

INSIGHT - Building Capacity to Deal with Human Trafficking and Transit Routes in Nigeria, Italy, Sweden

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Rehabilitation Workshop for Providers Serving Survivors of Human Trafficking

Guidelines for Stakeholders

January 14-15, 2021
Protea Hotel
Edo State, Nigeria

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Overview of INSigHT Action: Building capacity to deal with human trafficking and transit routes in Nigeria, Italy, Sweden

The Action aims to increase the capacity of key local stakeholders in the Veneto region (Italy), Edo and Lagos states (Nigeria) and in Stockholm (Sweden) to tackle human trafficking and to deal with evolving dynamics, trends, forms and modus operandi. With a specific focus on women and girls, the Action further seeks to promote knowledge-based policymaking in the respective countries and to reinforce transnational cooperation. It is implemented within the framework of the Common Agenda on Migration and Mobility between the European Union and Nigeria.

Objective of the Workshop

Pathfinders Justice Initiative (PJI) designed the 2-day Rehabilitation Workshop to build the capacity of service providers to ensure that they were more trauma-informed and survivor centered across their services. The themes and topics were designed based on discussions generated from Nigeria's first ever Gap Analysis on the country's response to human trafficking which was conducted by PJI in June 2019. Thereafter, in an effort to increase stakeholder engagement in framing the design of the workshop, interviews and surveys completed by service providers and survivors were utilised in the months leading up to the workshop. The workshop agenda paralleled the journey of survivor engagement with service providers on their journey towards rehabilitation and reintegration.

Guidelines for Stakeholders:

A trauma-informed approach begins with understanding the physical, social, and emotional impact of trauma on the individual, as well as on the professionals who assist them. This approach mandates survivor-centered practices and incorporates three elements:

1. Acknowledging the prevalence of trauma;
2. Recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and
3. Responding by putting this knowledge into practice.

(Source: *US Office for Victims of Crimes Training and Technical Assistance Center*, <https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/41-using-a-trauma-informed-approach/>)

The following topics were presented at the Rehabilitation Workshop with notes and guidelines summarized below.

I. Identification and Protection of Victims of Trafficking (VoT):

Presented by Barrister Aigbeze Uhimwen, International Organization for Migration (IOM)

The process of identification seeks to determine whether or not an individual is potentially a trafficked person based on definitions established by the United Nations' Protocol. It is important to properly screen presumed trafficked persons to ensure that they are, in fact, victims of trafficking.

There are three stages in the identification process to determine a victim of trafficking:

1. **An assessment** of varying indicators that can be evaluated before an interview takes place.
 - Direct indicators may include lack of control (restriction in movement and communication with others); the presence of conditions of exploitation (debt bondage, limited or no access to earnings, excessive work hours, etc.); poor living conditions (inadequate food, hygiene/temporary housing; the existence of sexual or labour exploitation (forced prostitution or begging; lack of contract) and threats of violence under dangerous working conditions.
2. **A confidential interview** with the individual.
 - The interview should consist of a set of questions that focus on the three elements of trafficking: activities, means and purpose of exploitation (with the exception of children).
 - The interviewer should indicate the purpose of the interview and give the individual adequate time to answer, with necessary breaks, ensuring that he/she is clear.
3. **Review** of additional evidence.
 - Consider any additional evidence that may be available, including statements from family members, etc.

Guiding Principles

- Do no harm: ensure that interviews do not cause additional harm or trauma to the potential VoT.
- Provide confidentiality; ensure that any information is shared in a manner that preserves the best interests of the potential victim.

- Ensure that the interview is trauma informed (see further discussion in Section II below).
- Ensure that the interview is survivor centered (see further discussion in Section II below).

II. The Import of Trauma on Survivors

Presented by Dr. Kemi Akintoyese, PJI

Effective identification and service delivery rely on understanding the role that trauma has on survivors. Trauma is defined by the American Psychological Association (APA) as the emotional response someone has to an extremely negative event. While trauma is a normal reaction to a horrible event, the effects can be so severe that they interfere with an individual's ability to live a normal life. Not everyone who experiences a stressful event will develop trauma. A traumatized person can feel a range of emotions, both immediately after the event and in the long term. They may feel overwhelmed, helpless, shocked, or have difficulty processing their experiences. This impact of trauma can make the job of first responders and those trying to help victims difficult, at best.

Given the impact of these trauma symptoms on the emotional and physical well-being of victims, it is not surprising that some victims of human trafficking experience difficulties obtaining and holding down a job, paying bills and reintegrating back into society.

Effect of trauma on the soul, body, and mind

- When someone goes through a traumatic situation, their body is a crime scene. It does not feel safe, so trauma survivors try to spend as much time outside their body as they can. Many are mentally tormented by the shame they feel in the present about events that have occurred in the past. Most trauma survivors are unable to confide in anyone to articulate exactly what happened immediately following the event.
- Those emotions, thoughts, and memories go unprocessed and get dumped into the body. When emotions, thoughts, and memories go unprocessed, they can show up as **emotional and physical symptoms**.
 - They seek validation through flashbacks, unexplained rage, uncontrollable outbursts, poor impulse control, racing thoughts, depression, body aches, and pain.
 - Victims often experience multiple layers of trauma, including psychological damage from captivity and fear of reprisals if escape is contemplated, brainwashing, and for some, a long history of family, community, or national violence (Stark & Hodgson, 2003; Ugarte, Zarate, & Farley, 2003).
 - The emotional effects of trauma can be persistent and devastating.
 - Victims of human trafficking may suffer from anxiety, panic disorders, major depression, substance abuse, eating disorders or a combination of any of the foregoing.
 - Physical health problems can also predominate and result from the trauma of physical injury or indirectly through stress-related illnesses. As a result, victims may complain of stomach pain, headaches or other unexplained ailments.

- For some victims, the trauma induced by someone they once trusted results in **pervasive mistrust of others and their motives.**
- In some cases, the exposure to trauma results in a condition referred to as **Post-Traumatic Stress Disorder (PTSD).**
 - Symptoms include
 - intrusive re-experiencing of the trauma (e.g., flashbacks, nightmares, and intrusive thoughts);
 - avoidance or numbing of trauma-related, trauma-triggering, stimuli (e.g., avoiding certain places, people, and situations); and
 - and hyper arousal (e.g., heightened startle response, and inability to concentrate).
 - Post-trauma responses contribute to problems with functioning, including:
 - difficulties controlling emotions, sudden outbursts of anger or self-mutilation (Briere & Gil, 1998);
 - difficulties concentrating, suicidal behaviors (Zlotnick, Donaldson, Spirito, & Pearlstein, 1997);
 - alterations in consciousness (dissociation);
 - increased risk taking; and
 - the use of alcohol and drugs to escape these emotional states.
- **Reenactments** in an effort to achieve mastery
 - Individuals may actively reenact elements of a past traumatic experience as a way to cope with and master it. At times, the attempt is an adaptive process that facilitates the successful resolution and working through of the earlier trauma.
 - In other cases, however, the effort to master the trauma is a maladaptive mechanism and the strategy results in continued distress and difficulties for the individual.
 - It has been suggested that actively reenacting a past trauma can provide an opportunity for an individual to integrate and work through the terror, helplessness, and other feelings and beliefs surrounding the original trauma.
 - Deep-seated disturbances in identity, self-concept, and security in the world can also render individuals vulnerable to becoming enticed by others who resonate with and counter these ego deficits. This can cause them to become susceptible to **both reenactments and repeated revictimization.** The *learned helplessness* model also plays a role in the tolerance for abuse, since they believe that nothing can be done about it.
- Trauma survivors who have not integrated past feelings surrounding the trauma can become flooded and overwhelmed by them.
 - Intense anger, disappointment, and fear can be triggered in interpersonal relationships, and the present situation can be perceived and responded to in the same way as the old trauma.
 - Reenactments may also occur when an individual reexperiences and expresses intense feelings from the past that are then reacted to by another.
 - Individuals can also re experience and subsequently become overwhelmed by fear that has never been integrated.

- When they encounter a threatening situation, trauma survivors may re experience their old, unresolved feelings of terror and helplessness. These feelings will then overwhelm their psyches and prevent them from taking appropriate action, thus leading to a reenactment and revictimization.
- **Implications for Treatment**
 - Ongoing reenactments are a reflection that a patient is continuing to act in *stuck* and rigidified ways.
 - An important goal of treatment is facilitating an understanding and control of reenactments. Successful clinical work can take years because the goals are to help patients work through overwhelming affect, modify their internal object relationships and cognitive structures, and change their basic ways of interacting in the world.
- **Retraumatization through systems and relationships**
 - **Systems (policies, procedures, etc.)**
 - Having to continually retell their story
 - Being treated as a number
 - Procedures that require disrobing
 - Being seen as their label (i.e., addict, schizophrenic)
 - No choice in services or treatment
 - **Relationships (power, control, subversiveness)**
 - Not being seen/ heard
 - Violating trust
 - Failure to ensure emotional safety
 - Noncollaborative
 - Does things for rather than with
 - Use of punitive treatment, coercive practices and oppressive language
- **A survivor-centred approach**
 - A survivor-centered approach helps to promote a survivor's recovery and to reinforce her capacity to make decisions about possible interventions (UNICEF, 2010).
 - It means ensuring that survivors have access to appropriate, accessible and good quality services including: Health care, Psychological and Social support, Security, Legal Services (UNFPA, 2012).
 - It is essential that professionals have appropriate attitudes, knowledge and skills to prioritize the survivor's own experiences and input. This creates a supportive environment in which a survivor's rights are respected and they are treated with dignity and respect.
- **Trauma-Informed Care**
 - Trauma-Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.
 - A trauma-informed approach begins with understanding the physical, social, and emotional impact of trauma on the individual, as well as on the professionals who help them. This includes survivor-centered practices.

- **5 Principles of Trauma-Informed Care**
 - **Safety:** Ensuring physical and emotional safety. Common areas are welcoming and privacy is respected.
 - **Choice:** Individual has choice and control. Individuals are provided clear and appropriate messages about their rights and responsibilities.
 - **Collaboration:** Making decisions with the individual and sharing power. Individuals are provided a significant role in planning and evaluating services.
 - **Trustworthiness:** Task clarity, consistency, and interpersonal boundaries. Respectful and professional boundaries are maintained.
 - **Empowerment:** Prioritizing empowerment and skill building. Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact.

III. Mental Health and Psychosocial Support for Survivors

Presented by Pearl Osamudiname, IOM

What is Mental Health and Psychosocial support (MHPSS)?

- A process of facilitating resilience within individuals, families and communities. By respecting the dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion.
- If people are empowered to care for themselves and each other, their individual and communal self-confidence and resources will improve.

The needs of Victims of Trafficking (VoT)

- Immediate needs:
 - Safety and security
 - Shelter
 - Food, drink, clothing
 - Health Care: emergency medical treatment
 - Legal Assistance: regularization of stay
- Medium term needs
 - Health Care: ongoing medical care and psychological assistance
 - Skills building and recreation
 - Family tracing
 - Legal assistance
- Long term needs
 - Continuation of immediate and medium term needs
 - Economic stabilization and independence
 - Sustainable/durable solutions: voluntary repatriation, resettlement, or regularization of long-term stay or reintegration

Principles of MHPSS

- Human rights and equity
 - Individual and marginalized groups at risk of human right violations should always be protected
 - Equal, equitable and fair distribution of MHPSS services amongst affected individuals irrespective of age, gender, race, ethnicity, religious belief
- Participation
 - Encourage and apply maximal participation of affected individuals or populations, families, friends, and communities
 - Allow groups to take the lead in decisions that affect their lives
 - Create the environment of local ownership. See affected populations as partners in overall activities
- Do not harm
 - Participate in coordination groups and learn from others to minimize duplication of efforts and cover gaps during response
 - Interventions should be evidence based and guided by needed and necessity
 - Activities should be transparent and easily scrutinized, evaluated by external parties
 - Interventions should be culturally sensitive, feasible, and acceptable
 - Be guided by human rights
- Build on available resources
 - To prevent fragmented care and support system, integration of programs and activities should be encouraged
 - Integration into pre-existing and broader systems tend to be more realistic, feasible, wider impact, positive outcomes and sustainable
- Multi-layered supports
 - Basic services and security: establishment of security, adequate governance and services that address basic physical needs
 - COmmunity and family support: help in accessing community and family supports
 - Focused, non-specialized supports: for those who require more focused individual, family, and group interventions
 - Specialized services

What is PFA (Psychological First Aid)?

- Humane, supportive and practical assistance to fellow human beings who recently suffered exposure to serious stressors, and involves:
 - Non intrusive, practical care and support
 - Assessing needs and concerns
 - Helping people address basic needs (food, water)
 - Listening but not pressuring people to talk
 - Comforting people and helping them to feel calm
 - Helping people connect to information, services and social supports
 - Protecting people from further harm

IV. Sheltering, Reintegration and Economic Empowerment

A. SHELTERING

Presented by Stephen Selowo, NAPTIP Benin Command

Types and forms of shelters

- Types of shelters
 - Emergency Care-shelter
 - Transition Centre
 - Short-term Shelter
 - Long-term Shelter (allows stay of 3+ months)
- Forms of shelters: open (free movement of residents) and closed shelter (restricted movement of residents)
- Difference between a Shelter and a Home:
 - Shelters for victims of trafficking provide safe and secure accommodation, as well as services that will aid their reintegration
 - Homes, on the other hand, provide safe and secure accommodation for returned victims of trafficking who may have special circumstances, especially those who are so ill that their need for shelter may be permanent, e.g. living with hepatitis & HIV/AIDS. The justification for this may be:
 - They are rejected by their families & communities
 - They are unemployable
 - Their emotional needs may be great and opportunities for assistance and self-development are usually best provided by longer-term or permanent shelter and support.

Victims Rights & Obligations While Sheltering:

- Rights:
 - A victim shall not be abused in any form while undergoing rehabilitation and integration;
 - Security of the victims shall be ensured while undergoing rehabilitation;
 - A victim who volunteers to give evidence against trafficker(s) shall be protected during and after the prosecution;
 - A victim shall be entitled to medical counselling services during the period of holding, sheltering, rehabilitation and integration;
 - A victim shall be assisted to achieve financial sustenance;

- A victim shall have the right to independent legal counsel in respect of civil procedures;
- The right to privacy of the victim shall not be infringed upon;
- The social integrity of the victim shall not be brought to disrepute;
- The right to own private property by the victim shall be protected;
- The right to retrieve all his/her belongings from the country of deportation shall be facilitated and protected;
- After the identification process, a victim shall be protected from being placed under police or immigration detention;
- A victim shall be protected from any form of maltreatment or degradation during reception, sheltering and rehabilitation;
- Adequate information on the rights, privileges and obligations of the victims shall be provided on arrival;
- The health status of a victim should be handled with confidentiality;
- Victims are entitled to routine medical checks on arrival at the shelter.
- **Obligations:**
 - A victim that has consented to rehabilitation shall comport himself or herself in a manner that will not jeopardize the objectives of rehabilitation;
 - A victim shall make himself or herself available at all times for the purpose of informal/formal education to achieve the purpose of rehabilitation/ integration;
 - A victim shall comport himself or herself in a manner that will not be detrimental to the well-being of other residents and care providers;
 - A victim shall subject himself or herself to the rules and regulations, as well as the daily routine of the shelter while in residence;
 - A victim who has consented to rehabilitation shall complete the rehabilitation program designed for him or her;
 - A victim shall disclose relevant information concerning his or her health status to counsellors to enhance the quality of care.

Shelter Records and Documentation

Effective documentation and record keeping of activities and progress of victims is very important, as it ensures proper planning and budgeting of programmes in the shelter. Below are some of the forms used for records and documentation in varying shelters:

- a) Initial Screening Form
- b) Trafficked Persons Intake Form
- c) Trafficked Persons Intake Register
- d) Victims Bio Data Form
- e) Trafficked Persons Service Form / Care Plan
- f) Caregiver/Service Providers Training Register
- g) Referral Form
- h) Referral Log Book
- i) Referral Register
- j) Inventory Form

- k) Shelter Exit Questionnaire
- l) Trafficked Persons Medical Form

Shelter Management

Shelter management for victims of trafficking involves numerous steps, ranging from planning for its establishment to monitoring and evaluating activities and programmes within the shelter.

1. Planning (purpose, capacity, location, activities etc.)
2. Funding
3. Staff Coordination
4. Maintenance
5. Monitoring & Evaluation

Sheltering ensures the protection of trafficked persons in regaining their self esteem, and provides the opportunity to face future challenges. Shelter management ensures that victims are documented upon arrival in the shelter and that they are received into a warm, protective and supportive environment that supports their growth and personal development.

B. REINTEGRATION AND ECONOMIC EMPOWERMENT

Presented by Pearl Osamudame, IOM

Reintegration can be considered sustainable when returnees have reached levels of economic self-sufficiency, social stability within their communities and psychosocial well-being that allows them to cope with (pre)migration drivers. Having achieved sustainable reintegration, returnees are able to make further migration decisions a matter of choice, rather than necessity.

Integrated Approach to Reintegration: Policy Recommendations

- Individual assistance for returnees:
 - Support the provision of comprehensive reintegration assistance for all returnees across the economic, social, and psychosocial dimensions
 - Ensure reintegration assistance takes into account specific needs of individual migrants, especially considering migrant vulnerabilities
 - Examples include: counselling, provision of cash, business skills training, job placement, legal support, psychological assistance, referrals, access to social services
- Community based initiatives:
 - Foster inclusion of communities of origin in reintegration planning and strengthen their resilience
 - Address drivers of irregular migration in community of return: lack of respect for rights, lack of economic opportunities and adequate services, possible discrimination, psychosocial vulnerabilities, etc.
 - Examples include: identification of community needs, socio-economic activities linking returnees and local populations, reinforcement of basic services within

communities (e.g., access to health, education), psychosocial support to avoid stigmatisation

- Structural interventions:
 - Align reintegration programming with national and local development policies
 - Foster policy, technical and material support to local institutions, the private sector and civil society in countries of origin as well as cooperation among them to ensure local ownership and appropriate level of services provided to returnees.
 - Examples include: strengthening policy frameworks to promote well-managed migration, setting-up coordination mechanisms to foster complementarity and coherence, strengthening national and local capacities to provide reintegration services.

Reintegration Process

- Resuming contact
- Vulnerability assessment
- Business skills training
- Reintegration counseling
- Implementation and monitoring

Role of the Case Manager or Counselor

1. **Engage:** Engaging with the returnee through reintegration counselling in order to better understand his/her background, professional qualifications, skills and resources that can facilitate a sustainable reintegration.
2. **Assess needs and resources:** Assessing the returnee's specific needs and resources in a holistic manner, by taking into consideration the economic, social, and psychosocial dimensions of the reintegration process.
3. **Support:** Supporting the returnee to design a comprehensive and realistic reintegration plan.
4. **Follow-up:** Monitoring and follow-up support.

Steps for the first reintegration counseling session

1. Choose appropriate place, time, reviewing relevant information about the returnee;
2. Establish a climate of trust;
3. Explain the reintegration process;
4. Assess vulnerabilities;
5. Design the reintegration plan; and
6. Close the first session and plan follow-up.

Economic reintegration

Economic reintegration assistance helps returnees establish economic self-sufficiency upon their return. This type of assistance is useful for helping returnees who need skills or resources

to (re)establish adequate and sustained income generation for themselves and their families. Examples include:

- Creation or strengthening of income-generating activities (for example, business start-up support, access to banking and microcredit);
- Job placement (apprenticeship/on-the-job training, paid internships);
- Training or educational support (vocational training, skills' development, finance and budgeting counselling).

Economic reintegration measures should fit the specific needs and skills of the returnee, the local labour market, the social context and the available resources.

V. Addressing and Overcoming Survivor Setbacks and Challenges

Presented by Dr. Kemi Akintoyese, PJI

Survivors often experience depression, anxiety, insomnia, flashbacks, aches and pains, as well as other physical ailments which often limit their ability to work and engage with society. They may struggle to provide financially for themselves and for their families. For some, their suffering is exacerbated by family members who blame them for their abuse, ostracize them or term them financial failures.

Cognitive

- A sense of self worth, guilt, helplessness
- Can be managed by inviting survivors to:
 - Open up about what happened to them
 - Reach out to someone they trust.
 - Challenge their sense of helplessness and isolation.
 - Volunteer their time
 - Consider joining a support group

Psychological

- **Trauma bond (Stockholm Syndrome)** - a deep bond which forms between a victim and her/his abuser. Victims of abuse often develop a strong sense of loyalty towards their abuser, despite the fact that the bond is damaging to them.
 - How to address trauma bonding - you must be ready to help survivors:
 - Make a commitment to live in reality/in real time
 - Live one decision/one day at a time
 - Make decisions that only support their self-care
 - Start engaging with and feeling their emotions
 - Learn to grieve
 - Understand the “hook,” i.e., identify what exactly they have lost.

- **Stuck in a state of high alert** - the individual becomes hypersensitive to the smallest of stimuli. Flashbacks, nightmares, and intrusive memories are extremely common, especially in the first few months following the assault.
- **Emotional dysregulation**
 - Some trauma survivors have difficulty regulating emotions such as anger, anxiety, sadness, and shame—this occurs more so when the trauma occurred at a young age. In individuals who are older and were functioning well prior to the trauma, such emotional dysregulation is usually short lived and represents an immediate reaction to the trauma, rather than an ongoing pattern.
 - How to deal with it
 - Try to anticipate and prepare for triggers. Common triggers include anniversaries, people or places associated with the event; and
 - Breathing exercises
- **PTSD and avoidance** - PTSD develops when the symptoms of trauma persist or become worsened in the weeks and months after the stressful event. PTSD is distressing and interferes with a person's daily life and relationships.
 - If a person tries to avoid thinking about the traumatic event, visiting the place where it occurred, or avoiding its triggers, it can be a sign of PTSD.
 - How you can help:
 - Comfort for someone with PTSD comes from feeling engaged and accepted by you, not necessarily from talking.
 - Do “normal” things with loved ones; things that have nothing to do with PTSD or the traumatic experience.
 - Let them take the lead, rather than telling them what to do. Everyone with PTSD is different but most people instinctively know what makes them feel calm and safe.
 - Manage your own stress. The more calm, relaxed and focused you are, the better you'll be able to help survivors navigate their own trauma.

Behavioral

People often engage in behaviors to manage the aftereffects, the intensity of emotions, or the distressing aspects of the traumatic experience, for example:

- Self-medicating (e.g., alcohol abuse)
- Compulsive (e.g., overeating)
- Impulsive (e.g., high-risk behaviors)
- Self-injurious behaviors
- Others may try to gain control over their experiences by being aggressive or subconsciously reenacting aspects of the trauma
- Self-harm is any type of intentionally self-inflicted harm, regardless of the severity of injury or whether suicide is intended. Addressing self-harm requires attention to the client's reasons for self-harm. More than likely, the client needs help recognizing and coping with emotional or physical distress in manageable amounts and ways.

Help them to learn to:

1. Try not to block out thoughts of what has happened. Although this is hard, it is important to let your mind process what has happened. Encourage them to **listen to their thoughts, but not to pay too much attention to them. Do not categorize them as 'good' or 'bad' thoughts.** They are simply thoughts that bear equal weight with each other. Remember, while the memories may be distressing, they can rest assured that the event is not recurring— it is only a memory and the memory cannot hurt them. This can be seen as nature's way of helping.
2. **Seek support.** Everyone needs support. Encourage them to share their experiences with people that they trust or write them down in a diary.

As the professional:

- **Be an exception** - When an individual repeatedly gets into abusive situations, endeavour to be an exception in his or her life. Be loving and respectful. Listen to and believe them. Be reliable and do what you say you're going to do. Be everything their abusive "friends" are not. It will show them that at least one person believes they are worth treating with respect. And that may make all the difference.
- **Balance boundaries with support** - The hardest part is watching someone you love get out of an abusive relationship, only to go right back. You breathe a sigh of relief only to start the cycle again. Please understand that the road for them is rough, hence they need all the support they can get.

VI. Effective Communication Skills for Service Providers

Presented by R. Evon Idahosa, PJI

Why is Effective Communication Important?

- It builds trust with the survivor
- Better able to help survivors move forward and regain control
- Avoids retraumatizing and revictimization
- Increases likelihood that survivor will be willing to prosecute a case against her trafficker

5 Pillars for effective communication

1. **Active listening:** Active listening is listening with a purpose; inactive listening is simply hearing
 - a. Be attentive to the speaker. Don't fidget, daydream. Maintain eye contact.
 - b. Exert the patience it will take to hear the full story. Don't interrupt.
 - c. Ask for clarification, if necessary, and repeat information back to the survivor ("What I hear you saying is...")
 - d. Take notes to help you record the information.
 - e. Stop talking and don't assume you know what the survivor is going to say. Don't assume a survivor is being untruthful because the story doesn't make sense.

- They are dealing with trauma which may affect memory and recall.
- f. Don't argue with the survivor.
2. **Paraphrasing and affirmations** -
 - a. **Paraphrasing** is summarising back- in your own words- what you understood the survivor to say, not parroting her/his words. It is a way to test your comprehension and avoid misunderstandings. Paraphrasing enables the survivor to feel heard and to clarify anything you may have misunderstood. Begin paraphrasing with such words as:
 - i. "So what I hear you saying is ..."
 - ii. "In other words ..."
 - iii. "What I understand you to be saying is ..."
 - iv. "If I hear you correctly ..."
 - b. **Affirmations** are statements that recognize and validate a survivor's experience and strengths. Examples of affirmations include:
 - i. "You've been through something very terrible; I'm so sorry."
 - ii. "I think it is great that you want to do something about this situation."
 - iii. "That must have been difficult for you."
 - iv. "You're certainly a resourceful person, to have been able to ..."
 - v. "That's a really good question."
 - vi. "That is a good decision."
 - vii. "You took a big step."
 - viii. "It must be difficult for you to accept a day-to-day life so full of stress."
 - ix. "You certainly have to cope with a lot of problems right now."
 3. **Observation/non-verbal communication** - Observing means being aware of the entire situation and circumstances. Much of the information a service provider receives will be through nonverbal communication
 - a. Only about 7% of all communication is verbal; of the remaining 93%, 38% is vocal (sounds) and 55% is facial.
 - b. Some aspects of nonverbal communication include:
 - i. Physical space. This describes the specific amount of space with which an individual finds a comfort zone.
 - ii. Personal touch. A general rule of survivor assistance is never to touch a survivor unless the survivor specifically invites such a gesture.
 - iii. Eye contact. A preference or disdain for direct eye contact can be based on personal upbringing and mores, cultural nuances, or simply the emotional impact of victimization, which sometimes precludes direct eye contact in nonverbal communications.
 - iv. Facial expressions. Should reveal empathy and understanding. Conduct self-examination and critique that can eliminate any inappropriate facial expressions.
 - v. Gestures. While many hand gestures are culturally driven, some are universally accepted as signs of welcome and respect.
 - vi. Appearance. Survivor advocates should always strive to appear professional, regardless of the work environment.
 4. **Open-ended and closed-ended questions** - The objective of asking questions is to gather information relevant to assessing the situation so that we can respond to the needs of the survivor. It is inappropriate to ask questions out of curiosity.

- a. Close-ended questions typically require a brief “yes” or “no” response and are best used to find out a specific piece of information or to clarify a specific point of discussion.
 - b. Open-ended questions cannot be answered with a “yes” or “no” response. They allow you to get more information and to expand the discussion. Typically, they begin with how, when, what, where, why, or with tag lines like, “Tell me about . . . Examples of open-ended questions include:
 - i. “How safe are you feeling now?”
 - ii. “What would you need to feel safe right now?”
 - iii. “Is there anything else you can tell me?”
 - iv. “What special concerns do you have that I can help you address right now?”
- 5. Awareness of cultural styles of communication** - By acquiring an awareness of cultural communication styles (i.e., how people express themselves, how they display emotions, and how they deal with crisis and conflict), service providers can adapt their own communication style to accommodate that of the survivor. Suggestions for increasing awareness of cultural styles:
- a. Attend cross-cultural communications training.
 - b. Learn how different cultures deal with crises and acquire support when in crisis(i.e., through elders, spirit, clergy, etc.) to be able to make helpful and relevant referrals.
 - c. Learn how cultures communicate nonverbally.
 - d. Learn how different cultures react to conflict. In some cultures, conflict is dealt with directly, while in others open conflict is experienced as disrespectful.

Blind Spots that Negatively Affect Effective Communication

A blind spot is an area where a person's view is negatively affected. They occur when we allow our emotions and thoughts (usually unconscious) to influence or result in behaviors that are harmful to ourselves or others.

- **Implicit (Unconscious) Bias** - an unconscious association, belief or attitude toward any social group. Due to implicit biases, people may often attribute certain qualities or characteristics to all members of a particular group. Implicit bias can result in:
 - blaming the survivor in some way or asking questions that can be perceived as blaming (e.g.whether they provided their consent to being trafficked),
 - stigmatizing trafficking and shaming victims of trafficking
 - treating survivors differently following specific disclosures concerning their trafficking experience
 - not attending to a survivor's emotional state
 - acting cold or distant when survivor discloses information that may be contrary to your religious sentiment (such as an abortion)
 - withholding basic services from survivors (such as medical care or counseling) because you do not believe they should be entitled to them
 - rushing through appointments or the provision of services
- **Stereotypes and Prejudice** -
 - A stereotype is a widely held but fixed and oversimplified image or idea of a particular type of person or thing.
 - e.g., young man with dreadlocks must be a *yahoo boy*; Ibo people love

- money more than the rest of 'us'; all Bini girls travel to Italy for prostitution
 - Prejudice is to pre-judge; to maintain preconceived opinions that are not based on reason or actual experience. Prejudices often rely on stereotypes and can lead to discrimination.
 - e.g., an independent or wealthy single woman must have a sugar daddy or someone *sponsoring* her; a victim who was assaulted in her assailant's home is responsible for her rape.
- **Tone and Attitude**
 - We tend not to always conduct an accurate assessment of ourselves. One of the best ways to determine how you are perceived is to ask people who are unafraid to tell you the truth. Examples of negative tones and attitudes:
 - Crossing your arms
 - Failing to make eye contact
 - Distracted listening (talking on the phone, multi-tasking)
 - Unnecessarily raising your voice
 - Negative tones and attitudes can immediately place a survivor on the defensive; lead to the survivor assuming a lack of care and concern.

Effective Communication with Survivors in Criminal Prosecutions:

Communications can make or break the prosecution of a case. Effective communication increases the likelihood of success of a criminal prosecution where the survivor is a key witness.

- Effective communication in criminal prosecutions ensures that survivors are:
 - Kept abreast of the status of their cases, including relevant court procedures and policies
 - Are afforded the opportunity to provide input in their cases
 - Are informed of their legal rights
 - Are assisted in completing Court affidavits or victim impact statements
 - Receiving uninterrupted survivor services (which may include medical, counseling, child care)
 - Clearly understand all prosecutorial decisions and the reasons for them
 - Ensuring victims have access to civil protection orders and safety planning
 - Immediately notified when a perpetrator is released on bail or discharged from prison
 - Assisted in obtaining reparation of damages or securing restitution and that payments are monitored
 - Confidentiality of survivor's contact information is maintained

VII. Vicarious Trauma and Self-Care for Service Providers

Presented by John Pickett, Safe Horizons

“**Vicarious trauma** is an occupational challenge for people working and volunteering in the fields of victim services, law enforcement, emergency medical services, fire services, and other

allied professions, due to their continuous exposure to victims of trauma and violence. This work-related trauma exposure can occur from such experiences as listening to individual clients recount their victimization; looking at videos of exploited children; reviewing case files; hearing about or responding to the aftermath of violence and other traumatic events day after day; and responding to mass violence incidents that have resulted in numerous injuries and deaths.”

(Office for Victims of Crimes – U.S. Department of Justice)

In other words, *vicarious trauma* is work related trauma exposure to service providers serving victims and survivors of human trafficking.

Potential indicators of Vicarious Trauma

- Emotional symptoms can include:
 - Grief, anxiety, or sadness
 - Irritability or anger
 - Distracted frequently, and/or experience
 - Changes in mood or sense of humor
 - Feel generally unsafe
- Behavioral symptoms can include:
 - Isolation
 - Increase in alcohol or substance consumption
 - Altered eating habits
 - Difficulty sleeping
 - Risky behavior
- Physiological symptoms can include:
 - Headaches
 - Rashes
 - Ulcers
 - Heartburn
- Cognitive symptoms can include:
 - Cynicism and negativity
 - Difficulty concentrating, remembering, or making decisions
 - Difficult to stop thinking about the trauma experienced by a person in their care, even when not at work
- Spiritual symptoms can include:
 - Loss of hope
 - Decreased sense of purpose
 - Feelings of disconnect from others and the world in general.
- Feeling that one can never do enough
 - “Many of us believe secretly or not so secretly, that our commitment to our work may be measured by our willingness to martyr ourselves.” (Van Dernoot Lipsky, 2009)
- Hypervigilance
 - Perspective change from being a screener
 - Focus on tragedy

- Minimizing
 - Trivializing a situation
 - Comparing tragic events
 - Annoyed by what we consider “less serious” situations
 - Can affect our personal life
- Inability to Listen/Deliberate Work - Avoidance
 - “When I first started doing crisis intervention work, I used to be excited to answer the crisis line when it would ring. Then it got to where I’d just watch the phone ring and I’d feel dread and I’d no longer pick it up on the first ring.” (van Dernoot Lipsky, 2009)
 - “I leave my voicemail full...”
 - Long breaks/failure to regularly attend work
- Guilt
 - “How can I enjoy life when so many are suffering?”
 - Intentionally diminish ourselves
- Numbing
 - Unable to empathize
 - A continuous state of crisis
 - Constantly being busy or overworking
 - Addictions
- Grandiosity
 - An inflated sense of importance related to one’s work
 - “I can’t be replaced”
 - If your work is important then so are you
 - Work can become more important than other aspects in our life

Cultivating Resilience to Vicarious Trauma

Self-Care:

- The act of re-investing in yourself
- Engaging in activities that counteract the effects of stress and vicarious trauma
 - Staying connected with family and friends
 - Finding and appreciating small successes – a good cup of coffee, a beautiful day, etc.
 - Taking time to reflect – journaling, writing, prayer, meditation, sitting and listening to music, etc.

Organizational Impact of Vicarious Trauma

- Decreased productivity
- Low Morale
- Poor collaboration between staff and leadership
- Increased calling out and lateness

Organizational Support

- Creating awareness
- Accepted in the work culture
- Routine discussion
 - Individual supervision
 - Staff meetings
 - Self evaluations
- Ongoing training for supervisors
 - Recognizing it
 - How to discussing it with supervisees

The foregoing guidelines are provided as a starting tool and are not intended to, by any means, serve as a substitute for adequate preparation in providing rehabilitation services to survivors of trafficking in Nigeria. Additional training materials and recordings of said trainings are available on Pathfinders Justice Initiative's website (www.pathfindersji.org) and on our YouTube page (Pathfinders Justice Initiative). Should you require additional information, please email info@pathfindersji.org or call our office on +234 817-612-3228. Thank you!

We are grateful to all stakeholders who joined us at the workshop and provided their expertise to ensure that these guidelines were generated. Thank you!