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Combating Child Trafficking

Rehabilitation of the Victims of Child Trafficking: A Multidisciplinary Approach

International Labour Organization

Regional Project on Combating Child Trafficking for Labour and Sexual Exploitation (TICSA-II)

Rehabilitation of the Victims of Child Trafficking: A Multidisciplinary Approach

Center for the Protection of Children's Rights Foundation (CPCR)

International Labour Office

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ILO Regional Office for Asia and the Pacific, Regional Project on Combating Child Trafficking for Labour and Sexual Exploitation (TICSA-II)

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Foreword

So far there has been no systematic approach for rehabilitating victims of trafficking in most developing countries of Asia. As a result, different institutions follow different approaches, depending on their subjective understanding of what rehabilitation is. They determine the services and process of rehabilitation, which typically do not constitute a professional and needs-based model. In a survey of programmes, examples ranged from reuniting victims with their families immediately after rescue without any other support services to the provision of food and shelter only for certain periods and so-called life skills training or non-formal education for a few months. Essential elements of the rehabilitation process such as medical assessments, health care services, psychological counselling and vocational counselling, were either absent or nominal. In many cases, even post-rehabilitation follow-up, and family counselling, were absent.

At the points of destination, victims of trafficking hardly ever receive medical care, they may endure physical and sexual abuses, which exposes them to sexually transmitted infections. Many thus are rescued in poor health. They require a comprehensive medical examination and health care services. Many need psychological counselling and social support. If family members were involved in the trafficking, social workers must assess the family situation before a victim can be returned home. Many victims also need legal assistance once they are rescued and taken to a safe place.

The multidisciplinary approach (MDA) to rehabilitation is based on the principle that the effective rehabilitation of trafficking victims who have experienced various types of abuse requires systematic and coordinated services from physicians, psychologists, legal experts, social workers and other relevant experts.

Considering these needs, the Center for the Protection of Child Rights (CPCR), an ILO–IPEC partner in Thailand, developed a comprehensive and needs-based approach to rehabilitation where medical, social, legal and other relevant experts from different institutions work together in a well-orchestrated approach to ensure effective rehabilitation of children rescued from trafficking and other abuses. The CPCR system has been further refined and applied in other countries through TICSA-funded programmes. The approach is presented in this document as a joint publication of the CPCR and ILO–IPEC to promote this high-level standard for rehabilitation in the region.

I would like to thank the US Department of Labour for its financial support to this project, which made this document possible. I also would like to thank the CPCR, ILO officials and other professionals involved for their valuable contribution in creating a worthy approach to replicate and for sharing it through this document. Finally, I would like to thank Wahidur Rahman, Chief Technical Adviser of this regional project and other members of the TICSA team including Anders Lisborg, Parissara Liewkeat and Yumi Nabeshima for their contribution in the process of this documentation.

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Contents

List of Abbreviations

CPCR	Center for the Protection of Children's Rights Foundation
CRC	United Nations Convention on the Rights of the Child
IPEC	International Programme on the Elimination of Child Labour
ILO	International Labour Organization
GO	Governmental organization
NGO	Non-governmental organization
TICSA-II	ILO/IPEC Regional Project to Combat Child Trafficking for Labour and Sexual Exploitation in Asia
UNICEF	United Nations Children's Fund

Introduction

Introduction

The Center for the Protection of Children's Rights Foundation (CPCR) has garnered extensive experience in working to protect children who have experienced a violation of their rights, particularly child victims of abuse and exploitation. CPCR's holistic programmes, incorporating prevention, rescue operations, protection, recovery and reintegration of child victims, provide a range of child-friendly interventions that are tailored to serve the best interests of the child. CPCR introduced a multidisciplinary approach to its work in Thailand by piloting a "hospital-based multidisciplinary team" for the first time in 1995. This initiative successfully integrated services for child victims, demonstrating that a "one-stop center" is an effective model for the provision of medical, legal and social services.

In 1997, CPCR piloted a provincial level child protection mechanism in nine provinces of Thailand, in cooperation with the Department of Public Welfare under the Ministry of Social Development and Human Security, and supported by UNICEF. The mechanism established by this project, which included the creation of provincial child protection committees, would be used as a model to be applied across the country. It was also intended that these nine provinces would become centres of learning, research and development on child protection mechanisms.

CPCR actively collaborates with other relevant agencies, including GOs and NGOs, at national and regional levels in order to combat the trafficking in children. In 2003, CPCR piloted its multidisciplinary approach to recovery and reintegration of child victims of trafficking and abuse, in partnership with ILO/IPEC TICSA-II and other international organizations. Beginning in early 2004, CPCR initiated the documentation of its experiences and challenges in applying the multidisciplinary process, and endeavours to share these lessons learned for utilisation and adaptation by other organizations in the field.

This report documents 20 years of CPCR's direct experience in developing this multidisciplinary approach, and takes into account the difficulties and obstacles which the organization encountered in the process.

The purpose of this report is to:

1. Provide an overall understanding of the multidisciplinary approach for the provision of services to child victims of abuse and trafficking based on CPCR's experiences
2. Elaborate guidelines and processes for developing a multidisciplinary team, with an emphasis on key factors for effectiveness and the fulfilment of victims' needs

The report is structured as follows:

Chapter 1: A Multidisciplinary Approach to Rehabilitation: 20 Years of CPCR's Experience

This chapter highlights lessons learned in the transition to a multi-disciplinary approach of CPCR, including organizational development, achievements in promoting the approach in the context of child abuse and trafficking issues, as well as challenges and success factors.

Chapter 2: Guidelines and Process for Working as a Multidisciplinary Team

This chapter goes through the step-by-step process utilized by CPCR in developing a multidisciplinary team to assist child victims of trafficking, including the establishment of a strategy, definitions, framework, network development, capacity building, case conferences, and follow-up and evaluation.

Chapter 3: Challenges and Recommendations

This chapter reviews the challenges in adopting a multidisciplinary approach to assisting child victims of trafficking, as well as recommendations for providing an enabling environment.

1 A Multidisciplinary Approach to Rehabilitation: 20 Years of CPCR's Experience

1 A Multidisciplinary Approach to Rehabilitation: 20 Years of CPCR's Experience

The multidisciplinary approach to rehabilitation was developed over time from CPCR's experience during its 20 years of work on child rights protection in Thailand. It also elaborates how CPCR advanced to become a reputable organization with solid expertise in applying a multidisciplinary approach at the national and local levels.

1.1 Challenges faced

Upon self-reflection on the major obstacles and recurrent challenges it faces, CPCR has identified the following as the main difficulties it continues to grapple with:

Strategy for long term recovery

Initially, CPCR concentrated its efforts on the rescue of children from abusive situations and difficult circumstances, without the formulation of strategies for long term recovery and reintegration. Without sustained psychosocial care and support, CPCR found that child victims did not fully recover from their ordeals, and in some cases, became abusive parents themselves later on in life.

Prosecution of child abusers

When it first began operations, CPCR placed a strong emphasis on the separation of children from their families, especially those subjected to domestic violence. Prosecution of abusers was also a top priority, but few efforts were made to promote the recovery and reintegration of child victims. In successive years, CPCR encountered difficulties with this approach, when child victims began to refuse to cooperate with the Foundation in gathering evidence for the legal process. This emerged due to the close ties that often existed between the child victims and their abusers; frequently, the children were persuaded by their mothers to protect the abuser for the sake of the family's status and economic survival. Further compounding the problem was the fact that the abusers themselves were often former victims of abuse, and lacked the capacity to control their behaviour and manage their anxiety. CPCR learned that prioritising the prosecution of abusers, at the expense of victims' welfare, was not an effective approach in the protection of children in the long run.

Quality of care and support

CPCR also began to realize that its own staff at the Recovery and Reintegration Unit did not possess sufficient skills for the provision of quality psychosocial support. As a result, behavioural problems exhibited by children staying at the shelter were not appropriately addressed. For example, children who became sexually aggressive or who ran away from the shelter would be scolded and punished, creating tension and conflict between caregivers and children. CPCR subsequently realized that caregivers working with child victims needed to acquire professional skills in order to support their psychosocial rehabilitation.

In addition, CPCR also faced challenges in coordinating its efforts with hospitals, which were meant to serve as mechanisms for the protection of children residing in the shelters. Cases emerged in which hospitals permitted family members to visit child victims receiving treatment, who then persuaded or coerced them to run away from the shelter or to retract lawsuits pending against their abusers. This reflected the need for all professionals involved in the care and protection of child victims to better communicate with each other, so that such situations could be effectively prevented.

1.2 Moving toward a multidisciplinary approach

In 1995, CPCR began collaborating with hospitals in the provision of recovery services to child victims. This "inter-agency approach" enabled both service providers to coordinate and effectively refer cases between agencies. This new method was initiated due primarily to two justifications. One, it was learned that professionals, particularly those in the medical field, must be involved in the initial steps of providing services to child victims of abuse. In most cases, agencies cannot move forward to prosecute abusers if they lack medical reports and scientific evidence. This also constituted grounds for basing multi-disciplinary teams in hospitals in order to provide doctors with immediate access to victims. Secondly, CPCR, given its limited capacity, could never provide a complete range of services to all child victims of abuse across the country. Thus, it became more practical and effective to build a network of professionals covering all geographical areas, to allow an outreach to the greatest number of children.

1.3 The process of developing a multidisciplinary team

1.3.1 Legislative review and reform

Laws and national policies are important tools in facilitating the transfer of a multidisciplinary approach into actual practice. CPCR – in cooperation with other GOs and NGOs – began to review laws, regulations, and other legal measures relevant to child protection and the trafficking of children. By identifying and analyzing gaps in the law, the main objective of the review exercise was to ascertain why the present legal framework could not provide effective and holistic services for children, and how these weaknesses could be addressed through reform.

CPCR, alongside others, campaigned for legal reform in support of the following measures:

- Decriminalisation of all victims of abuse and trafficking
- Higher penalties for abusers, including traffickers
- Amendment of criminal procedures to include a child-friendly and sensitive approach
- Strengthening of recovery services for victims to reduce and/or prevent negative repercussions from the legal process

As a consequence, over the past decade, a series of laws regarding the protection of children were subsequently reviewed and reformed. Among these were the 1997 Measures to Prevent and Suppress the Trafficking in Women and Children Act, the 1996 Prevention and Suppression of Prostitution Act, the 1999 Criminal Procedures Amendment Act, and the 2003 Child Protection Act. Other legal tools were also developed, including the 2003 Memorandum of Understanding on Common Guidelines and Practices among Concerned Agencies for Operations in Case Women and Children are Victims of Human Trafficking.

1.3.2 Developing a guiding framework

Based on the five steps for protecting child victims of abuse and exploitation, as stated in Articles 19 and 39 in the Convention on the Rights of the Child, CPCR developed a guiding framework for the multidisciplinary approach. This framework, comprises various interrelated phases for protection, including the following:

1. Fact-finding or investigation: Identification of both the physical and psychosocial symptoms of abuse, determine how the child was abused and by whom, and to ascertain the relationship between the child and the abuser
2. Immediate and short-term protection: Placement of the child in a safe environment and the protection of other children who may also be at risk
3. Rehabilitation: Development of a plan for treatment and rehabilitation in response to his or her needs and the situation
4. Reintegration: Return of the child to his or her family and community, and to a sense of normalcy
5. Prevention of the revictimization of the child: Establishment of mechanisms for the reduction of risk factors in the family and community

1.3.3 Awareness raising and capacity building for relevant professionals

Capacity building for CPCR staff members

Prior to application of the multidisciplinary approach to its operations and organizational culture, CPCR had to ensure that its staff members were prepared to embrace this new orientation. CPCR took steps to equip its own staff through the following measures:

- **Organizational and personnel restructuring:** CPCR began to strengthen its recruitment tactics by hiring new staff members with professional training in law, social work and psychology
- **Training and capacity building:** Training sessions were provided for both existing staff members and those newly recruited. During the first stage of staff capacity building, contents of the training course included modules on child abuse and child development. In terms of information on child abuse, the course explored such questions as: What children become victims of abuse? Who actually abuses children? What are the main forms of child abuse? And what are the short and long term repercussions of child abuse? The child development module distinguished the different stages of normal child physical and mental development, in order for professionals to gain an understanding and make comparisons with the development of abused children

Capacity building for external professionals

As part of its capacity building programme, CPCR extended opportunities to external professionals to participate in its training courses on child protection. Medical doctors, psychologists and social workers were among the major target groups involved in such capacity building efforts. Featured issues included basic knowledge on child abuse and neglect, as well as working techniques for effectively responding to such cases.

Several means for building the capacity of professionals were utilized, including:

- **Training courses and workshops:** Lectures and experience sharing by the Executive Director of CPCR and other experts in the field

- **On-site training:** Case conferences were conducted amongst staff members from various departments in order to serve as joint fact-finding sessions, as well as a learning platform. Case conferences among staff members and external professionals were also conducted. The case conference format has proved useful in exchanging information on the methods other professionals employ in their work, how these relate to one's own profession, and the importance of communication and collaboration
- **Retraining:** International resource specialists and experts in the field of child protection were invited to conduct training workshops for professionals in Thailand. This stage of capacity building was scheduled after all relevant professionals had an opportunity to learn "hands on". This enabled them to identify gaps in their own knowledge and practice and ascertain how best to apply external resources
- **Training manual development:** Finally, a training manual was developed on the provision of services to victims of child abuse and trafficking, employing a multidisciplinary approach. The manual reinforced the five phases of the guiding framework developed by CPCR

1.3.4 Implementation of the multidisciplinary approach within CPCR

After the capacity building phase, CPCR began to pilot the new multidisciplinary approach through the integration of the new method into its organizational units. It began by conducting on-site trainings for staff by experts in the field, as well as changing its working style from "inter-agency" to "inter-disciplinary", encouraging the more effective involvement of others and the transfer of quality information regarding cases. CPCR then furthered this transition by moving from an "inter-disciplinary" to a "multidisciplinary" method within relevant units. These units thus became involved in a range of interventions and services for child victims, rather than just concentrating on one role or particular aspect. For example, the rehabilitation unit became more engaged in the treatment, fact-finding, and social reintegration processes.

These alterations in CPCR's strategic methods and operations, as well as those of its professional partners, in totality, were instrumental in building the country's overall capacity to better protect children. This growing capacity formed a stronger foundation for the implementation of a national child protection system, as later prescribed in the 2003 Child Protection Act.

1.3.5 Formation of multidisciplinary teams

In its initial efforts to institutionalize the multidisciplinary approach through the building of multidisciplinary teams, CPCR identified professionals involved in the protection of child rights into four main professional categories:

1. Legal professionals
2. Health professionals
3. Social work professionals
4. Community leaders

These various professional groups had all been active in providing services to children; however, coordination and collaboration between them had not yet been effectively practiced or established. In late 1995, CPCR began to link together a wide network of such professionals at the national and sub-national levels.

National level multidisciplinary networks

In order to generate a national level multidisciplinary network, CPCR conducted three Bangkok-based seminars entitled "Searching for Methods to Protect Children's Rights in the Justice System." Participants spanned an array of professions, including prosecutors and representatives from hospitals, the Department of Social Development and Welfare, the Department of

Immigration, teachers' associations and NGOs. Examples of successful multidisciplinary approaches were presented, promoted and discussed.

Participants at the seminars arrived at the conclusion that a mechanism for multi-professional cooperation on child protection should be developed. They also agreed that a legal body on child rights protection should be established as a focal agency for responding to cases of abuse and exploitation, and that a multidisciplinary team approach should be piloted to handle such cases.

This widespread support mobilized through these seminars constituted an important milestone in CPCR's efforts, not the least because it signalled the willingness of various government agencies and other professionals to become stakeholders in a multidisciplinary approach.

Sub-national level multidisciplinary networks

In 1996, CPCR initiated a project to develop a network of multidisciplinary teams at the sub-national level by targeting three of Thailand's regions: North, Northeast and South. Chiang Mai was selected as the pilot province in Northern Thailand, while Khon Kaen was chosen in the Northeast and Song Khla in the South. A rapid assessment of the relevant situation in each province was conducted by CPCR, followed by workshops to introduce main concepts and guidelines for multidisciplinary team operations.

1.3.6 Piloting multidisciplinary team operations and scaling-up

After the capacity building process for professionals was proposed in 1995, these professionals began to adopt the multidisciplinary approach in their respective areas of work. Subsequently, they became trainers for other paediatricians, psychologists, legal professionals, and social workers. Training workshops and experience sharing amongst professionals, through case conferences and on-site trainings, continued to take place.

In 2000, CPCR instigated a project to develop a more comprehensive child protection system, faced with the recognition that the number of pilot multidisciplinary teams in the three provinces was inadequate. In addition, there was an urgent need to expand the multidisciplinary approach to other geographic areas in order to prepare for the passing of the Child Protection Act. In cooperation with the Department of Public Welfare (now the Department of Social Development and Welfare), CPCR and UNICEF took steps to extend the project to nine other provinces around the country.

In order to facilitate the scaling-up process, several basic practical tools were developed to guide multidisciplinary team operations. These tools included academic papers, research reports, as well as guidelines and handbooks for use in capacity building training sessions. A set of working guidelines entitled "Handbook for Multidisciplinary Team Practitioners in Child Protection," is the latest such tool developed by CPCR in collaboration with other experts.

1.4 Achievements

CPCR's efforts in integrating a multidisciplinary approach to Thailand's child protection framework led to the following key achievements:

- The development of multidisciplinary teams for the provision of holistic and "one stop service" to child victims of abuse and exploitation in at least 12 provinces across Thailand
- The development of a model for multidisciplinary team operations within a child protection system, supported by the 2003 Child Protection Act and mandated for establishment in all provinces

- The creation of guidelines for practitioners in responding to cases of trafficking in women and children, in accordance with the 2003 Memorandum of Understanding between Concerned Non-government Agencies against Trafficking in Women and Children
- The design of several elementary tools for multidisciplinary team operations in the field of child protection. These tools have been developed for use in training workshops, seminars, and consultations on child protection research. To date, the following instruments have been developed:
    - Minimum standards of child care and supervision
    - Indicators for assessing risk factors
    - Signs and symptoms of abuse, including neglect
    - Criteria for assessing risk factors concerning children and youth who tend to come into conflict with the law
    - Minimum standards of child protection for professionals, such as social workers and psychologists
    - Capacity building of organizations on the multidisciplinary approach, enabling staff to become experts and resource persons for other relevant professionals and organizations
    - The development of a model for the multidisciplinary approach, which is then shared with other countries for the purposes of knowledge exchanges and adaptation

1.5 Impact

Overall, the piloting of the multidisciplinary approach within Thailand's child protection system has led to several positive outcomes:

- **Legal reform:** A number of policies, laws and regulations were reviewed and reformed in order to facilitate the operations of multidisciplinary teams
- **Public awareness:** Issues of child abuse were placed on the national agenda and public awareness of such issues became widespread
- **Professional support:** A wealth of knowledge on child abuse issues and increased understanding of the roles of relevant professionals has emerged. The multidisciplinary approach has become common practice for responding to cases of child rights violations
- **Scaling-up at the national level:** The pilot project on establishing multidisciplinary teams in nine provinces contributed to the institutionalization of such teams as required by the 2003 Child Protection Act. Accordingly, such teams will eventually be formed in all provinces across the country

1.6 Organisational profile and main activities of CPCR

1.6.1 Organizational profile

CPCR was established in 1981, initially as a center under the Foundation for Children. CPCR registered as an independent foundation in 1996.

The overall mission of the Foundation is to protect children up to 18 years of age from all types of abuse including; physical and sexual abuse, commercial sexual exploitation, child labour and neglect. During the course of its 20 years of operations, CPCR has shifted from the provision of welfare services to child victims to integrated services for both child victims and their families. CPCR's work on child rights protection as well as processes for recovery and reintegration is addressed in a holistic manner, with both the immediate and long term needs of child victims taken into careful consideration.

CPCR's organizational objectives are as follows:

1. To advocate for the promotion and protection of child rights in agreement with the United Nations Convention on the Rights of the Child (CRC)
2. To provide protection and assistance to children and young people whose rights have been violated, in accordance with the CRC
3. To examine the issues concerning children and young people, seek and propose methods which better protect child rights, in accordance with the CRC
4. To foster greater cooperation amongst organizations concerned with child rights, both government and non-government, in the promotion and protection of child rights

1.6.2 Main activities

Recovery and reintegration programme

CPCR operates three shelters for children and young people who have been rescued or released from situations of abuse:

Gate House

One shelter, termed the Gate House, is situated in Bangkok. This house provides an initial temporary shelter for children in crisis, during which time CPCR staff can undertake fact-finding sessions and family assessments. The Gate House also provides immediate basic recovery services for children prior to their referral to long term services and care.

Recovery and Development Centre

Two shelters for recovery and development provide services for rehabilitation and recovery to child victims of abuse. Such services aim to enable the child to recover from the physical and psychosocial repercussions of abuse and regain a sense of normalcy. The centres also actively collaborate with the family members of child victims, in order to effectively reduce or eliminate contributing or potential risk factors – such as domestic violence. These efforts increase the likelihood that children who have undergone the rehabilitative process can return home and resume their lives in a supportive environment.

Development of a national child protection system

In order to become familiar with best practices in responding to child protection concerns, CPCR organized and participated in a series of programmes and projects, such as study trips and workshops, involving experts from various countries around the

world. CPCR utilized this knowledge by introducing and distributing guidelines, manuals and handbooks to all concerned agencies in Thailand, both governmental and non-governmental.

Since 1995, CPCR has worked in collaboration with the Department of Public Welfare (now restructured as the Department of Social Development and Welfare) to develop multi-agency and multidisciplinary teams. Such efforts were achieved through the joint implementation of nine pilot projects in nine different provinces.

Networking in the Mekong Basin

At the regional level, CPCR has also been instrumental in building a network amongst concerned agencies in the Mekong (River) Basin countries, including Cambodia, Myanmar, The Lao People's Democratic Republic, and Viet Nam. Such a network has proven crucial in responding to cases of cross-border trafficking in women and children. During the last several years, the network has prioritized the safeguarding of child victim welfare, the provision of services for rehabilitation and reintegration, and the repatriation of child victims to their countries of origin.

Research and database development on child abuse cases

In collaboration with relevant GOs and NGOs working on child protection, CPCR has initiated steps to generate a database system of child abuse cases in order to avoid duplication between organizations and to facilitate effective referrals.

CPCR has also initiated several research projects on child protection issues, with a particular focus on the main areas of the 2003 Child Protection Act. Thus far, these projects have contributed to several essential tools for work on child protection, including indicators for assessing risk factors, minimum standards for child care and supervision, and signs and symptoms of child abuse, including neglect.

Advocacy for child protection legislation

Alongside other concerned organizations, CPCR is at the forefront of advocating for more effective legislation in order to provide better legal protection for children. The 1999 Criminal Procedure Amendment Act is one such realization of improved legislation that prioritises the best interests of child victims. The Act allows children to provide testimony through videotaped statements, enabling them to avoid repeat questioning during the legal process. Such repetitions tended to coerce child victims into describing the circumstances of their abuse to several different authorities during the investigation period and trial. Furthermore, the Act stipulates that a social worker or psychologist is required to be present during sessions in which children are questioned by police.

The 2003 Child Protection Act provides a more comprehensive framework for the protection of all children. Since its conception, CPCR was actively involved in the drafting process and in lobbying for its approval. The passing of the Act in early 2003 signalled a critical step towards the implementation of a national child protection system in Thailand.

Prevention Programme

Parental skills training

In order to promote a safe home environment, as well as to strengthen parents' relationships with their children, CPCR has organized non-violent parental skills training as part of the “This House Has No Violence” project. The project operates in various urban communities in Bangkok, with parents' groups working alongside a wider network of child-focused agencies to support the

organization of activities. CPCR expects to replicate this model in other Bangkok communities.

Child self-protection skills training

Another set of training activities provided by CPCR, a programme titled "My Body is Mine," focuses on equipping children with the necessary skills to protect themselves from various types of abuse. Through adaptation of an age-appropriate life skills curriculum for children, the provided skills focus on empowering children to distinguish between "good" and "bad" touching, and on identifying situations that may render them vulnerable. Teachers are also trained on such child self-protection skills, so that they are capable of transferring this knowledge to their students.

Promoting a child-safe environment in schools

The "Child-Friendly School" project was initiated by CPCR as a response to challenges faced in its efforts to reintegrate child victims of abuse back into the school system. This project focuses on establishing a "child-safe" school environment through sensitization training and the fostering of empathy amongst teachers and students, for the purposes of preventing the stigmatisation of victims.

2 Guideline and Process for Working as a Multidisciplinary Team

2 Guideline and Process for Working as a Multidisciplinary Team

Drawing from the experience and perspectives of CPCR, this chapter outlines the step-by-step process for developing a multidisciplinary team to assist child victims of trafficking.

2.1 What is a "multidisciplinary team"?

The multidisciplinary approach was originally developed for the recovery and reintegration of child victims of abuse. This was subsequently adapted in order to suit the needs of child victims of trafficking.

Definition

The term "multidisciplinary team" refers to a group of individuals who have been trained to collaborate in a systematic way, using their diverse range of skills and expertise to solve certain problems based on the same goals and objectives. Such teams regularly exchange information and share responsibilities, from the problem assessment phase at the beginning to the resolution of the process at the end.

Key principle of a multidisciplinary team

The concept of a multidisciplinary team is based on the recognition that it is not possible for a single profession to provide comprehensive services that would yield maximum benefits for child victims. Many cases of child abuse and exploitation necessitate the involvement of several different fields of expertise in order to obtain a holistic range of services, thus underscoring the importance of teamwork.

Key concepts behind a multidisciplinary approach

- Child-centred
- Professional services
- Multi-professional assessments prior to service provision

Key professions represented in a multidisciplinary team

- Physicians
- Psychiatrists and psychologists
- Social workers
- Legal professions (police, prosecutors, judges and lawyers)

Formats for multidisciplinary teams

Working as a multidisciplinary team does not imply the establishment of an actual concrete agency or organization. Rather, it refers to the tangible collaboration amongst relevant professionals who work together when necessary, in order to progressively assess needs and provide services to child victims of trafficking.

Based on their functional characteristics, teams may be categorized as two types:

1. An **interdisciplinary team** involves various professionals working in the same field. Team members mainly coordinate through information sharing and the coordination of resources. Meetings are not required in this process
2. A **multidisciplinary team** is an integrative effort whereby professionals who are involved in the same specific issues meet to pool together resources and determine best approaches. Members assist one another through the utilisation of their knowledge, skills, and expertise in their respective fields

2.2 Why use a multidisciplinary team to respond to trafficking cases?

Child victims of trafficking endure harmful repercussions that affect their physical and mental health, sometimes contributing to personality and behavioural disorders and disturbing the normal child development process. These negative impacts require a range of recovery services represented by the assorted professions on a multidisciplinary team. For example, the physical treatment and rehabilitation process includes the diagnosis of the problem or disorder, an examination for various types of pathology, an evaluation of the need for treatment, the setting of treatment priorities, the pooling of team resources, treatment planning, and implementation of the rehabilitation regimen.

In CPCR's experience, the multidisciplinary approach is also particularly relevant to legal protection for child victims of trafficking, as well as the prosecution of traffickers. Collaboration across professions can allow for the harmonisation of the recovery and reintegration process between the country of the trafficked victim's origin and that of the destination. The approach also encourages relevant professionals, such as law enforcement officials, social workers, physicians, psychiatrists and psychologists, to characterize child victims of trafficking in the same way – treating them as victims rather than criminals. The team approach also similarly allows for various professionals to collectively determine the push and pull factors involved in the trafficking of a particular child. Finally, a multidisciplinary approach to the building of child protection systems at the national and sub-national level is

Box 1: Harmful repercussions of an ineffective recovery process on child victims of trafficking

- Children who have been trafficked often report feeling a sense of shame, guilt and low self esteem due to social stigmatisation in their communities. Examples include being ignored by fellow members of the community and being expelled from school. In some cases, children have been abused by their own family members and become repeat victims of trafficking
- Children can also be traumatized during the implementation of official procedures to prosecute traffickers. These processes are usually in conflict with each other and based on the convenience of the professionals involved, as opposed to the children themselves
- Children have also been negatively affected by professional interventions into their family life for the purposes of recovery and prosecution of traffickers
- Children have expressed feelings of guilt and shame when adults do not believe that they are truly victims, or when abusers or traffickers deny that they are responsible or at fault

also vital, as it allows for effective coordination, particularly in the area of prevention.

An array of other reasons has been identified by CPCR as justification for developing multidisciplinary teams to work on child trafficking cases. Such rationales including:

- Greater capacity to handle complicated cases
- A wider range of perspectives to analyse problems and arrive at solutions
- Diverse angles in assessing families of victims from different professional points of view;
- Greater understanding of professional protocols and official processes for the handling of child trafficking cases
- Consolidation of authority to effectively handle cases
- Improved decision-making ability, including more accurate investigations and the use of more appropriate interventions
- Garnering of professional resources in different areas of expertise, resulting in relatively better trained and more capable professionals
- Reduced "burnout" amongst professionals due to an increased capacity to share responsibilities for difficult tasks such as follow-up and support to families of victims after the social reintegration process
- More efficient use of limited agency resources
- Less "system-inflicted" trauma to children and their families, as responses become better coordinated and sensitive to children's needs

2.3 What are the roles and responsibilities of a multidisciplinary team?

Processes involving the multidisciplinary approach

As mentioned earlier, the guiding framework used by CPCR to govern the process of child protection within a multidisciplinary approach is based on Article 19 and 39 of the CRC. The five phases which are part of this framework are as follows:

1. **Fact-finding or investigation**
2. **Immediate and short-term protection**
3. **Rehabilitation**
4. **Reintegration**
5. **Prevention of the revictimization of the child**

The steps identified in each of the phases, it should be noted, were developed in the Thai context and were influenced by existing services for children and organizational structures. In other locations, such steps would need to be adapted in order to suit national and local conditions. Although the following processes are derived from CPCR's experience in responding to general cases of child abuse, they are also relevant to cases of child victims of trafficking.

Phase 1: Fact-finding or investigation

Step 1: First identification of symptoms of physical, mental or behavioural abnormalities

The objective of this first phase is to identify any suspicious abnormalities that may indicate that child abuse has occurred, including disturbing physical and mental health symptoms, abnormal child development, character qualities, or behaviour. Those professionals which are most likely to be involved in this phase include those working in the fields of education, social work, and medicine, who are trained during capacity-building training to discern such signs and initiate an investigation. Physical injuries resulting from abuse may be discovered by a physician, who may be in the process of a physical exam to uncover wounds, fractures, damage to internal organs, or infections. In the case of child sexual abuse or rape, sexually transmitted infections may be identified, and pregnancy tests, for pubescent and older children, may also be used as medical evidence.

Step 2: Referral to child and adolescent mental health experts

After having determined these physical injuries or indications of other abnormalities, the child is then referred to the Department of Child or Adolescent Psychiatry under the Ministry of Public Health. Within this government department, there are three professionals: a child psychiatrist, a psychologist, and a social worker. They are tasked with conducting interviews, observeing the child, assigning activities for the child to do, and gathering information from other professionals in related fields. The purpose of these actions is to:

- Identify psychiatric or neurological symptoms or syndromes
- Determine the cause of such symptoms or syndromes (which is likely to be related to abuse)
- Find out how the child has been abused, and who is the offender
- Investigate the relationship between the child and the abuser, and the child and the people around him or her, in order to determine why these individuals either perpetrated the abuse or were unable to protect the child from harm

Phase 2: Immediate and short-term protection

The next phase of the framework involves immediate and short-term protection, with the aim of safeguarding child victims from further abuse. Members of the multidisciplinary team involved in this process include the social worker who first identified abnormalities in the child, the social worker(s) who have been observing the child and assessing his or her symptoms and syndromes, and professionals from the medical and legal professions.
Any interventions which may impact on the child's family or on his or her future needs must first be endorsed by the multidisciplinary team through a meeting. The team members will assess the situation of the child and the family, utilizing their expertise and skills in the fields of medicine, social work and law. Such a dialogue and agreement on next steps aims to ensure that the interventions, based on child protection legislation, immediate prevention, or treatment and rehabilitation related to social reintegration, results in the best interests of the child in accordance with the CRC.

If it has been found that the child was abused by a family member or a person with influence over the family, the child must immediately be placed in a safe environment. This may be a shelter such as an emergency home, hospital, welfare centre, or even a substitute family. Depending on the circumstances, it may even be in the best interests of the child to remain with his or her family, as long as measures are taken to ensure that the child's well being is safeguarded. At the same time, protection must also be offered to other children, such as siblings, who are living in the same environment as the identified child victim of abuse.

Removal of the child from the family or any other such intervention must involve legal professionals to assist in the process. This is because prosecution may be necessary, whether as a civil case (relating to custodial rights or the removal of the child), or criminal prosecution, in order to prevent the offender from abusing other children in the same environment.

Phase 3: Rehabilitation

The purpose of the next phase, the rehabilitative process, is to establish a plan for treatment and rehabilitation of the child according to his or her needs and situation. This phase requires collaboration between the fields of medicine, psychology, social work, and law.

The process begins with an analysis of the child's physical and mental pathology. The team members must be able to identify how the symptoms or syndromes materialized by assessing both primary and secondary causes. This is

typically achieved through interviews, observation, and record keeping by all professionals involved.

In order to ensure that the rehabilitation process proceeds according to the guidelines prescribed by the child psychiatric team, plans should be drawn up through collaboration between the psychiatrists, the psychologist, and the social worker working closely with the child and his or her family. Usually, the child's treatment will be conducted in parallel with family therapy, or with the reintegration process for the child.

At this stage, the legal experts may be able to assist in arranging for the offender to show his or her remorse by formally offering apologies to the child. As demonstrated in published studies by clinical psychologists from around the world, this participation of the abuser in the process often allows the child's rehabilitation to advance more rapidly and effectively. However, given the delicate and sensitive nature of this arrangement, this part of the process must be handled carefully.

Phase 4: Reintegration

During the fourth phase of reintegration, the multidisciplinary team endeavours to assist the child in resuming a normal life. This process begins with an assessment of the risk or push factors within the child's family, community and school. Actions plans should subsequently be created to address these factors. In the event that they cannot be adequately addressed, the team should concentrate on life skills development for the child so that he/she is able to seek timely assistance when needed.

Actions involving the child's family in the reintegration process require the family's active cooperation, as well as assistance by the legal expert according to child protection legislation. It is important to note that the family's agreement to assist must be combined with the critical support of the social worker. The assessment of the risk or push factors, as well as implementation of the plan for treatment, must be carefully followed through by the social worker in order for the reintegration process to become truly effective.

If the child's social environment cannot be sufficiently altered to allow safe reintegration, the child would have to be removed from the community and the school and relocated to a shelter or other care centre, a manoeuvre that would not be possible without the assistance of the legal expert. Legal expertise is also necessary in cases in which the child's identity must be concealed in order to keep his or her experiences of abuse confidential.

Phase 5: Prevention of the revictimization of the child

The final process, involving the prevention of further harm to the child, is achieved through the reduction of risk factors in the family and the community. Those who need to be involved at this stage include school staff, community social workers, hospital staff, and police officers.

Indicators for the evaluation of such risk factors are typically developed through an organization's experience in providing services to victims of trafficking. These tools or standards should be tested against specific target groups, such as child victims or vulnerable children, who utilize the organization's services. Systems at the community level must also be established in order to provide a foundation for better communication and cooperation between the multidisciplinary team and the child's family and community, as well as to facilitate the referral of cases.

Box 2: An example of coordination to prevent harm

Communication and cooperation between professionals in prevention work is a key part of identifying children at risk. For example, when a charge has been filed at a police station on a case of assault between a husband and wife, the officer in charge must check whether there are children in the household. Even though the children may not have been physically harmed, this incident still poses a risk factor. The police should refer the case to a social worker, who is then able to work with the family in ascertaining the need for treatment or other means for risk-reduction, including the possibility of legal intervention.

2.4 Fostering a supportive environment for a multidisciplinary team

2.4.1 Preconditions

The formation of a multidisciplinary team for the provision of assistance to child victims of trafficking necessitates several preconditions. These include:

- The presence of professionals from the fields of law enforcement and prosecution, child protective services, and physical and mental health
- Professionals who are familiar with the context of trafficking or are sufficiently trained on the issue
- Professionals who are willing to actively collaborate with others
- National policies and a legal framework that can legitimise the work of a multidisciplinary team

2.4.2 Establish a national strategy to combat trafficking

The creation of a national strategy to combat trafficking, consisting of national polices and a legal framework, is vital for supporting the multidisciplinary team's interventions in trafficking cases. Key elements of the national strategy in Thailand include:

- An emphasis on protecting victims of trafficking and their families
- Working in alliance with victims in order to obtain their cooperation as witnesses or informants
- Development of a database on trafficking rings and cases of organized crime in order to better facilitate the suppression of trafficking
- Prevention of revictimization of those who have been trafficked
- Prevention of trafficking victims from being coerced or persuaded into working in trafficking rings

Legal framework

A strong legal framework to support the establishment and operations of a multidisciplinary team is also important in ensuring its effectiveness. In Thailand, prior to the enforcement of the 2003 Child Protection Act, promoting a multidisciplinary approach was not an easy undertaking. This law as well as others which CPCR and other child rights organizations advocated, including the 2003 Witness Protection Act and the 1999 Criminal Procedures Amendment Act, demonstrate the use of the multidisciplinary approach within a child protection mechanism.

Box 3: 2003 Child protection Act of Thailand

The Child Protection Act came into force in March 2003, becoming Thailand's first law to focus on the protection of all children, with provisions covering all forms of State provided assistance to children and their families. The Act also incorporates protection, care, development and rehabilitation of children and their families. Referral systems are integrated into welfare, protection as well as child behavioural development.

The Child Protection Act delineates a mechanism that enables child protection practitioners in both GOs and NGOs to provide recovery and reintegration services to children in a timely and effective manner, and to work in close communication and collaboration. It confers authority to child protection officers at the national, provincial and district levels, and also mandates the development of minimum standards of child care.

According to the Act, Child Protection Committees must be established at both the national and sub-national levels, with members including authorities and experts in governmental and non-governmental sectors. These Committees are responsible for instituting measures for the protection and welfare of children.

Box 4: 1999 Criminal Procedures Amendment Act

Before the enactment of the 1999 Criminal Procedures Amendment Act, existing legal procedures led to unnecessary trauma for child victims of abuse. Such victims were coerced into describing the circumstances of their abuse to several different authorities during the investigation and trial proceedings. Child victims were also forced to face their abusers in the courtroom and submit to cross-examination, inflicting additional distress upon the child. Furthermore, prior to the actual trial, child victims were often bribed, threatened and manipulated into changing their testimony.

Under the 1999 law, criminal procedures involving children were altered to be more sensitive to the needs of children. The law provided child witnesses and victims with the ability to give videotaped statements, to avoid repeat questioning, and to provide evidence to the court via video link. The law's provisions also indicate that the assistance of a social worker or psychologist is required during police questioning sessions. In addition, the prosecutor or the child victim may also request that the victim or a witness present an early deposition if the offender has not yet been identified, or if it would be difficult for the victim or witness to attend the trial.

Following passage of the amendment, several months were required in order to set up the requisite infrastructure, such as videotaping equipment, and to implement and test the procedures. The amendments came into force throughout the country in September 2000.

2.5 Building capacity for a multidisciplinary approach

The involvement of all members of the multidisciplinary team in a capacity building programme is important for several reasons. For one, it enables every team member to develop a common understanding so that the team can move forward in the same direction. Secondly, such training ensures that every team member can attain the same level of knowledge and skills, facilitating cooperation.

The contents of a capacity building programme should cover a few basic areas. One such area concerns knowledge and skills on the basic protection and rehabilitation of children, such as:

- Definition of child abuse and neglect, Battered Child Syndrome, and child trafficking issues
- Identification of child abuse
- Assessment taking, such as risk assessments, child and family assessments, and needs assessments
- Fact-finding and investigation
- Child protection and related legal interventions, such as child witness support
- Care and treatment of child victims
- Family services and support
- Family therapy, recreation and reintegration processes;
- Family group conferencing and family unity meetings
- Prevention of child abuse

Another component of the programme is a focus on developing specific professional skills. All professionals involved in the multidisciplinary team need to be trained on how to effectively practice their own disciplines in the context of trafficking cases, in order to optimize cooperation with other team members. Skill building specifically on the multidisciplinary approach and the operations of the multidisciplinary team is also necessary. This may include workshops and on-site training on utilizing the multidisciplinary approach, as well as the responsibilities and interrelated roles of team members. This relates closely to capacity building on how members can work together as a team, particularly in the process of conducting case conferences.

Box 5: Why is skills building on a multidisciplinary approach important?

- Without knowledge or understanding on child abuse and trafficking issues and the impact on victims, physicians may refuse to disclose a diagnosis because they do not understand how this information will be used and how the victim could benefit
- Services from professionals who lack knowledge or understanding on such issues may apply "ready-made services" – where no preliminary diagnosis or analysis of the problem was attempted
- If needs assessments of the victim and the family are not properly conducted, the services rendered may fail to meet their needs
- Lack of skills in combining resources, sharing responsibilities and coordinating referrals may lead to limitations on the services provided to the child, making these services neither holistic nor long-lasting
- An uncoordinated array of services may lead to further traumatization of the child victim

2.6 Initiating multidisciplinary team operations

Once a supportive environment for establishing a multidisciplinary team has been generated, steps can then be taken to actually put together a team, set procedures, and develop agreements on how to work together.

Step 1: Create the team

As mentioned ealier, a multidisciplinary team requires a variety of professionals. Essentially, these should be of four types:

1. **Legal professionals:** Judges, prosecutors, lawyers, legal aid providers, and police
2. **Health professionals:** Paediatricians, forensic physicians, psychiatrists, psychologists, nurses, and public health officers
3. **Social work professionals:** Social workers based in hospitals, shelters and related organizations
4. **Community leaders:** Teachers, community leaders, and community-based child rights organizations

Step 2: Set procedures

Following the creation of the multidisciplinary team, procedures must be elaborated and commonly understood in order to ensure that victims receive the best assistance possible. Such procedures must comprise the following elements:

1. The sharing of observations and collection of other relevant information from team members
2. The comprehensive psychosocial evaluation of the child, including his or her family, in relation to the treatment provided
3. An assessment of the quality of care for the child, methods for improvements, or replacement options in the event that improvements are unlikely to occur
4. Short term and long term treatment planning
5. Clear delineation of roles and responsibilities of the team members, both in terms of each other and regarding the victim and his or her family
6. The exchange of information as the treatment progresses
7. Adjustment of the treatment plan when necessary
8. Identification and resolution of problems that could not be avoided, as they are discovered by team members, both in terms of the treatment and the collaboration processes

Step 3: Develop agreements on how to work together

Achieving a common understanding by developing agreements on how to work together is a necessary prerequisite for the multidisciplinary team. Such agreements should revolve around issues such as:

- **A code of conduct:** Team members should hold the same goals and objectives in providing services to child victims, and must be committed to working in partnership in order to serve the best interests of the child. Members should also concur on the maintenance of confidentiality of information that is shared during case conferences
- **Roles and responsibilities:** Members should take precautions to avoid the duplication of work and to ensure that all efforts correlate to the best interests of the child
- **Steps and processes:** The team also must define clear steps and processes for collaboration on the gathering of information and in finding solutions to problems

Box 6: Empathy: An essential ethic for a multidisciplinary team

It is important that all concerned professionals possess a sense of empathy for victims of trafficking. Empathy implies that he or she can understand and vicariously relate to a victim's emotions and state of mind. Empathy actually involves much more than just "sympathy," which only entails an ability to share someone else's emotions, at times in a condescending manner.

Several guiding principles in the use of empathy can be applied in order to assist professionals in working objectively and without personal feelings, opinions, or beliefs:

- Having empathy for a victim does not imply that a sense of attachment should be created. Such attachments can actually be detrimental, as it will erode the professional relationship between the professional and the victim. Maintaining a professional relationship can help a team member in analysis, diagnosing problems, and expressing his or her opinions objectively. These abilities will then contribute to the smooth operations of the team
- Having empathy for a victim means that the professional should never exhibit anger, dissatisfaction, or disappointment toward the victim, particularly when the victim has not met his or her expectations in the treatment process
- At times, a victim may appear seductive, provocative, challenging, sarcastic, or may even openly scold the professional. The team member must seek to resolve this dilemma in a professional manner, involving other professionals if appropriate. For example, a team of psychologists may decide to assist a victim by reviewing his or her behaviour if the victim displays signs of aggression toward the team members
- While maintaining a sense of empathy, the professional should at the same time be fully aware of his or her own emotions. In the event that the team member begins to experience negative feelings toward a victim, or is afraid that he/she may lose self-control, the professional must immediately refer the victim to another professional. A temporary solution may involve walking away from the situation, which may be effective in preventing a problem from escalating

Box 7: The dilemma of returning a child victim home

In CPCR's experience, one of the reasons parents send their children with traffickers is because they want to pay off gambling debts. Before returning a child to his or her family, it is necessary to ensure that the parents have stopped gambling, and that the parents and the child have re-established a strong and healthy relationship. The child should not be immediately returned to his or her parents based only on the justification that the parents have vowed not to gamble again.

2.7 Conducting case conferences

Once the multidisciplinary team is adequately prepared to engage in actual operations, it can take steps to conduct case conferences. These meetings are held for the purpose of developing directions and plans for the treatment and rehabilitation of the victim of trafficking. It is therefore important that all team members at each successive meeting are fully aware of the stage at which the case has progressed.

2.7.1 Key principles for a team involved in a case conference

There are several broad principles that can be used to guide members of a multidisciplinary team specifically in the conduct of a case conference. Such principles are:

- **A willingness to work with others:** Team members must be willing to engage in teamwork and agree to a common goal
- **Understanding the overall framework:** Every team member should understand the overall multidisciplinary approach and its framework, including its systems and procedures, as well as the roles and responsibilities of all members
- **Professionalism and objectivity:** Team members must base their decision-making on professional principles, and express professional opinions devoid of personal feelings or beliefs
- **Emotional control:** Team members should refrain from allowing their emotions to interfere with the work at hand. In the event that a member allows emotions, personal opinions, or beliefs to enter the discussion, the team leader must be able to persuade him or her to be objective. If the member is still unable to exercise control over their emotions, the leader should request that the member temporarily leave the meeting room until he/she is ready to return. This is to ensure that the conference can continue without further disturbances
- **Open opportunities for all members:** It is essential for all team members to have opportunities to utilize their potential capacity in problem analysis, expression their opinions, and that they are able to effectively listen to each other. Any arguments should be based on professionalism and supported by fact
- **Clarity and flexibility:** Each member's roles should be clearly evident. However, opportunities should also be available for team members to make decisions in an area beyond their respective disciplines, in order to enhance the team's efficiency
- **Participatory approach:** The planning and assigning of responsibilities must be based on each member's unique professional knowledge and expertise. The team leader must in particular be able to mobilize the participation of all members

- **Conflict resolution:** Conflicts that stem from differing opinions must be resolved in order to arrive at a final decision. Such decisions must not be made solely on authority, but rather on scientific evidence and actual facts
- **Ability to arrive at conclusions:** The team leader in particular must be effective in summarizing the decisions agreed upon at the conference

Box 8: Conflict resolution within a multidisciplinary team

A case conference can easily provide the setting for conflict, which is a natural component of a lively discussion. Such conflicts can have positive repercussions, as they can encourage team members to widen their perspectives in searching for the best solutions. In this case, the team leader plays an important role by motivating the team and welcoming a straightforward discussion on the conflict in question.

Conflicts may arise in a case conference for several different reasons. Different professionals may view the family unit in particular ways, which may contribute to different perspectives on the case and lead to conflict within the team. Conflicts may also arise when a child has first been identified as a victim of abuse, and members disagree on whether to disclose the child's symptoms, in what manner this should be done, and whether the child should be separated from his or her family. Also, different roles and responsibilities of team members in the provision of assistance to the victim may give rise to conflict if they are unclear or ill planned. Finally, conflicts may occur while the team is attempting to prove whether or not the child is a victim of abuse, as each professional resorts to different processes for assessing this, both in terms of method and time frame.

When a team is faced with conflict, there are several tactics that may assist:

- Stay focused on the purpose and goal of the team, and refer to the team protocol for guidance.
- Commit to forward-thinking, rather than trying to allocate blame
- Be respectful by considering every argument and listening to all members
- Ensure that every stance is understood and that none are withheld. It may help to restate the other position in your own words, and to clarify the opposing point of view until you are sure you understand. Find something positive in each position and avoid defending your own perspective until you clearly understand the other
- State your position succinctly and firmly, but avoid using excessive emotion. Avoid personalizing your position by keeping the discussion focused on the issue at hand
- Once you have been heard, do not continue to restate your position
- Offer suggestions rather than mere criticisms of other points of view
- Base resolutions on consensus, rather than the resignation of anyone's responsibility or integrity

2.7.2 Timing for case conferences

The first case conference should be held immediately after receiving the first set of information or evidence. The meeting may first be held between the social worker and the legal team in order to assess the quality of information received, to determine the direction in which the investigation should be led, and the process for conducting further fact-finding missions from the legal, social work, or medical perspectives. This would imply that the child victim must already be put in the custody of the team – even if the victim is still living with his or her family. This meeting will then permit the first stage of services to be provided to the child, as well as sanction the gathering of further information and evidence within a proscribed timeframe.

Afterwards, when the delegated tasks undertaken by each of these team members have been accomplished within the timeframe, a meeting should immediately be called again in order for the team to share gathered information. This may include media reports, evidence, or information garnered from witnesses.

Succeeding conferences amongst relevant team members should be arranged in order to continue the exchange of information and to meet the immediate requirements of tasks to be completed, all while keeping within the allotted timeframe. Meetings could thus be held, with some flexibility in regard to scheduling, every three to four weeks.

Box 9: Examples of case conference timing

Concerning legal matters:

- A conference should be held to decide whether to assign the case to the prosecutor in order to file a suit. This must be done according to the timeframe determined by the criminal code proceedings
- In the event that the court dismisses the case, a meeting should be immediately called to study the weakness in the prosecution and to once again review legal issues, particularly regarding the victim's safety

Concerning medical matters:

If a medical diagnosis has been made that the victim was indeed sexually assaulted, but the offender remains unknown, it is important to integrate all the information, evidence, and witnesses from the legal, social work, and medical dimensions in order to identify the offender. A meeting is thus immediately required to contribute to the legal proceedings, so that the offender can be arrested as soon as possible.

2.7.3 Steps for holding case conferences

Conducting a case conference amongst members of a multidisciplinary team can be a complex and challenging process. In many cases, a conference does not generate results because team members are not working in the right direction. To avoid such situations, the following precautions should be instituted:

- **Jointly establish a meeting objective:** Objectives for each case conference depend on the progress of the case. For example, if the case is in the fact-finding phase, objectives will relate to members' own viewpoints regarding the victim's physical and mental health, age-appropriate development, and social environment, as well as the necessary legal provisions to support the case proceedings. Another objective of a case conference could be to assess the child victim and his or her family, in order to pinpoint any social abnormalities. This would then lead to a meeting that focuses on assessing the needs of the victim, including medical services, legal aid and other social support
- **Identify the roles and responsibilities of each member:** Plan and define the role and responsibilities of each team member in providing services to the victim and his or her family. Given that it is not possible for members to respond to all the needs of the victim, it is essential to prioritize needs and mobilize existing resources from the team at this stage
- **Delineate the process for follow-up and reporting back:** All processes for following-up on decisions from previous conferences and reporting back to the team should be clear and agreed on by all members
- **Clarify the scope of each conference:** In the same case conference, several objectives could be agreed upon, or more than one victim could be discussed

Box 10: The team leader's role in a case conference

It is imperative that a solid team leader is selected to take the lead during a case conference. A good team leader possesses sufficient knowledge on how other professionals conduct their work, does not focus solely on the issues within his or her discipline, and is able to uphold a level of authority for the purpose of steering the conference's direction.

There are other qualities and qualifications which a strong team leader should hold, as well as certain roles and responsibilities which he/she is willing to assume:

Qualities

- Values the opinions of all team members
- Does not possess biases or prejudices
- Refuses to protect those members who obstruct the work of the team
- Recognizes that the team's efforts are not his or her own
- Is patient and tolerant
- Has strong interpersonal relationship skills
- Is concerned with the well-being of team members
- Is able to persuade team members when appropriate
- Is able to resolve problems in a timely manner
- Has strong analytical skills

Qualifications

- Is trained in one profession represented on the multidisciplinary team, and holds at least an undergraduate degree
- Understands the mandates of other professionals
- Has the ability to effectively follow-up on decisions and interventions
- Has experience in issues of child abuse and/or trafficking
- Understands the network of services for child victims of abuse and trafficking

Roles and responsibilities

- Sets objective(s) for each case conference
- Prioritizes issues to be discussed and allocates time for each issue depending on its complexity
- Facilitates each conference by ensuring discussions are focused on the issue at hand and that conclusions are achieved
- Synthesizes recommendations and follow-up actions, and identifies responsible team members at the end of each conference

2.8 Follow-up and evaluation of a multidisciplinary team's services

Determining when the team's mission is complete

The treatment and rehabilitation services provided by the multidisciplinary team may cease once the team has achieved its goal – meaning that the victim's physical, psychological, and social well-being are now normal or close to normal.

Alternatively, the team's operations also may need to terminate in the event that its efforts have not succeeded or are likely to fail. This may be due to factors outside the team's control. These circumstances include the fact that the legal system is not conducive to the treatment the child victim requires, or that the mechanisms necessary to respond to the case are inadequately structured and cannot support the child's treatment.

However, it may be the case that the objectives were not met simply because the team requires additional expertise in order to fulfil its obligations. The team should then decide to merge with other organizations in order to gain access to such technical expertise, or may design ways to collaborate with other agencies–such as through the exchange of personnel. In another scenario, if existing members of the team seem to lack skills or expertise, training activities could also be organized to help strengthen their capacity. Finally, another means to meet gaps in skills and expertise is to invite external experts from the requisite professional field to participate and share their opinions during the multidisciplinary team meetings.

Assessing the team's success

In order to evaluate the team's success in meeting its objectives, an assessment must be conducted through the creation of indicators. This should occur when the team's operations have ceased, whether this is due to the normalisation of the victim's physical, psychological, and social well-being, or due to the failure of the team's efforts in doing so.

There are different methods of assessment depending on either of these two rationales for termination of the team's operations. In the event that the team has succeeded in achieving its goal, the assessment process should ensue as follows:

1. Assessment of the normalisation of the victim's physical, psychological, and social state

One indicator for assessing the multidisciplinary team's success is to compare the bio-psychosocial condition of the victim both before and after the rehabilitation process, in order to measure the extent of positive changes.

It is not practical to expect that a treatment and rehabilitation programme will be entirely successful in every aspect. However, if the victim's general condition is within a normal range, with the potential of achieving improved physical, psychological, and social well being, the programme can still be deemed a success. This would be particularly applicable if the victim displays a sense of resilience and his or her social environment is supportive of or conducive to his or her recovery.

2. Assessment of the victim's physical, psychological, and social state when the treatment programme is found to have failed

If the treatment programme is determined to have failed due to the limitations of the team itself, the members should assess the challenges and obstacles it has encountered in the course of their work. For example, the case may be that a particular team member did not participate in the conference(s) held to evaluate the victim's needs, thus leading to an incorrect evaluation. It could also be the case that some or all of the members lacked knowledge or skills pertaining to certain issues or fields. When such challenges or obstacles have been recognised, attempts should be made to address it – for example, by inviting external experts to fill knowledge gaps – before the team continues with the rehabilitation process as appropriate.

Box 11: Challenges to the rehabilitation process

Some challenges to the rehabilitation process for a victim of abuse or trafficking prove problematic and difficult to resolve. One such example would be the case of a victim who is suffering from either a type of brain pathology or chemical imbalance, and requires regular medication to manage his or her emotions or behaviour. If he or she refuses to take the medication, or family members or relatives cannot ensure that he/ she will adhere to the treatment and rehabilitation plan, the multidisciplinary team would then be unable to continue the provision of treatment.

Box 12: Assessing progress in the treatment of a mood disorder

An example of assessing the bio-psychosocial condition of a victim before and after treatment, whereby the victim exhibits symptoms of a mood disorder syndrome, illustrates how progress can be gauged.

If the victim appears to meet the following conditions, he or she could be determined by the multidisciplinary team to have reached normalisation:

- Emotional stability
- Not easily affected or overly troubled by stimulus
- Capable of emotional control
- Able to cope with negative emotions through the use of reasoning
- Able to reconcile his or her own negative emotions resulting from an external stimulus
- Able to attain a sense of tranquillity
- Does not exhibit aggressive, apathetic or despondent behaviour
- Demonstrates a readiness for self-development and improvement of his or her living conditions, as well as other aspects of his or her life

However, if the treatment has proven unsuccessful due to the victim's inability to cooperate or to external factors beyond the control of the team, experts from various fields must first be brought in to play a role in the evaluation. These experts would need to assess:

- Whether the team has performed in accordance with its professional standards and to its full capacity
- Whether the victim did not cooperate because the team was not effective in its operations

For example, a member of the multidisciplinary team may have asked the victim to meet the psychiatrist at the hospital, without providing a specific time of appointment or, the psychiatric team may not have studied the victim's history prior to conducting an interview, which led to repeat questioning of the victim and possible retraumitization.

2.9 Development of practical toolkits and materials for practitioners

Tried and tested practical toolkits and materials that can be shared with a wider audience are valuable outputs of a multidisciplinary team. Handbooks, manuals and forms for use by practitioners can help to reinforce a common understanding of the multidisciplinary approach, and demonstrate its value and effectiveness. The following are examples of such resources:

- A standardized database and data collection system on child trafficking cases to be used amongst all relevant professionals for analysis and referral purposes
- Form for recording a trafficking victim's personal history
- Incident notification form
- Handbook for practitioners, indicating the roles of various professionals on a multidisciplinary team, as well as requisite professional skills such as technical skills: relevant procedures, and available resources
- Roster of organizations working on trafficking issues
- List of laws and regulations relating to trafficking and services for trafficking victims, along with a handbook of guidelines on how to enforce them

Box 13: Case Study: The Melrose

This case study reflects how CPCR managed to work in cooperation with GOs and NGOs as part of a multidisciplinary team. The main purpose of this team was to provide integrated services to child and women victims of trafficking.

Background

In 2001, Thai police received information from Interpol regarding a pornographer who was caught by Japanese police. From the pornography they found in his possession, the police suspected that one of the pictures was of a Thai girl and that the picture was taken in Thailand. The Thai police were eventually able to identify the venue where the picture was taken, a massage parlour named The Melrose.

After gathering further information, the police notified CPCR that they planned to raid The Melrose in order to rescue 12 children, one of whom appeared in the pornographic material. These girls were identified as Laotian, Burmese, and Thai. During this operation, CPCR's role was to ensure the protection of these children.

Preparations for the rescue

The police called for a team meeting on the day that they planned to raid the massage parlour in the evening. Rough information regarding the victims and the location of the venue was collected. The police planned to rescue the children from an apartment where they lived, and CPCR staff members made preparations for the comfort of the children. Kredtrakarn Centre, a government-run shelter, was also notified during this phase.

After the apartment was cleared by the police, the Foundation staff met with the children to explain what would happen next and the processes which the children would be involved in. The children were also asked to give some brief personal information. The objective of the interviews at this stage was to collect as much evidence as possible in order to prosecute the traffickers. Other evidence at the scene was also collected, including condoms, gambling chips and the children's income statements. The children were then given some time to gather their belongings before leaving with the team.

The primary investigation

After the children were removed from the apartment, they were brought to the police station for further interviews. CPCR staff helped the police interrogate the children to collect detailed information on their age, identification, nationality, background, and family. They were also asked how they came to Thailand, who accompanied them, how many "jobs" they had held, and how they were treated by their employers. The staff also observed the children's behaviour, physical health and mental health conditions to the extent possible. For example, they looked for any bruises or wounds, signs of depression, and how the children responded to questions.

Admission to the shelter

After the investigation, the children were brought to the CPCR transit centre. At this stage, the staff had to determine if any of the children were unresponsive to questions or were opposed to the change, which would then require that particular steps be taken. This information was essential for the staff to pass on to the Kredtrakarn Centre, where the children would next be referred.

Hand-over meeting

A hand-over meeting was conducted at this stage in order to transfer CPCR's responsibilities regarding the care of the children over to Kredtrakarn Centre. At the meeting, information on the children was passed on to the social worker at the Centre, and participants discussed the need for additional fact-finding sessions, and who would be in charge of each task.

Fact-finding process

1. Basic information: On the second day after the rescue, each child was interviewed separately in order to obtain additional information
2. Information on physical and mental health: The children were also sent for detailed medical check-ups, and met with a psychiatrist for diagnoses of their mental well being. If a child was determined to be depressed and expressed tendencies to harm herself, the process was made clear that she would then be immediately referred to the psychiatrist for treatment

3. Social information: The next step in the fact-finding process involved interviewing the children for further details on how they became victims of trafficking. This was followed by an assessment of their basic physical, mental, and social needs. Information on their family, as well as their relationships with family members and their communities, was also collected

During this stage, CPCR staff worked as a team with the Kredtrakarn Centre in conducting the fact-finding process, and collectively assessed each child's personality through individual interviews and group discussions. The team also held an orientation with the children regarding the legal process and their roles.

Rehabilitation

At the Kredtrakarn Centre, the children were involved in a regular programme of rehabilitation and enrolled in a vocational training programme operated by the Centre.

Reintegration

While the children were in the process of rehabilitation, Thai authorities requested the Ministry of Labour and Social Welfare in The Lao People's Democratic Republic to conduct a family assessment of the Lao children to ensure that their families were prepared to take them back. After a positive assessment was received from the Lao officials, the Lao children were then successfully repatriated.

3 Challenges and Recommendations

3 Challenges and Recommendations

The following matrix outlines the main challenges that have been encountered by CPCR in adopting the multidisciplinary approach to assisting child victims of trafficking. It also delineates corresponding recommendations to address these challenges, consisting of factors for success and conditions for which the recommendation will be best suited.

Challenges	Recommendations
Professionals on the multidisciplinary team do not use their skills to the fullest capacity.	Promote a "professional mandate" as the key to solving problems which arise in the provision of services to abused children. Establish an expert institute or council of professionals to improve knowledge, coordinate experience sharing, and acknowledge professional codes of conduct. Develop professional standards for social workers, psychologists, physicians, and lawyers in order to ensure quality professional practice.
Professionals on the multidisciplinary team do not understand the work of other professions, and therefore hold unrealistic or erroneous expectations of their fellow team members.	Develop a strategy to raise awareness among relevant members of the team so that individual realises the importance of the other team members.
Professionals join the multidisciplinary team on the basis of personal interests or beliefs, rather than a commitment to the organizational mandate. Therefore, cooperation within the team tends to fail after the professional leaves his or her job.	Lobby for changes in policy while simultaneously collaborating with officials at the implementation level. National policies and laws that promote the practice of a multidisciplinary approach are an important tool in nurturing the on-going process.

Challenges	Recommendations
Professionals are overloaded with work, leading to time constraints in calling for a case conference.	Identify a government agency that has a direct mandate on dealing with trafficking issues to be the focal point/coordinator of the multidisciplinary team. Other professionals, including NGOs, can provide necessary technical support, particularly in terms of child care, treatment and rehabilitation.
During the case conference, professionals persistently have different points of view regarding the data collected, leading to disagreements within the team.	Ensure that case conferences are run efficiently through the support of a skilled team leader and team members who fully understand their roles and that of their fellow members. Utilize available information regarding the impact on the child victim in an objective manner. This should then be used to underpin plans for the protection and rehabilitation of the child.
During the case conference, the setting of priorities is obstructed during the planning process, as each professional has a different frame of reference, plays a different role, and has dealt with the problem in different ways.	Emphasize to team members the importance of maintaining an open-mind and listening to other members. Establish priorities for service provision based on the needs and safety of the child.

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