



GUIDE OF GOOD PRACTICE

Pro Health

Improve medical services for victims
of human trafficking

Pro Refugiu Association

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Bucharest

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A. Introduction

Lives of millions of people worldwide are sold on the global market for modern slavery. Men, women and children fall into the traffickers' hands both in their countries of origin and abroad. Every country in the world is affected by trafficking in persons, either as country of origin, transit or destination for victims.

Trafficking in persons is a major health problem worldwide, one that health care providers cannot ignore. Although it is unlikely that victims have access to adequate and timely assistance, some victims will be assisted for diseases related to sexually transmitted diseases, pregnancy and/or abortion. Healthcare providers should be trained to identify, treat, and assist victims of human trafficking as part of their usual clinical practice.

Healthcare providers are often the only professionals who have the opportunity to interact with people who are still in the situation of exploitation/trafficking. The methods of assessment and the interviewing skills are useful in identifying the victims of trafficking in persons promptly and efficiently. The purpose of this guide of good practice is to provide clinicians information on trafficking in persons and the specific tools they can use in assisting victims in the clinical environment.

The present publication has been produced within the *Pro Health - Improving the Health Services to Victims of Trafficking in Persons* Project, implemented during the period April 2015 - March 2016, financed through EEA Grants 2009-2014 NGO Fund in Romania, Component 4 Social Services and Basic.

B. What is TRAFFICKING IN PERSONS

Trafficking in persons is a complex transnational phenomenon with origins in vulnerability caused by poverty, gender inequality and violence against women, conflict and post-conflict, lack of democratic systems, lack of social integration, lack of opportunities and jobs, lack of access to education, violation of children's rights and discrimination.

The most common definition of human trafficking, internationally accepted, is provided by the *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime* (Palermo Protocol).

Trafficking in persons is:

recruitment, transportation, transfer, harboring or receipt of persons, including exchange or transfer of control of such persons, by means of threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include: exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs.

1. Trafficking in Persons phenomenon circle.

For healthcare providers, trafficking in persons is best understood as a phenomenon with a serious impact in the health of the individual, because trafficking - just like other forms of violence - is associated with physical and psychological damages.

The phenomenon of trafficking in persons can be best understood as rather a process and not just a single act (Figure 1). This circle of trafficking begins with the recruitment stage followed by the travel and the exploitation/destination phase. After the release or escape from the situation of exploitation, the individuals are taken by the

competent authority, following the integration process (if they remain in the destination countries) or re-integration (if they return to their countries of origin). Each stage of this cycle involves personal health risks and opportunities for health professionals and other experts in related fields to intervene by providing information and assistance.

The Circle of Trafficking in Persons

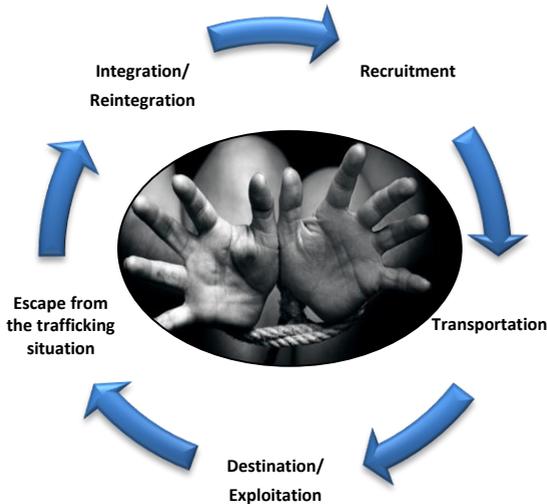


Figure 1

2. How trafficked persons remain trapped in a situation of exploitation?

No one chooses to be a slave! One of the most common questions that are asked about trafficking victims is, “Why do they stay?” Although there are certainly instances when traffickers forcibly hold victims captive, more commonly victims appear able to walk away at any time.

Very often trafficked persons do not see another option than to remain under the control of the traffickers. The victims of trafficking are held in slavery in a combination

of fear, intimidation, abuse, and psychological control. While every victim will have a different experience, they share a common feature, namely that of being in a situation of servitude. The victims of trafficking in persons live a life marked by abuse, violation of fundamental human rights, as well as restrictions and control exercised by their trafficker. To keep victims trapped in a situation of exploitation and to make them cooperative for the personal gain of the traffickers, they use control techniques such as force, manipulation, and persuasion of victims. The methods used for this purpose refers to physical, sexual and psychological threats to family members, social isolation, money debts, lies and deception, retention of identity documents, emotional manipulation and keeping the victim in a state of uncertainty in unpredictable conditions.

According to a study by Hughes D. and Denisova T., victims of trafficking generally see only three ways to escape exploitation:

- becoming unprofitable due to trauma, emotional instability or advanced pregnancy;
- with the help of a client;
- death.

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C. Consequences of trafficking on the health of victims

Trafficking in persons is a crime that is not always easy to identify. It is a form of violence of a broader spectrum; some people will be subjected to extreme physical violence similar to torture, such as beatings, gang rape, injuries caused by sharp objects, burns, seizure, while others can be subjected to threatening, coercive and less obvious, such as physical and verbal threats of them and of their families (children, parents, relatives), blackmail, deception, false information about the possibility of getting help from the police or other authorities.

The health problems that face the victims of trafficking are largely the result of several factors:

- deprivation of food and sleep,
- extreme stress,
- pre-existing chronic or genetic diseases,
- risks during transportation/travel,
- violence (physical and sexual),
- dangerous working conditions.

According to Zimmerman C. and Stöckl H., as concerns trafficked persons, the influences on their health are often cumulative, making it necessary to take into account every stage of the trafficking process, as illustrated by the conceptual model in Figure 2.

At each stage, women, men and children can be subjected to: psychological, physical and/or sexual abuse; coercing or forcing to use drugs or alcohol; social restrictions and emotional manipulation; economic exploitation, debts impossible to be paid; and legal uncertainty. Often, risks remain even after a person escaped from the trafficking situation and only a small part of the survivors obtain access to post-trafficking services or receive any financial compensation or otherwise.

Analyzing the trafficking process considering its chronological phases, it creates a framework/structure that helps in the aim of addressing as effectively as possible the healthcare needs of trafficking victims.

Figure 2

Influences on the health and well-being in different stages of trafficking.

		Captivity Deprivation, unsanitary conditions Stress generating situation Lack of medical care	Integration Cultural adaptation Shame, stigma Difficulties in accessing services Reprisals from traffickers
Recruitment History of abuse or deprivation Socio-cultural influences Health condition	Transportation/Transfer Dangerous travel conditions Beginning of violence Seizure of documents	Exploitation Improper working and living conditions Physical, sexual and psychological violence Restricting the freedom of movement	
		Re-trafficking Increased vulnerability associated with the past of exploitation, stigma and limited options for a job	Re-integration Social rehabilitation Shame, stigma Difficulties in accessing services Reprisals from traffickers

1. Physical health

Trafficked persons are often treated as disposable goods, without paying too much attention to their mental or physical health. Since most victims do not have timely access to medical care, it is possible that when they reach a clinician their health problems were in a very advanced state. Consequently, some of the most common diseases that a victim may suffer from include:

Physical illness - Areas and Symptoms	
Fatigue and weight loss	Musculoskeletal
Low energy Fatigue Loss of appetite Dehydration	Back pains Fractures/Sprains Muscle or joint pain Toothache Facial injuries
Neurological	Ocular
Headaches Dizziness Memory disorders Faint	Visual impairments Eye pain
Gastrointestinal	ENT (ear, nose, throat)
Stomach or abdominal pain Gastric discomfort, vomiting, Diarrhea, constipation	Otalgia Hearing impaired Sinus infections Cold and flu
Sexual and reproductive health	Dermatological
Painful urination (dysuria) Pelvic pain	Rash Itching

Abnormal vaginal discharge Vaginal pain Dysfunctional uterine bleeding Genital infections Perineal tears Sexually transmitted diseases STDs Infertility	Skin fungus Burns
Cardiovascular	
Chest pain Difficulty breathing	

2. Sexual and reproductive health

Trafficking in women and girls for sexual exploitation is internationally recognized as forms of violence based on gender and are believed to lead to particular forms of vulnerability of the sexual and reproductive health.

Many victims of trafficking sexually exploited are young people at fertility age who are not always allowed to use contraceptive or protection methods. When pregnant, they are forced to perform abortions (often in illegal facilities and in dangerous conditions) or are beaten to miscarriage. Gang rape, increased number of forced sex (some victims having to 30-40 clients per day), dangerous sexual practices constitute serious abuses that lead to a rapid degradation of the sexual and the reproductive health of these young women.

Victims of sexual exploitation are particularly vulnerable to sexually transmitted infections such as gonorrhoea, syphilis, urinary tract infections and pediculosis pubis. The human immunodeficiency virus / AIDS is known to be prevalent. They may have pelvic pain, vaginal/anal tears, anal fistulas, menstrual problems and/or difficulty in urination due to multiple forced sexual contact.

Not treated in due time, these conditions can lead to serious consequences in terms of health in the long term. An example might be the pelvic inflammatory disease, which can lead to infertility, ectopic pregnancy, chronic pelvic pain.

3. Mental health

Trafficking victims may suffer severe psychological trauma from daily abuse (sometimes even torture) faced in the physical, psychological and emotional realms. Posttraumatic stress disorder, acute anxiety, and depression are the most common diseases among this category of people.

When we talk about trafficking/exploitation there should be considered the following:

- most victims of trafficking will have suffered one or more traumatic events that led to the development of defense mechanisms to cope with them.
- the effects of traumatic experiences are often complex, multiple and can occur over a long period of time.
- many of these people who are caught in the trafficking in persons may have behind a personal history of abuse and trauma.

Living under terror, trapped in a country whose language they don't speak, with permanent threats against self and family, etc., lead to feelings of isolation, lack of control over their own lives, feelings of helplessness and despair, low self-esteem, devaluation, self-blame, depression, anxiety, guilt, anger, sleep disturbances or insomnia, fear of being shunned by other people, paranoia, loss of appetite, lack of energy, dreams and nightmares related to the abuse, lack of trust and suspicion towards people, suicidal thoughts, a desire to punish the traffickers, irritability and defensiveness. There are also feelings of disgust and shame, hopelessness and numbness, self-mutilation, drug overdose, abuse of pills, intended unprotected sex, and suicide attempts.

Symptoms/Psychological reactions of the survivor, post-trafficking

Fear	<ul style="list-style-type: none"> • to be alone; • to be found and punished by the trafficker; • about the fact that others will hear of their past of exploitation; • to be punished for committing an offense; • about the anger they feel; • STDs, HIV/AIDS; • nightmares;
Feelings of guilt	<ul style="list-style-type: none"> • because s/he made a mistake being “stupid”; • infringement of cultural and religious norms; • because s/he was not able to earn enough money to support his/her family;
Anger	<ul style="list-style-type: none"> • against oneself, because s/he “allowed this to happen”; • against others, because they did not protect him/her; • towards the society; • because his/her life was destroyed;
Feeling betrayed	<ul style="list-style-type: none"> • by the people who put him in connection with the traffickers; • by God; • by the state; • by the family;
Lack of trust	<ul style="list-style-type: none"> • in his/her own abilities to assess people and events; • in other people, even in those who never betrayed him/her;
Helplessness/ Inability	<ul style="list-style-type: none"> • to control his/her own live; • related to the capacity to rehabilitate ever;
Shock	<ul style="list-style-type: none"> • stunned and unable to cry;
Suspicion	<ul style="list-style-type: none"> • about the events that happened; • due to what happened to him/her;
Disorientation	<ul style="list-style-type: none"> • inability to stay still in one place; • difficulties with spatial-temporal orientation; • memory issues.

4. Well-being

The trafficking experience has devastating effects on the physical, mental and wellness/welfare realms of a person trapped in situation of exploitation, thus destroying the basic conditions necessary to functioning within normal parameters.

Since traffickers dehumanize the victim and relates to it as being no more than an object, then the feelings of power, visibility and dignity of the person in case are destroyed. Traffickers also use coercion and force tactics to make victims feel worthless and dependent emotionally, leading to loss of self-identity and control over their lives. These traumatic events through which the individual passes may destroy the three basic principles of life, namely:

- The surrounding world is good;
- Life is fair and makes sense;
- The individual, as a member of this world, is valuable and useful.

According to the American psychologist Ronnie Janoff-Bulman¹, people develop at a very early age general assumptions of the world; these are undeclared and somewhat implicit and provide the basis for the individual's well-being, giving meaning to existence. Trauma destroys the basic assumptions on life causing deep changes to the scope of these global beliefs. When these principles are shattered, the vision of the world suddenly changes and the individual has no longer control over his/her own live, it disappears the sense of security, coherence, clarity, structure, power, order in the

¹ Janoff-Bulman, R. *Shattered assumptions: Towards a new psychology of trauma*. New York: Free Press. (1992).

inner and outer world, with no benchmark and the individual is confused and stuck in a situation that indicates no direction.

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D. Signs that may indicate that a person is trafficked/exploited

Most trafficking victims will not disclose information voluntarily about their status because of fear and abuse they have suffered at the hands of their trafficker. They may also be reluctant to come forward with information from despair, discouragement, and a sense that there are no viable options to escape their situation. However, there are indicators that often point to a person held in a slavery condition.

Clinicians may lose sight of important clues about patients victims of trafficking, not only because of their low level of awareness about the phenomenon and the lack of training in this field, but due to limited time for a medical examination. In most facilities providing assistance the specialists are pressed to see as many patients as possible in a short space of time and their willingness to explore the patients' histories is diminished.

According to the experts who study the phenomenon of trafficking in persons the best opportunity for victims to escape the trafficking situation could be achieved with health care providers - because they are careful and know how to interpret suspicious items.

Additional to the obvious physical and mental indicators present in a case of trafficking, there are also other signs that indicate the individual is controlled by someone else. Healthcare professionals should raise red flags when they find any of the following:

The person requesting medical services:

- does not have his/her own identity documents;
- is extremely agitated;
- lies about his/her age;

- asks late for medical help when his/her medical problems have reached an advanced stage;
- has tried to solve using traditional methods of healing diseases (herbal mixtures, appealed to traditional healers etc.);
- requests repeatedly the same types of health problems (e.g. repeated abortions, infections and inflammation of the genital area, etc.);
- has a companion who insists to be present during the examination and answer the questions on behalf of the patient;

Other signs that may indicate a trafficking situation:

- the companion who presents himself as the patient's relative does not have similar physical traits;
- the companion who presents himself as the patient's boyfriend/lover looks much older than the patient;
- the companion answers the questions for the patient;
- the alleged context causing the health issues raises doubts in relation to the actual diseases (ex. fractured jaw because s/he slipped on the stairs);
- the medical examination/intervention is scheduled and paid by a third person.

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E. Guiding principles in assisting victims of trafficking in persons

Survivors of human trafficking/potential victims are likely to be extremely vulnerable. They may fear to disclose their experiences to the state authorities and will often tend to distrust people holding public authority. Their ability to participate in future procedures, such as in a criminal trial, will depend to a great extent on their physical health, mental and emotional condition.

Persons subjected to some extreme forms of exploitation are exposed to many more risk factors concerning their health - including physical, sexual and psychological deprivation and dangerous working conditions - which often lead to serious physical and psychological problems, sometimes even to the death of the victim; most people who survive a trafficking experience will need long term care. Health care providers can help in protecting patients against the harmful effects of current or future trafficking experience, by providing services adapted to their needs and through secure, adequate, and timely referral ways.

1. The role of the specialist in public health

A trafficked person may be referred to a health care provider; a patient may reveal a trafficking experience; or a health professional can detect signs indicating that a person has been or is trafficked. An informed specialist who pays attention to these signs can play an important role in supporting and treating people who repeatedly suffered serious abuses. In fact, healthcare is a form of support and prevention occupying a central place in the measures taken to combat trafficking in persons.

Being a few those specialists who may come into contact with victims who are still in the process of exploitation, health professionals are in a unique position to identify and provide care for this category of patients before and post-trafficking.

Although there are no scientifically validated questionnaires to help identify victims of trafficking, there are simple questions that can enable healthcare providers to determine whether the trafficking elements are present in a given situation.

If the specialist suspects that the patient may be a victim of trafficking, it is not recommended to ask directly if s/he is held captive, beaten and abused; this approach makes no sense and does not help the purpose. Starting from the far edge of the trafficking experience and advancing with indirect questions, formulated in a sensitive and empathic manner might be effective in finding the truth. In case of a minor patient it is recommended to call for specialized social assistance services that can help in his/her interviewing; some minors may claim their choice and desire to remain in a situation of exploitation.

For effective interviews with victims of human trafficking it is appropriate to adhere to the existing recommendations of the WHO (World Health Organization) Code of Ethics and the ethical principles used in interviewing trafficked persons².

²Zimmerman, C. and C. Watts, *WHO Ethical and Safety Recommendations for Interviewing Trafficked Women*, World Health Organization, Geneva, 2003.

Basic Knowledge and Skills in Assisting Victims Of Human Trafficking, Training Manual, Pro Refugiu Association 2015, www.prorefugiu.org

2. First contact

Studies have shown that most victims who are/have been in a situation of trafficking require healthcare at some point; many of them will do this during the exploitation process. It is thus important that health professionals intervene more efficiently from their first contact with the victim, taking into account the following:

- The frontline practitioners have the responsibility to create the necessary framework to ensure the comfort of the victim; they should pay attention to their verbal and non-verbal behavior that may have a significant impact on the mental condition of a traumatized person;
- The exploited persons will have different needs that will have to be addressed using tactics tailored to the circumstances;
- There may be communication barriers due to low levels of education and learning deficiencies, and also cultural considerations;
- At first contact, victims can seem unwilling to cooperate, particularly if they are in the presence of the trafficker/supervisor or other victims. It is likely the victim may have been isolated from his/her family or friends and lives in an unknown region. Apart from the feelings of fear and intimidation, they may feel dependent on the trafficker/their supervisor who may be a close person. Perhaps they don't understand the concept of trafficking or they don't see themselves in the position of exploited victims;
- It is important to take into account the possible health issues. Victims of trafficking may suffer from a wide range of physical and psychological problems, including post-traumatic stress disorder. They may be vulnerable to sexually transmitted infections or may have been exposed to chemicals and/or dangerous working conditions. It is likely that they have been deprived of food, sleep or kept in conditions of slavery; sexually exploited women are likely to be pregnant or have been forced to have an abortion;
- It is important that healthcare and psychological support is provided properly and timely to all victims;

- Some victims will require emergency medical assistance and immediate psychological counseling;
- It must be considered the fact that not all signs of psychological stress or physical illness will be obvious. There could also be cases of abuse of drugs and alcohol and related behaviors;

Issues to be considered by mental health professionals when assisting a victim of trafficking

There are three concepts used in Western psychology to which we must pay attention when dealing with trauma caused by exploitation: choice theory, intergenerational relationship, and transgenerational trauma

Choice theory states that whatever choice we make, there are consequences that we should acknowledge and accept. However the theory does not take into account socioeconomic, sociopolitical, cultural worldviews, historical, and environmental circumstances. Being driven into trafficking because of poverty, lack of education, cultural values and attitudes towards girls, consumerism, and globalization leaves little or no real choice. The notion of choice assumes that everyone is on an equal playing field and ignores the imbalances between rich and poor nations, regions, communities and individuals and disregards the fact that not everyone has the same opportunities and access to resources and services. So the choice therapy does not apply in this situation.

Intergenerational relationship is the passing down of cultural values, beliefs, attitudes, and worldview from one generation to the next. Transgenerational trauma occurs when members of a group who have endured shameful and humiliating losses or trauma verbally and nonverbally transmit their memories and associated emotions to the next generation. This means that survivors of trafficking may transmit tainted attitudes about childrearing, socialization, and interpersonal relationship to the next generation. Thus, human trafficking for sexual exploitation affects not only the individual who has been trafficked, but also have long term impacts on families, communities, and society.

3. Special measures to assist child victims

The Palermo Protocol (UN, 2000)³ provides special measures in the case of children - any child transported for exploitative reasons is considered to be a trafficking victim - whether or not they have been forced or deceived. This is partly because it is not considered possible for children to give informed consent. Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adults. It is important that these children are protected too.

Trafficked children are deprived not only of their fundamental rights relating to health, freedom and security - they are usually deprived of their right to education and life opportunities arising from this. Creating a false identity for itself and the implied trafficking offenses with the loss of family and community can seriously undermine the sense of personal value.

Providing care to children and adolescents require careful consideration of their age, ability and needs depending on the development stages. The following key issues should be taken into account when assisting a minor victim:

- Provide individualized care according to the developmental stages of children and the trafficking experience;
- Encouraging children and family members to participate in decision-making as possible. Explaining each step of the evaluation. At the same time, it must take into account that family members or people seen by the child as parental figures, may be

³ *Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime*, United Nations Organization, New York, 2000

involved in his/her trafficking. This should always be considered when working with trafficked children and teenagers.

- Nominating a case manager for each child or group of children, if possible. It may draw up a list covering all forms of care that the child needs, thus preventing redundant investigations; also, the case manager will be the one who will maintain a close relation with the minor patient;
- Establishing a schedule for short- and long-term treatment to ensure continuity in assisting the child, according to his/her medical and social needs;
- Keeping detailed and updated records for pediatric patients. This is particularly important because children's medical needs can change quickly. Keeping detailed records can help prevent repetition of medical interventions and procedures (eg, x-rays, vaccinations, drugs may be contraindicated);
- Working in a multidisciplinary team along with other service providers to address the various special needs of children separated from their families and orphans; efforts should be undertaken to reunite children with their families where this is appropriate and can be done safely. If not, children should be taken up by specialized social workers who know their needs in order to ensure continuity of their mental and emotional support.
- Proactivity in determining whether the family members or the legal representative was involved in the child's trafficking or abuse before s/he reaches health care professionals.

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4. Actions taken after identifying the victims of trafficking in persons

Similar to other forms of consensual exploitation and abuse, disclosure of the trafficking in persons situation - in case of responsible adults - can be a personal decision and inevitably has a significant impact on the life of the person concerned.

Health care providers are not required - and, in fact, not recommended - to report trafficking cases involving an adult as victim and responsible, without his/her express consent. Therefore, health professionals should not alert the police, the assistance general directorates or other competent authorities without the victim's consent (unless this is provided for in the code of professional ethics - for example, the law compels reporting cases of attempted murder, stab injury etc.).

Breaches of confidentiality and intrusion in private life may adversely affect not only the provider-patient relationship, but may also confiscate the victims' autonomy they need in order to make informed decisions in favor of their own safety and future. Moreover, reporting trafficking case to authorities without the explicit agreement, may lead to cascading effect on all support systems of the victim, strengthening mistrust and decreasing his/her chances to request other support services for the purpose of healing and (re)integration. Therefore, healthcare providers shall respect the decision of the victim patient.

There are also situations where the healthcare professional may encounter a case with obvious evidence of trafficking, without the adult patient revealing his/her condition as victim, nor denying or emphasizing the importance of confidentiality. In these circumstances, the practitioner shall make an assumed choice, based on his/her own value systems and moral values for the benefit of the victim – s/he may choose to refer the case to the competent authorities or to keep the information hidden.

If there is suspicion of a trafficking in minors, the practitioner is obliged to refer the case to the competent authorities, with or without the victim's consent.

Where the trafficked person is seeking help during the medical examination, the following steps are important:

- show compassion and understanding towards the victim;
- don't attempt to rescue the victim unless you have the contacts of the competent authorities who can intervene in such situations or if you don't have enough information about the services available to trafficked persons;
- make sure you don't endanger your own safety, the medical staff or the victim;
- don't make promises you cannot fulfill; offer only what you are sure you can perform;
- provide the victim with the phone numbers that s/he can call only if s/he is not in the presence of another person;
- show willingness to contact the authorities in his/her place;

Contact list of relevant authorities and organizations with competence in the field of trafficking:

The National Agency Against Trafficking in Persons

Address: 20 Ion Campineanu Street, 5th floor, Sector 1, Bucharest, Romania

Phone: +40 21 311 89 82 / 021 313 31 00 **Fax:** +40 21 319 01 83

E-mail: anitp@mai.gov.ro

For information and advice to avoid a situation of human trafficking you can call the HelpLine **0.800.800.678** (free national calls) or **+4.021.313.3100** (also reachable from abroad).

The General Inspectorate of the Romanian Police

Central phone: **021/ 208.25.25**

Address: 6 Mihai Voda Street, sector 5, Bucharest, Romania

E-mail: webmaster@politiaromana.ro

Public relations:

Phone: **021/ 316.66.55**

E-mail: petitii@politiaromana.ro

The Directorate for Investigating Organized Crime and Terrorism (DIOCT)

Bucharest, 24 Calea Griviței Street, sector 1

E-mail: diicot@mpublic.ro

Phone: **021.311.12.82/ 021.311.12.99/ 021.311.12.94**

Fax: **021.311.13.07/ 021.315.16.50**

Departments of Social Assistance and Child Protection (DGASPC) subordinated to the county/local councils, sectors

- The General Directorate of Social Assistance and Child Protection Arad
The Transit Center for Victims of Human Trafficking - Arad
Phone/Fax: 0257-280.986
Phone: 0257-210055, int. 105
E-mail: diana.vogel@dgaspc-arad.ro
- The General Directorate of Social Assistance and Child Protection Bihor
The Transit Center for Victims of Human Trafficking - Oradea
Phone/Fax: 0359/451.530
E-mail: dgaspcbh@rdsor.ro
Tel: 0359-409285/ 0259-476371
- The General Directorate of Social Assistance and Child Protection Botoșani
The Transit Center for Victims of Human Trafficking - Botoșani
Phone. 0231.537.993, Fax: 0231.511.047
E-mail: dgaspcbt@yahoo.com
- The General Directorate of Social Assistance and Child Protection Bucharest
“Gavroche” Pilot Center for the Protection of Child Victims of Human Trafficking
Phone: 0314050807
Fax: 0314050808
E-mail: gavroche@social2.ro
- The General Directorate of Social Assistance and Child Protection Galați
The Transit Center for Victims of Human Trafficking - Galați
Phone: 0236-478087, 0236-311086, 0236-311087
E-mail: asistenta_cpc@dgaspcgalati.ro
- The General Directorate of Social Assistance and Child Protection Iași
The Transit Center for Victims of Human Trafficking - Iași
Phone: 0232/211.812
E-mail: dasiiasi@iasi.rdsmail.ro
- The General Directorate of Social Assistance and Child Protection Mehedinți

The Transit Center for Victims of Human Trafficking - Drobeta Turnu Severin

Phone: 0252/319266, 0252/324460, 0252/328658

Fax: 0252/328658

E-mail: directie@dgaspcmh.ro

- The General Directorate of Social Assistance and Child Protection Satu Mare
The Transit Center for Victims of Human Trafficking - Satu Mare
Phone: 0361.882.400
- The General Directorate of Social Assistance and Child Protection Timiș
The Transit Center for Victims of Human Trafficking – Timișoara
Phone: 0256- 490281, 0256-494030
Fax: 0256-407066
E-mail: dgaspcmt@gmail.com

Non-Governmental Organisations

Pro Refugiu Association – Bucharest

Address: 56 Calea Crangăși Street,
Sector 6, Bucharest, Romania

E-mail: office@prorefugiu.org

Phone: +40732 623 218

Web: www.prorefugiu.org

Fax: (+) 40 21 252 08 15

E-mail: office@arca.org.ro

Save the Children Romania

Phone: +40 21 224 24 52

Fax: +40 21 224 24 54

E-mail: rosc@salvaticopiii.ro

Web: www.salvaticopiii.ro

ADPARE – Bucharest

Phone: +4 021 253 2904

E-mail: adpare@adpare.eu

Web: www.adpare.ro

PRO PRIETENIA Foundation – Arad

119 Gheorghe Doja Street, flat 2, Arad
County, Romania

Phone: +40 257 210 606

Fax : +40 257 210 606

E-mail: contact@proprietenia.ro

Web: www.proprietenia.ro

Free Association – Bucharest

Phone: +4 0767 055 502

E-mail: asociatiaFREE@gmail.com

Web: www.asociatiafree.org

ARCA – The Romanian Forum for Refugees and Migrant - Bucharest

23 Austrului Street, sector 2, 024071,
Bucharest

Phone: (+) 40 21 252 73 57

Betania Association - Bacau

19bis Nordului Street 600241 – Bacău,
Romania

Phone: +40 234 206016

Fax: +40 234 586002

E-mail: office@asociatiabetania.ro

Web: www.asociatiabetania.ro

Micu Bogdan Foundation – Braşov

Phone: +40-368-453781

E-mail: office@fundatiamicubogdan.ro

Web: www.fundatiamicubogdan.ro

Global Help Association – Craiova

Address: 94 Sfinții Apostoli Street,
Craiova, Dolj Ccounty

Phone /Fax: +40.351.442.287

Mobile: +40.723.154.085,
+40.721.299.800

E-Mail: anmrf_craiova@yahoo.com

Web: www.globalhelp.ro

Social Alternatives - Iasi

24 Șoseaua Nicolina Street, Block 949,
ground floor, Iasi, 700722

Phone: +40 332 407 178

Fax: +40 332 407 179

E-mail: office@alternativesociale.ro

Web: www.alternativesociale.ro

**The East European Institute for
Reproductive Health – Mureş**

1 Moldovei Street, Târgu-Mureş

Phone: 0265 255532 / Fax: 0265
255931, 0265 255370

E-mail: office@eeirh.org

**People to People Foundation –
Oradea**

36 Republicii Street, Oradea, 410159,
Romania

Phone: (+40) 359411700

Fax: (+40) 359411700

E-mail: nicugal@people2people.ro

Web: www.people2people.ro

**Young Generation Association -
Timișoara**

Timișoara, 8 Molidului Street,

Phone: +40 256 282 320

Fax: +40 256 215 659

E-mail: office@generatietanara.ro

Website: www.generatietanara.ro

F. Prevention of mental exhaustion for health professionals

Healthcare professionals (medical staff, psychiatrists, psychotherapists), working with victims of trafficking are often exposed to descriptions of traumatic events, evidence of human cruelty or abuse of various kinds and strong emotions of those who they intervene for.

A consequence of the stress resulting from helping or the intention to provide help for suffering people is **fatigue caused by compassion**, which is an expected result, treatable and avoidable in the work with traumatized people characterised by emotional discomfort. This is a unique and inevitable consequence of working with traumatized people, but does not reflect psychopathological aspects.

The cumulative effects of working with traumatized persons may interfere with the practitioner's feelings, cognitive schemas, memories, self-esteem and sense of security, leading to the phenomenon of **vicarious traumatization** - a concept that is primarily defined by changes in the cognitive five main psychological needs: safety, confidence, self-esteem, control and privacy - including the avoidance responses, intrusive images and hyperactivism. The individuals' beliefs about the world, about himself/herself and others is modified by exposure to the traumatic event and his/her mental disturbance will differ according to the centrality of the affected schemes in his/her system of beliefs.

***Vicarious traumatization and compassion fatigue** are forms of indirect occupational stress that can affect the experts working with the survivors of trauma and torture.*

Another consequence resulting from working with vulnerable groups can be **the Burnout syndrome** (the syndrome of full burning, professional overload or chronic fatigue), characterized by loss of enthusiasm, energy and emotional interest in professional activities, depression, cynicism, boredom, discouragement, depersonalization, lack of compassion and reduced sense of professional fulfillment. Burnout may be associated with intense discomfort and avoiding stressful experiences, but it usually does not lead to intrusive experiences or hyperactivity as characteristic responses to trauma. It differs from compassion fatigue and vicarious traumatization through the fact that it is closely related to the feeling of being

overstretched and overtaken by professional problems, while indirect trauma reactions are associated with the specific traumatic experiences of others that do not involve overloading. The Burnout syndrome is a temporary consequence of the work tasks, limited to professional context, which can be prevented.

In order to work more effectively with groups of patients who experienced significant trauma, practitioners should introspect to understand their own vulnerability and to follow self-care practices meant to support their own physical, mental and emotional condition. Such practices may include exercises to reduce stress (eg, breathing and relaxation techniques), meditation, regular supervision and intervision sessions and/or professional help when they cannot cope with the current difficulties.

Recommendation:

If you think you are affected as a result of your work and suffer from fatigue caused by compassion, vicarious traumatization or burnout, discuss this with your supervisor or seek professional help (psychotherapy/psychiatry). Don't ignore these symptoms, because they will not disappear until they are resolved. The same applies in the case of managers, supervisors who suspect that a healthcare professional member is experiencing these symptoms; they must not be ignored! It is recommended the immediate referral of the person in difficulty to specialized assistance services.

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G. Conclusions

Until recently, trafficking in persons was largely seen as a legal, social and sometimes a geo-political issue. However, trafficking involves health issues at both individual and public health levels. While direct medical assistance is important, health professionals and organizations should see beyond that and get involved in the prevention, research, development of guidelines for appropriate treatment, monitoring and evaluating healthcare.

The healthcare sector can play a critical role in supporting efforts to combat trafficking in persons in all social areas in order to mitigate the negative effects of trafficking in persons through exploitation. Preparing the healthcare providers to respond more efficiently to the needs of victims involves both raising awareness about the trafficking issues and training courses to help better identify, assist and refer victims requesting support services. It is desirable that the students at the Faculty of Medicine, resident doctors and clinicians to be trained in relation to the methods of identifying, screening and assessment, trauma psychology and in coordination with the police and social services associated with trafficking.

As with other types of violence, healthcare professionals can collaborate effectively with lawyers, social workers, law enforcement bodies and important people in the community to intervene in preventing abuses associated with trafficking using a long-term approach. From a perspective based on prevention, collaborative approaches may focus on systematic analysis of social determinants for the trafficking phenomenon. Considering the risk factors such as child abuse, gender inequality, interpersonal violence, the healthcare professionals may contribute to early identification and assisting of vulnerable persons prone to being trafficked.

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