

## Chapter 8 Interim Care and Protection

### 8.1 General principles

#### Care and protection

- Child victims are entitled to receive immediate care and protection including security, food, and accommodation in a safe place, access to health-care, psychosocial support, legal assistance, social services and education.
- Care and assistance shall respect the child's cultural identity/origin, gender and age.
- Appropriate assistance should be provided to children with special needs, particularly in cases of disabilities, psychosocial distress, illnesses and pregnancies.
- Child victims should be cared for by adequately trained professionals who are aware of the special rights and needs of child victims, and are knowledgeable about gender issues.
- Social service authorities should establish the services specifically needed by children who are trafficked and/or exploited, and where appropriate link these services with relevant international organizations and NGOs.
- Guardians, in cooperation with social service authorities and NGOs, shall conduct an individual needs assessment for each child victim in order to determine care and protection provisions.

#### Accommodation in a safe place

- Child victims should be placed in safe and suitable accommodation (i.e. temporary shelter or location of alternative care arrangement) as soon as possible after their identification.
- Social service authorities, in cooperation with NGOs and international organisations, shall develop standards of care for places where child victims are accommodated.
- Under no circumstances should a child be placed in any type of detention facility, including police cells, prisons or even special detention centres for children.

### 8.2 Implications of the principles

Child victims need protection from traffickers and their associates – the persons who have made money from moving or exploiting children – who might harm, harass, threaten or intimidate the child they have trafficked or the child's relatives or friends. However, once they are no longer under the direct control of the trafficker or exploiter, child victims still require protection. Children remain vulnerable or sensitive to a range of maltreatment, e.g., from:

- other traffickers who are ready to take advantage of them;
- staff or other children living in the same shelter or residential facility;
- journalists or others who may violate their right to privacy by revealing their names or other personal details publicly; and
- members of the public, who attack, criticize or discriminate against children because of stigma and blame attached to trafficked children and the activities in which they may have engaged, such as prostitution or theft.

Children trafficked abroad, like all foreign citizens, are entitled to contact their country's diplomatic and consular representatives. They should not be held in immigration detention centres or other detention facilities (such as juvenile detention centres) – even to protect them from traffickers. Safe and suitable alternatives should be developed in conjunction with child welfare authorities. In principle, trafficked children should not be held in the same facilities as adults who have been trafficked, whether shelters or detention centres. Safe and suitable accommodation takes various forms, including a shelter, a transit home or other home providing residential care for children, a foster family's home, etc.

To be 'safe' the accommodation must not be accessible to traffickers or their associates or to other outsiders who might cause further harm to children who have been trafficked. A 'safe house' for trafficking victims should not be publicly known as such; its purpose and address should be kept secret. In addition, access to such accommodation should also be monitored and restricted to those who have authorization or a legitimate reason to enter.

Child victims of trafficking require various forms of assistance – e.g., health care, psycho-social support, welfare, education – dependent on the nature and impact of their exploitation as well as their legal status. Individual care and protection plans should be developed by appropriately trained professionals (e.g., lawyers, social and health workers). Trafficked children have a right to reasonable standards of care, both in terms of residential care and of the professional services which they receive. It is also important that they not be exposed to the possibility of further abuse at the hands of anyone providing them with care.

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### 8.3 Who has responsibility to take action?

The State is responsible for providing special protection and assistance to any child who is temporarily or permanently deprived of his or her family environment.<sup>60</sup>

*Social service authorities* are responsible for developing standards of care for children who have been trafficked, in cooperation with NGOs and international organizations. The CRC requires States Parties to ensure that minimum standards for care and protection are set and to check that these are adhered to.<sup>61</sup> If minimum standards of care have not yet been set, the national-level authority responsible for child welfare or social services is responsible for developing such standards, consulting care professionals, NGOs and inter-governmental organizations with relevant expertise while it does so.

Social service authorities are also responsible for providing care to trafficked children and ensuring that appropriate services are available, whether the care is provided directly by social services or indirectly by international organizations or NGOs. Meeting the needs of a child who has been trafficked (ensuring they are provided and paying for them, for example providing trafficked children with accommodation, medical attention and food free of charge) is the responsibility of the social services authorities. Governments should ensure that this is clear in relevant National Action Plans and reflected in the State Budget.

Social service authorities may delegate responsibility for caring for children to private charities or organizations, but remain responsible for the provision of adequate care. If significant numbers of trafficked children are identified and need looking after temporarily, this may require the establishment of one or more special residential facilities. The social services authority can seek the cooperation of international organizations and NGOs with relevant expertise in setting these up.

The person appointed as *guardian* for a trafficked child is responsible for ensuring that an individual needs assessment is carried out for the child and that appropriate care and protection provisions are identified. The guardian can make some preliminary assessment himself/herself of the child's priority needs. However, as soon as possible the guardian should seek professional advice, ensuring that a needs assessment is carried out by a relevant professional (health professional, lawyer, educationalist, etc.) with respect to each of the child's possible needs.

<sup>60</sup> Article 20.1 of the Convention on the Rights of the Child says: "A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State".

<sup>61</sup> Article 3.3 of the Convention on the Rights of the Child says: "States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision."

The guardian is also responsible for explaining to the child at an early stage that they can potentially contact their country's diplomatic and consular representatives and for pointing out the possible implications.

Social service authorities are responsible for ensuring that the care and protection provisions identified in a needs assessment are made available. The *professional staff* looking after trafficked children have a responsibility to respect the children's cultural identity and to ensure that the health care, psychosocial care and education which they make available reflect the children's cultural needs.

Both the *law enforcement officials* responsible for investigating a trafficked child's case and the person appointed as the child's *guardian* have a responsibility to assess what security measures are needed to protect the child. This includes trying to find out whether the child is still operating under the control of a trafficker. It is possible that a child who has been interviewed by law enforcement officials and referred to residential accommodation has been instructed to telephone a trafficker or to go to a specific address once they leave the custody of the immigration service, police or residential facility (in which case the child either has a note of the telephone number or address, or has learnt it by heart). Consequently, the fact that a child has a mobile telephone (a 'cell phone') in her or his possession on arrival in safe accommodation may signify that the child is at risk of being telephoned and recalled by her or his trafficker.

## 8.4 Who else may take action?

NGOs and international organizations play a role in providing care to trafficked children. For example, the International Organization for Migration (IOM) runs shelters for both adults and children who have been trafficked in many countries in South Eastern Europe. Their role should be adequately regulated and aligned with national standards of care (when they exist).

## 8.5 Key challenges and examples of good/bad practices

### 8.5.1 Safeguarding children's security versus violating their rights

Sometimes the potential threat to a trafficked child from the individuals involved in trafficking or exploiting her or him is very great or imminent. Organizations responsible for protecting the child might then decide the best way to protect the child is to place him or her in a restricted-access facility, i.e., effectively in detention. While it is important to provide a responsible level of protection, keeping trafficked children in any situation which they interpret as 'imprisonment' is likely to cause them further harm. This is because they naturally resent imprisonment and want to enjoy the freedom of movement which they were generally denied while being trafficked. It is also because they are likely to interpret their imprisonment as a form of punishment for having been trafficked – precisely the opposite message to the one which they need in order to recover from their experience.

Any limits placed on a child's freedom of movement and freedom to communicate while she or he is in care must not be imposed gratuitously or automatically. However, failing to impose any limits – for example, because those responsible for the child's care consider it an unacceptable abuse of the children's rights – may be irresponsible and amount to failing to come to the assistance of children who are in danger. Any limits which are imposed should be in response to specific threats for which there is some evidence, not because the director of a shelter or residential centre wants to take all possible precautions.

Traffickers are known to have taken advantage of the rules governing residential care in order to reassert their control over children. At simplest, they appear outside a shelter or residential centre and summon 'their' child. However, as they risk being identified and arrested, the techniques used are usually less direct: children are 'pre-programmed' to leave and contact them, or traffickers make use of telephones, particularly mobile telephones, to contact 'their' child and give the child instructions.

In one EU country, for example, trafficked children from Eastern Europe who are placed in residential care are reported routinely to arrive with a mobile telephone in their possession. The staff of residen-

tial centres where trafficked children are accommodated are apparently not allowed to confiscate or immobilise mobile telephones in the children's possession. Some trafficked children are reported to have received telephone calls within one or two days and to have left shortly afterwards. The calls are not uniquely from traffickers. Sometimes trafficked children telephone their parents, in their country of origin, and it is their parents who instruct them to re-join their trafficker. In contrast, in another EU country, the staff of a residential centre for trafficked children apparently confiscate mobile phones as a matter of routine and stop or limit the children in their care from making telephone calls for about one month after their arrival – on the grounds that such calls are generally used to encourage the child to leave residential care and to rejoin traffickers.

If there have been no cases in which children living in a residential facility have used mobile telephones or a telephone in the facility to make or receive calls that have resulted in them leaving and returning to their trafficker, it would not be reasonable to confiscate telephones or prohibit children from making calls. In particular, children should not be prevented from communicating with their parents unless there are grounds to fear that this is likely to lead to further abuse of the child. Rather than stopping a child from talking to her or his parents by telephone, it may be more appropriate to allow the child to make a call under supervision.

### 8.5.2 Children who chose to leave residential accommodation

A significant proportion of trafficked children who have been sent to residential centres across Europe subsequently walk out without telling staff where they are going or why. The numbers of children involved are significant. For example, in the case of a special school in Athens (Greece) which takes in unaccompanied children referred there by a Public Prosecutor, out of the 644 children arriving there between November 1998 and October 2001 (543 of whom were from neighbouring Albania), 487 subsequently walked out (75 per cent) and no information is available about what happened to them subsequently.<sup>62</sup>

There is evidence that some children leave residential care in order to return to their traffickers, either because they have been 'pre-programmed' to do so or because they are fearful of the consequences for them or their family if they do not. However, others leave because they do not want to return to their home country and prefer trying to get by on their own to the prospect of remaining in residential care. This is interpreted by some as an indictment of the low quality of residential care available. Little accurate information is available to indicate what happens to children who try to 'go it alone'. Various professionals involved in combating trafficking have voiced the fear that such children 'disappear' back into the hands of traffickers to be further exploited. The absence of meaningful data makes this risk difficult to assess. An NGO investigated whether children who had 'disappeared' from residential facilities in Greece had moved to secret brothels or other places where they were again controlled by traffickers and could find little evidence for this.

### 8.5.3 Care and assistance which respect the child's cultural identity and origin

Culture provides children with identity and continuity. The process of trafficking and exploitation in another country can disrupt nearly every aspect of the cultural ties for children. The consequences of this disruption for children can be extremely serious.

Under normal circumstances, parents provide the primary role model for their children, contributing significantly to the development of their identity and to their acquisition of skills and values. Separation from their parents or primary carers deprives trafficked children of these role models. Younger children who remain in care, either in the country to which they have been trafficked or after return to their country of origin, are likely to suffer particularly from the damaging impact of this separation.

Providing care which respects a child's cultural identity is very important but a great challenge, particularly when trafficked children come from cultures that are significantly different to the country into which they have been trafficked.

<sup>62</sup> Terre des hommes, "The Trafficking of Albanian Children in Greece", 2003, quoting information from Greece's Directorate for Child Protection.

The CRC notes that children from 'other' cultures (especially those belonging to minority groups) have a right to enjoy their own culture, to profess and practise their own religion, and to use their own language (CRC, Article 30). Equally relevant to trafficking cases in which a child has been deprived of aspects of his or her identity, the CRC stipulates that:

Where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her identity. (CRC, Article 8.2)

However, at the same time, care should be taken not to perpetuate those aspects of cultural traditions that are harmful to and discriminate against children, such as discrimination against girls in general or an assumption that conventional school education is of no use to children from Roma or other marginalized social groups. Such cultural conventions may have been factors contributing to a child being trafficked in the first place.

Respecting the child's cultural identity and ensuring that the health care, psychosocial care and education which professional carers make available reflect the child's cultural needs means in particular:

- encouraging children to use the language which is their mother tongue and, if no staff or other children in the same residential home speak this language, arranging opportunities for a child to talk with others who use the same language.
- finding out what the child's religious beliefs are and enabling them to practice their religion. This may entail respecting the use or avoidance of certain drinks and foods.

#### 8.5.4 Respecting gender and age

The sex of trafficked children also has major implications. Girls are more likely to have been subjected to sexual abuse and to need health and psychosocial care to recover from this. However, in many countries it is routine for teenage girls who have been trafficked to be placed together with young adult women who have been trafficked, on the assumption that the abuse they have experienced is the same and that they can therefore recover together. This assumption overlooks the particular harm caused to girls on account of their immaturity and the particular needs that they have in recovering. On the one hand it may result in young adults being treated inappropriately, as if they were still children; on the other, it is important to ensure that adolescent girls are given care and opportunities which would not be appropriate for adult women.

The age of trafficked children clearly has major implications for the attention they will need. Younger children are likely to be less able to look after themselves in a wide variety of ways. Ensuring that children aged 10 or 12 restart school education is a priority, whereas 16 or 17-year-old adolescents may see themselves as too old to return to school and benefit more from other forms of training (such as vocational training).

#### 8.5.5 Suitable categories of accommodation

Although victims should be placed in safe and suitable supervised accommodation, many countries in Europe have no special residential care facilities for trafficked children. Consequently they tend to be sent to shelters or residential homes designed for other purposes, such as shelters for victims of domestic violence (intended principally for adult women accompanied by young children), and residential homes established for particular categories of children, such as juvenile offenders or unaccompanied children arriving from abroad and seeking asylum.

In most cases these facilities are not suitable except on a very short term basis. For example, shelters for victims of domestic violence may offer some security, but provide no programme of activities to help an adolescent girl recover from her experiences. In most cases these facilities are not suitable for trafficked children except on a very short-term basis. A Kosovar teenager in a shelter for victims of domestic violence described her circumstances: "There were mothers with small kids. They are different types of cases, married girls having problems with their husbands or divorced mothers. There was a girl with the same experience as mine. Most of the time we were together.

It was very noisy in that house. Those ladies were having fights for small things. I couldn't stand that and I was more isolated. I had duties assigned and I was looking after myself."<sup>63</sup>

Residential care designed for the age group of the child involved often appears the most suitable arrangement while they remain in a country other than their own on a temporary basis and when they first return to their own country. In principle it is desirable to minimise the length of a child's stay in residential care, to avoid children becoming 'institutionalised'. However, a period in residential care can also be helpful for trafficked children, to provide them with appropriate care and give them an opportunity to recover. When trafficked children return to their own country, a period in residential care offers an opportunity for the child's own needs to be assessed and for the circumstances of the child's family to be checked before the child is reunited with her or his family.

Children's stay in residential care is unlikely to be positive if they feel they are being kept in captivity or being subjected to a paternalistic or patronizing regime. It must be remembered that though young in years these children have endured situations that are well beyond their age in terms of experience and even beyond the experiences of the adults taking care of them.

### 8.5.6 Suitable care

The specific forms of care which an individual trafficked child needs depend on the harm she nor he has experienced, as well as other factors. Ensuring these needs are assessed and met in terms of care and protection are key responsibilities of the guardian appointed for the child.

The child's needs fall broadly into five categories:

1. security;
2. physical and psychological health care;
3. legal assistance;
4. welfare;
5. education.

Alongside conventional efforts to promote a child's psychological health, the experience of being trafficked means that explicit efforts should be made to re-establish the child's sense of self-esteem and of being able to make decisions and control her or his life. In other words, specific efforts are needed to empower the child.

#### 8.5.6.1 Security

When law enforcement officials first make contact with a trafficked child, they need to assess the measures needed to protect the security of the child. Re-assessment is needed periodically thereafter, especially when the child's place of residence changes. As noted in section 7.5.1 above, it is important that security measures not be disproportionate nor result in further abuse of the child's rights.

#### 8.5.6.2 Health

Health professionals and social workers can help children recover from the experience of trafficking by providing medical treatment and psycho-social care. As in other forms of child maltreatment, often the psychic wounds are much more difficult to heal than any physical hurts. Psycho-social care addresses the child's behaviours and ability – or inability – to interact with other people in a socially acceptable way. For many trafficked children, access to psycho-social counselling is vital to their recovery.

<sup>63</sup> A 16-year-old girl, first trafficked at age 14, quoted in: "Trafficking in Children in the UN Administered Province of Kosovo: A study on protection and assistance provided to children victims of trafficking," UNICEF, 2004.

### a) The special needs of some categories of children

Trafficked children may have special needs that require particular types of treatment. Some of these needs are explicit, such as pregnancy or a visible disability; others will only be discovered by sensitive questioning and observation over time.

For example a Ukrainian boy trafficked to Poland said he was confined to a special chair for a disabled child as part of the traffickers' charade for the child to beg for money. Although the boy did not have a disability, he suffered physical distress as a result of being forced to remain in a cramped position for many hours at a time. He also suffered psychological distress from routinely being treated as if he was disabled, as well as from being bullied and coerced by his traffickers. Part of the boy's distress was due to the fact that his mother had been simultaneously trafficked yet refused to seek assistance – a circumstance that could cause a child to both devalue the protective capacity of a parent and fear their traffickers.<sup>64</sup>

### b) Children subjected to sexual abuse

Children who have been trafficked for commercial sexual exploitation have generally suffered psychological distress as well as physical assault. They have often been traumatized by a series of terrible events. It is, therefore, a challenge to health care professionals and other expert carers to help them recover.

The needs of children who have been subjected to commercial sexual exploitation should be assessed by health professionals who have experience in such cases. Such experts have the skills to recognize and uncover the specific forms of harm common to sexually abused children, as well as the special sensitivity needed to enable children to talk about sexual abuse. These health professionals also have an informed understanding of prognoses and paths to recovery.

Similarly the psychological and behavioural effects of abuse should be assessed and treated by professional carers who have special training.<sup>65</sup> National authorities responsible for social services or child welfare have a responsibility to ensure there is an adequate number of health professionals who are adequately trained to meet the need of trafficked children for psycho-social counselling and/or psychotherapy. If psychotherapists are not currently available, some of these tasks may be carried out by trained counsellors and experienced volunteer helpers, under appropriate supervision.

While trafficked children are recovering, especially when they are in primary psychotherapy or counselling, it is important that these children have a sense of security, predictability and control in their lives.<sup>66</sup> This requires a consistent approach by the variety of adults who come into contact with trafficked children: staff responsible for day-to-day care; professionals responsible for medical treatment or therapy; and police responsible for investigating the criminal aspects of the case.

<sup>64</sup> Case cited in: Centre of Social Expertise of the Institute of Sociology, National Academy of Sciences (Ukraine), "Trafficking in Children for Labour and Sexual Exploitation in Ukraine: Results of a Rapid Assessment Survey, for," ILO-IPEC, 2003.

<sup>65</sup> Refer to: B. Mitchels, "Let's Talk: Developing Effective Communication with Child Victims of Abuse and Human Trafficking," UNICEF, 2004, accessed at [www.childtrafficking.org](http://www.childtrafficking.org); Mark Jordans, "Specialized Training Manual on Psychosocial Counseling for Trafficked Youth: Handling the Trauma of Sexual Exploitation," ILP-IPEC, 2002, accessed at [www.ilo.org/public/english/standards/ipecc/publ/download/counsel\\_trafic02\\_en.pdf](http://www.ilo.org/public/english/standards/ipecc/publ/download/counsel_trafic02_en.pdf); ECPAT-International, "The Psychosocial Rehabilitation of Children Who Have Been Commercially Sexually Exploited: A Training Guide," 2003, accessed at [www.ecpat.net/eng/index.asp](http://www.ecpat.net/eng/index.asp)

<sup>66</sup> 'Psycho-social counselling' involves a combination of components of client-centred counselling and problem-solving counselling. 'Psychotherapy' involves treating emotional and behavioural disturbance (for example post-traumatic stress disorder), and trauma (for example, post-traumatic stress, anxiety or depression, which give rise to concern for the child's mental health), helping the child to make sense of their experience and to put it into the context of their life, to cope with loss, separation and bereavement and to complete their developmental tasks of childhood.

ECPAT-International has identified four phases through which children exposed to sexual exploitation progress:

- the 'honeymoon phase';
- the 'adjustment phase';
- the 'settling phase'; and
- the 'moving on phase'.

It is in the 'adjustment phase' that children demonstrate the most serious behavioural difficulties, such as resisting discipline, becoming angry, and bizarre behaviour, such as hoarding food or hiding their possessions. During this phase, children require the closest attention and support.

The course of treatment for social and emotional problems takes time to have the desired effects. This is one reason for trafficked children to remain in residential care. Children who have been primarily exploited for labour may also have been subjected to sexual abuse. They, therefore, require specific treatment but may, however, be unwilling to admit that they were abused. In any case, it is more obvious – and, therefore, easier – to address the physical consequences of sexual abuse (e.g., physical trauma, pregnancy, sexually transmitted infections) than the more subtle psycho-social impacts.

It is important that sexually exploited children be checked for sexually transmitted infections, the most serious of which is HIV/AIDS. However, it is equally important that teenagers who are mature enough to understand the implications should *not* be compelled to have a test for HIV/AIDS.<sup>67</sup> Those who do agree to be tested should receive pre-test counselling. Whatever the outcome – HIV-negative, HIV-positive or AIDS status – children need to be professionally prepared for the test process and varying results.

**c) Children suffering from post-traumatic stress disorder (whether from sexual or other forms of abuse)**

After any traumatic event, most people, children and adults, experience some psychological and physical effects. This is a natural part of the human response to stress. When these effects continue for a long time, or if the symptoms are very severe, medical or psychological help might be required to treat what is called 'post-traumatic stress'.

Some trafficked children experience a single traumatic event. However, many are subjected to a series of traumatic experiences, sometimes continuously.

The symptoms of post-traumatic stress may manifest themselves in many ways but there is now a slate of recognizable signs.<sup>68</sup>

One signature symptom is the resurgence of memories of the traumatic events in the form of thoughts, memories and dreams. Sometimes these are very real and the person feels as though the traumatic event is happening again, right then. This 'reliving' experience is uncontrollable and difficult, if not impossible, to shut out. Often nightmares occur and children may be afraid to go to sleep.

Some children try to avoid activities, places and people that remind them of the trauma. Avoidance symptoms include apathy, depression, tiredness, emotional numbing and 'no vision of the future'. Children affected may hold back feelings and memories; reminders of the past may be depressing. Sometimes social or family taboos stop children from talking about their experiences. However, children very often find relief in talking about the events.

<sup>67</sup> The UN Guidelines on HIV/AIDS and Human Rights note that: "There is no public health justification for such compulsory HIV testing. Respect for the right to physical integrity requires that testing be voluntary and based on informed consent" (Guidelines on HIV/AIDS and Human Rights, Annex 1, section C, point 9, UN document E/CN.4/1997/37, 20 January 1997). These Guidelines are found at: <http://www.unhcr.ch/huridocda/huridoca.nsf>

<sup>68</sup> Barbara Mitchels, "Let's Talk," 2004, op. cit.

Most children recover from trauma with social support and help from their friends, family and community, or other agencies. Some cannot function in their day to day life, and they continue to experience great psychological suffering. It is these children who may need expert medical or psychological help.

### 8.5.6.3 Legal assistance

The guardian of a trafficked child should secure professional legal advice or legal representation for the child in any of the following circumstances:

1. There is a possibility that the child may be charged with an offence, either in connection with illegal entry into a country or an offence of any other sort. A lawyer (and the child's guardian) should accompany the child at every interview with law enforcement officials.
2. The child is asked to give evidence that may be used in a court case.
3. The child appears to have a well-grounded fear of persecution if returned to her or his country of origin and it may be in her or his best interests to seek asylum in the country to which she/he has been trafficked. No one who applies for asylum may be repatriated (subjected to 'refoulement') while their asylum application is being considered and until and unless it has been turned down.
4. An assessment is needed to determine whether the child is entitled to compensation, either for harm or prejudice caused to the child, or because of unpaid or underpaid remuneration based on income the child has earned during a period of exploitation. A claim may involve suing a trafficker, but might alternatively involve asking that a portion of the trafficker's confiscated assets to be paid to the trafficked child.
5. It is necessary to secure the most appropriate durable solution that is in the child's best interests.

A legal representative should be available at no cost to the child. The guardian should look for a legal representative who is skilled in representing children, has knowledge of the experiences of trafficked children, and is aware of the risks a trafficked child faces if returned to the country of origin. The legal representative should have knowledge of child-specific forms of persecution and the asylum process.

### 8.5.6.4 Welfare

Trafficked children have a range of practical needs, depending on their circumstances. They may need clothing, toys, books, musical instruments and other equipment. They may need to communicate with relatives or other acquaintances.

Social service authorities are responsible for meeting these needs, whether in the child's country of origin and in any other country to which the child is trafficked. If they are unable to meet these needs, they are obliged to cooperate with specialized international agencies to fulfil their commitments to provide assistance and protection. The child's guardian should coordinate with social services and NGOs or other organizations that are equipped to meet the child's material needs.

### 8.5.6.5 Education

The age and specific needs of trafficked children will determine whether they attend school in the destination country. First of all, trafficked children should have access to the same statutory education as national children, i.e., if it is compulsory for national children of their age to attend school, so should they. If there is a strong likelihood that the trafficked child will remain no more than a few weeks in the destination country, there is no need to put them in the national education system. However, if it is even likely the trafficked child will remain longer, she or he should attend school. Trafficked children may well have been taken out of school prematurely already and so have an acute need to catch up on their formal education.

There are obvious cases in which treatment for the physical, psychological or behavioural effects of trafficking are a priority. The child's guardian should assess when a school-age child is ready to

restart school and whether the child should receive education in his or her mother tongue or begin learning a second language.

A child's lack of basic education (numeracy and/or literacy), life skills<sup>69</sup> and vocational training may have been factors that made them vulnerable to traffickers in the first place. Efforts to address these needs are often postponed on the assumption that they are the responsibility of the child's home country and can wait until the child returns home. It is important that efforts to address these needs *not* be postponed until a durable solution is implemented – in part to take advantage of any spare time the child has while awaiting decisions about a durable solution and in part to enhance their life chances later on.

The education professionals will ideally have some knowledge or understanding of the child's cultural background.

### 8.5.6.6 Empowerment

The process of empowering a victim of trafficking, whether a child or an adult, enables the person concerned to stop feeling powerless and manipulated or ordered around by others and instead to feel in control of their life and their future. Progress remains limited while a child is in interim care, but it is important that the way the child is treated while receiving care promotes the child's confidence and ability to take back control. Progress can be undermined when the management of a residential facility imposes inappropriate discipline and rules on the children living in the facility, or if law enforcement officials who are conducting forensic interviews fail to give the child any feeling of control or influence during the interviews or in the process leading to the prosecution of a trafficker.

### 8.5.6.7 Looking after the carers (staff looking after trafficked children)

In order to ensure that professional staff caring for trafficking children can provide the care needed by the children, it is important that attention be paid to guaranteeing their security and ensuring they do not suffer from inappropriate levels of stress.

Managers of residential facilities (or the law enforcement officials supporting them) must protect the facilities from any intrusion by traffickers or their associates, and safeguard the security of individual staff when they are outside the facility.

Post-traumatic stress reaction is not confined to those who directly experience trauma.<sup>70</sup> Professionals and helpers may themselves experience 'compassion fatigue' or 'burn out' just by listening to many accounts of trauma of others. Professionals and helpers working with trafficked children may find themselves working long hours in difficult conditions. They often feel that they have insufficient training and experience to deal with the problems they must face. Professionals and helpers need adequate rest and time away from their work, as well as appropriate support for their work by colleagues and management within their own administrative bodies.

<sup>69</sup> Life skills include learning to negotiate, coping with decision-making, problem solving, critical thinking, communicating effectively, interpersonal relationships, resolving conflicts, being self-aware and empathetic towards others, and coping with emotions and with stress.

<sup>70</sup> B. Mitchels, op. cit. page 19.