Guidance on Trauma-Informed National Referral Mechanisms and Responses to Human Trafficking

OSCE ODIHR

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Acknowledgments

> The OSCE Office for Democratic Institutions and Human Rights (ODIHR) has been active in preventing and combating trafficking in human beings since 1999. It has the mandate to assist participating States in establishing National Referral Mechanisms, as well as providing technical assistance in their development, monitoring and reporting.
>
> ODIHR assesses the risks, gaps and challenges to make specific recommendations on how to strengthen and support NRM frameworks and partnerships. As a result, ODIHR has developed global anti-trafficking expertise and plays an important role in international victim protection, the promotion of victim and survivor rights and in addressing the vulnerabilities of groups at risk.
>
> ODIHR's approach is based on human rights, the rule of law and non-discrimination. It promotes victim- and survivor-centred, gender-sensitive and trauma-informed working methods to assist all adults and children impacted by human trafficking.

List of acronyms and abbreviations

BIC	Best Interest of the Child
CSO	Civil Society Organization
CTHB	Combating Trafficking in Human Beings
IGOs	Intergovernmental Organizations
ISTAC	International Survivors of Trafficking Advisory Council
NGO	Non-governmental Organization
NRM	National Referral Mechanism
ODIHR	Office for Democratic Institutions and Human Rights
OSCE	Organization for Security and Co-operation in Europe
pSs	OSCE participating States
THB	Trafficking in Human Beings
TiCC	Trauma-informed Code of Conduct

Contents

Introduction

This Guidance is part of the ODIHR series deriving from the *National Referral Mechanisms Handbook (2nd Edition): [National Referral Mechanisms: Joining Efforts to Protect the Rights of Trafficked Persons](#)* — hereafter the *NRM Handbook.* It summarizes why National Referral Mechanisms (NRMs) need to be trauma-informed (see section 1.2), makes the case for trauma-informed methods of working, and provides recommendations for participating States, examples of promising practices and useful resources. It is not intended to give an exhaustive examination of trauma-informed theory or practice; it accompanies the *NRM Handbook* to help participating States with the specialist work required on NRMs and other anti-trafficking frameworks.

The *NRM Handbook* recommends that NRM stakeholders, including all those who work inside and outside NRM systems, should be trained to apply trauma-informed methods of conduct and communication:

> ➢ **Recommended Standard 19** states that all NRM stakeholders (including First Responders) should be trained in trauma-informed methods of communication.
> ➢ **Recommended Standard 20** states that all communication with survivors should be conducted with a trauma-informed, gender-sensitive and culturally congruent approach[1].

Survivors need to have confidence in the systems designed to identify and protect them, to give them the best chance of accessing services, staying with them and remaining safe. Therefore, NRMs should provide a structural set up for trauma-informed frameworks and procedures, and function as a natural 'home' for professional, trauma-informed methods of working. NRMs must ensure respect for the human rights and dignity of all adults and children who are victims of trafficking. There should be clear recognition in anti-trafficking law, policy and related guidance — and therefore recognition across all relevant NRM sectors and by all service providers — that victims of human trafficking should be treated as a distinct category of vulnerable people in need.

1   National Referral Mechanisms and the *NRM Handbook*

An NRM is a co-operative, national framework through which governments fulfil their obligations to protect and promote the human rights of victims of trafficking. It enables the co-ordination of their efforts in a strategic partnership with civil society organizations, the private sector, survivor leaders and other actors working in the field. NRMs should be established in all countries of trafficking origin, transit and destination, to ensure a comprehensive and inclusive support system that is targeted at, and accessible to all victims of trafficking.

The recently updated [*OSCE/ODIHR NRM Handbook (2nd Edition)*](#)[2] sets out the requirements for effective and functional NRMs. It provides a survivor-centred and trauma-informed guidance model which all OSCE participating States can adapt and apply within their own national systems to ensure that their NRMs meet the highest standards in both design and implementation. Building on the experience and lessons learned since States began to establish NRMs, it explains the specific needs and risks of adults and children who are victims of trafficking, centring all communications and actions on the protection of victims and the overall prevention of human trafficking. The best interests of the child must be firmly at the heart of NRMs and child-specific guidance features throughout the book.[3]

The *NRM Handbook* contains 12 Principles and 57 Recommended Standards for implementation by OSCE participating States. It is a 'how to' manual on all aspects of NRM work with survivors, including practical guidelines which can be adapted for training NRM stakeholders[4] in line with the requirements for specific professional roles and remits, and applied to local contexts. NRM training should be designed and delivered in person, or delivered live and inter-actively online by multi-agency expert stakeholders, and include the professional involvement of survivor leaders.[5] It can be adapted to a range of professional levels and remits as well as to local contexts. Additional specialised modules can be added by experts from particular professional disciplines, including survivor leaders whose input is extremely valuable at every level of training.

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[1]   In the anti-trafficking community, there is an ongoing evolution from the cultural competence approach to one of cultural congruence. "Cultural congruence describes a process of effective interaction between the provider and client levels. The model is based on the idea that cultural competence is ever-evolving; providers must continue to improve their quality of communication, leading to improved quality of care. However, care offered is not always equal to care received. Patients and families bring their own values, perceptions, and expectations to health care encounters which also influence the creation or destruction of cultural congruence." See Stephanie Myers Schim & Ardith Z Doorenbos, [A Three-dimensional Model of Cultural Congruence: Framework for Intervention](#), *Journal of Social Work in End-of-Life and Palliative Care*, 6(3-4), July 2010, pp. 256–270.

[2]   [National Referral Mechanisms - Joining Efforts to Protect the Rights of Trafficked Persons: A Practical Handbook – Second Edition](#), OSCE/ODIHR, 24 January 2022.

[3]   For information and guidance on NRMs for children, see *Ibid.*, pp: 34; 46; 52-54; 71-74; 78-79; 94-96; 112; 126-128; 131; 134; 137; 138-141; 149; 152-155; 157; 166; 167-172; 180; 202; 207; 208; 216-220; 226; 236; 247; 340; Principle 3 on the Best Interests of Children and Principles for Children 48-57 (2); Recommended Standard 8: NRM procedures and all services for children. Chapter (10) specifically focuses on communications with children, featuring the recommended Lundy Model (10.1).

[4]   Stakeholders for NRMs are to be understood as covering a wide range of authorities, organizations and people, i.e., cross-sector actors, ranging from national authorities to civil society. NRM stakeholders are listed throughout the Handbook: stakeholders for each NRM pillar are referenced further below)

[5]   [Code of Practice for Ensuring the Rights of Victims and Survivors of Human Trafficking](#), OSCE/ODIHR, 14 April 2023.

2 What is meant by 'trauma-informed'?

In recent years, references to trauma-informed 'practice', 'care', 'support' and 'approaches' in the anti-trafficking field and other sectors have been growing. There is no standard definition of the phrase 'trauma-informed' for non-clinical working practice. However there is a growing a body of academic and practical literature on the subject and a variety of principles, practices and approaches that have been developed to guide frontline services.[6]

In relation to trauma diagnosis and treatment, a growing body of sources focus specifically on healthcare settings and services, while others promote or note the need for professionals in order to make appropriate referral to mental health services. Drawing from a range of sources available on trauma-informed practice for survivors of trafficking, there is broad consensus that trauma-informed organizations, agencies and services should have a specific organizational governance framework. Trauma-informed care has been described as "an overarching framework that emphasizes the impact of trauma and guides the general organization and behaviour of an entire system."[7] Trauma-informed services must include: multi-agency and multi-disciplinary collaboration and partnership with other services; equal access for survivors without discrimination or difficulty; and cultural congruence in design, policy and practice. The latter includes an informed and representative workforce, participation of survivors at leadership and all other levels, and comprehensive systems of staff supervision and support.

Guidance for professionals on trauma-informed practice varies, but core components include:

- Recognizing trauma indicators and symptoms;
- Understanding the impact of trauma on survivors of human trafficking;
- Ensuring appropriate rest breaks in any meeting or engagement with survivors;
- Respecting confidentiality, privacy and informed consent;
- Managing data carefully;
- Taking a gender-sensitive and culturally congruent approach;
- Ensuring a compassionate/caring/empathetic[8] outlook and response;
- Respecting the individual nature of survivors' personal experience and point of view;
- Understanding survivors' equality, autonomy, knowledge and strengths; and
- Ensuring sensitive and appropriate communications. Trauma-informed practice places the emphasis on collaboration with survivors to create solutions determined and designed by them. It is also increasingly recognized that employing survivor leaders professionally across the spectrum of anti-trafficking sectors promotes the adoption of a victim- and survivor-centred, trauma-informed and human rights-based approach.[9]

3 The rationale for trauma-informed methods of working

3.1 Understanding the traumatic impact of human trafficking

"Human trafficking is a violation of individual integrity, a threat to existence, and therefore a source of chronic interpersonal trauma."[10] Survivors describe having endured high levels of adversity and trauma, as well as multiple losses and threats to their safety. Adults and children are often targeted by traffickers because they have a combination of vulnerabilities and so may already have experienced a level of trauma. These vulnerabilities may relate to their age/level of life experience, family or community background, health conditions, injuries, disabilities, substance dependency, insecure immigration status, or a crisis in their personal circumstances or situation. Therefore, in many cases, the experience of trafficking exacerbates and adds to *pre-existing* vulnerabilities and traumatic experiences.

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[6] See, for example, Kaitie Chakoian et al., Trauma-informed Practice in the Field: Recommendation for Human Trafficking Service Providers, Office for Victims of Crime (OVC), Office of Justice Programs, U.S. Department of Justice by The U.S. Committee for Refugees and Immigrants (USCRI); The Sanar Institute and Brandeis University, October 2021; Sarah K. Ladd & Laurel Neufeld Weaver, Moving forward: Collaborative accompaniment of human trafficking survivors by using trauma-informed practices, Journal of Human Trafficking, 4:3, 191-212, 21 September 2017.

[7] Elizabeth K. Hopper et al., Under-identification of human trafficking victims in the United States, Journal of Social Work Research Evaluation, 5(2), 2010, pp, 125–136, (p.132).

[8] The significance of trauma-informed language and terminology is explored in some sources on trauma-informed approaches. See for example, J.Taylor Scott et al., Evidence-Based Human Trafficking Policy: Opportunities to Invest in Trauma-Informed Strategies, American Journal of Community Psychology, 8 October 2019, which discusses the importance of 'trauma-informed' language in research and strategies; British Red Cross first aid resources website where you can learn the importance of wellbeing, empathy and sympathy; see also the #PowerOfKindness YouTube channel which discusses the distinction between 'empathy' and 'sympathy' approaches.

[9] The Code of Practice seeks to provide guidance for participating States on ways to ensure not only the inclusion of victims' and survivors' voices but also their full engagement on all anti-trafficking responses. The lived experience and professional expertise of survivor leaders contributes to the understanding of the importance of ensuring a victim- and survivor-centred, child-friendly, age-appropriate, gender-sensitive, trauma-informed and human rights-based approach throughout the Code of Practice. The Code of Practice also gives participating States guidance on how to implement their commitments to protect the rights of trafficked people, including on identification and protection, support and access to services, justice and redress, social inclusion and victim- and survivor-engagement strategies. "ISTAC Code of Practice", op. cit., note 5, p.4.

[10] Siân Oram and Jill Domoney, Responding to the mental health needs of trafficked women, Healthcare, Counselling and Psychotherapy Journal, 18(2), April 2018; See NRM Handbook, p. 248.

In the course of human trafficking, survivors have experienced distorted and degrading human relationships. Often, they have been forced into situations of total dependency upon those who traffic and abuse them for weeks, months or years, without being able to confide in anyone or seek help. It is common for survivors of trafficking to describe feeling afraid of trusting in other victims they were held with, as traffickers can manipulate victims to set them against each other in order to keep them in a state of fear. Traffickers commonly tell victims that there is nowhere for them to turn; that they can traffic or kill victims' family members and that they have contacts in the police or national authorities should victims ever try to seek help or escape. Being trafficked for any form of exploitation is a frightening, lonely and isolating experience; victims can lose their sense of personal identity and agency, along with any faith in the value of positive connections with other people. The deception, abuse, betrayal and violence exercised by traffickers often has a long-term impact on the lives of survivors, and many continue to live in fear of the threats the traffickers made against them, their families and loved ones**.**

The long-term recovery process from trafficking and re-building lives is usually long, complex and hard; many will never achieve it. Survivors can feel isolated, ignored or discriminated against while they struggle with destitution, a static situation which is difficult to change and an uncertain future — they may quickly lose faith in the frameworks designed to support and protect them but which are often ill equipped to do so. This increases the risk of re-trafficking, which plays directly into the hands of traffickers who are able to make threats or offer false incentives to subjugate and traffic vulnerable adults and children.

3.2 Mental and physical health problems experienced by survivors of human trafficking[11]

Trafficking is not an ordeal that simply 'ends' for survivors once they have escaped or have recovered. The physical and psychological impact of human trafficking on survivors relates to the nature of the abuse they have suffered and their individual health issues. Survivors may experience a host of health conditions including injuries from physical violence, sexual health problems, chronic health conditions, psychosomatic disorders and long-term mental health difficulties.[12] In many cases victims will have experienced abuse, adversity and the resulting health problems *prior* to trafficking. Therefore, in addition to causing injuries, illnesses and other health problems, trafficking can exacerbate and worsen any existing health problems. It is also common for survivors to face adversity and hardship *after* leaving the control of traffickers, which further impacts their mental and physical health. Injuries and health conditions should always be considered in terms of the individual's experience of their pain and suffering and how it affects their ability to manage the challenges of their daily lives.

The most common mental health problems among survivors of trafficking are Post-Traumatic Stress Disorder (PTSD), Complex Post-Traumatic Stress Disorder (CPTSD),[13] depression, and anxiety.[14] It is important to recognize that many survivors can experience a range of psychological difficulties that can vary over time and may not fit neatly into diagnostic categories. Equally, every survivor has their own experiences and coping strategies. **The presence or absence of mental health problems should never be assumed and can only be determined by a qualified clinician via appropriate mental health assessment.**

The traumatic trafficking histories and health problems of survivors may discourage them from seeking help and they often find it hard to fully explain their situation or talk about their mental health. They may be managing and suppressing intrusive and distressing symptoms, which can result in avoiding certain social situations and, in some cases, withdrawal and isolation. Survivors may describe problems with low self-esteem, feelings of guilt and shame, and may even blame themselves, or fear blame from others, for their experiences. Non-clinical professionals who are engaged at any level with survivors or providing any service can support survivors with these difficulties and make communications more effective, by applying consistent, trauma-informed methods of working.

[11] See further: NRM Handbook health information and guidance, pp. 42; 101-103; 158 and dedicated chapter, 'The Healthcare Needs of Survivors of Human Trafficking' p. 234-257, (Dr Jane Hunt, Prof. Cornelius Katona, Dr Eileen Walsh and Dr Laura Wood of the Helen Bamber Foundation).

[12] Many survivors experience psychological distress as a result of traumatic experiences. Some may develop mental health problems, including Post-Traumatic Stress Disorder (PTSD), Complex PTSD, anxiety and depression. Common mental health and behavioural concerns include panic attacks, psychotic symptoms, suicidal ideation and self-harm, substance abuse and addictions, cognitive problems including poor memory and concentration, dissociative symptoms, negative thoughts and feelings including guilt, self-blame, shame and hopelessness, irritability, anger, low self-esteem and confidence, lack of autonomy and agency, and emotional withdrawal.

[13] Livia Ottisova, Patrick Smith & Sian Oram, Psychological consequences of human trafficking: Complex posttraumatic stress disorder in trafficked children, Behavioral Medicine, 2018 Jul-Sep, 44(3), pp 234-241.

[14] Sian Oram et al, (2016), Human trafficking and health: a cross-sectional survey of male and female survivors in contact with survivors in England, American Journal of Public Health, 106(6), June 2016, 1073-1078; Ligia Kiss et al., Health of men, women, and children in post-trafficking services in Cambodia, Thailand, and Vietnam: an observational cross-sectional study, Lancet Glob Health, 3(3), March 2015, e154–e161; Livia Ottisova, et al., Psychological consequences of child trafficking: An historical cohort study of trafficked children in contact with secondary mental health services, PLoS One, 13(3), 8 March 2018, e0192321.

3.3 Trust

It is vital that victims and survivors of human trafficking are able to trust the services and frameworks designed to protect them, as well as each of the professionals who work with them, both individually and within teams. This is a core component of effective and functional NRMs. Effective multi-agency NRMs need cohesive, trauma-informed conduct and communications from all professionals, agencies and services, to ensure that the framework is understandable, comprehensive and welcoming for victims and survivors of trafficking. It is increasingly clear that a trauma-informed approach is not only essential for the well-being and safety of survivors, but also for frontline professionals who need to work effectively, avoiding vicarious trauma[15] and professional burnout.

Stakeholder organizations and agencies, ranging from civil society organizations to national authorities, find that the quality of their professional work depends upon their ability to build and maintain trusting relationships with survivors to secure continued contact and engagement with services. Therefore, professionals who come into contact with victims and survivors of trafficking in the course of any aspect of their work should be aware of, and be able to recognize the impact of trauma and should be trained in trauma-informed methods of working.

4 NRM Pillars

All relevant stakeholders should be made aware of and trained in trauma-informed methods of working for effective delivery of the 4 NRM Pillars:

4.1 Pillar One: Identification and Protection

Pillar One sets out NRM procedures for adults and children, providing immediate measures for victim protection and with individual support as a central and integral component.[16] The obligation for early, formal identification and recognition of victims of trafficking is fundamental to the success of NRMs and it provides the crucial gateway to non-conditional protection, support and access to services. It is also vital for criminal justice systems in the pursuit and conviction of traffickers.

There are many reasons why victims and survivors are too afraid to come forward to the authorities after leaving the direct control of traffickers.[17] Many remain trapped in cycles of trafficking exploitation and are therefore 'invisible' to those who could help them**.** People who are still in, or emerging from trafficking situations are under great pressure and are often physically or psychologically unwell; those who have left traffickers months or years before, but have been left without appropriate support, are still in great need but often lack the confidence or knowledge needed to access identification procedures.

The inherent complexity and challenges of victim identification is recognized in international law via provision of a two-stage decision-making process and the granting of a Recovery and Reflection Period.[18] Trauma-informed communication from all stakeholders and services is vital at every stage of identification. Professionals who appear to be distant, unwelcoming or hostile can intimidate and deter survivors who have learned to fear other people, and who remain psychologically 'on guard' for the slightest signs of hostility. In many cases, victims are susceptible to the belief that leaving the control of traffickers or speaking about their experiences to others, will lead to increased harm rather than help.

Trauma-informed training should be provided for the following Pillar One stakeholders:

➢ **Professionals working in any service or sector, or members of the public who may come into contact with a person they suspect might be a victim of trafficking and make an NRM referral for formal identification. These include:**

- NGOs workers and professionals working within civil society organizations
- Health service providers, administrators and staff involved at all levels in hospitals, clinics and medical practices

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[15] 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. The Vicarious Trauma Toolkit, Office for Victims of Crime, US DOJ, last accessed 15 June 2023.

[16] See sections 13.8-13.14 of the NRM Handbook on the two-step identification process.

[17] These include but are not limited to: negative past experiences with authorities; threats from their traffickers; fear of criminalization for offences committed in connection with their trafficking, fears of suffering discrimination, and, in cases where survivors lack secure immigration status, detention and deportation. There is often shame and stigma associated with trafficking and survivors are often living in situations of severe hardship and trying to manage the impact on their physical and mental health.

[18] Convention on Action Against Trafficking in Human Beings, Council of Europe, CETS 197, 16 May 2005.

- Employees on airlines, ships, trains, taxis and other modes of transport used for trafficking
- Employees in the hospitality and entertainment industries
- Teachers, administrators and staff in schools, orphanages, colleges, universities and other educational centres
- Labour, maritime, mining and agricultural inspectors, health and safety inspectors
- Staff at all levels within administrative detention centres, pre-trial detention facilities and prisons
- Lawyers working in all fields of law: criminal law, asylum and immigration, mental health, housing, employment, social welfare, child and family law, and child protection or safeguarding cases
- Professional interpreters and cultural mediators
- Members of trade unions
- Statutory social service providers
- Police and other law enforcement officials (non-specialized in trafficking), judiciary, including prosecutors, judges and other staff
- Embassy and consular officials
- Psychologists and counsellors (other than medical staff)
- Staff of employment/recruitment agencies and other intermediaries facilitating employment (including internationally)
- Banking and financial sector personnel
- Information and Communications Technological (ICT) personnel;
- Staff of religious institutions and places of worship; and
- The general public.

➢ **First responders or authorities tasked with the preliminary identification of *presumed victims of trafficking* and granting a Recovery and Reflection period; authorities tasked with the conclusive identification of victims of trafficking and the granting of related rights and entitlements. These include:**

First Responders:

- Police and other law enforcement agencies
- Immigration (border guards, immigration officials, consular and visa officials, customs officers, naval services, coastguards, port authorities)
- Social workers from statutory social services
- Children's statutory services and social workers
- Employees of labour inspectorates
- Officials working in detention centres, pre-trial detention facilities and prison contexts
- Judges working on immigration and criminal justice
- IGOs and accredited professionals within specialist trafficking NGOs and civil society organizations

Central NRM competent authorities

- Immigration (border guards, immigration officials, consular and visa officials, customs officers, naval services, coastguards, port authorities)
- Police and other law enforcement agencies
- Other relevant government agencies, including statutory services
- Judges and magistrates

Wider membership of the NRM competent authorities

- Employees of labour inspectorates
- Officials working in detention centres and prison contexts
- Specialized social workers from statutory social services
- Professionals from IGOs, recognized anti-trafficking NGOs and civil society organizations

NRM competent authorities for the formal identification of children may include:

- Child national protection services
- Child specialist professionals from recognized anti-trafficking IGOs and NGOs for children and civil society organizations

Stakeholders for the identification of child victims:

- National child protection systems and children's statutory services
- Law enforcement/police, including law enforcement bodies with police officers who are specialized in child protection, child abuse, domestic abuse/violence, sexual offences and trafficking
- Competent child specialist NGOs that are directly linked to the NRM for children or national child protection systems
- Healthcare services for urgent or immediate healthcare needs, including mental health specialists. (See: healthcare; BIC assessment)

4.2 Pillar Two: Individual support and access to services

Pillar Two provides individual support and access to multi-agency services that should follow directly on from Pillar One (Identification + procedures) and continue for as long as possible for victims of trafficking.[19] This includes (but should not be limited to):

- ➢ **Attending to practical, financial and material needs;**
- ➢ **Allocating individual support professionals, including independent advocates for adults and guardian advocates for children;**
- ➢ **Appropriate assessment and ongoing safety planning for adults and children;**
- ➢ **Provision of early and ongoing access to healthcare services;**
- ➢ **Provision of early and ongoing access to free legal advice and representation for all legal matters; and**
- ➢ **Provision of safe and appropriate accommodation.**

All services and provision at this crucial time in the lives of victims should be consistently welcoming and delivered by professionals who are trauma-informed. This allows survivors to build trust in the framework designed to protect them, and helps them stay safe and remain in contact with services after leaving the direct control of traffickers.

After preliminary or conclusive identification, many survivors have to live for long periods (often years) in static situations and hardship. They may be waiting indefinitely for status recognition or immigration or criminal justice matters to be resolved. At the same time, on top of fearing their traffickers, they are often coping with destitution and unsafe accommodation, in crime-ridden neighbourhoods. This can feel like further time stolen from their lives and, in many cases, prevents the positive progression of family life, personal life, access to education, training and gainful employment. It is a period when survivors can feel frustrated, hopeless and desperate if they are left without appropriate support, do not know about support that is available or cannot access it.

The hardship endured over the months and years after trafficking can give rise to a range of re-trafficking risks. These may include, for example, falling into debt or dangerous dependency relationships in order to try to manage legal, travel, food and rent costs, payments to dependents or paying off 'debt bondage' to their traffickers. There is also a significant risk of deteriorating mental and physical health at this time if appropriate healthcare services, including mental health services are not available.

Trauma-informed training should be provided for the following Pillar Two stakeholders:

- Independent Advocates (or equivalent) for adults
- Guardian Advocates (or equivalent) for children
- Statutory social services for adults
- National Child Protection services
- National Focal Points (NFPs) for child victims of trafficking.[20]

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[19] See NRM Handbook, sections 12.6-12.7, 14.3, 14.8, 14.11-14.13, 20

[20] The OSCE has developed guidance about the role and responsibilities of a National Focal Point in one State when liaising and co-ordinating with the authorities in another State about presumed or identified child victims of trafficking, including those who went missing and those whom the authorities plan to return to their respective country of origin. Establishing National Focal Points to Protect Child Victims of Trafficking in Human Beings, OSCE OSR/CTHB, 1 December 2020.

- Legal advisors and representatives
- Healthcare services
- Accommodation services (shelters, safe houses, specialist and mainstream accommodation)
- Welfare services and all services providing financial and material support
- NGOs, charities, faith-based organizations and all other civil society organizations that work with, or may come into contact with survivors of trafficking

4.3 Pillar Three: Social inclusion

Pillar Three sets out the components required for social inclusion, considering them in the context of the many significant challenges faced by victims and survivors of trafficking. The transition from Pillar Two (Individual support and access to services) should be gradual and supported consistently to ensure that survivors of trafficking are equipped to establish safe and independent lives.

Social inclusion represents the only lasting form of safety and stability for survivors of human trafficking and the means by which generational cycles of vulnerability to trafficking can be halted. From the moment of identification, each adult and child's assessment and safety planning should incorporate plans for the future with mutually agreed steps and actions for social inclusion.

Survivors should not be left to struggle in isolation on the fringes of society wherever they are. This only creates fertile ground for traffickers to operate with impunity and can create trafficking and re-trafficking risks for survivors, their families and their future generations. There are many obstacles and barriers to access the road to social inclusion, including lack of safe and appropriate housing, education, training and employment. Understanding what a survivor needs for social inclusion requires recognizing their personal experiences: many adults and children are originally trafficked due to a combination of vulnerabilities which result in social hardship, marginalization and exclusion. An adverse history, together with accumulated vulnerabilities and injuries from trafficking, means that the process of entering and sustaining a 'mainstream life' after trafficking is exceptionally difficult and, without appropriate support, often impossible.

The pathways to social inclusion are always highly individual and will depend on a variety of factors. In most cases, long-term social inclusion is only achievable with ongoing individual support, which gradually tails off as independence is progressively achieved. Social inclusion is more likely to be viable and permanent when the individual support and services provided have used trauma-informed frameworks and methods of working throughout and have remained available for survivors to return to if needed. Very often, the professionals who have worked closely with survivors and established a relationship of trust will be the only people who are fully aware of their specific trafficking history and therefore able to act swiftly to assist and advise in any adverse situation. The success of social inclusion relies on comprehensive and accessible pathways to rights, entitlements and services as needed.

Trauma-informed training should be available to all stakeholders who provide social inclusion services to survivors, including:

➢ Independent advocates for adults and guardian advocates for children together with assessment and safety planning

➢ Drop-in services

➢ Accommodation and welfare services

➢ Free legal services and representation for resolution of all legal matters including asylum and other forms of international protection, immigration, criminal justice and civil proceedings, including expungement and vacatur of criminal records, and voluntary return to their country of origin

➢ Healthcare services, including services for physical and mental health, therapeutic care, optician services, dental services, substance dependency rehabilitation services, services for pregnant women or families

➢ Specialist services for people with disabilities

➢ Child care/child-specific and family support and assistance services

➢ Services of interpreters and/or cultural mediators

➢ Survivor support networks

4.4 Pillar Four: Criminal Justice and Redress

Pillar Four explains that pursuit of criminal justice and redress should not be a condition for accessing the NRM and related rights and entitlements. However, it should always be offered and available to victims of trafficking at any stage before, during or after their involvement with NRMs.[21]

The global rate of prosecutions for trafficking crime are low and the conviction rates of traffickers lower still.[22] Criminal investigations into traffickers can be long and complicated, with victims giving evidence and identifying trafficking locations with police over many months. Long delays in legal procedures and decisions — which can take months or years — can deter victims from sticking with the process. I can also give traffickers time to make threats or carry out reprisals against victims and their family members.

Victims of trafficking may be arrested, detained, prosecuted, convicted, imprisoned or deported for criminal offences without ever being identified as a victim of human trafficking. They may have committed crimes as a direct consequence of having been trafficked or because they have been forced to do so by traffickers.[23] If victims are criminalized, it deters them from giving valuable information on the crimes committed against them and leads to the loss of vital intelligence that could be used by law enforcement to prosecute and convict their traffickers. [24] All victims of trafficking are victims of a serious crime, whether they are acting as informants or witnesses in criminal investigations into their traffickers, or are themselves accused of criminal offences. Rights to protection and support for victims who are involved in criminal procedures, including the non-punishment principle, is guaranteed in international and national law and the OSCE commitments.

Survivors are far more likely to build trust with law enforcement when professional stakeholders communicate and work in a clear, trauma-informed manner and where guidance and procedures are in place to recognize their complex individual needs and risks. This should apply from first contact and be maintained throughout:

> **Recovery and rescue operations;**

> **Reporting crime as a victim/witness or other initiation of investigation processes;**

> **Criminal investigations against alleged traffickers;**

> **Pre-trial preparation, court hearings and follow up;**

> **Procedures for obtaining all forms of compensation; and**

> **Follow up post-trial with victim-witnesses and temporary or long-standing witness protection.**

Trauma informed training should be provided to the following Pillar Four Stakeholders:

- Law and policy makers
- Law enforcement authorities, including investigators, police officers and all other law enforcement personnel
- Labour inspectors
- Judges
- Prosecutors
- Court victim advocates
- Border guards
- Penitentiary services

- Immigration officers
- Legal services, including lawyers who specialize in advising and representing victims of trafficking who are informants, witnesses and defendants
- Interpreters and cultural mediators
- Probation officers
- Statutory or NRM services for provision of individual support
- Independent advocates (or equivalent) for adults
- Guardian advocates (or equivalent) for children
- NGOs and other civil society organizations

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[21] NRM Handbook: Protection and Support for Victims of Trafficking Through Criminal Justice Proceedings. (16.9 -16.22).

[22] Global Report on Trafficking in Persons, UNODC, January 2023.

[23] For example, they may use false documents, engage in street begging, prostitution, benefit fraud, petty crime or they may be exploited by traffickers in criminal activities, such as fraud, shoplifting, burglary, transporting or cultivating prohibited drugs or recruitment of other trafficking victims. Traffickers are known to prevent victims from future co-operation with law enforcement by forcing them to commit crimes or to otherwise believe they are complicit in criminal offences and activities

[24] NRM Handbook: The responses to trafficking by criminal justice systems in all countries should be harmonized to ensure that victims of any background or immigration status are supported and safe to recount their experiences, also so that they can provide evidence to law enforcement authorities against their traffickers in any country in which they are located. States should additionally adopt a Code of Practice for Victims of Crime to include specific standards for the identification, protection and support and social inclusion of victims of all forms of human trafficking before, during and after all forms of criminal justice proceedings. The non-punishment principle and statutory defence should be incorporated into national legislation, and guidance for prosecutors and judges, p. 188.

5 Recommendations to States for adopting a trauma-informed approach and delivering trauma-informed training for professionals

5.1 Adoption of a trauma-informed organizational framework — the SAMHSA Framework

ODIHR recommends that States adopt a professional framework for ensuring a trauma-informed approach for all stakeholders who have professional contact with members of the public applying to national authorities, statutory services and civil society organizations, agencies and services across the public and private sectors.

Promising practice: The SAMHSA Framework

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach[25] responds to and recognizes the impact of trauma on many sectors in behavioural health and beyond. It has been adapted for various contexts internationally. It offers the following framework:

Six Guiding Principles for a Trauma-Informed Approach

1. Safety
2. Trustworthiness & Transparency
3. Peer Support
4. Collaboration & Mutuality
5. Empowerment Voice & Choice
6. Cultural, Historical & Gender issues

Definition of trauma (the three "Es"):

Event(s); Experience of the event(s); Effect.

Definition of a trauma-informed approach (the four "Rs"):

Realize; Recognize; Respond; Resist re-traumatization;[26] and

Ten implementation domains:

1. Governance and leadership
2. Policy
3. Physical environment of the organization
4. Engagement and involvement of people in recovery, trauma survivors, consumers, and family members receiving services
5. Cross-sector collaboration
6. Screening, assessment, and treatment services
7. Training and workforce development
8. Progress monitoring and quality assurance
9. Financing
10. Evaluation

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[25] SAMHSA is the USA Substance Abuse and Mental Health Services Administration of the US Department of Health and Human Services. See: SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, SAMHSA, October 2014. "The purpose of this paper is to develop a working concept of trauma and a trauma-informed approach and to develop a shared understanding of these concepts that would be acceptable and appropriate across an array of service systems and stakeholder groups. SAMHSA puts forth a framework for the behavioral health specialty sectors, that can be adapted to other sectors such as child welfare, education, criminal and juvenile justice, primary health care, the military and other settings that have the potential to ease or exacerbate an individual's capacity to cope with traumatic experiences. In fact, many people with behavioral health problems receive treatment and services in these non-specialty behavioral health systems. SAMHSA intends this framework be relevant to its federal partners and their state and local system counterparts and to practitioners, researchers, and trauma survivors, families and communities. The desired goal is to build a framework that helps systems "talk" to each other, to understand better the connections between trauma and behavioral health issues, and to guide systems to become trauma-informed."

[26] The Substance Abuse and Mental Health Services Administration (SAMSHA) has created 4 R's to guide the individual practitioner and society. These R's include: realizing the widespread impact of trauma and understand the potential paths of recovery; recognizing the signs and symptoms of trauma in clients, families, staff, and others involved in the system; responding by fully integrating knowledge about trauma into policies, procedures, and practices; and seeking actively to resist re-traumatization. See: Ibid., "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach".

5.2 Resourcing and investment in tiered, trauma-informed training for the national workforce — Scotland's National Trauma Training Strategy

ODIHR recommends that States invest in the funding of trauma-informed training for all professionals within the national workforce who have professional contact with members of the public. Trauma in all its forms should be generally recognized so that professionals are aware of its implications and impact on individuals and their work. Trauma-informed training should be 'tiered' in line with a professional's level, role and remit.

In the context of preventing human trafficking and operating effective NRM systems, general recognition of trauma, and the appropriate responses across workforces, will better equip people in all sectors to recognize and respond to situations in which adults and children are vulnerable to human trafficking or have been trafficked. This, supports the work of the multi-agency services and can result in more effective national identification of adults and children who are victims and survivors of trafficking.

Promising Practice: Scotland's investment in tiered, trauma-informed training for the national workforce

Scotland: National Trauma Training Strategy

The Government of Scotland has funded a National Trauma Training Strategy and a range of training materials for application across the Scottish workforce. Based upon the SAMSHA framework (see 5.1 above), the Transforming Psychological Trauma framework is a 4-tiered training model designed to increase understanding of trauma and its impact. "It does not require that everyone in the workforce should be a trauma expert, but that all workers, in the context of their own role and work remit, have a unique and essential trauma-informed role to play in responding to people who are affected by trauma."

TRAUMA INFORMED PRACTICE LEVEL
Knowledge and skills required for all members of the Scottish Workforce.

TRAUMA SKILLED PRACTICE LEVEL
Knowledge and skills required for workers with direct and frequent contact with people who may be affected by trauma

TRAUMA ENHANCED PRACTICE LEVEL
Knowledge and skills for staff with regular and intense contact with people affected by trauma and who have a specific remit to respond by providing support, advocacy or specific psychological interventions to protocol, and/or staff with responsibility for directly managing care and/or services for those affected by trauma.

TRAUMA SPECIALIST PRACTICE LEVEL
Knowledge and skills for staff who have a remit to provide evidence-based interventions and treatment for those affected by trauma with complex needs.
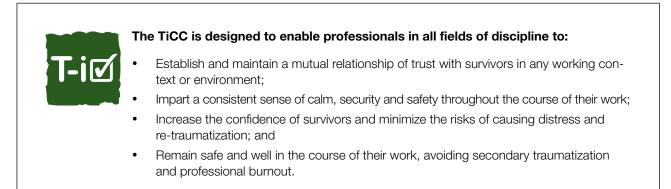
RESOURCES AND REFERENCES

5.3 Specific, task-based, trauma-informed training for all professionals working with survivors of human trafficking — the TiCC.

ODIHR recommends that distinct and specific modules of trauma-informed training are provided for all stakeholders who work in direct contact with survivors of trafficking *in any capacity*. Specific resources should be allocated by States for training professionals working within and outside national authorities who are directly involved in the delivery of NRM services, civil society and statutory services, immigration control, criminal justice and/or anti-trafficking procedures.

Effective trauma-informed training for professionals working with survivors of trafficking:

- Upholds the core principles and objectives of trauma-informed services and methods of working;
- Applies equally to law enforcement and national authorities, statutory services, NGOs and civil society organizations;
- Is appropriate for professionals in all disciplines and can be tailored for tasks which fall within their specified role and remit;
- Is conducted by professionals with experience of delivering frontline, trauma-informed work with survivors of varying backgrounds and trafficking histories, and by professionally employed survivor leaders;
- Is delivered 'in person' by trainers, or live-streamed if delivered remotely, with plenty of opportunity for case studies, questions, answers, exercises and interaction with the trainer and others;[27]
- Uses task-based scenarios and examples that demonstrate the rationale and methods of trauma-informed working; and
- Provides comprehensive and localized information on appropriate referral for physical and mental healthcare services and evidence-based therapeutic care.

The Trauma-Informed Code of Conduct for all Professionals Working with Survivors of Human Trafficking and Slavery (TiCC)

The TiCC is designed to enable professionals in all fields of discipline to:

- Establish and maintain a mutual relationship of trust with survivors in any working context or environment;
- Impart a consistent sense of calm, security and safety throughout the course of their work;
- Increase the confidence of survivors and minimize the risks of causing distress and re-traumatization; and
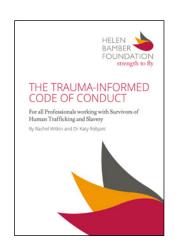- Remain safe and well in the course of their work, avoiding secondary traumatization and professional burnout.

For practical guidance on trauma-informed working which applies to professionals working in any field of discipline, the 2nd edition of the *NRM Handbook* recommends the **Trauma Informed Code of Conduct for All Professionals Working with Survivors of Trafficking and Slavery (TiCC).**

The TiCC is written by Rachel Witkin and Dr. Katy Robjant of the Helen Bamber Foundation, a multi-disciplinary NGO which provides a model of long-term, integrated care for survivors of trafficking. It draws upon practical, experiential and therapeutic methods of working with survivors of trafficking to provide professionals from any field or discipline with simple techniques that they can easily adopt into their own communications and conduct in any context or environment.[28] The TiCC can be applied by professionals during any task, situation or setting within the strict parameters of their designated role and remit.[29] It gives guidance for professionals working at any basic level in initial communications with possible or known survivors of trafficking. It also provides guidance for those with more detailed remits: those who need to build and maintain a longer-term relationship of trust with survivors; those who may need to obtain disclosure of traumatic trafficking histories; and those who support survivors who have instilled beliefs and fears and/or backgrounds of ritualized violence. The trauma-informed methods of working in the TiCC can be applied to all forms of communication regardless of length and level of formality, and are therefore helpful to law enforcement and national authorities as well as NGOs and civil society organizations.

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[27] It can be helpful to deliver trauma-informed training to a multi-disciplinary forum and encourage a longer-term 'roundtable' of multi-agency professionals, with frequent re-visits and updates.

[28] Rachel Witkin (Katy Robjant), Trauma Informed Code of Conduct (TICC), The Helen Bamber Foundation, 24 January 2022.

[29] The TiCC draws from experience of working with survivors in multiple various professional settings ranging from NGOs, welfare offices, courtrooms, healthcare services, detention centres, police stations and safe houses; and also the wider perspective of working with victims who are living in crisis zones, refugee camps, exploitation sites and war zones.

Contents of the Trauma-informed Code of Conduct:

1. Understanding survivors' presentation

2. Focusing on current and future safety: establishing a mutual relationship of trust

3. Communicating a sense of safety

4. Vetting other people who accompany survivors

5. Explaining professionals' identity, role and duties

6. Working with interpreters and cultural mediators

7. Referring back to the 'here and now' to instill calm

8. Working with parents who are with children and babies

9. The correct use of names

10. Providing a calm, consistent and welcoming environment

11. Maintaining awareness of communication in all forms

12. Setting realistic goals and objectives

13. Asking for sensitive personal information

14. Supporting survivors to give a full account of their trafficking background.

15. Working with survivors who have instilled beliefs and fears about traffickers

    15.1   Traffickers' use of existing belief systems and ritualized violence as a form of control

    15.2   Trafficking ceremonies which use ritualized violence

    15.3   Enabling disclosure of instilled beliefs and fears

    15.4   Building positive relationships of trust

16. Trauma-informed methods of working for remote phone and video calls

TiCC methods do not conflict with any other recommended practice, for example, cultural congruence[30], child specialist work, or the use of interpreters and cultural mediators. Rather, the space, time and dignity afforded to survivors through the use of trauma-informed working methods supports these practices to operate better.

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30   Cultural congruence (which can be referred to as 'cultural competence' or 'cultural intelligence') demonstrates respect for the cultural origin and personal identity of each individual, supporting the formation of trusting relationships the *NRM Handbook*, p 213., All agencies and services for survivors should develop their practice through observation, listening and learning from experience in intercultural situations. Cultural mediators, survivor leaders and other professionals who have relevant cultural knowledge and understanding can provide valuable support to ensure culturally congruent communications and interpretation. See the *NRM Handbook,* p. 77. Doorenbos et al., "Cultural Congruence", *op. cit.*, note 1.

5.4 Child rights-centred and trauma-informed communications with children: the Lundy Model

> "Understanding how the right to be heard relates to children's other rights in the UN Convention on the Rights of the Child (UNCRC)[31] is one of its distinctive features, emphasizing, for example, the need for spaces to be safe and inclusive. Child-friendly versions of laws, guidance and standards can enable children to understand their rights for themselves and to know what they should be able to expect from the professionals who are working with them. A child who does not understand their rights will not be a position to claim them. All professionals who work with children should be skilled in enabling their views to be expressed, heard and acted upon, and there should be opportunities for children to speak directly to decision-makers should they so wish."
>
> Professor Laura Lundy

All decisions concerning children should be made in their best interests. Children have the right to be heard and to participate in decisions that affect them.[32] Therefore, explanations given to children should be age-appropriate, trauma-informed and child rights-centered. For guidance on child rights-centred and trauma-informed communications with children, the *NRM Handbook* promotes the Lundy Model.

The Lundy Model sets out a way of conceptualizing a child's right to participation, as outlined in Article 12 of the UNCRC. It is intended to focus decision-makers on the distinct, albeit interrelated, elements of the provision.[33] It is designed to provide a "legally sound but user friendly" approach to child participation that can be applied in any context for working with diverse children.[34]
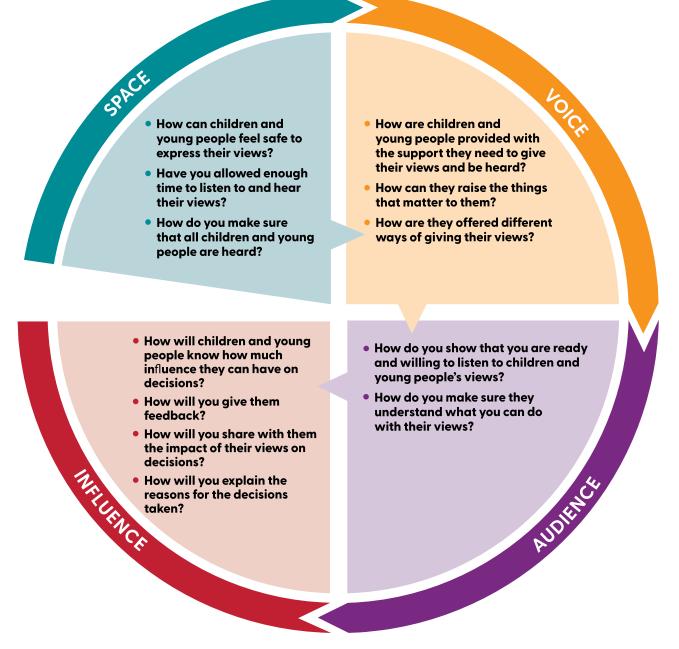
The Lundy model outlines the four interrelated elements of **space and voice, audience and influence**. It posits that Article 12 of the UNCRC has an explicit chronology. The first stage is ensuring the child's right to express a view, followed by the child's right to have due weight given to their view.

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[31] Convention on the Rights of the Child, UN General Assembly, 20 November 1989.

[32] *Ibid.*, Article 3.1 and 12.2.

[33] The Lundy model was developed by Laura Lundy in the wake of a major research project for the Northern Ireland Commissioner for Children and Young People (NICCY). The research identified a lack of compliance with Article 12 of the UNCRC (children's right to have their views given due weight) as one of the cross-cutting issues affecting children in all aspects of their lives, including education. Children and young people consistently reported frustration that their views were not being listened to and taken seriously. One of the factors which appeared to hinder the full realization of the right was the fact that the precise nature of Article 12 was not fully understood by CRC duty-bearers [...] It is often described under the banner of 'the voice of the child', 'pupil voice' or 'the right to be heard', but these can misrepresent and indeed undermine the rights of children and young people. In view of this, Lundy, drawing on the research for NICCY, proposed a model for rights-compliant children's participation which offers a legally sound but practical conceptualization of Article 12 of the CRC. The Lundy Model provides a practical précis of Article 12 that condenses the wording of the provision while emphasizing engagement with young people. Moreover, in its articulation of the legal import of each of the four concepts, it makes an original contribution to understanding of Article 12: it connects the successful implementation of Article 12 to other CRC rights, including the right to information, non-discrimination and guidance from adults; it underlines the fact the Article 12 is a right and not a duty; it places emphasis on neglected aspects of the obligation, in particular the obligation for an adult duty-bearer to listen and to give children's views "due weight"; it articulates the responsibility of duty-bearers both in terms of facilitating children to form and express their views; and it corrects a misunderstanding that the right applies only were a child is capable of expressing a mature view." Laura Lundy and Lesley Emerson, Improving Awareness and Understanding of the Government's Obligation to Involve Children in Decision-Making, Queen's University Belfast (n.d.).

[34] Also see, Laura Lundy, 'Voice' is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child, *British Educational Research Journal*, 33(6), December 2007, pp. 927-942.

SPACE

- How can children and young people feel safe to express their views?
- Have you allowed enough time to listen to and hear their views?
- How do you make sure that all children and young people are heard?

VOICE

- How are children and young people provided with the support they need to give their views and be heard?
- How can they raise the things that matter to them?
- How are they offered different ways of giving their views?

INFLUENCE

- How will children and young people know how much influence they can have on decisions?
- How will you give them feedback?
- How will you share with them the impact of their views on decisions?
- How will you explain the reasons for the decisions taken?

AUDIENCE

- How do you show that you are ready and willing to listen to children and young people's views?
- How do you make sure they understand what you can do with their views?

Source: Hub na nÓg (n.d.), Lundy Model: Everyday Spaces Checklist

As decision-making processes in relation to children are rarely static, the model acknowledges that, once the child is informed of the extent of the 'influence' of their views and provided with feedback, the same process may begin again.

Article 12 can only be understood fully when it is considered in the light of other relevant UNCRC provisions; in particular: Article 2 (non-discrimination); Article 3 (best interests); Article 5 (right to guidance); Article 13 (right to seek, receive and impart information); and Article 19 (protection from abuse).

5.5 Support and supervision for all professionals who work with survivors of trafficking [35]

Working with survivors of trafficking can be highly rewarding. However, it is also a stressful and emotionally challenging experience. Staff who provide survivor services should be given appropriate support and supervision. It is important that all service providers and professionals are aware of the risks of vicarious traumatization and professional burnout.

Vicarious traumatization is a term used to describe the cumulative, negative psychological effects that may result from witnessing harrowing accounts and/or from repeated exposure to traumatic information. It can affect frontline staff who are in direct contact with survivors, but also workers with more distanced roles (e.g., researchers, administrators and receptionists) who are nonetheless working close to, or receiving data and information about, traumatic events and situations.

Vicarious traumatization and burnout can greatly impact frontline workers' emotional well-being and, therefore, their ability to function well and carry out their work including with survivors. They may become cynical, detached and/or have difficulty empathizing or become overly-involved and identify too closely with clients, which impacts their independence and self-efficacy.[36] For those workers at one remove, there can be a specific problem with receiving information passively rather than being directly involved in frontline problem-solving.

Vicarious traumatization can result in secondary symptoms of PTSD or behaviours, such as intrusive thoughts, nightmares, avoidance, irritability, increased sensitivity to violence, feelings of hopelessness and powerlessness, sadness, social withdrawal and disconnection from others, as well as physical symptoms such as panic attacks, poor sleep and headaches.

Professional burnout is a term used to describe "a state of physical, emotional and mental exhaustion caused by long term involvement in emotionally demanding situations."[37] It is associated with very high workloads and/or a non-supportive work environment. It can result in workers' experiencing a state of overwhelming emotional and physical exhaustion and feelings of cynicism and detachment from their job, together with a sense of ineffectiveness and lack of accomplishment.

It is the duty of the management of any organization providing services for trafficking victims to make sure that staff at all levels and in all occupations are appropriately supervised and supported. Care must be taken to support all workers to ensure their continued health and well-being. This includes statutory and non-statutory services, law enforcement authorities (working with survivors) civil society organizations and NGOs.

Any organization that works with survivors of trafficking must promote the continuous safety,[38] health and well-being of all staff, in relation to their specific working contexts, environments and professional remits. The following measures should be embedded throughout the professional culture of the organization and practiced consistently by management:

➢ Understand and acknowledge the traumatic nature of the work and its potential impact on the well-being of all staff in the organization (not only frontline staff). Ensure that staff feel valued and supported at all times;

➢ Conduct appropriate risk, health, and safety assessments to identify any dangers where workers may be working or travelling to. Ensure that all possible safeguarding measures are followed in line with the highest standards of the jurisdiction, to guard against lone working, over-exposure to traumatic environments and long working hours;

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[35] For further information, see *NRM Handbook*, pp. 82-85.

[36] Adapted from McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; I. Lisa McCann & Laurie Anne Pearlman, Vicarious traumatization: A framework for understanding the psychological effects of working with victims, *Journal of traumatic stress*, 3(1), January 1990, pp. 131-149; Pearlman, L. A., & Saakvitne, K. W., Treating therapists with vicarious traumatization and secondary traumatic stress disorders, in Cr Figley, *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*, New York: Brunner/Routledge, July 1995, pp. 150-177. See also Line Rønning, Jocelyn Blumberg, & Jesper Dammeyer, Vicarious traumatisation in lawyers working with traumatised asylum seekers: a pilot study, *Psychiatry, Psychology and Law*, 27(4), 665-677, 20 April 2020.

[37] Ayala Pines and Elliot Aronson, *Career burnout: Causes and cures*, New York: Free Press (1989).

[38] Shaun Bickley, Personal Safety & Security Handbook, CARE International, 2018; Safety and security for national humanitarian workers, OCHA, 16 January 2012; Safety First: A safety and security handbook for aid workers, Save the Children UK, 2010; Stay Safe: The International Federation's guide to a safer mission, IFRC, July 2009 – Third edition; David Lloyd Roberts, Staying Alive: Safety and Security Guidelines for Humanitarian Volunteers in Conflict Areas, ICRC, 2005.

- ➤ Promote a culture where it feels safe, appropriate and encouraged for staff to share their experiences and speak in organized forums about how their work affects them. Ensure that counselling and/or supervision are available. At least once a month, there should be protected time within working hours for staff to attend an internal group or other support sessions where they can share experiences and benefit from the support of their peers;

- ➤ Set up systems of regular case supervision to ensure that staff have detailed, individual support for their work. Case supervision should ensure that individual caseloads are managed effectively. There should be shared understanding of the volume of cases and the complexity and intensity of each case in terms of the work required;

- ➤ Support staff in maintaining their professional boundaries, ensuring they know that they have back-up from their organization. They should not feel isolated or overwhelmed by their duties or solely responsible for survivors' well-being and safety;

- ➤ Train management and all staff in how to recognize signs of vicarious traumatization and professional burnout, to monitor arising risks and know how to respond appropriately;

- ➤ Give staff regular training to develop their careers and to enhance and improve their knowledge, skills and working methods; and

- ➤ Ensure volunteers have the same access to support, clinical supervision and reflective practice.

6 Conclusion

It is vital to have universal recognition of both the ethos and efficacy of applying trauma-informed methods to all work with survivors of human trafficking across the OSCE region. This enables professionals to aim for the 4 Ps: Prevention, Protection, Prosecution and Partnership. Trauma-informed frameworks should be in place in all organizations and agencies, and trauma-informed practice should be adopted through multi-agency training across all anti-trafficking-related sectors. General and specialized trauma-informed training enables professionals at all levels within and around NRMs to work safely and appropriately with survivors. It also supports improved collaboration and communication across multi-agency sectors to work together in the fight to combat human trafficking.