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A guideline on minimum standards for providing evidence-based MHPSS to human trafficking survivors

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List of abbreviations

GIZ – Deutsche Gesellschaft für Internationale Zusammenarbeit

HTS – human trafficking survivor

MHPSS – mental health and psychosocial support

About Project

Human trafficking is a grave violation of human rights that continues to affect millions of people globally. Despite efforts to combat this phenomenon, the Western Balkan region remains vulnerable to human trafficking, with many third country nationals transiting the region with the aim of entering the European Union. Refugees are also at risk of exploitation and trafficking. Their lack of financial resources often means they go in debt to smugglers, who in turn take advantage of this situation.

To address these issues, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) is implementing the regional project “Preventing and Combatting Trafficking in Human Beings in the Western Balkans (PaCT)”. The project advises public authorities and civil society organizations (CSOs) in the Western Balkans on how to establish the underlying conditions to improve the situation for victims of human trafficking.

Strategic partner of the project is the Migration, Asylum, Refugees Regional Initiative (MARRI) – which is a regional intergovernmental organisation on migration with its Regional Center in Skopje, North Macedonia.

Primary objectives of the project are to enhance the resilience of at-risk groups to human trafficking and to improve the identification and protection of (potential) victims through targeted measures such as education and training, as well as providing professional advisory services in the area of mental health. The project also seeks to bolster collaboration and coordination among public authorities, civil society, and local and central authorities to address this issue more effectively.

The two main target groups of the project are: migrants and refugees in the Western Balkan region and groups from the Western Balkans who are particularly at risk of being trafficked.

Introduction

The goal of this publication is to provide guidelines on minimum standards for providing evidence-based mental health and psychosocial support (MHPSS) services to human trafficking survivors¹ (HTS). This publication emerged as a follow-up comprehensive guideline on Approaches to providing support for vulnerable persons, more specifically, HTSs accommodated in shelters. The tool package of the Approaches is created with the aim to provide practitioners with a practical framework for further learning and action with a special focus on MHPSS services. The approaches and the following Guideline describe MHPSS as “*all measures designed to preserve and improve psychosocial wellbeing*”², an annotation given in the Guiding Framework for Mental Health and Psychosocial Support (MHPSS) in Development Cooperation, developed by GIZ. The tool package encompasses four approaches: organizational approach, clinical approach, approach for providing support to children HTS and staff care approach, each of them separately examining the specific contexts of work with HTSs. The approaches to providing support to HTSs provide a broad review of theoretical background, best practices, and overall perspective and framework that should be applied in professionals’ everyday work, as well as in the work of organizations. The present publication builds on the Approaches and offers a more detailed and concrete guidelines on what are ideal circumstances, which are acceptable, and which are the *sine qua non* minimum services that need to be implemented in order to provide comprehensive evidence-based services for HTSs.

Both the Approaches and the present Guideline foster the perspective of bridging the gap between science and practice, since they are created in accordance with both scientific literature and inputs from service providers working in shelters for HTSs in Western Balkans. The inputs were provided through focus groups and in-depth interviews conducted with the aim of acquiring the unique perspective of professionals working in direct contact with the HTSs having in mind their expertise, work experience, and organizational background.

¹ The terms ‘victim’ and ‘survivor’ are both used in different contexts when referring to trafficked individuals. ‘Survivor’ is used by many service providers to acknowledge the strength and resilience demonstrated by those who have been trafficked. Throughout this document, the term ‘survivor,’ rather than ‘victim,’ is used in a conscious effort to recognize the importance of empowering these individuals on the road to rebuilding their lives. Additionally, term survivor is used for both identified and potential human trafficking survivors throughout the document.

Hockett, J. M., & Saucier, D. A. (2015). A systematic literature review of “rape victims” versus “rape survivors”: Implications for theory, research, and practice. *Aggression and Violent Behavior, 25*, 1-14.

² Deutsche Gesellschaft für Internationale Zusammenarbeit [GIZ]. (2018) *Guiding Framework for Mental Health and Psychosocial Support (MHPSS) in Development Cooperation As exemplified in the context of the crises in Syria and Iraq*. <https://www.mhinnovation.net/sites/default/files/downloads/innovation/reports/giz2018-en-guiding-framework-MHPSS.pdf>

The Guideline examine ideal (optimal), acceptable and minimum services needed in five areas of shelters' work: initial screening of HTSs, specialized services, non-specialized services, staff education and staff care. Moreover, in the case of children HTSs, suggestions are made on how to adapt services or which services to add to better respond to children's needs. Finally, it is highlighted which services can be conducted by a non-mental health expert and which of them require having a trained mental health professional.

Finally, it is important to stress that the Guideline represent a dynamic document, meaning that it will provide a current framework with a need for adjustments and tailoring in accordance with the everchanging context. This Guideline are set to be an important starting point in efforts to provide more structured, effective and comprehensive services tailored to the real needs met on the field in shelters for HTSs. Moreover, this publication can be used as a reference point for advocating for additional resources aimed at providing adequate and optimal services to HTSs. In line with that, the publication includes guidelines on staff care, and as such could raise awareness among decision-makers and donors regarding the necessity of providing sufficient resources for staff care in shelters.




Providing evidence-based MHPSS in shelters




Initial screening




Human trafficking survivors have experienced numerous difficult, extremely stressful, and potentially traumatic events. Their psychological state is complex and thus the first step in providing comprehensive and individually tailored services is better understanding that complexity. This means it is necessary to have **an entrance interview** and **trauma screening procedure**. It is not obligatory for the entrance interview to be conducted by a mental health expert. On the other hand, a trauma screening should be conducted by a mental health professional since the trauma is often followed by intense emotional and behavioral changes that require sensitive and specialized services. These procedures enable the creation of an **individualized treatment plan** for each HTS.

Have in mind that any contact with HTS within the interview or trauma screening should be gradual, conducted in a safe space, perceived as benevolent and at the proper time. The professional should enable the HTS to have some control over the situation of an interview, such as asking for breaks or where they feel comfortable sitting (e.g., sometimes the HTS feels more comfortable sitting in a place from where he/she can see the doors or windows which can enhance the feeling of control and safety).

Note: Where applicable, circles in tables represent the information if the service should be provided by a mental health expert or not. Dark grey circles – service needs to be conducted by a mental health expert; Light grey circles – service can be provided by a non-mental health expert as well.

Optimal resources regarding interviewing and screening	
• The entrance interview is conducted, at a pace tailored to the needs of the HTS.	
• Screening for trauma is conducted by administering some of the evidence-based and psychometrically sound tools. for adults: Life Stressor Checklist – Revised, Potential Stressful Events Interview, Trauma Checklist for Adults for children: Trauma Symptom Scale in Children	
• An individualized treatment plan is created.	

Acceptable resources regarding interviewing and screening	
• The entrance interview is conducted, at a pace tailored to the needs of the HTS.	
• Screening for trauma is conducted by structured interviewing of the HTS.	
• An individualized treatment plan is created.	

Minimal resources regarding interviewing and screening	
• The entrance interview is conducted, at a pace tailored to the needs of the HTS.	
• Screening for trauma is conducted by non-structured interviewing of the HTS.	
• An individualized treatment plan is created.	




Specialized services

The experience of trafficking in human beings is almost always followed by severe dehumanization, psychological, physical, or sexual violence and abuse, economic exploitation, coerced drug misuse, and other extremely stressful and traumatic events that often cause different mental health difficulties and disorders such as post-traumatic stress disorder, mood, anxiety, dissociative or substance use disorders. This means that it is necessary to provide specialized services to HTS in order to ensure adequate treatment and symptom reduction.


Have in mind that in the case of children HTS, the trauma followed by the trafficking experience in the developmentally sensitive period can cause even greater harm – deterioration in brain development, structure and its function, the way a child can regulate its emotions and reacts to stress.

Primarily, it is important to ensure access to **psychiatric services** if needed, since some psychological disorders require medication treatment in order to reach relapse and provide space for deeper trauma processing and stabilization. Whether or not psychiatric assistance is needed, **individual psychotherapeutic sessions** with a licensed psychotherapist are crucial for not only mere symptom reduction, but also for improving different secondary difficulties such as distortion in self-image, belief that the world is a dangerous place and that other people are untrustworthy and hurtful, maladaptive coping strategies, overwhelming emotions, destructive or self-destructive behavior, and deeper trauma reconstruction and processing that can be a pathway to healing. In addition, **support group sessions** can be valuable complementary activities in providing comprehensive treatment for HTS. These group psychotherapeutic activities are a useful tool to enhance, inter alia, their social capacities and sense of social support. When exposed to their peers' stories who had similar experiences of human trafficking, the HTS can understand their own experiences better and be empowered to share them with the group, normalize their reaction to trauma and reduce an unrealistic but often present feeling of shame.




Optimal resources regarding specialized services

- Psychiatric treatment with regular check-ups is available to HTS when needed. 
- Evidence-based modalities of individual psychotherapeutic sessions are held on a weekly basis. Some of the evidence-based modalities for working with HTS are: cognitive-behavioral therapies (dialectical behavior therapy, seeking safety and mindfulness), exposure therapy, eye movement desensitization and reprocessing, and mindfulness interventions. 
- Evidence-based modalities of support group sessions are held on a weekly basis. Some of the evidence-based modalities for working with HTS are: cognitive-behavioral therapies. 




Adjusting the service for children

- Evidence-based modalities for working with children HTS are dialectical behavior therapy, skills training in affective and interpersonal regulation/narrative story-telling, child-parent psychotherapy, and play therapy. 

Acceptable resources regarding specialized services

- Psychiatric treatment with regular check-ups is available to HTS when needed. 
- Individual psychotherapeutic sessions are held on a weekly basis. Psychotherapeutic modalities are some of the widely recognized and licensed by relevant institutions. 
- Support group sessions are held on a weekly basis. Psychotherapeutic modalities are some of the widely recognized and licensed by relevant institutions. 

Minimal resources regarding specialized services

- Psychiatric treatment with regular check-ups is available to HTS when needed. 
- Individual psychotherapeutic sessions are held on a weekly basis. Psychotherapeutic modalities are some of the widely recognized and licensed by relevant institutions. 
- Group psychotherapeutic sessions are held less often than once a week, but not less than bi-weekly. Psychotherapeutic modalities are some of the widely recognized and licensed by relevant institutions. 

Non-specialized services

In parallel with consistent efforts to reduce symptoms of mental health difficulties and consequences of trauma by engaging in specialized services, it is of great importance to encourage the HTS to engage in **psychosocial activities** that could help their integration process in society. By acquiring specific skills in the domains of interpersonal relations, professional development, or artistic expression, HTS can be empowered and motivated to pursue their goals and build a different narrative around their life. In this way, a professional adopts the holistic perspective and acknowledges the complexity of HTS' needs. This can consequently lead to a better quality of life and overall well-being. These activities can be held by non-mental health professionals.

For example, HTS could engage in different types of vocational trainings that can ensure them the opportunity to work and gain a competitive advantage in the job market, or simply to learn about entrepreneurship or different vocational-related topics they are interested in. This can include foreign language classes, culinary skills, mastering new technologies, crafting, etc. Moreover, they could have regular sessions of sports activities or artistic expression activities where they can paint, knit, sing, write poems, or make jewelry, as well as visit different museums, theatres or cinemas. Finally, HTS can sometimes benefit from social skills training, especially considering their harsh interpersonal experience during human trafficking which caused distortion in the image of self, others, and relationships in general.

Have in mind that you should always organize a psychosocial activity in agreement with the HTS, since it may happen that they do not enjoy every activity of the professionals' choice.

Optimal resources regarding psychosocial activities	
<ul style="list-style-type: none"> At least one type of psychosocial activity is held daily. 	●
Adjusting the service for children	
<ul style="list-style-type: none"> In the case of children HTS, psychosocial activities are partly overlapping with those centered on adults, but are mostly focused on different types of play and learning. 	●

Acceptable resources regarding psychosocial activities	
<ul style="list-style-type: none"> At least one type of psychosocial activity is held once a week. 	●

Minimal resources regarding psychosocial activities	
<ul style="list-style-type: none"> At least one type of psychosocial activity is held less often than once a week, but not less than bi-weekly. 	●

Staff capacity building

Staff education

Given that shelters for HTS require the staff of different professional backgrounds, such as special education teachers, pedagogists, social workers, legal staff and lawyers, legal guardians and teachers/educators (e.g., art teacher for psychosocial activities), meaning – non-clinical staff, it is of great importance to ensure sufficient education regarding the specific context of human trafficking and working with survivors. Staff in shelters work directly with the beneficiaries and the prerequisite for successful service is knowing what is the good practice examples, and more importantly – which behavior should be strictly forbidden and avoided. Primarily, the staff should have extensive and regular trainings regarding trauma and how to enrich their services by using the trauma-informed approach. In this way, they could learn how not to misinterpret HTS's reaction to trauma as being uncooperative, spoiled, rude, or insincere. Moreover, they need to understand which behavior could trigger HTS's trauma

response, and which behavior should be avoided (e.g. any kind of touching HTS who survived sexual violence can be counterproductive and perceived as threatening). In line with that, they should be sufficiently educated about other mental health disorders that may develop as a consequence of human trafficking experience – such as mood, anxiety, dissociative and substance use disorders. Finally, a wide range of skills is needed – such as empathy, adequate communication, a non-judgmental approach, and recognizing signs of deterioration of HTS’s physical or mental health that may require consulting the (mental) health expert.

Have in mind that working with children HTS requires additional trainings specifically focused on providing developmentally adjusted service.

Optimal resources regarding staff education

- One entrance training for new employees at the shelter, covering advanced principles of providing services in a trauma-informed manner.
- Supervision groups are held once a month.
- Individual supervision sessions for staff members are held once a month
- Two capacity building trainings per year, covering other relevant areas of work, tailored towards the specific needs of the staff.

Acceptable resources regarding staff education

- One entrance training for new employees at the shelter, covering the basic principles of providing services in a trauma-informed manner.
- Supervision groups are held once a month.
- Individual supervision sessions for staff members are held when needed.
- One capacity building training per year, covering other relevant areas of work, tailored towards the specific needs of the staff.

Minimal resources regarding staff education

- One entrance training for new employees at the shelter, covering the basic principles of providing services in a trauma-informed manner.
- Supervision groups are held once a month.

Staff care

The staff from the shelters to HTS work in extremely stressful circumstances and are often exposed to stories of extreme human suffering, including psychological, physical, and sexual violence and exploitation, coerced misuse of drugs, and other severe human rights violations. Especially in direct service providers, this can be emotionally demanding and thus can provoke different symptoms of mental health difficulties. Some of the most common ones are burnout syndrome and secondary traumatization. Burnout syndrome refers to a state of great emotional and physical exhaustion, feelings of cynicism and detachment from the job, and sense of ineffectiveness, caused by longstanding job-related stress. Secondary traumatization can affect service providers who are exposed to traumatized beneficiaries and their experiences and have some similarities with post-traumatic stress disorder – intrusive and involuntary memories, avoidance of reminders on a traumatic event, negative changes in mood and cognition (e.g. pessimistic views) and hyperarousal.

Mental health difficulties caused by job-related stress are not just detrimental to the overall well-being of the staff but are also decreasing the quality of service the staff is able to provide, consequently influencing the state of beneficiaries too. Thus, staff care is a multi-sided benefit: it helps in maintaining staff well-being, ensures the quality of service, and maintains the overall functioning of the shelter. In order to apply a comprehensive staff care framework, the management of the shelter must acknowledge that the factors contributing to mental health risks are both organizational and personal (related to the characteristics of individual employee), and thus the activities aimed to promote staff care should always encompass both.

First, to foster staff care it would be important to include **individual psychotherapeutic sessions** for service providers where they can have the space to digest and process their reaction to traumatic content they are exposed to. Moreover, similarly as

in the case of the beneficiaries, valuable complementary activities are **group support sessions** with other employees, enabling sharing of experiences and emotions, their normalization, and an increase in a sense of connectedness with coworkers. Moreover, since the cases of human trafficking are often complex and may require consultations with other experts, the shelters should provide **supervision groups** that staff can attend and discuss complex issues with their colleagues and group leader (an external expert). Finally, in order to prevent burnout and other mental health difficulties, regular **capacity building and psycho-educative trainings** are needed. These must be focused both on staff and managerial positions – both staff and managers should go through trainings aimed at developing healthy and adaptive and decreasing the use of maladaptive coping strategies in work context. Moreover, the managers should undergo additional trainings that would foster their ability to lead the shelter in a mental health-sensitive manner, meaning they need to adopt some skills related to communication with staff, participation of staff in decision making, respecting boundaries of the staff and trying to minimize any potential harm.

Optimal resources regarding staff care

- Individual psychotherapeutic sessions for staff members are held bi-weekly. Psychotherapeutic modalities are some of the widely recognized and licensed by relevant institutions.
- Group support sessions are held bi-weekly. Psychotherapeutic modalities are some of the widely widely recognized and licensed by relevant institutions.
- Two capacity building trainings per year (for both staff and managers), covering relevant staff care-related skills and topics, tailored towards the specific needs of the staff.
- One additional capacity building training per year (for managers), covering relevant managerial skills and topics, tailored towards the specific needs of the staff and managers.

Acceptable resources regarding staff care

- Individual psychotherapeutic sessions are held once a month. Psychotherapeutic modalities are some of the widely recognized and licensed by relevant institutions.
- Group support sessions are held once a month. Psychotherapeutic modalities are some of the widely recognized and licensed by relevant institutions.
- One capacity building training per year (for both staff and managers), covering relevant staff care-related skills and topics, tailored towards the specific needs of the staff.
- One additional capacity building training per year (for managers), covering relevant managerial skills and topics, tailored towards the specific needs of the staff and managers.

Minimal resources regarding staff care

- Individual psychotherapeutic sessions or group support sessions are held once a month. Psychotherapeutic modalities are some of the widely recognized and licensed by relevant institutions.
- One capacity building training per year (for both staff and managers), covering relevant staff care-related skills and topics, tailored towards the specific needs of the staff.

Conclusion

This publication provides guidelines on minimum standards for providing evidence-based mental health and psychosocial support services to human trafficking survivors. It encompasses guidelines regarding five domains relevant for shelters' work with HTS. The key elements of sufficient initial screening procedures are an entrance interview, screening for trauma, and an individualized treatment plan. With respect to specialized services for HTS, a shelter should provide regular psychiatric services if needed, as well as individual psychotherapeutic sessions and group support sessions. In parallel with consistent efforts to reduce symptoms of mental health difficulties and consequences of trauma by offering specialized services, shelters should provide various psychosocial activities (e.g. vocational, artistic) to enhance healing and improve the integration process. Finally, it should be recognized that staff highly contribute to the overall functioning and service quality in the shelters and that constant investment in staff education and well-being is needed. Some forms of investing in staff education and well-being are conducting capacity-building trainings for both staff and managers, individual and group support psychotherapeutic sessions, and supervision.

This guideline could be an important first step in understanding the practical recommendations and best practices in working with HTS children and adults. It could serve service providers, both clinical and non-clinical, as well as managers, decision-makers, and donors. This publication could also serve as a tool for advocating for improvement in the quality and quantity of services for HTSs and for improving the working environment for staff.

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