

Chapter one

Assistance to Trafficked Women

This first section has some ideas about how to inform trafficked women about your agency and its services.

In the process, you will become known to traffickers and agents so you will need to prepare for their likely response.

Methods

Pamphlets, brochures and posters can be given directly to trafficked women and to people who may come in contact with trafficked women, including workers in hospitals, health centres and other non-governmental organisations (NGOs).

Material should be written in a language which the women will understand. Use simple language and pictures. Include your agency's telephone number and hours of service. Assure them that your service is confidential.

Material distributed to governmental authorities, media and the general public should include information about the crime of trafficking, experiences of trafficked women, services you provide and ways that they can assist you.

Street work means going to areas where trafficked women are likely to be to distribute written material, put up posters, speak with trafficked women or others such as nightclub owners, people working in markets or restaurants and brothel customers. Staff should be able to speak the language of women who have been trafficked into the area.

Staff doing street work should not go alone. Have a system where they call into the office at certain times. If they do not make contact the agency may wish to contact the police. You may wish to contact the police in advance to notify them of your plans.

Using **mass media** can be very effective in reaching trafficked women and in educating the public about trafficking. Trafficked women may have access to television, radio, newspapers or magazines.

Your media presentations should have a few lines written or spoken in the languages the women will understand. Identify what times of day they are most likely to listen or watch and which programmes they are most interested in.

You can ask for free or discounted advertising from newspapers and magazines. In some countries, public service announcements on the radio or television are available at no cost or at a discounted cost.

The radio or television station may require a completed videotape or audiotape of the announcement. Contact the stations first about the type of tape recordings or video tapes

they use. For newspapers and magazines, you should provide them with a clean, attractive and "camera- ready" advertisement. If you need assistance in preparing these, contact the media departments of local universities where students could prepare the material as part of their course.

Some agencies have 24 hour **hotlines** for phone contact. Ideally, staff should be able to speak the languages of women from the primary sending countries. It may be possible to have a contract with a telephone answering service to accept the calls and then transfer the calls to staff at home. If transferring is not possible, the answering service can take a message from the caller and then contact a staffmember. Trafficked women may not be able to return calls.

Agencies should list their phone numbers in the telephone directory, but not necessarily the address. The address of women's refuges should never be listed. It may be better to not list the direct phone numbers of the refuges.

Referrals

Police: The police are often the first to come in contact with trafficked women, when brothels are raided, when complaints are made, or during arrests for illegal immigration. Have a working relationship with the local police even in you believe that authorities in the area are corrupt or unwilling to assist.

Develop a good understanding of criminal activities and laws about trafficking. Make personal contact with the supervising police officer who is working on crimes associated with trafficking. Look for other contacts within the police department. Women police officers may be more help-*ful*.

Steps should be taken to educate and influence the police department as a whole. Offer to provide workshops or training to police about trafficking, its connections with other criminal activities, national and international laws, and appropriate techniques for interviewing trafficked women. These could be part of training programmes for new recruits.

The police may be more cooperative if they understand that women who have been trafficked may be able to provide information on other criminal activities in the area.

The police may or may not be your allies. They may simply visit your agency periodically seeking illegal immigrants. They may be accepting bribes or directly involved in trafficking. They may hold negative views about women, especially women who have worked in the sex industry.

Yai, 19, worked in a department store in the south of Thailand. She was promised a job in a clothing factory in Taiwan and better money. The recruitment agent was a high-ranking Malaysian police officer. She gave him her passport as he was to arrange her visa. On arrival in Taiwan he gave her a fake Malaysian passport with her photo in it and told her to use it.

She never saw her own passport again. *GAAY-W, 1996*

Farida was working as a domestic worker in Dhaka, Bangladesh, when she was approached by an older woman who promised her a better job. She was taken to India but managed to escape and return to Bangladesh. Some time later she was tricked again and taken to Delhi. She was handed over to a man who assured her he would take her to the police. Instead, she was repeatedly raped by two men. They did take her to the police station eventually. There she was raped by five policemen. *Asian Migrant Centre, Hong Kong*

Embassies and consulates: Women who are having problems or wish to return home may contact the embassies or consulates of their countries. Find out where the embassies and consulates are and make contact with them to advise them of your service. Provide them with information that they can give women or posters for public areas of the embassy.

Social services: Develop cooperative relationships with other agencies which provide assistance to women, such as women's health centres, labour organisations and legal advice centres. These agencies should be aware of the work you are doing and how they can refer women to you.

If possible, you should make contact with women who are planning to migrate for employment before they leave their country. The women can be given information about the country, typical working conditions and who to contact should difficulties arise. Having contacts in the countries of origin may also allow friends and family to report their concerns.

Brothels: Some agencies report that the brothel owners and customers contact them directly when they believe that a woman has been trafficked or is doing work against her will. You can provide information about sexually transmitted diseases, HIV/Aids, and safe sex techniques

Hospitals and health centres: Workers in hospitals, emergency treatment centres and STD clinics may be in contact with trafficked women. Tell them about trafficking and the medical problems faced by trafficked women. Leave written material and posters with them.

First contact

First interview

Ideally, you should talk in a quiet, private place with no distractions. This can be difficult if the woman is in a detention centre or jail. The authorities may be more cooperative if you have built a relationship with them first. Your goals for the first meeting should include the following:

- Assessment of her general physical condition. Is she in need of medical care now

Location of Valid Passport:

Physical description, name and location of Trafficker, Agent, Other Parties

Type of work in this country?

Type of work in home country?

Why left home country?

What happened in this country?

Health Status/Concerns:

Help requested:

How did she hear about our agency?

INTERVIEWER'S ANALYSIS

General Impressions:

Anticipated Needs:

Information/Literature given to woman:

Assistance Offered:

(Note whether assistance was accepted or declined)

Legal Issues to be Considered: Recommendations for

Action:

Things to keep in mind

Don't assume that she can or will tell you the whole story. She may be afraid of being turned over to the police or immigration authorities. She may be afraid that the trafficker, brothel owner or employer will punish her. She may feel ashamed or embarrassed. She may be afraid that her family or friends at home will be contacted.

Don't assume that she knows the truth about everything. Traffickers and their agents often purposely deceive the women and encourage distrust between them. The women may have different stories which make problems for future court cases.

Don't assume that she hates the trafficker, brothel owner, husband or employer. Women who have been trafficked often end up depending on these people for their survival. They may not wish to risk their relationship with these people. They may hope that the marriage or job will improve. They may have fallen in love with a pimp or brothel owner or customer.

Don't assume -that she wants to change her situation. Some women will want only to talk about what is happening and to get information from you. Some women will want to continue working in the sex industry, doing domestic work or will choose to remain in an arranged marriage. They are more likely to contact you later if you allow them to make their own choices.

Don't assume she can read and write.

Don't assume she is uneducated.

Don't assume that she wants to contact the authorities. Don't assume she wants you to take action.

Different cultures

We are often working with women whose backgrounds, beliefs and cultures are very different from our own. We should remind ourselves continually that our way is not necessarily the way of the rest of the world.

Learn as much as possible about the cultural background of the women you are assisting. This can help you to understand them and to make sure actions that you take are compatible with their values, beliefs and ideas. Have a basic understanding of the political, economic and religious background and the prevailing attitudes about women in their countries.

Have maps of the countries of origin. This can help the women make decisions about their future if they are planning to return home. An example of a cultural context form is below.

CULTURAL CONTEXT

Name of Country of Origin:

Women's Status/Attitudes towards Women:

(e.g. Can they vote? Can they hold property? Does society condone violence against women? Do public policies support women's equality with men?)

Political/Civil Situations:

(e.g. Is the country at war? Is there ethnic conflict? Are there certain groups who are discriminated against?)

Major Religions/Status of Women in Major Religions:

(Basic characteristics of major religions and how they see the role of women.)

Primary Industries/Locations of Primary Industries:

(e.g. What are the main industries? Which cities have the most industry and are likely to have employment opportunities?)

Typical Employment for Women:

(What kind of jobs do women usually hold?)

Average Earnings for Women.. Per Capita?

(How much most women earn per year. Compare it with average expenses. Per capita earnings refer to the average earnings of all people in the country, regardless of gender.)

Average Educational Levels for Women:

Cultural Taboos: (What "taboos", that is unacceptable behavior within a society, should you be aware of.?)

Dietary Taboos: (What food is forbidden for cultural or religious reasons?)

Other Information:

Physical needs

Shelter: The location of trafficked women should be kept secret. If you provide refuge, a staff member should be present at all times to assist as needed or to handle emergencies.

Ideally, a women's refuge would be in a quiet residential area and would house only a few women. It should not be easily recognised as a shelter. You do not want staff or women living in the shelter to be harassed by people.

The shelter should be clean and well maintained. The women should be involved in making decisions about shelter activities. You may want to make a schedule of chores and who is responsible for them.

Entertainment, hobby and educational material should be available. Vocational training could be provided. Provide newspapers or books from their own countries.

Food: Trafficked women and their children may be malnourished. Find a nutritionist or student of nutrition who can assist you in planning menus. The women may be unable to eat certain foods due to religious beliefs or cultural taboos.

Financial assistance: Few agencies can afford to provide significant financial assistance to trafficked women. It will probably be necessary to solicit financial assistance from other sources, such as religious groups, public welfare offices or private individuals. Women who are returning home should be able to obtain airfare or other travel expenses through their embassy or consulate or the authorities of your country. The International Organisation for Migration can also sometimes provide funding for travel expenses.

Records should be kept of how much money was granted and for what. Help the women record expenses in words or pictures. Trafficked women may not be familiar with your local currency.

Emotional needs

There are some common fears which you may need to discuss and provide accurate information on in the first meeting.

Fear of jeopardising residency status.
Lack of information about the laws of their new country.
Fear of losing their children permanently or temporarily.
Fear of being ostracised from home community.
Lack of support from home community.
Fear of vulnerability without male protection.
Lack of language skills in the country of resettlement.
Fear of bringing shame to their family.
Lack of knowledge about support services.
Difficulties in living within a shelter environment such as racial issues, food, mores, child care/parenting. (Kelley 1989)

Counselling

All services must be sensitive to the woman's cultural values and customs. One culture's approach may be direct and prompt. A woman from another culture may be embarrassed or intimidated by this. Service providers should plan their counselling service with the help of qualified people, and, if possible, with people from the woman's country of origin. Visits from people from her country may be very comforting.

The amount of time it will take for a woman to recover will vary and you can expect relapses.

Counselling can be provided on an individual basis or in groups. Group counselling can be especially effective if you are working with women who knew each other before, or who were trafficked or abused by the same people. Most women who have recently been abused will need individual sessions before they will be ready to participate in a group. In most cases, sessions should be 45 minutes to one hour. Group sessions should not exceed two hours.

The counsellor's role is to listen to the woman and guide the counselling session. Help the woman to look closely at her experience her responses, and what steps she can take next. She should be reminded of her strengths and abilities. Talk about her life and activities in the past, and her plans for the future.

Common reactions

Fear

- of being alone
- of being found and punished by the abuser
- of others finding out what happened
- of going to court
- of her own anger
- of STDs or Aids
- of sleeping (nightmares)

Guilt

- for having made mistakes or being "stupid"
- for having violated her cultural or religious beliefs

for failing to provide for her family
Anger
with herself for "letting it happen"
at others who did not protect her

Anger
at society
at the disruption to her life

Shame
feeling dirty, spoiled, or humiliated
feeling others can tell what happened to her by looking at her

Betrayal
by those who put her in contact with the trafficker
by her God
by the government
by her family

Lack of trust
in her ability to make judgements
in others, even those who did not betray her

Powerlessness and depression
loss of control
it will never "get better"
victimised by the experience and by being a woman

Shock
feeling numb and unable to cry

Disbelief
"did it really happen?"
"why did it happen to me?"

Disorientation
unable to sit still
difficulty in getting through each day
memory problems

Both the woman and the counsellor must clearly understand that it was not the woman's fault. The trafficker, agent, brothel owner, abusive employer, or family member or friend who betrayed her should be held responsible. Help her to recognise the strength she has shown in surviving.

Critical issues

Women who have been trafficked have often been misled by family members, friends or other people they had trusted. They are likely to distrust anyone who offers to assist them.

They want to protect themselves. They may be afraid to speak the truth.

They may be embarrassed about their failure to protect themselves.

They may be embarrassed about their plans for the future or their inability to make plans for their future.

You are hearing only part of the story.

They may have been abused by family members before they left.

They may be in love or dependent upon the employer, partner, customer or abusive husband.

They may be using drugs regularly.

They may be telling you what they think you want to hear.

Counselling skills

Active listening Concentrate on the woman fully.

Mirroring You can make her feel more at ease by trying to make the differences between yourself and her as few as possible. Use the same words, sit in the same position, speak in the same tone,

Asking questions You can ask "open" or "closed" questions. Closed questions are those that can be answered with a simple yes or no. Open questions will provide you with more information, and will give the woman the chance to look at her own feelings more closely.

When asking open questions, you should be prepared to listen longer than when asking closed questions. Open questions often lead to discussions about deeper feelings and perceptions.

Asking "why?" should be avoided. She may feel as though you are criticising her if you ask her why she did or said something.

Parroting You can repeat specific words she has used. Using her choice of words will allow her to focus more clearly and speak more fully.

Reflecting Talk about what the woman has said. This will allow her to recognise and understand her own feelings better.

Paraphrasing Repeat back in brief what she has said in your own words. It makes sure you have heard what she has said.

Silence Allow time for silence and long pauses. The woman you are counselling needs time to think about her feelings.

Listening techniques

Stop talking You cannot listen while you are speaking,

Empathise Try to imagine yourself in her position so you can better understand what she is saying.

Ask questions If you don't understand, or if you are not sure you understand, ask questions. Make sure you understand what she is saying to you, or not saying.

Don't give up too soon Don't interrupt her while she is speaking. Be patient and give her time.

Concentrate Focus on her words, ideas and feelings. Don't think ahead to what you will say in response.

Look at her Face, eyes and hands all communicate. You will be better able to understand what she is saying by looking at her facial expressions and body movements. However, some women will be uncomfortable if they feel they are being watched too closely.

Smile and nod This will assure the woman that you are listening and that you understand what she is saying. Smiling and nodding too often may have the opposite effect. She may feel that you are not listening or do not understand.

Leave your emotions behind This is difficult to do but you must put your own worries, fears or concerns aside.

Control your anger You may feel angry about something the woman says or towards those who abused her. Your own anger will stop you from understanding.

Get rid of distractions Put down any paper, pencils or other objects you have in your hands.

Get the main points You cannot remember everything the woman says. Try to understand the "big issues"

Take responsibility for the communication Be sure that you understand what the woman is saying. Ask questions if you do not understand.

React to the woman's ideas not her You may find you do not like her very much. Don't let your personal dislike get in the way of understanding her.

Don't argue mentally When you are listening to the woman, listen. Do not plan ahead for what you will say next or how you can convince her of something.

Listen for what is not being said Sometimes what the woman is not saying is as important as what she is saying. When appropriate, ask questions about those things which she may be avoiding.

Listen to how something is said Her reactions can tell you much about the importance and meaning behind the words.

Don't antagonise Arguing with the woman, criticism her, taking notes of the conversation, asking too many questions or not asking enough questions can cause her to hide her ideas, emotions or attitudes.

Don't jump to conclusions If you make an assumption you must check it out with the woman to be sure it is accurate.

Avoid classifying When we classify a woman as being a "type" of person, we may try to fit what she says into our own ideas.

Recognise your own prejudices Try to be aware of your own feelings toward the woman, what she is talking about and her situation.

You cannot meet all her needs It may be beneficial for her to talk with other women who have had experiences similar to her own.

Culture Shock

Culture shock brings high levels of discomfort caused by the lack of familiar surroundings, foods, customs, religious activities, language, etc. A woman suffering from culture shock may be depressed, anxious, angry or otherwise disturbed. The service provider can do much to help the woman adapt to her new surroundings and culture.

Cultural adjustment

- Establish cultural orientation programmes
- Ensure staff are culturally sensitive and recognise the difficulties.
- Employ women from other cultures at all levels of your agency's work.
- Enable trafficked women to meet with members of their own country.
- Try to speed up decisions about residency status.
- Provide language training for literate and nonliterate women.
- Arrange child care when necessary.
- Work towards elimination of racism and ethnocentrism.
- Provide individual, family and group counselling, especially for those who have suffered trauma in relocating.
- Recognise and build on existing strengths.

(Kelley 1989:63)

In developing cultural orientation programmes, try to include others from the local community. Give the women practical information on day-to-day activities, such as, using local currency, making telephone calls, and using public transport.

Encourage the women you are assisting to give information about their own cultures and to welcome and interview new arrivals.

You may be able to put women in contact with other people from their own culture by identifying religious organisations of the women's faith, restaurants specialising in foods from the women's countries, and ethnic organisations or clubs.

Introduce the women to others who work in the same occupations as they had done before leaving. This may be helpful in finding work.

Post traumatic stress disorder

Women who have been trafficked may suffer from Post Traumatic Stress Disorder (PTSD). The symptoms may appear long after the experience is over. When a person is suffering from PTSD, they re-live their experience in several ways such as:

Repeated and disturbing memories of the event.

Repeated disturbing dreams about the event.

Sudden feelings as if the trauma is happening again. This can include a sense of reliving the experience, illusions, hallucinations and flashbacks. They can occur when the person is awake. They also occur when the person has been drinking alcohol or using drugs.

Extreme distress when something happens that reminds them of the event. This often occurs on the anniversary of the event.

People suffering from PTSD will avoid things that remind them of their experience or will become "numb" when they cannot avoid those things. They may have difficulty in remembering important parts of the event. They may lose interest or skills in things they enjoyed before the event. They may feel uninvolved with other people and may feel that they have no future.

Other symptoms of PTSD are:

Difficulty falling asleep or staying asleep

Irritability or sudden anger

Difficulty in concentrating

Becoming nervous, "super-alert" and watchful.

Becoming startled or frightened more easily.

Physical responses, such as perspiring or trembling, when they see events or people who remind them of the trauma they have experienced

There are some simple things she can do:

Drink cool water, not iced

Exercise

Talk about the event or the symptoms of PTSD

Cry

Get accurate information about her situation and options

Make "small" choices when it is impossible to make "big" choices
Massage, deep breathing and meditation

(Rape Crisis Center 1993)

Suicide

When feelings of helplessness and shame become too overwhelming, some women consider killing themselves.

If the woman talks about suicide and has some ideas about how she would kill herself, you should be concerned. Contact a professional who specialises in working with suicidal patients. Women who mention suicide, but have not developed any sort of plan, are potentially in danger of suicide.

You can take steps which will decrease the likelihood of suicide:

- Talk about suicide openly and matter of factly. Don't avoid the topic.
- Avoid making negative comments about suicides. The woman may see suicide as a positive step and her motives for suicide are valid to her.
- If possible, and if the woman agrees, you should discuss her thoughts about suicide with her closest friend or a family member who is willing to help her.
- Expect and prepare yourself for a crisis. What will you do if the woman's feelings become stronger? What will you do if she calls your office to say she is going to kill herself now? Be prepared.
- Continually re-assess her level of feelings about suicide.
- Be available. Let the woman know she can talk with you anytime.
- Let her know you want her to talk to you. * Use local emergency, crisis or suicide services if available. You can refer the woman to them directly, or ask them for advice.
- Give the woman a card with the telephone numbers of your office, the police, hospitals or other organisations who can help her when she needs it.
- Make a short-term written agreement with the woman that she will not commit suicide, or that she will speak with you before committing suicide. The agreement could be for one week or one month only, depending on the woman's level of feeling about suicide. It should be updated on a regular basis. (Rape Crisis Center 1993)

When to seek outside help

Some women will need more intensive counselling. There is good reason to look for outside professional help if it appears that the woman is making no progress, or if she says she wants to hurt herself, commit suicide, or hurt others. Be prepared by knowing other counsellors in your area who may be willing to help.

Hostility towards the counsellor

It will be normal for the woman you are counselling to express a wide variety of emotions - guilt, anger, helplessness, joy, sadness. She may have previously blocked her emotions because they have been so painful. It is easier not to have feelings when one has been severely abused.

You may find that sometimes these emotions are directed towards you. This is because you are giving her a safe place to express anger which she has been unable to express elsewhere. The release of such anger can be explosive. Ask her what is making her angry. You need to be ready to listen fully to her answer without mentally planning your defense. If your actions or words have been insensitive, apologise.

It can be very difficult to deal with the woman's negative emotions, especially when they are directed towards you. You may begin to question your ability to counsel or assist the woman. The woman's ability to express strong emotions is a clear sign that your counselling is effective. Allow her to vent these strong emotions, then assist her in directing them appropriately.

Women who counsel trafficked women are doing work which is physically and emotionally draining. Make time for staff members to talk about their work and to support each other. Working too hard, and with little support, will decrease their ability to provide services on a long-term basis.

Additional services

Language classes

Migrant women need to communicate well in their new country. A woman involved in legal action will be more confident with authorities if she can communicate, even basically. Women working in the sex industry will be able to negotiate better with customers over prices and safe sex. Women in domestic work will be better able to understand and fulfill their job duties. You may wish to hold language classes specific to types of employment.

For language resources, contact local universities to see if students are available to help teach. Primary and secondary schools may have study materials and course outlines.

Literacy and vocational training

Vocational training programmes for women have usually revolved around domestic duties, such as, sewing, handicrafts, and cooking. Training should be offered in other skills leading to alternative forms of employment.

You may be able to convince schools and employers to provide free training or training at a lowered cost. Scholarships for vocational training may be available.

Employers might agree to give on-the-job training. A lower wage may be offered during training on the understanding that the trainee will be considered a regular employee afterwards and receive full wages. Employers who might be able to provide on-the-job training could be in electronics, manufacturing, mass food processing, sales, etc.

Sex workers and training

Some organisations aim to "rehabilitate" women in the sex industry, assuming that prostitution is "bad" and that women working in prostitution must be "saved." This attitude serves to strengthen prejudices against women who work in the sex industry. Rehabilitation programmes rarely provide effective long term solutions to the woman's financial needs.

While retraining is certainly appropriate for women who are unhappy as sex workers, other women will not want to leave the sex industry. Their choices should be respected.

If you are working with women who will remain in the sex industry, help them with language skills and knowledge to be able to negotiate for fair payment, good working conditions and condom use. They should also be made aware of laws which relate to prostitution and informed of their rights.

Job placement

Talk with local employers and employment agencies about job opportunities. Check with local government offices to see if tax benefits or other advantages are given to employers who provide on-the-job training or jobs to disadvantaged women. Make sure that any employers who do offer jobs also offer fair wages and working conditions.

Translation

Women may need help with translation. A woman involved in a court case has a right to an interpreter at no cost for the legal proceedings. It is wise to find translators in advance of any court actions. The local university may have advanced language students who can help.

Childcare

For women with children to participate in classes or pursue legal action, it will be necessary to arrange childcare. Childcare duties can be shared among those who need it. Child carers should be able to speak the mother's language.

Rescues

Rescues of women who are being held against their will in brothels can be dangerous. Notify the police of any rescue plans. One agency reported though that someone in the police department tipped off the brothel owner. In this case you may need to advise police just before the rescue takes place.

One agency employed a male volunteer to go to the brothel and make contact with the woman. He took a picture of her family with him to gain her trust. He told the brothel manager that he had left his money in his car and asked that the woman accompany him so he would not have to return. Instead of returning to the brothel, she got into the car and they drove away.

A brothel should be visited at least twice before a rescue attempt so that the rescue team is familiar with the building and the people.

During a rescue, the brothel should be watched from outside by staff who can alert the authorities if they see signs of danger. The rescue team, of at least three people, should use more than one vehicle. A rescue can be dangerous.

Referrals

Few agencies can provide all services needed. Find out what agencies in your area may be able to assist with medical care, labour issues, legal assistance and emergency shelter.

Returning home

Women returning home may face health, legal and financial problems. Employment opportunities may be very limited and more demanding. Women who have become accustomed to city life may find it difficult to return to the slower pace of rural life. Illness is

an additional financial burden. Women who are ill may simply be abandoned by their families. Women who have worked in the sex industry may be alienated from their families and communities.

Bina was sold by her family to a brothel in India. She refused to co-operate and was beaten severely. She still refused. One day men from her village were brought to the brothel. Once they saw her she felt could not return home, as her village would have known she was in a brothel. *Sanlaap, India.*

Some women may be seen as "successful" but those who return home before earning enough may be seen as failures.

These problems make it more likely that women will leave again. They may still have large debts to pay. They may be tempted. to use their contacts in the trafficking and sex industry to recruit other women.

Preparations

As well as assisting in making travel arrangements, getting travel documents and funds you can help the woman prepare mentally and emotionally for her return.

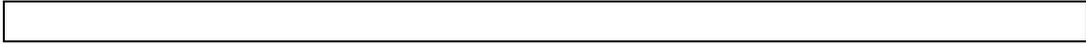
Ask how she expects her family, friends and others will react to her return. Ask how she will tell people about her experience, if she plans to do so. How will she spend her days?

Support from close friends and family will be crucial. You may help her write to those people at home to tell them about her experience. You can use this activity as "practice" for a face-to-face conversation.

You can identify people in the woman's home country who can assist her on arrival. To protect her privacy, you should not give out information about her without her consent

Provide her with names, addresses and phone numbers of local agencies who will be able to provide assistance. Make contact with them in advance to advise them of when she will be returning and what kind of help she wants. The service provider may meet her at the airport or railway or bus terminal if she wants. Some women prefer to have a friend or family member meet them.

Helena, 18, came from Most, a small city north of Prague in the Czech Republic. She was forced to work in a brothel in Germany. After the first week, she escaped, and went to the police to press charges against some of the men. She was confused and could not provide details of what happened to her. At the time of travelling to Germany she had been drugged. An NGO in Germany organised overnight shelter. Next day the authorities informed her that she would be deported within three hours. There was no time to contact an NGO in the Czech Republic to assist her. She was picked up at the airport by a friend, who was probably a pimp, and disappeared again. *La Strada, Poland*



Information about legal assistance upon her return will be useful. She may have difficulties with the authorities in her country as a result of her emigration. Where possible, you should act as a liaison between the woman and authorities prior to her return.

Give information about health care providers and help with the transfer of any medical records.

Family

Relationships between the woman and her family may change as a result of her absence. They may have become dependent on the money she has sent and may want her to migrate again. Her children will have grown and her husband may have a new wife or lover.

The family may not be aware of the nature of her work or the problems she faced. Many trafficked women never tell their families but instead send letters and photographs which seem to show them doing well. These families may be shocked, angry or feel guilty. They may become anxious or depressed.

Tell family and friends they can help by:

- Allowing her to talk about the experience if she wants to but not to pry.
- Encouraging her to make decisions for herself, rather than being over-protective.
- Being patient, supportive and trusting in her ability to take care of herself
- Allowing her to tell who she wants to tell, and not tell those she does not wish to tell. Some people may be overly interested in the sexual abuse and family members can tell them that such questions are not acceptable.
- Husbands need to understand that sexual intimacy may be impossible for a time and be patient.
- Encouraging her to use counselling, medical and legal services available to her.

Other support

Contact with other women who have had similar experiences is an opportunity to speak more freely and to help each other with reintegration.

The Foundation for Women in Thailand started a support group which later became involved in planning vocational training for younger women. The group organised seminars on migration and prostitution.

When we grouped together and were useful in the village, everyone was appreciated. Women began to understand that we needed to share responsibilities. Everyone had to help themselves, but they also needed to contribute to the group. In the meeting, everyone got the right to talk openly. No need to discuss at the back. (Foundation for Women 1996: 8)

Such groups can provide accurate information about trafficking and employment condition to other women considering migration. They may also have the knowledge and contacts to locate women who have been trafficked.

Health

Medical treatment

Many trafficked women will have problems in getting medical care because of their immigration status and their lack of money. Hospitals and doctors may refuse to treat women who are "illegal" or those who are suspected to be HIV+. Women may be reluctant to seek medical care for fear that they will be reported to immigration.

Check with local hospitals and health centres to see which ones will provide confidential services. Costs may be covered by religious organisations, government offices or NGOs. These costs should be added to any compensation claim made against the trafficker, agent or employer.

'Noy', a Thai woman in Japan, escaped from the Yakuza (Japanese criminal gangs) by jumping from the second floor. Her leg was broken and her back injured. A friend took her to a hospital but they refused to help because she was a foreign prostitute. She went to another hospital. At a third hospital she received treatment. They told her that because she had delayed treatment she was handicapped. They also informed her she was HIV+. MIZURA, a Japanese organisation, contacted the Foundation for Women in Bangkok and they arranged for hospital care and rehabilitation in Thailand. Noy is suing the hospital that refused to admit her. *Foundation for Women, Thailand*

Traumatic injury

Traumatic physical injuries are those which require immediate emergency medical care. Traumatic psychiatric injuries can be caused by severe abuse, distress or the use of drugs.

Staff should be trained in basic first aid and to recognise traumatic psychiatric injury. They should know which hospitals and doctor in your area are prepared to treat trafficked women.

Long-term problems

Long-term physical and psychiatric problems are not emergency conditions but are conditions which will become worse if left untreated. They include spinal injuries, malnutrition, diminished strength and stamina, respiratory problems, tuberculosis, dental problems, injuries from assault, or complications from surgery or abortions.

Baby, Bina, Sonu and Mira were Nepali young women. They went to Calcutta to find work, but were sold to brothels. They were confined and beaten if they refused to take customers. The young women had vaginal surgery for tears. *Sanlaap, India*

'Lea', a Filipina, was twice trafficked to brothels in Japan by the same recruiter. In neither instance was she paid. She was drugged during the journey and while

working. She was gangraped by her employer's men. She escaped and went to the police but no action was taken against the employer. Instead, Lea was arrested for overstaying her visa and deported. In the Philippines, Lea was committed to a mental hospital. She later made contact with the Batis Center for Women because her daughter wanted to find her Japanese father. Lea suffered from "mental blocks" and Batis sought psychiatric care for her. Ten years had passed since she was trafficked. *Batis Center for Women, The Philippines.*

Malnutrition

Malnutrition is a common problem for women who have been confined. Food may have been withheld from them as a form of punishment or merely inadequate. Children are especially vulnerable to malnutrition. Meals provided by you should be as nutritious as possible. It may be necessary to give vitamin or protein supplements. Women who are HIV+ can live longer with good nutrition.

Sophany, a Cambodian eight year old orphan was kidnapped and sold to a fruit farm in Thailand for child labour. She worked at the farm for five years and was subjected to nightly sexual abuse by the owner and other labourers. A Cambodian couple found her suffering from malaria and malnutrition and took her home with them to work as a servant. A medical examination found that she had several sexually transmitted diseases, was HIV+ and had Hepatitis B. An NGO is now providing care and support for her. She is not expected to live more than a year. *Cambodian Women's Development Association, Cambodia, 1994*

Drugs and alcohol

Some women may be addicted to drugs or alcohol. Some are given drugs by brothel owners, others take them for recreation or as an "escape". Addiction will impede their recovery. The need for money to support addictions will make them vulnerable to further exploitation. Refer addicted women to rehabilitation programmes, but unless they are ready to tackle this problem, your efforts will not help.

Women may have other addiction-related health problems such as cirrhosis of the liver, hepatitis or HIV infection. Health workers should be made aware of addictions but only with the women's permission.

Addiction to drugs and alcohol is permanent. They will remain addicted even if they no longer use the drug or alcohol. Occasional use will most likely result in active addiction. They will need your support in maintaining an addiction-free life.

Sexually-transmitted diseases

Women who have been trafficked may have been exposed to sexually- transmitted diseases (STDS) regardless of their occupation. Women working in the sex industry may have been exposed because of unsafe working conditions, lack of choice regarding condom usage, and unsafe sex practices. All women should be given information about STDs and HIV/ Aids, regardless of their background.

There are several ways in which women can avoid being infected with STDS. These include abstinence from sex, fidelity between uninfected partners, forms of sex not involving penetration, and condom use for all forms of penetrative sex.

Gonorrhoea Incubation period 3-5 days. An inflammatory discharge affects the vagina. It begins with a yellow vaginal discharge, pain when urinating, and inflammation or abscesses near the opening of the vagina. If treatment is not provided, inflammation to neighbouring organs may result in sterility and miscarriages. Infants born to infected mothers may have their eyes infected during birth.

Non-Specific Urethritis Incubation period 7-21 days. A pelvic inflammatory discharge which often results in sterility and risk of ectopic pregnancy and recurrent pelvic pain. Children born to infected mothers may have their eyes infected during birth. The lungs of the child may also be infected and can result in pneumonia.

Syphilis Incubation period 2-3 weeks. A small ulcer appears around the sexual organs accompanied by hardness of tissues immediately round and beneath it. Other symptoms include hair falling out, bloodlessness, the appearance of sores in the mouth and throat, fleshy looking masses around the genitalia. If the infected woman is pregnant, the child may be born with deformities. Untreated syphilis may lead to mental illness.

Chancroid Incubation period 3-5 days. A soft non-syphilitic venereal sore. Several sores occur around the sexual organs accompanied by pain and bleeding. If untreated, certain parts of the sexual organ may be terminally affected.

Herpes-Simplex Early symptoms are development of groups of superficial vesicles in the skin and mucous membrane containing clear fluid and surrounded by a reddened area of skin. General irritability accompanies those infected. The disease can be fatal to children.

Condyloma accuminatus (genital warts) Symptoms show a localised rounded swelling, which resembles a cauliflower, of the mucous membrane around the opening of the vagina. Left untreated the swelling enlarges and may cause cancer in the infected area. Children born from infected mothers may have infected vocal chords and may show difficulty in speaking.

Lymphogranuloma Venereum Incubation period 3 weeks. Chief characteristic is enlargement of glands. Red sores appear around the sexual organs accompanied by a fever and aches and pains around the joints. Sores may spread resulting in a long duration of recovery.

Hepatitis The infected person experiences abdominal discomfort. There is a yellowish colour of the skin and eyes and weight loss. Patients complain of nausea and dyspepsia which may be severe.

HIV/Aids

HIV/Aids (Human Immunodeficiency Virus/Auto Immune Deficiency Syndrome. HIV itself does not cause death but the damage it causes to the person's immune system makes it easier for the person to catch other diseases, such as tuberculosis, serious fungal infections and pneumonia.

Most HIV+ people will show no symptoms of illness for the first five years after infection. Some people live with HIV for longer periods of time without showing any symptoms of Aids. They live normal, productive lives. They should take special care of their general health and nutrition to ensure that their immune system remains healthy.

Women who have been diagnosed as HIV+ should be given information about the disease itself and methods by which they can live with the disease as long as possible, and as comfortably as possible. Women who are free from HIV should be given information about how to avoid being infected.

Transmission

All sexually active women are at risk of HIV infection. This includes married women faithful to their husbands as well as women working in the sex industry.

Other less common forms of transmission include mother to child transmissions, needle sharing by drug users and blood transfusions. To protect oneself from being exposed to HIV through drug use, one should either abstain from drug use completely, switch from injection to safer forms of drug (oral, inhaled), avoid sharing needles, use sterile injection equipment for each dose of clean injection equipment with bleach.

Transmission of HIV from mother to child can occur during birth and through breast feeding. Up to one-third of children born to HIV+ women are infected with HIV. Both the World Health Organisation and UNICEF state that breastfeeding may still be the safest way to feed children, even if the mother is HIV+, particularly where the available water may not be clean.

The virus is not transmitted through casual contact. Although small amounts of HIV can be found in tears, sweat, urine and saliva, the concentration is so low that HIV cannot be transmitted through these fluids. The high concentrations of HIV which are necessary for transmission are found in blood, semen, vaginal fluid and breast milk. You will not be infected with HIV sharing a glass, kissing, hugging, holding hands or sharing a meal with an HIV infected person. Insects, such as mosquitoes, do not transmit HIV.

HIV and pregnancy

The tragedy of HIV/Aids is not only the deterioration of the body, but the loss of normal life. With good nutrition and health care, the time between diagnosis and the onset of illness can be many years.

Some two-thirds of children born to HIV+ women are not infected. Recent research has found that the more quickly the birth takes place after the waters break, the lower the chance of HIV transmission. Some countries offer free courses of the combination drug AZT to pregnant women and, reportedly, it decreases the chances of a newborn contracting HIV to only eight per cent if taken from the fourteenth week of pregnancy until delivery. The newborn baby must also take the drug until six weeks of age. The cost of AZT treatment is high. In Thailand, the cost for mother and child is approximately Bt10,000 (US\$400). Some newborn children are diagnosed as being HIV+ but the condition reverses later.

As knowledge about the disease advances more women who are HIV+ will give birth to healthy children.

HIV+ women who have children should be assisted in planning for their long-term care, including who will care for the children when she is sick, hospitalised or simply needing a break. Ideally, a relative will provide the care. Foster parenting and adoption may be options.

(From Positive Options in Barbados) One of our clients was a single mother with a very young child. She believed she had another two years of life ahead and she wanted to meet and get to know the family who would adopt her child. This is unusual but not unique. It means that a child can be helped through its bereavement by someone who cares and who has shared memories of the parent. Some continuity in life is preserved (WHO 1994[1]:101)

Testing

Women should be given the opportunity to be tested for HIV and STDs if they wish to be tested. It is her choice. Testing for-HIV and STDs should not take place without the woman's knowledge and full consent. Counselling should be offered before and after testing, regardless of the test results, to make sure they understand their test results and methods to protect themselves. Confidentiality should be ensured.

There are many different strains of the virus. The doctor should be informed if she has been to another country so that appropriate testing can be done.

Even if the test results are negative, that is, she is not infected, she should be advised that there is a three to six month "window" period when the infection will not show. The HIV test looks for the antibodies which develop as a result of the HIV infection. This takes some time.

Treatment

At this time there is no cure or vaccines for HIV/Aids. However, break-throughs in combination drug treatments give some cause for hope.

Unfortunately, the costs of the medicines put them out of the reach of most trafficked women. These costs could be passed on to brothel owners and traffickers through legal action.

Alternative forms of treatment may benefit some patients, especially when combined with conventional medicine. Therapies include spiritual healing, herbal extracts, massage, and acupuncture. The use of herbs or any other alternative therapy should be attempted only under the supervision of a qualified herbalist or specialist in alternative therapies. A nutritious diet and exercise are most important.

Rights

Everyone has the right to be informed about HIV/Aids, how it is transmitted, ways to protect themselves from HIV infection, testing procedures, and problems associated with the diseases which accompany HIV/ Aids.

Everyone has the right to make their own choice regarding medical testing to determine their HIV status. Mandatory testing or "secret" testing is a violation of human rights.

Everyone has the right to make their own decisions regarding their medical care. They have the right to accurate information about treatment options, and the right to choose the medical treatment they wish.

Everyone has the right to freedom of movement. Restricting the freedom and confining HIV/Aids patients has been shown to be a highly ineffective way of controlling the spread of disease. It is a violation of the person's human rights.

Everyone has the right to marry and bear children if they wish to do so. Persons who are suffering from HIV/Aids have the right to be involved and to make decisions regarding the care of children or other family members if they are unable to provide care themselves.

Children

Children are easy targets for traffickers. They are less sophisticated and less likely to understand what is happening to them. Children are raised to "be good" and to do what adults tell them to do. They are less likely to know what steps they can take to help themselves should problems arise. The testimony of children in a legal setting is often viewed as being "unreliable" and it is easy to cast doubt on a child's testimony in court.

Children are trafficked for the purposes of prostitution, forced labour, adoption and begging.

When you release a child to an adult's care be sure that the person is the child's parent or a responsible family member. Sanlaap, an agency in Calcutta, India, had taken custody of two children. Two people falsely claimed to be the children's parents but were in the employ of the traffickers.

The family situation should be carefully investigated before returning the child. Some parents knowingly sell their children and they may simply contact the traffickers again.

"These children would be very happy if I could put a zinc roof on my house. When neighbours play their radio I am also tempted to have one. For that reason I have asked my daughter to go to India to earn money. I have sent her with a neighbour but she has not re- turned for seven years." (Poudel 1994)

Legal issues

The United Nations *Convention on the Rights of the Child* defines a child as being "under the age of 18 or under the age of consent according to the national laws of the country."

Even if you see a person as being a "young woman" rather than a "child", take full advantage of her age. She may be eligible for public assistance or immunity from legal charges because of her age. If legal action is taken against a trafficked or anyone else who has abused her, most countries have more severe penalties for those convicted of crimes against children.

Interviewing children

A trusting relationship must be built. If it appears that the sex, nationality, physical appearance or another characteristic of the interviewer is an obstacle to a good relationship you should find a more suitable interviewer.

Children have usually been told "not to tell," especially in cases where they have been sexually abused. Talking about their experiences in an interview allows them to tell their "secrets" to a sympathetic listener.

Prior to the interview, try to get as much information about the child as you can. You may be able get information from the police (if they referred the child to you), other people who worked in the same business, medical care providers, neighbours or anyone else in contact with the child. The child will be more interested in talking with you if you know something about her/him before you start the interview.

The interview should take place in a quiet area where the child is comfortable. The interviewer should usually avoid touching a child who has been sexually abused. In the case of a sexually abused child, the interviewer needs to be comfortable in talking about sexual matters. The interviewer should use the language of the child when discussing the event rather than technical or medical terms. You can ask the child directly what he or she calls certain body parts, and then use those words yourself. It may be easier for the child to give information through drawings, using dolls or other toys to play the roles of the parties involved, or to use play acting to describe what has happened.

The interview should be informal. The child should have his or her choice about where the interview takes place, who is present and what is talked about. Discussions should be very general at the beginning. More specific information can be obtained later. All questions should be simple. When the child tires of the interview, stop, and continue another time.

The interview with the child should be recorded whenever possible. Video tapes, audio tapes, your full and comprehensive notes, and the child's own handwritten account or drawings of the events will be useful in court.

When interviewing children:

- Avoid "leading questions" with younger children. For example, do not ask "Did the man sexually use you?" Ask "What did the man do?"
- Don't ask for more details once it appears that the child has told you all that he or she knows.
- If a child answers you with little detail, it is possible that the child is giving you the answer he or she thinks you want to hear.
- Younger children are less able to answer questions such as "How do you feel about that?" or "Why do you think that happened?"
- Children will normally leave information out. If you don't ask the right questions, they are unlikely to volunteer the information.
- The interview should always be held on the child's terms and consideration must be given to his or her physical needs. Don't forget to ask if the child needs to eat, go to the bathroom, want to continue or stop the interview.(CPCR 1996)

For further information contact local organisations which specialise in offering assistance to children. (See Appendix I) You may also wish to consult with experts in medical and/or psychological care of children.