence against victim</td>
</tr>
<tr>
<td>Deceived about wages/earnings</td>
<td>Threats to inform family, community or public</td>
</tr>
<tr>
<td>Deceived through promises of marriage or adoption</td>
<td>Violence on family (threats or effective)</td>
</tr>
<tr>
<td><strong>Weak Indicator</strong></td>
<td><strong>Withholding of money</strong></td>
</tr>
<tr>
<td>Deceived about access to education opportunities</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INDICATORS OF RECRUITMENT BY ABUSE OF VULNERABILITY</th>
<th>INDICATORS OF EXPLOITATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medium Indicators</strong></td>
<td><strong>Strong Indicator</strong></td>
</tr>
<tr>
<td>Abuse of difficult family situation</td>
<td>Excessive working days or hours</td>
</tr>
<tr>
<td>Abuse of illegal status</td>
<td><strong>Medium Indicators</strong></td>
</tr>
<tr>
<td>Abuse of lack of education (language)</td>
<td>Bad living conditions</td>
</tr>
<tr>
<td>Abuse of lack of information</td>
<td>Hazardous work</td>
</tr>
<tr>
<td>Control of exploiters</td>
<td>Low or no salary</td>
</tr>
<tr>
<td>Economic reasons</td>
<td>No respect of labour laws or contract signed</td>
</tr>
<tr>
<td>False information about law, attitude of authorities</td>
<td>No social protection (contract, social insurance, etc.)</td>
</tr>
<tr>
<td>False information about successful migration</td>
<td>Very bad working conditions</td>
</tr>
<tr>
<td>Family situation</td>
<td>Wage manipulation</td>
</tr>
<tr>
<td>Personal situation</td>
<td><strong>Weak Indicators</strong></td>
</tr>
<tr>
<td></td>
<td>No access to education</td>
</tr>
<tr>
<td>Psychological and emotional dependency</td>
<td>INDICATORS OF COERCION AT DESTINATION</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Relationship with authorities/legal status</td>
<td>Strong Indicators</td>
</tr>
<tr>
<td>Weak Indicators</td>
<td>Confiscation of documents</td>
</tr>
<tr>
<td>Abuse of cultural/religious beliefs</td>
<td>Debt bondage</td>
</tr>
<tr>
<td>General context</td>
<td>Isolation, confinement or surveillance</td>
</tr>
<tr>
<td>Difficulties in the past</td>
<td>Violence on victims</td>
</tr>
<tr>
<td>Difficulty to organise the travel</td>
<td>Medium Indicators</td>
</tr>
<tr>
<td></td>
<td>Forced into illicit/criminal activities</td>
</tr>
<tr>
<td></td>
<td>Forced tasks or clients</td>
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<td></td>
<td>Forced to act against peers</td>
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<td></td>
<td>Forced to lie to authorities, family, etc.</td>
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<tr>
<td></td>
<td>Threat of denunciation to authorities</td>
</tr>
<tr>
<td></td>
<td>Threat to impose even worse working conditions</td>
</tr>
<tr>
<td></td>
<td>Threats of violence against victim</td>
</tr>
<tr>
<td></td>
<td>Under strong influence</td>
</tr>
<tr>
<td></td>
<td>Violence on family (threats or effective)</td>
</tr>
<tr>
<td></td>
<td>Withholding of wages</td>
</tr>
<tr>
<td></td>
<td>Weak Indicator</td>
</tr>
<tr>
<td></td>
<td>Threats to inform family, community or public</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INDICATORS OF ABUSE OF VULNERABILITY AT DESTINATION</th>
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<tbody>
<tr>
<td>Medium Indicators</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Weak Indicators</td>
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</tbody>
</table>

- **Children**

<table>
<thead>
<tr>
<th>INDICATORS OF DECEPTIVE RECRUITMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong Indicator</td>
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<tr>
<td></td>
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<tr>
<td>Medium Indicators</td>
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<table>
<thead>
<tr>
<th>INDICATORS OF RECRUITMENT BY ABUSE OF VULNERABILITY</th>
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<tbody>
<tr>
<td>Medium Indicators</td>
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<td></td>
</tr>
<tr>
<td>Deceived about legal documentation or obtaining legal migration status</td>
</tr>
<tr>
<td>Deceived about travel and recruitment conditions</td>
</tr>
<tr>
<td>Deceived about wages/earnings</td>
</tr>
<tr>
<td>Deceived through promises of marriage or adoption</td>
</tr>
<tr>
<td><strong>INDICATORS OF COERCIVE RECRUITMENT</strong></td>
</tr>
<tr>
<td><strong>Strong Indicators</strong></td>
</tr>
<tr>
<td>Abduction, forced marriage, forced adoption or selling of victim</td>
</tr>
<tr>
<td>Debt bondage</td>
</tr>
<tr>
<td>Threats of violence against victim</td>
</tr>
<tr>
<td>Violence on victims</td>
</tr>
<tr>
<td><strong>Medium Indicators</strong></td>
</tr>
<tr>
<td>Confiscation of documents</td>
</tr>
<tr>
<td>Isolation, confinement or surveillance</td>
</tr>
<tr>
<td>Threat of denunciation to authorities</td>
</tr>
<tr>
<td>Threats to inform family, community or public</td>
</tr>
<tr>
<td>Violence on family (threats or effective)</td>
</tr>
<tr>
<td>Withholding of money</td>
</tr>
<tr>
<td><strong>INDICATORS OF EXPLOITATION</strong></td>
</tr>
<tr>
<td><strong>Strong Indicator</strong></td>
</tr>
<tr>
<td>Excessive working days or hours</td>
</tr>
<tr>
<td><strong>Medium Indicators</strong></td>
</tr>
<tr>
<td>Bad living conditions</td>
</tr>
<tr>
<td>Hazardous work</td>
</tr>
<tr>
<td>Low or no salary</td>
</tr>
<tr>
<td>No access to education</td>
</tr>
<tr>
<td>No respect of labour laws or contract signed</td>
</tr>
<tr>
<td>Very bad working conditions</td>
</tr>
<tr>
<td>Wage manipulation</td>
</tr>
<tr>
<td><strong>INDICATORS OF COERCION AT DESTINATION</strong></td>
</tr>
<tr>
<td><strong>Strong Indicators</strong></td>
</tr>
<tr>
<td>Confiscation of documents</td>
</tr>
<tr>
<td>Debt bondage</td>
</tr>
<tr>
<td>Forced into illicit/criminal activities</td>
</tr>
<tr>
<td>Forced tasks or clients Isolation, confinement or surveillance</td>
</tr>
<tr>
<td>Threats of violence against victim</td>
</tr>
<tr>
<td>Under strong influence</td>
</tr>
<tr>
<td>Violence on victims</td>
</tr>
<tr>
<td><strong>Medium Indicators</strong></td>
</tr>
<tr>
<td>Forced to act against peers</td>
</tr>
<tr>
<td>Forced to lie to authorities, family, etc.</td>
</tr>
<tr>
<td>Threat of denunciation to authorities</td>
</tr>
<tr>
<td>Threat to impose even worse working conditions</td>
</tr>
<tr>
<td>Threats to inform family, community or public</td>
</tr>
<tr>
<td>Violence on family (threats or effective)</td>
</tr>
<tr>
<td>Withholding of wages</td>
</tr>
<tr>
<td><strong>INDICATORS OF ABUSE OF VULNERABILITY AT DESTINATION</strong></td>
</tr>
<tr>
<td><strong>Medium Indicators</strong></td>
</tr>
<tr>
<td>Dependency on exploiters</td>
</tr>
<tr>
<td>Difficulties in the past</td>
</tr>
<tr>
<td>Difficulty to live in an unknown area</td>
</tr>
<tr>
<td>Economic reasons</td>
</tr>
<tr>
<td>Family situation</td>
</tr>
<tr>
<td>Personal characteristics</td>
</tr>
<tr>
<td>Relationship with authorities/legal status</td>
</tr>
</tbody>
</table>
ANNEX IV: Questions to differ between emergency/immediate, intermediate and long-term needs

Emergency/immediate phase

<table>
<thead>
<tr>
<th>Questions about Security</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where was the crime scene?</td>
<td>Is the counselling centre located in the same city where the crime took place? If yes, the perpetrators can track down the VoT more easily.</td>
</tr>
<tr>
<td>Do you know in which cities the perpetrator still has good contacts?</td>
<td>If the VoT is to be safely relocated to another city, it must be clarified beforehand whether these cities are really safe.</td>
</tr>
<tr>
<td>Who bought you the mobile phone? Does the perpetrator have this current number? Is it possible that the perpetrator can track you via the mobile phone?</td>
<td>If there is a possibility that the perpetrators can locate or contact the VoT via the mobile phone, a new mobile phone and sim card should be organised.</td>
</tr>
<tr>
<td>Does the perpetrator have contacts to your family?</td>
<td>If the perpetrator has contact to the family, he / she can put pressure on the family to reveal where the VoT is for example.</td>
</tr>
<tr>
<td>Have you already thought about filing a complaint with the police?</td>
<td>The VoT should be informed about the possibilities of filing a complaint, but it is important to make it clear to the VoT, that this decision does not have to be made now and that they have time to stabilize and think about it.</td>
</tr>
</tbody>
</table>

Medical and psychological assistance

<table>
<thead>
<tr>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been exposed to the elements as a result of in proper accommodation?</td>
</tr>
<tr>
<td>I know this is a private question but we want to help you in the best possible way. So I would like to know if you have pain in the genital area?</td>
</tr>
<tr>
<td>Did you get enough food and water?</td>
</tr>
</tbody>
</table>
 dependent on what the perpetrators give them to eat and drink. Malnutrition can have significant health consequences, so this should be clarified. This is especially important for children and adolescents, as they are still developing.

<table>
<thead>
<tr>
<th>Question</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you pregnant? Or do you think you might could be pregnant?</td>
<td>Is the VoT pregnant? Has she already seen a doctor? Does she have any complaints?</td>
</tr>
<tr>
<td>Do you sometimes use drugs to maybe numb yourself because you were experiencing so many bad situations? Or did you have to take drugs or were you given drugs?</td>
<td>Some victims start using drugs during exploitation, and in some cases the drugs are administered to victims against their will. If a drug addiction exists, it is essential to contact an addiction counsellor or doctor.</td>
</tr>
<tr>
<td>Do you have chronic diseases that have not yet been treated?</td>
<td>Some victims have chronic illnesses that were not treated during the exploitation situation. Therefore, it must be clarified whether chronic diseases are known or at least what symptoms exist in the case of prolonged pain.</td>
</tr>
<tr>
<td>Do you know anything about the subject of circumcision? Have you been circumcised yourself? Do you have discomfort during for example urination, menstruation, sexual intercourse?</td>
<td>Especially in the asylum procedure, it is often requested to clarify whether FGM/C has taken place or not. Therefore, the topic can be addressed very early, especially if it is important in the asylum procedure. The VoT might not know the term FGM/C, in our experience a lot of them know the word circumcision.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shelter</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where do you live? Where are you staying?</td>
<td>If the person is not acutely coming from an exploitation situation and has been freed by a raid, for example, he or she may have found shelter with acquaintances or friends.</td>
</tr>
<tr>
<td>Would you like to stay there and would it make you feel safe?</td>
<td>There are people who, for example, do not want to be placed in a shelter and therefore prefer to stay somewhere else. At this point, it should be asked quite explicitly what kind of person the acquaintance is.</td>
</tr>
<tr>
<td>Do you have to pay the person something for staying there? Does the person expect anything in return?</td>
<td>Unfortunately, some VoT end up from one exploitative situation to the next, due to the ability of perpetrators to take</td>
</tr>
</tbody>
</table>
What is the address and who knows this address?

- In this case, it is necessary to clarify again (see table Security) who knows this address, whether the perpetrators know this address and whether it is located in the city of the crime scene.

Can you imagine living in a shelter with other people?

- Some VoT no longer have any trust in other people and also cannot live with people of the same sex. Therefore, it should be clarified in advance whether the person wants to live in a shelter at all.

<table>
<thead>
<tr>
<th>Clothing, food</th>
<th>Explanation</th>
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</thead>
<tbody>
<tr>
<td>Do you have a change of clothes? Do you have sweaters, underwear, socks, pants, etc.?</td>
<td>If the VoT was freed from the exploitation situation, it is likely that she/he could not take any clothes with her. A clear indication can also be, for example, when it is cold outside but the VoT wears summer shoes. Then probably because they are the only shoes she/he has.</td>
</tr>
<tr>
<td>Have you eaten anything today? Are you hungry?</td>
<td>Some VoT come to counselling hungry because they don't have the money for food. Therefore, it should be clarified before a consultation whether the VoT still needs something to eat.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal assistance</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you know if you have you applied for asylum? Or did someone apply for asylum for you?</td>
<td>Many VoT have applied for asylum. Therefore, it may be that the asylum application is already underway and you need to clarify at which point in the asylum process you are. Some perpetrators even apply for asylum for the VoT but the VoT never really had the chance to tell what she is really experiencing.</td>
</tr>
<tr>
<td>Do you have a lawyer yet?</td>
<td>For example, if the migration authorities have rejected the asylum application, it is necessary to react quickly and file a lawsuit with a court within a time limit.</td>
</tr>
</tbody>
</table>
Therefore, a lawyer should be consulted at this point at the latest.

| Have you any document of your asylum procedure? Do you have documents of the Court proceedings? | The VoT may not know exactly at which point in the asylum process he or she is because he or she has not properly understood the system. Or, he/she may not be sure of his/her residency status. Therefore, all papers that the VoT has should be looked at in order to identify further action steps. |
| Have you thought about filing a complaint? Would you like me to explain to you the procedure of filing a report and making a statement? | Does the VoT wants to file a complaint and would like to involve a lawyer to appear as a joint plaintiff in a possible lawsuit? |

**Intermediate assistance phase / Long-term assistance phase**

<table>
<thead>
<tr>
<th>Temporary / Permanent residence</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a work permit?</td>
<td>A VoT’s residence permit does not include a work permit, in some cases this can be changed. A lawyer may need to be consulted.</td>
</tr>
<tr>
<td>How long have you had your residence permit? How long is it still valid?</td>
<td>After some time, it may be possible to apply for a permanent residence permit. The requirements have to be checked and the information can be obtained what has to be submitted for the application for a permanent residence title.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal Assistance</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you need legal assistance in other areas?</td>
<td>Perhaps the VoT wants to file for divorce or needs legal assistance in other areas, such as family law, employment law, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Care</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any physical ailments that might need to be addressed?</td>
<td>Once the VoT’s situation has stabilized somewhat, conditions that did not require acute treatment but still complicate the VoT’s daily life should be addressed.</td>
</tr>
<tr>
<td>Do you know anything about the subject of circumcision? Have you been</td>
<td>Many women have learned to live with the pain that occurs due to FGM/C and a</td>
</tr>
</tbody>
</table>
circumcised yourself? Do you have discomfort during urination, menstruation, sexual intercourse?  

<table>
<thead>
<tr>
<th>Social Assistance / social inclusion</th>
<th>Explanation</th>
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</thead>
<tbody>
<tr>
<td>Do you have a circle of friends here in this city? Do you participate in activities?</td>
<td>Some VoT have few social contacts. Here it can be helpful to connect the VoT to a group activity in which he/she can have contact with other people.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychiatric Assistance / Psychological support</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you heard about the term psychotherapy before?</td>
<td>Some VoT are not familiar with the term psychotherapy/psychological support. Or they think that if you go to a psychologist, then you are crazy. Here it should be explained what the tasks of a psychotherapist or psychologist are.</td>
</tr>
<tr>
<td>Do you think that if you were to talk to someone on a regular basis and describe how you are doing and why you might not be doing so well, that it might help you?</td>
<td>At this point, one can draw the comparison with consulting. The VoT has probably earned trust to the counsellor and often feels better after the counselling sessions. For example, you can say it's a similar situation to this one, only it's even more about what happened to you and how to help you so that you don't suffer from these symptoms anymore (flashbacks, sleep disturbances, etc.).</td>
</tr>
<tr>
<td>Can you imagine doing therapy with an interpreter?</td>
<td>If the therapist and the VoT do not speak the same language, the therapy must be accompanied by an interpreter. However, the VoT and the interpreter should meet and get to know each other</td>
</tr>
</tbody>
</table>
beforehand so that the VoT can gain a little trust.

| What gender should the therapist be? | In many cases, VoT are unwilling to open up in front of the opposite sex. They may even be afraid of people of the opposite sex. But it is also possible that the VoT has had such a bad experience with people of the same sex that therapy should only take place with a therapist of the opposite sex. |

<table>
<thead>
<tr>
<th><strong>Material Assistance</strong></th>
<th><strong>Explanation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you lack material things like clothes, furniture, money for a monthly ticket, etc.?</td>
<td>The low social benefits that the VoT receive can lead to the fact that the VoT cannot afford some things. You should find out what he/she needs and whether there are possibilities to get these material things by applications, subsidies or donations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Education, Vocational Courses, Employment</strong></th>
<th><strong>Explanation</strong></th>
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</thead>
<tbody>
<tr>
<td>Are you already doing a language course? Do you want to do a language course? Would you like to do another language course?</td>
<td>Learning the language is important for integration. VoT may need help with registration and with covering the costs of the course. Possibly the VoT does not pass the exam and has to do a repetition course, here he/she may also need support.</td>
</tr>
<tr>
<td>Do you have school degrees/university degrees/certificates from your home country?</td>
<td>The school diplomas / certificates can be recognized, for this they may need to be translated and sent to the competent authority for recognition.</td>
</tr>
<tr>
<td>Do you want to do an apprenticeship? Do you want to graduate from high school?</td>
<td>After the recognition of possible school diplomas / certificates, a job counselling can be used to see what opportunities are possible on the labour market. Also taking into account the residence status.</td>
</tr>
<tr>
<td>Do you want to work? Would you like to do an internship? Or look for a part-time job?</td>
<td>Even if it doesn't match the qualifications the VoT acquired in the home country, it can be helpful if the VoT finds a part-time job to get a sense of independence. However, he/she may also want to gain</td>
</tr>
<tr>
<td>Child Care Support</td>
<td>Explanation</td>
</tr>
<tr>
<td>--------------------</td>
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</tr>
<tr>
<td>Do you need day-care for your child / for one of your children? Do you already have a kindergarten place? Have you registered your child at school?</td>
<td>In many cities it is difficult to find a kindergarten place, so VoT often need support here. It can also be the case that the VoT has children who are actually subject to compulsory education but the person has not yet registered them in school.</td>
</tr>
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<table>
<thead>
<tr>
<th>Family Reunification</th>
<th>Explanation</th>
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</thead>
<tbody>
<tr>
<td>Do you still have a minor child in your home country?</td>
<td>Often during the first counselling session VoT explain that they want to bring their child to the country they are currently living in. As important as this topic is, unfortunately it is associated with a long waiting time. Often the asylum procedure has to be waited for first.</td>
</tr>
</tbody>
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</thead>
<tbody>
<tr>
<td>Do you still have contact with your child?</td>
<td>Because family reunification can drag on, at least an attempt should be made to have the VoT have regular contact with the child. The VoT may need support in this regard.</td>
</tr>
</tbody>
</table>

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</thead>
<tbody>
<tr>
<td>Where does your child live now?</td>
<td>Often the family in the home country is threatened by the traffickers. The threat to the child can lead to retraumatization of the VoT. Perhaps, together with the VoT, other accommodations can be found for the child in the home country.</td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>Do you support your child financially?</td>
<td>Most likely, the VoT sends money to his/her child on a regular basis or to his/her family with whom his/her child lives. This information is also important, because possible financial bottlenecks can be understood more easily.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Repatriation</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever thought about going back to your home country?</td>
<td>In a lot of cases VoT don’t want to even talk about the option of going back to their home country, especially if they are still afraid of the perpetrators. However, if</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Do you already have an idea how you want to make a living?</td>
<td>It may be possible to work with a return counselling centre to consider whether the VoT can receive financial support for self-employment in their home country. It is also possible to see whether the VoT can be connected to an advice centre in their home country.</td>
</tr>
<tr>
<td>There is a wish that the VoT is considering returning to their home country, this topic should be discussed.</td>
<td></td>
</tr>
</tbody>
</table>
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