



**International Organization for Migration  
Organisation Internationale Pour Les Migrations  
Organizacion Internacional para las Migraciones**

## **IOM KOSOVO**

*A General Review of the Psychological Support and Services  
Provided to Victims of Trafficking*

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## ***INTRODUCTORY REMARKS***

*“A man goes out for a walk to the shore during the rising tide. He sees a person that bends and takes something from the sand and throws it back into the sea. Being curious, he approaches that man and he sees that the rising tide has brought thousands of starfish. The shore is full with starfish brought by the high tide and the man takes them one by one and throws them back in to the sea. The first person turns to the second one and asks: What do you think that you can do for those starfish. Don't you see that there are thousands of them and the high tide brings many more to the shore? The other person answers: It's true, there are thousands of starfish and the tide brings many more to the shore. I could not save all of them, but at least my effort is important for the one that I've just helped.”<sup>1</sup>*

### **Mandate**

Trafficking in human beings, particularly women and children, is a phenomenon of increasing magnitude; on a global level, there are estimates that as many as 700,000 women and children are trafficked every year. Pursuant to its objective of protecting the rights of migrants through awareness-raising initiatives and return and reintegration programmes, the International Organization for Migration (IOM) is actively involved in combating trafficking in human beings. According to its mandate, “IOM is committed to the principle that humane and orderly migration benefits migrants and society and acts to: assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and work towards effective respect of the human dignity and well-being of the migrants.” Furthermore, IOM is particularly concerned about those migrants who are, or have been, deceived or coerced into situations of any kind of exploitation (mainly economic and sexual) which occur through forced labour, forced servitude, debt bondage, or other violations of fundamental human rights. Within the broader mandate and commitment of IOM, the Counter-Trafficking (CT) Programme was developed to assist this target group and to address the larger dimensions of this complex problem, in cooperation with relevant partner agencies.

The general strategy of the IOM CT programme operates on three levels: assistance, protection and prevention. The IOM CT programme is committed to providing comprehensive, multi-faceted direct assistance to the victims of trafficking. To meet their immediate needs, IOM ensures victims' access to safe and secure shelter where they can receive medical care and psychological and legal counselling. In the long term, the programme offers vocational training, educational support, and job placement assistance to empower victims and promote their chances of lasting reintegration. In the field of prevention, the CT programme works to raise the awareness of the general public, as well as on the governmental and non-governmental level, about the phenomenon of trafficking through targeted information campaigns utilizing a wide range of media forms. Emphasis is put on building the capacity of local government and non-government agencies and law enforcement personnel to properly identify and handle trafficking cases and to implement other measures combating the larger problem. All counter-trafficking work must be supported by solid and realistic information; thus, IOM conducts research on the character, scale, and mechanisms of trafficking and has developed standardized methods of collecting, analysing and sharing data. Finally, the CT programme is an advocate for the creation, codification, and implementation of laws that effectively protect and assist the victims of trafficking and prosecute the perpetrators.

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<sup>1</sup> Jack Canfield and Mark Viktor Hansen, “Chicken Soup for the Soul”, Health Communication, Inc.

The approach adopted by the CT programme in IOM Kosovo is a part of the regional strategy of the IOM Return and Reintegration Project in the Balkans. It is envisaged as a framework for assisting women and children who are victims of trafficking and are willing to return to their home countries and participate in individually tailored social and economic reintegration programmes.<sup>2</sup> As the previous paragraph described, the IOM CT programme in Kosovo is engaged in a wide variety of different initiatives, but this paper will focus primarily on the direct assistance provided to the VoT, specifically on the psychological counselling, which entails a critical component of this work. The following study is based on 105 cases assisted by the IOM CT programme from September of 2001 to December 2002. The interviews and observations emerged from the counselling services provided to the victims while they resided in the shelter prior to their repatriation to their home countries.

### **Definition**

With regard to the definition and elements of trafficking, IOM follows the definition elaborated in the *UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children*. Accordingly, trafficking is understood as the recruitment, transportation, transfer, harbouring, or receipt of persons, by the threat or use of force, by abduction, fraud, deception, coercion, or the abuse of power or by giving or receiving of payments or benefits to achieve the consent of a person having control over another person for the purpose of exploitation.

In the context of IOM's experience in Kosovo, trafficking in human beings is primarily a phenomenon affecting women and children, who are influenced by social and economic pressures in their home countries and get caught up in the terrible cycle of trafficking. Trafficking has many different dimensions: it is an issue of violence against women, an example of serious human rights violations, an economic and development issue with consequences for the entire region and its societies, and, ultimately, a criminal matter, in which the traffickers – and not the women – are the perpetrators. Migrating women are especially vulnerable to sexual exploitation, and to the health consequences of sexual violence, having moved outside of their social and cultural safety networks into different societies where they do not understand the language and the behavioural patterns. Subsequently, their existence is often quickly twisted into a life of extreme dependency, with clandestine and promiscuous living conditions.

The consequences of the trafficking experience for its victims, and especially for the women being trafficked for sexual purposes, are horrendous; therefore, the response of the assistance providers needs to be tailored and measured accordingly. The direct negative effects that trafficking has on its victims are the health consequences. Women who are trafficked suffer the same, or often worse, injuries, infections and traumas as those suffered by women who are battered, sexually assaulted or raped. For the victims of trafficking, apart from the typical circumstances of sexual violence, the repeated incidents of surprise, isolation, threats, and the deliberately malicious “treatment” inflicted on them by the traffickers contribute to intensifying the severity of the impact of the experience. Often, medical studies, conducted to characterise and document the health impact on women forced into trafficking, have focused on the prevalence of sexually transmitted and infectious diseases, and have insufficiently documented the other types of injuries and

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<sup>2</sup> These victims of trafficking will henceforth be referred to in the text as VoT, which can be used as a singular or a plural notation: i.e., victim or victims of trafficking.

illnesses that such women are likely to suffer. Even fewer studies have focused on the psychological trauma that women suffer while in the hands of traffickers, pimps, purchasers, and “boyfriends”. This confirms that health professionals have not adequately documented the full scale of the harm that the trafficking experience inflicts on its victims. While IOM Kosovo does not underestimate the seriousness of communicable and sexually transmitted diseases, it believes that ignoring or bypassing the mental health of the victims of trafficking can have just as devastating consequences for the individuals and the societies involved as the physical problems can.

### **Scope**

The following study intends to focus on the psychological dimension of the trafficking phenomenon and simultaneously, to provide an overview of the assistance scheme available to victims of trafficking in Kosovo, as provided by IOM and its Return and Reintegration Project. Providing psychological support and counselling services to VoT, from the moment of their admission into the return and reintegration programme until its conclusion is an important element; without it the program’s chances of achieving its objectives would be greatly reduced. Without effective counselling, the VoT could hardly achieve a full recovery from the effects of the psychological trauma they have experienced, making their successful reintegration much less likely.

Furthermore, the VoT are often returning to the same social, familial and economic environment that, in many instances, represented the determining factor in their decision to leave their home country and seek work opportunities abroad in the first place. In such circumstances, if their traumas and fears are not properly and sufficiently addressed, they may not find the strength necessary to cope with the same environment that they originally wanted to escape from. Therefore, a reintegration scheme without a strong psychological component may place the VoT in such a vulnerable position that they end up having the same experience over and over again.

From a methodological perspective, this study addresses the three main dimensions of the psychosocial assistance programme envisaged and implemented by IOM Kosovo. During the counselling sessions, which are provided to the VoT while they are residing in the shelter awaiting repatriation, the IOM CT programme’s aim is to:

- 1) Understand and assess the background of the victims and the determining socio-economic factors that created the fertile ground for their later exploitation;
- 2) Analyse and document the psychological impact of the trafficking experience including a detailed analysis of the traumas associated with it, and;
- 3) Provide counselling services using methods that are designed to give the VoT tools to cope with their trauma and prepare them for later reintegration activities.

On the basis of the data collected through the activities just described, IOM Kosovo develops a psychological profile of the victims that is shared with the receiving IOM missions in order to help them create individually tailored assistance plans that support the goal of lasting reintegration.

Each of the following three chapters will correspond to the dimensions outlined above and provide in depth discussions of the information obtained through IOM Kosovo’s work with VoT. Specific case studies will put “a human face” on the theoretical points made and help readers better understand the real life conditions of the victims of this modern form of slavery.

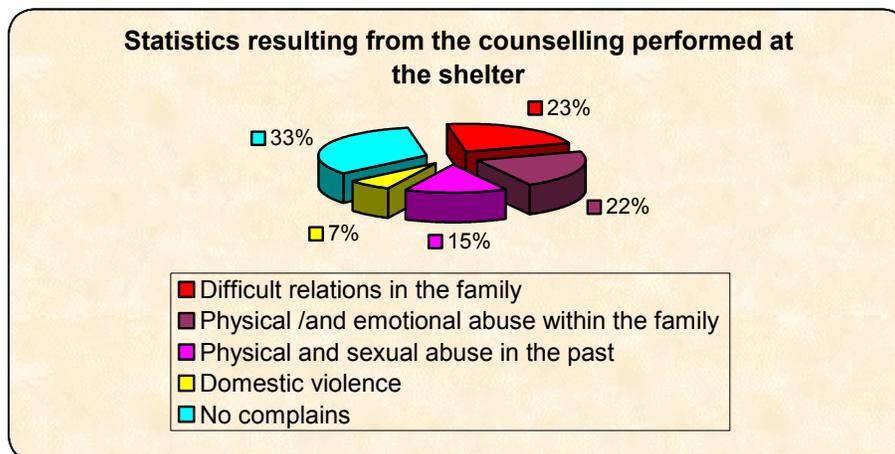
## **CHAPTER I. VICTIMS' BACKGROUND AND DETERMINING FACTORS**

### **I.1. Familial background**

The emotional life of an individual has its foundation and roots in the relationships she/he had with his/her parents and other members of the family, both during childhood and later on as an adult. The familial background, in addition to a childhood or adolescence often spent in frustrating and rejecting environments, impacts the bio-psychological well being of a person. Therefore, to better understand the psychological perspective of VoT, we must not only address the trauma they suffered at the hands of the traffickers, but also take into account their past and present relationships with their family members.

According to studies on the “attachment theory of development,”<sup>3</sup> the experience of loss, deprivation, neglect, or abuse affect a child’s emotional development and have long-term effects on the individual’s capacity to build satisfactory and secure relationships, and also on his/her sense of self-awareness and self-esteem. When a parent, who represents the most important person for a child, shows sufficient regard for a child’s individuality and dignity, the child feels valued and respected. She/he develops self-esteem, autonomy and learns to control and regulate her/his actions and express her/his own point of view. On the other hand, any significant instability in the care-giving relationship – whether physical distance, erratic patterns of parental behaviour, or physical or emotional abuse – may interfere with the individual’s sense of trust and security, potentially giving rise to anxiety and/or other psychological problems later in childhood or even decades later in life.

Assessments reveal that most of the VoT assisted by the programme come from families with difficult and abusive relations among family members. Out of the 105 VoT who have been counselled, 22% reported they had been physically and emotionally abused within their family, 15% reported physical and sexual abuse in the past, 7% reported they had been physically and emotionally abused by their husband or partner, 23% had difficult relations within their family, and 33% stated that they used to live in a “normal” familial environment.



<sup>3</sup> J. Bowlby suggested the attachment theory of development; he believed that human attachment is the anchor that enables a developing child to explore the world. With the comfort and security of a stable and routine attachment to the mother – or other primary caregiver – a child is able to organize other elements of development in a coherent way. (J. Bowlby, 1951) A single secure attachment bond is the most powerful protection against traumas.

Growing up in abusive environments, with violence and disputes between the members of the family, makes future VoT become vulnerable and emotionally unstable. Over the years, they accumulated frustrations and tensions inside themselves and did not learn ways to express those feelings. Such a difficult background also renders the VoT easier to control and deceive, and thus makes them more susceptible to being either forced or lured into trafficking. The traffickers seem to be offering them an “opportunity,” and in this situation, the future VoT give up, readily accept this “salvation” and find it easy to run away from the family home.

From interviews with the VoT, IOM Kosovo CT programme staff learned that, for the majority, the moment of “recruitment” into trafficking coincided with a recent family crisis. Most frequent scenarios of these family crises are either that the VoT have had open hostilities: such as an argument, or fight with their parents (in cases when they are still living at their family home<sup>4</sup>) or they have been deceived, abused or mistreated by their husbands (in cases when they are married<sup>5</sup>). The moment of breakdown or “giving-up” - when the decision to go abroad is being made - coincides with situations in which the levels of deception, anger and uncertainty are the highest.

***Case: N.R., 22 years old, from Romania, assisted by IOM Kosovo, Return & Reintegration Programme, in February 2002***

*Family environment*

*N.R. grew up in a difficult environment. According to her, she was the only one who was not accepted by her family. Her father used to frequently beat her and her mother did not protect her. She feels that all of her family rejected her, including her older sister. After she finished her education, she decided to move away from her family home and wanted to start a new life on her own. She started to date somebody, but her family did not accept him. She moved in with him against her parents' and older sister's wishes. She was beaten every time she visited her family and her brother-in-law beat and threatened her fiancé. At that time, the couple did not want to give up and remained together. N.R. still has a very good relationship with her partner, as apparently both of them lack family support, and thus they both wanted to stay away from their families so that no one could hurt them again. It is worth noting that although her family mistreated her, N.R. still considers herself to be the one to blame for the deterioration of the family ties.*

*The trafficking experience*

*Since she had to financially support herself, N.R. hoped that working abroad would improve her financial situation and decided to search for a job opportunity in another country. While she was working in a pastry shop (she graduated from a professional apprenticeship school – specializing as a pastry cook) two Romanian girls told her that they could help her find a good job abroad as a cook. She was told that she did not need to have a passport to travel and would not have any problems going abroad without one. The two Romanian girls arranged the trip and N.R. was taken by car to a city close to the Serbian border. When she arrived there, she stayed in a man's house, with 3 other girls. On the second day, the man took all of the girls and they crossed the border by boat. Three men were waiting for them on the other side of the river. The girls were taken by car and moved to Belgrade. In Belgrade, the girls were left in an apartment owned by two Russian-speaking men. There were 2 more girls in the apartment. N.R. was told she should get ready, because an employer was coming to see her. She was surprised to hear that the employer needed to look at her in order to hire her as a cook. When the employer came, she was told to go into a*

<sup>4</sup> IOM Kosovo Return and Reintegration Situation Report – Feb 2000/Dec. 2002, 70 % of assisted cases were living with their families prior to their departure;

<sup>5</sup> IOM Kosovo Return and Reintegration Situation Report – Feb 2000/Dec. 2002, 13.22% of the assisted cases are legally divorced, 10.06% of the assisted cases are separated, 5.46% of the assisted cases are married, and 3.16% have a stable relationship.

*different room, get undressed and leave on only her bra and underpants. She categorically refused and this time she was not chosen. She continued to refuse to get undressed for the other visiting employers. She stayed one week in this place, during which time different girls were brought in and then sent away with their new employers. On a number of occasions, the owners of the apartment tried to force her to be friendlier with the visitors and do what she was told.*

*One day a man came and chose her and another girl (also later assisted by IOM) and took them to Nis (South-eastern Serbia) to work in his place. There were 12 girls in this brothel. As soon as she was brought there, the girls who were already in the bar told N.R. that the owner did not pay them, that they were not well fed, and the owner beat them. N.R. was ordered to striptease dance and to be ready to have sex with clients. She refused and told the owner to take her back to Belgrade, so she could go home. The owner told her that she had no money for the trip, and that he was not going to give her anything. He also said that he had already spent too much money on her and so she had to work. She spent 5 days in the brothel. She was not allowed to go outside. N.R. continued to be unfriendly with the clients and the owner. Although the owner did not beat her, he was very aggressive and often yelled at her. N.R. started having headaches and nose bleeds. One day while sitting at the table with the rest of the girls, she started feeling dizzy and fainted. The owner was scared that she might die and arranged for her to be taken back to Belgrade. A man came and took her and two other girls. They were moved from one car to another until the girls were brought to a house. In this house, 3 men were brought to have sex with them. N.R. refused and was beaten and raped.*

*The second day they arrived in Skopje, Macedonia and stopped at a bar. A man came and took all three girls to his bar in the Kumanovo region. There were 3 more girls in the bar and they were working as entertainers for the clients and as prostitutes. The Macedonian owner told her that she had a debt of 2700 DM, so she had to have 27 sex-clients for free. She lived in the owner's house and was allowed to leave the house only when accompanied by one of the bar's male staff members. Most of the sex-clients were Macedonian civilians. Sometimes Macedonian policemen came as well; the owner told the girls that the policemen did not have to pay for the sex-services.*

*The owner tried to have sex with her and N.R. refused, screamed, and cried but the owner didn't care and raped her. N.R. called home once and asked her boyfriend to help her get home. After a while, her health condition deteriorated. N.R. had headaches again and fainted once. She asked the owner to take her to the hospital and only after 7 days he agreed to do so, fearing that she might die. She was taken to a private doctor, and N.R. was told that she had a heart condition due to the stressful situation that she was experiencing.*

*N.R. was forced to work in this bar from December 12, 2001 till January 10, 2002. On January 19, 2002 a client came to the bar and took N.R. and 2 more girls by car. The girls thought this was an ordinary client and they would be brought back to the bar. But this man took them to a small village and locked them in a house. After a while they realised that they were not going to be taken back to the bar. The man kept them locked in the house for 4 days. The girls protested and pleaded to be taken back to their previous owner but the man said, at first, that he was from the police and they were under arrest. After a while, he changed his story and told them that he was going to take them to a better place and everything would be fine. The man called a Romanian woman and then asked N.R. to talk to her. The woman introduced herself as his girlfriend and tried to calm N.R. down by saying that everything was going to be fine. After 4 days, the man, together with another local man, the Romanian woman, and a foreign male driver took the girls by car and crossed the border into Kosovo. After they arrived in Pristina, they were stopped by the police and arrested.*

#### Psychological status

*N.R. seemed to be an introverted person, quiet and reserved. While at the shelter receiving IOM assistance, she experienced strong feelings of anxiety and depression. She was agitated, worried, and sometimes sad, crying and complaining about her situation.*

*She believed that she did not receive what she deserved from life and that nobody could understand or appreciate her. She had the impression that she was forced to always comply with other people's wishes, and tended to be easily influenced. She considered her present circumstances to be disagreeable and overly stressful, but she also rejected any assistance that could help her face her situation. She had the strength to face life's problems. She needed support and affection, but she*

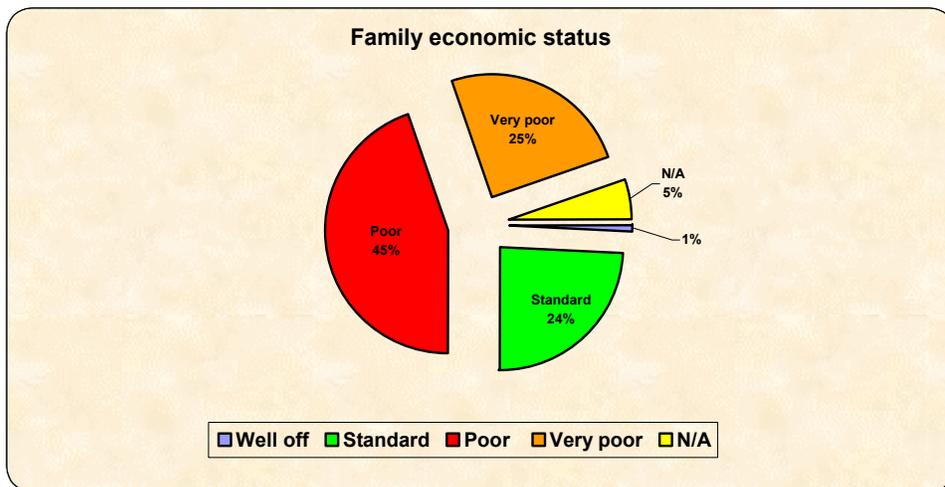
also tended to react to a stressful situation accusingly, claiming that nobody understood her. She wanted to be involved emotionally in the prior relationship with her partner, but she tended to maintain a distance between herself and him.

At the beginning, she seemed to feel better and she responded very well during the individual sessions. But her mood changed frequently and it appears that nothing satisfied her. She wanted to delay all decisions until the moment when she arrived home.

From the reintegration follow-up, we learned that N.R. accepted the IOM Reintegration assistance program in her home country, including the medical, psychological, and legal assistance, as well as the vocational training and job placement assistance.

## I.2. Social and economical constraints

Besides the familial factor, the vast majority of the trafficked women and children also have a background of financial hardships, since they come from areas with poor economic and social standards. Our statistics<sup>6</sup> show that the women who end up being involved in trafficking were unsatisfied with their economic status and wanted to improve it, many times regardless of the means involved.



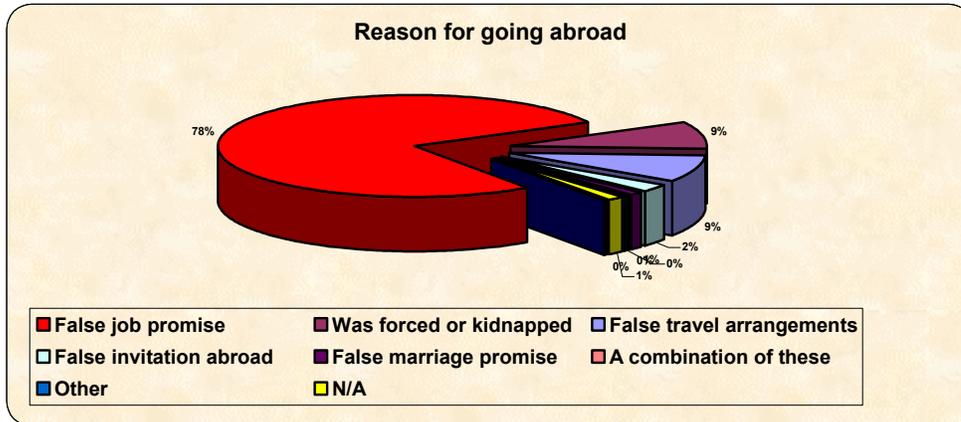
Due to their difficult economic situation at home, with no regular job and only occasional income, the level of uncertainty about the future becomes extremely high. The lack of predictable solutions to their economic problems pushes the VoT into making impulsive decisions with the sole purpose of escaping from such situations.<sup>7</sup> Under these circumstances, the decisions the women make have not been properly thought through and their vulnerable position makes them more easily influenced and manipulated.

When VoT are returned to their countries of origin, it is critical that action is taken to prevent them from finding themselves in the exact same socio-economic situation that prompted them to leave in the first place. That is why vocational training and job placement assistance is another key component of IOM's Return and Reintegration Project. After enduring the horrors of the trafficking experience, the VoT have the difficult task of

<sup>6</sup> IOM Kosovo Return and Reintegration Situation Report – Feb. 2000/ Dec. 2002: 76.2% of the assisted cases that worked in their home country were paid less than 30 USD per month.

<sup>7</sup> IOM Kosovo Return and Reintegration Situation Report – Feb. 2000/ Dec. 2002: 78% of the assisted cases decided to leave their home country to find a job.

learning how to cope with their trauma. If they are forced to add financial stress and economic insecurity to this, the pressure (and/or motivation) to again try and pursue work abroad can result in them being re-trafficked. This is one of the ways in which trafficking can become a self-perpetuating cycle, and it highlights the importance of and need for broader social, political, and economic change.



Our experience with the VoT has shown that few of them were aware of the risk of becoming entrapped within a trafficking network as a consequence of resorting to migrating illegally. This phenomenon has been particularly well documented with VoT who have already gone through a trafficking experience at least once. When these VoT were asked if they thought about the risks of being re-trafficked, prior to leaving their home country again, they often state that they foresaw the risk but assumed they would be able to control the situation this time. Furthermore, the conditions that they had to face in their home countries and within their families were considered by them to be so bad and unacceptable, that illegal migration seemed like a better alternative.

This returns our attention to the issue of the reintegration mechanisms available to VoT upon return to their home countries. The lasting success of the entire reintegration programme is thus fully dependant on creating or offering better economic and social support within their home environments. If the VoT do not believe in the possibilities for a better life when they return home, there is very little reason for them to want to go back and therefore, to accept return and reintegration assistance.

***Case: T.D., 17 years old from Moldova, assisted by IOM Kosovo, Return & Reintegration Programme, in October 2001***

*Family environment*

*Although she is just 17 years old, T.D. is abroad for the second time. The first time she was trafficked to Bosnia, but managed somehow to return home with some money. She used to live with her parents, but she had a difficult relationship with her father and her only thought was to be away from him. He had drinking problems and used to be violent and abusive to her and even more so to her mother. He tried to control T.D., demanded that she work hard, and refused to let her go out and spend time with her friends. She has an older brother and an older sister, and when T.D. returned from Bosnia she tried to live with her sister. After her money was gone, T.D. started to have problems with her sister, who then asked her to leave.*

*The trafficking experience*

*T.D. was promised a job in Bosnia as a waitress or dancer by an acquaintance, who was married to*

*a Serbian man. The Moldavian - Romanian border was crossed legally but later, T.D. was forced to cross the border with Serbia illegally on foot with a blindfold around her eyes. Once in Serbia, she was moved from one place to another and the traffickers seized her passport. Together with 3 other girls, T.D. was brought to Kosovo. The traffickers moved them again from one location to another. In one place, 3 of the girls, including T.D., were forced to sexually serve 3 men (including one local policeman). The next day, a local bar owner came and bought the girls. They were brought to Pristina, but the Kosovo/Albanian owner told them that they had to wait until his bar was open. The next day the owner brought them to the police station to be registered as his employees. While there, the police offered the girls assistance to go home and their cases were referred to IOM for further assessment.*

*Psychological status*

*T.D. feels trapped into an uncomfortable and disadvantageous situation and is searching for a way to escape from it. She has the impression that her life must offer her much more and her hopes and wishes must be realised. She does not want to miss any chance and that makes her feel uncertain and strained. She has a strong desire to feel secure. She has low self-esteem and she is not used to facing her problems. She appears suspicious of people and keeps her distance, even from the others girls, especially because she was not sure if going back home, without money, was the best option for her.*

*After the first sessions in the shelter, she started to open up more and began to consider the risks involved in going abroad illegally again – she was afraid of being re-trafficked for a third time. T.D. expressed concern that she did not know with whom she would stay if she returned home. She considered the alternative of staying with her parents, but was afraid of her father (if a reconciliation between them failed, she might try to go abroad again).*

*The fact that T.D. received some money after her first trafficking experience, combined with the problems she has with her father, puts her at high risk of being re-trafficked.*

## ***CHAPTER II. EMPIRICAL OVERVIEW OF THE EFFECTS OF TRAFFICKING AND THE PSYCHOLOGICAL ASSESSMENT OF ITS CIRCUMSTANCES***

### **II.1. The aversive and uncontrollable nature of trafficking**

The methods that are used by one human being to enslave another are outrageous and often shocking. Traffickers exert extremely brutal and manipulative control over their victims, from both a physical and a psychological perspective. They use rape, beating, torture, starvation, physical exhaustion, isolation, deception and death threats to force the VoT to obey their rules and orders.<sup>8</sup> This tremendous and constant level of violence and emotional pressure places the VoT in a situation where they learn to accept anything. All of their means and abilities to respond to or face danger are annihilated and the traffickers use these techniques to subjugate women into prostitution.

As a direct consequence of such an abusive environment, the VoT are pushed towards adopting conformist behaviour; they become obedient only to avoid violent reactions against them. They often use patterns of avoidance behaviours, such as compliance and obedience, as a response to difficulties or danger. Moreover, the VoT live in a perpetually deceptive environment where the traffickers feed them with false information, which is meant to prevent the VoT from turning to the police or trying to escape on their own.

Such accumulated traumas and fears make the VoT incapable of trusting any one. The reality around them is distorted, and the victims become doubtful of themselves and of others. Therefore, it becomes very difficult for them to make a radical decision such as breaking the circle of violence and looking for help to go back home.

The debilitating effects of uncontrollable and aversive events have been demonstrated in a variety of experiments on both animals and humans. Dr. Martin Seligman, from Pennsylvania University, studied the effects of constant coercive actions on animals. The subjects normally started to lose weight, to be agitated and depressed, and when they were allowed to escape, their responses ranged from complete inability to move to avoidance behaviour. Seligman termed this phenomenon of passively accepting one's circumstances as "learned helplessness".

Rothbaum suggested that, when attempting to control events, people either try to change the environment to fit their desires ("primary" control) or to change their selves to fit the environment ("secondary" control). When people believe they are unable to exert primary control over events, they may become passive and withdrawn in order to avoid the disappointment and possible loss of self-esteem that would result from repeated failed attempts to control seemingly uncontrollable events.

For the VoT, "primary control" is manifested by attempts to oppose the traffickers' rules and demands. Most of the VoT reported that they have tried at least once to directly oppose the traffickers or to escape from the bar. When such "primary control" cannot be gained, the VoT resort to "secondary control," meaning that they become passive and repressive toward their own feelings and beliefs. The victim has low self-esteem as a result of the repeated abuse she has endured and comes to believe that there are no "better" alternatives to the abusive situation.

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<sup>8</sup> All these methods were documented by IOM during the interviews with VoT.

The trafficking experience violates a person's autonomy at the level of basic bodily integrity. The VoT is not allowed to decide when or if she eats; she is not allowed to decide when or if she can rest, and repeatedly, her body is injured and invaded. This loss of control is often recounted as the most humiliating aspect of the trauma. In many cases, this dehumanising process is carried to the level of taking away the victim's personal documents and giving her a false identity in return. It cannot be emphasized enough that in the context of trafficking, by definition, the victim's point of view is not taken into account at all. The trafficking experience thus destroys the belief that one can have control over one's actions or decisions and can be **oneself** in relation to others.

This further explains the reasons why most of the VoT become numb, passive and doubtful, and seem incapable of fighting the terrible situation in which they end up. The cruel reality is that all too often people blame or criticize the victim for this passivity instead of understanding it as one of the outcomes of the criminal treatment that these women endure.

***Case: O.S., 34 years old from Moldova, assisted by IOM Kosovo, Return & Reintegration Programme, in February 2002***

*The trafficking experience*

*O.S. stayed in Kosovo for 18 months, and she experienced many traumatic events during the trafficking experience. From the moment when she left her country, she was moved from one car to another, locked inside houses, moved again and forced to cross a river (Romanian-Serbian border) on foot guarded by men with weapons and big trained dogs. During the trip, if a girl was travelling with her friend, they were separated by the traffickers and not allowed to stay together. She was moved and sold from one place to another and each time she was raped by the traffickers.*

*After 2 weeks, she was brought to a bar in Kosovo. The owner told her that she must repay the price that was paid for her and work with no compensation until she had repaid her "debt." But every time a girl violated a rule, she was "fined" differing amounts of money that were added to her debt. Although she was forced to sexually serve 3 to 5 clients per night, she never managed to repay her debt because of too many "fines."<sup>9</sup>*

*All the girls were beaten by the owner and more often by his mistress. This woman, who was a co-national of many of the victims<sup>10</sup>, used to give cigarettes with marihuana to the girls for free, but after a while, when some girls became addicted, she started to charge them for the cigarettes. Sometimes, when O.S. was sent with a client, the client would take her away to a private house and usually there were 4 or 5 men waiting for her. She was forced to have sex with all of them and was beaten very badly if she refused.*

*The girls were told to not say anything to the police if they happened to get arrested. The Kosovo/Albanian owner used to say that he had connections and enough money to buy them back from the police. He ordered them to tell to police that the situation in the bar was good, they all worked as waitresses, had a working contract, and were regularly paid; otherwise they would be punished. Once, the police raided the bar and took the girls to the police station. All of them were interviewed by IOM and told the same story: they worked as waitresses or in the kitchen, they were paid, and there was no prostitution in the place. They could not tell the truth because they were afraid that the owner would immediately know if they said anything to the police. After 3 days, the*

<sup>9</sup> This practice of imposing so-called "fines," as a method of financial bondage, is very common and has been reported as such by most of the VoT assisted by IOM Kosovo.

<sup>10</sup> IOM Kosovo CT staff has learned that, frequently, bar owners use a co-national of the victims in order to watch them more closely and control them more effectively.

police released the girls and the owner came and took them back. In the bar, he told them that he had information that one of the girls had spoken about the real situation going on there. This girl was beaten up badly in front of all the others. After that incident, the owner sold the girls to other bars.

In the second bar, O.S. was forced to do the same kind of work: have drinks with the clients and prostitute herself. Again, she had to repay her "debt" and she did not receive any compensation for her work. The Kosovo/Albanian owner took the girls' passports, kept them, and tried to justify his actions by saying it was safer for the girls this way. He would get drunk very often and would beat the girls severely and threaten to kill them if they did not obey his rules and orders. A couple of times, the police came to the bar and asked the girls about the working conditions there, but again the girls said that everything was "okay." They were too scared to tell the truth.

One day, after she was beaten very badly, she decided to go to the police to tell the truth. According to O.S., the police advised her to leave that place and O.S. went to another bar where a friend of hers was. O.S. did not work because of the bad injuries she sustained when the previous bar owner beat her. After a while, the ex-owner came to take her back. She refused to return to his bar, but he demanded that she repay her debts or go back with him, otherwise she would be killed. She gave him all her savings and went to another bar hoping that he would not find her and that she would earn some money. Since the owner of this new bar did not buy her, she was not forced to be a prostitute, although the rest of the girls were. Once, two girls from this bar went to the police to ask for help and subsequently they were able to go home with IOM's help. O.S. regrets now that she did not trust the police and ask for help as well.

O.S. tried a number of times to find a job in a bar or restaurant, but in all the places where she went the Kosovo/Albanian owners told her that the only work for her was as a prostitute. In one place, the owner agreed that she could work just as a waitress, but after a couple of days he started to pressure her to work as a prostitute. She refused and got fired.

During her time in Kosovo, O.S. did not send any money home. She could not save any money and she just bought and sent some pairs of shoes for her son in Moldavia.

#### Psychological status

During her stay in the shelter, O.S. manifested strong feelings of anxiety and depression. She complained about having trouble sleeping and headaches. She also complained that she didn't know who she really was any more. She had lived for too long in a different and aversive environment, far away from her family.

She appeared to withdraw herself, to be quiet, and reserved all the time. Initially, she preferred to be alone and not involve herself in any kind of social inter-action with the other girls in the shelter. Over time, she started feeling better, and spent more time together with the others.

Follow up: From the receiving mission, we know that O.S. agreed to continue with psychological counselling and received professional counselling and job placement assistance.

## **II.2. Clinical effects and symptoms caused by trafficking**

Traumatic events generally involve threats to life or bodily integrity or a close personal encounter with violence or death. The ordinary human response to danger includes both biological and psychological aspects. When a person perceives danger, the body reacts by increasing the flow of adrenaline and going into a state of alert. This explains why people, who are in threatening conditions/situations, are often able to disregard hunger, fatigue or pain. Danger focuses a person's attention on the immediate situation. All of these reactions are accompanied by intense emotions of fear and/or anger that can either mobilise or paralyse a person. In other words, in a crisis situation a person chooses to fight or to flee.

Traumatic reactions occur when re-action (the escape) fails or when mere resistance is impossible, and the human self-defence system becomes overwhelmed and disorganised. At this point, the traumatic event produces profound and long-lasting changes (damage) in physiological arousal, affection, and cognition. The traumatic event not only affects these functions individually, but also alters the way in which they inter-connect and work with one another.

The trafficking experience includes repeated instances of severe abuse, with no mental respite or period of “normalcy or peace,” because the VoT never knows what will happen next, when the next outburst or violent episode will occur.

What are the normal human reactions to abnormal events, like the traumas of the trafficking experience?

Physical reactions:

- Aches and pains like headaches, backaches and stomach aches
- Sudden sweating and/or heart palpitations
- Changes in sleep patterns and appetite
- More susceptible to colds and illnesses (weakened immune system)
- Increased use of alcohol or drugs, and/or overeating

Psychological reactions:

- Shock and fear
- Disorientation and cognitive confusion
- Irritability, restlessness
- Worrying or ruminating – intrusive thoughts of the trauma
- Nightmares and flashbacks of the events
- Attempts to avoid anything associated with trauma
- Minimising the experience
- A tendency to isolate oneself and feelings of detachment
- Difficulty trusting and/or feelings of betrayal
- Feelings of helplessness, panic, and loss of control
- Diminished interest in everyday activities
- Loss of a sense of order or fairness in the world; expectations of doom and fear of the future

During the first encounter with the victim, she is usually in a state of physical exhaustion, confusion, disorientation and fearfulness. She may also experience difficulties in remembering anything about her trafficking experience and, even when she does remember something, this is usually accompanied by intense emotions of distress and incoherence.

#### *II.2.1. Psychological status of the assisted women*

The feelings of vulnerability and emotional pain that are experienced by the VoT, combined, often times, with a background of childhood abuse and mistreatment play a significant role in the occurrence and severity of the acute reactions.

The victims assisted by IOM Kosovo CT programme have **manifested** the following reactions as a consequence of the trauma they experienced:

- Acute stress reaction<sup>11</sup>
- Post-traumatic stress disorder and dissociation<sup>12</sup>
- Depression<sup>13</sup>
- Borderline personality disorder<sup>14</sup>
- Acts of deliberate self-harm (usually razor cuts and signs of self-inflicted cigarette burns on the arms).

Ultimately, there is an extreme risk of suicide among women who have been trafficked. Some of them state that they decide to commit a suicidal act (such as taking sedatives, cutting their veins, or voluntary intoxication with various chemicals) so that they can be hospitalised and escape from the abusive environment where they are held captive.

***Case: B.N., 21 years old, from Romania, assisted by IOM Kosovo, Return & Reintegration Programme, in January 2002***

*Family environment*

*B.N. used to live in an abusive environment in her home country. She never knew her father and her mother single handily raised 6 children. B.N. has 3 sisters and 2 brothers. All of her sisters have worked as prostitutes abroad. One got married in Greece and the other two are in Cyprus (one of these two sisters is a drug addict and abandoned her child to her brother's family).*

*B.N. was often beaten by her mother and was thrown out in the street when she was a child. Later, when all the children had grown up, B.N. stated that her older brothers and sisters used to beat up their mother. After this occurred, her mother moved to another city and B.N. remained with her older brother's family. Although all her brothers used to beat her, B.N. is devoted to them and she gave all of her savings to them. When her mother passed away, B.N. did not want to go to her funeral, but now she regrets this decision.*

*She used to say that if she had money, her family would accept her and get along well together, otherwise they would just ask her to leave their house. But B.N. does not have any other place to stay. This lack of options has forced her to depend on her family regardless of how they mistreat her.*

*It seems that the only reality B.N. has ever known is an abusive one. She is used to being mistreated; the only feelings that she has ever experienced are pain, sorrow, or anger.*

*The trafficking experience*

*B.N. is not abroad for the first time abroad; initially she was trafficked to Greece, Turkey and Bosnia. This time, B.N. wanted to go to Bosnia, but as soon as she was brought to Serbia, she was sold to a*

<sup>11</sup> According to the ICD-10 Classification of Mental and Behavioural Disorders (WHO, 1992), acute stress reaction is a transient disorder of significant severity which develops in response to exceptional physical and/or mental stress. The symptoms usually appear within minutes of the impact of the stressful event and disappear within 2-3 days. Partial or complete amnesia of the episode may occur.

<sup>12</sup> This condition will be discussed in detail in the upcoming section.

<sup>13</sup> According to the ICD-10, in typical depressive episodes the individual usually suffers from: a depressed mood, loss of interest in and enjoyment of activities, and reduced energy levels leading to increased fatigability and diminished activity. Marked tiredness after only slight effort is common. Other symptoms are: diminished ability to concentrate and pay attention, reduced self-esteem and self-confidence, feelings of guilt and unworthiness, bleak and pessimistic views of the future, ideas about or acts of self-harm or suicide, disturbed sleep, and diminished appetite.

<sup>14</sup> According to the ICD-10, this is a personality in which there is a marked tendency to act impulsively without consideration of the consequences together with affective instability; in addition, the person's own self-image, aims, and internal preferences are often unclear or disturbed. There are usually chronic feelings of emptiness. A propensity to become involved in intense, unstable relationships may cause repeated emotional crises and may be associated with excessive efforts to avoid abandonment and a series of suicidal threats or acts of self-harm.

*Serbian trafficker from Mitrovica (North Kosovo). He brought her to his house and told her that she had to dance and have sex with the clients. She refused and the Kosovo/Serbian owner beat her, just as he had done to the other girls when they tried to refuse. She was denied food for 4 days and then she was sold to another bar owned by a Kosovo/Albanian. He took her to Feriza/Urosevac but ordered her to work in another place until he opened his bar. After 4 months, B.N. had a fight with the owner. Following this altercation, she asked a Kosovo/Albanian woman to buy sedatives for her. B.N. took all of the pills and lost consciousness for a couple of days. After this episode, the Kosovo/Albanian owner took B.N. in his car, telling her that he “was just taking her out.” On the way, he stopped the car at a gas station and told her that he was going inside to buy something. In the meantime, a car stopped nearby and two Kosovo/Albanians forced B.N. into their car. They told her that she would be sold to someone in Albania. When the car slowed down, she managed to escape and asked KFOR for help.*

#### Psychological status

*B.N.’s emotional state was unstable during the entire time she received IOM assistance. She behaved aggressively with most of the shelter staff. Most of the time, if something did not satisfy her, she became nervous, started crying, threatened to commit suicide, or adopted an aggressive attitude towards the shelter staff or the rest of the VoT in the shelter.*

*She had scars from razor cuts, which were all self-inflicted. B.N. stated that when she was trafficked to Bosnia, she started to cut her arms, and one time she burned her skin with a flat iron.*

*During her stay in the shelter, B.N. again took a razor blade and cut her arm. She said that during the night she remembered what happened in Bosnia, and the emotional distress that she experienced in that moment prompted this reaction. She stated that all of these acts of self-mutilation were connected to her trafficking experience and she would not repeat them if she were back home.*

*Most of the time, B.N. was emotionally unstable: she felt sad, nervous, and experienced many panic attacks and periods of extreme anxiety or depression, crying and complaining about her life. She clearly wanted to draw attention to herself and receive support, although throughout the time she was in the shelter, she claimed that she could manage by herself and did not need anyone’s help.*

*She rejected all the help that she was offered without thinking about the consequences of these choices, although sometimes, especially during counselling sessions, she seemed to understand the fact that it would be better for her to accept assistance.*

#### *II.2.2. Post-traumatic stress disorder*

Post-traumatic stress disorder (PTSD) is a relatively new diagnostic category in the history of psychiatry. It first appeared in 1980 in the internationally accepted authority, the Diagnostic and Statistical Manual of Mental Disorders (DSM III)<sup>15</sup>. At that time there was limited information about what could cause PTSD, and for many years, people who experienced a traumatic event were diagnosed using other nosological categories.

In recent years, there has been an increased interest and research in the field of explaining the psychological effects of a devastating traumatic event. Post-traumatic stress disorder emerges as a delayed and/or prolonged response to a stressful event or situation of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone. The DSM IV adds, “The disorder may be especially severe or long lasting when the stressor is of human design.”<sup>16</sup>

<sup>15</sup> Diagnostic and Statistical Manual of Mental Disorder, 3<sup>rd</sup> edition, American Psychiatric Association, APA, 1980.

<sup>16</sup> Diagnostic and Statistical Manual of Mental Disorder, 4th edition, American Psychiatric Association, APA, 1994

Typical symptoms for post-traumatic stress disorder include: episodes of repeated reliving of the trauma in intrusive memories ("flashbacks"<sup>17</sup>) or dreams, occurring against the persisting background of a sense of "numbness"<sup>18</sup> and unresponsiveness to surroundings, emotional blunting<sup>19</sup> and detachment from other people, anhedonia,<sup>20</sup> and avoidance of activities and situations reminiscent of the trauma. Commonly there is fear and persistent avoidance of cues that remind the sufferer of the original trauma. Rarely, there may be dramatic, acute bursts of fear, panic, or aggression, triggered by stimuli arousing a sudden recollection and/or re-enactment of the trauma or of the original reaction to it.<sup>21</sup>

The latest results of clinical research have indicated that post-traumatic stress disorder does not capture the effects of a chronic trauma that usually occur when a person is held for a long time in an aversive environment.<sup>22</sup>

After being exposed to such a terrifying experience, most of the VoT reported re-living moments of the trafficking process in nightmares or sudden memories of events. Although the VoT tended to try and avoid such distressing memories, many times they would spontaneously reveal the traumas that they went through. Emotionally, the VoT's state alternated between feeling restless and anxious, to being apathetic and persistently sad.

Due to the nature of the trafficking phenomenon, the type of chronic trauma experienced by the VoT is not limited to a single disruptive event; instead the trauma is extended over a much longer period of time. Accordingly, the longer the VoT remain under the control of their traffickers, the more severe and long lasting are the effects of their trauma.

### *II.2.3. Post-traumatic stress disorder and dissociation*

Over the last decade the relationship between dissociation and severe trauma has become increasingly appreciated.<sup>23</sup> Dissociation is defined as "an ongoing process in which certain information (such as feelings, memories, and physical sensations) is kept apart from the other with which it would normally be associated".<sup>24</sup> Functionally, dissociation can be seen as both defensive and adaptive since, in some circumstances it allows the individual to avoid processing or integrating information that is intolerable and inescapable.

From IOM Kosovo's practical experience, we noticed that, during the in-depth interviews with VoT, there is a marked tendency to "lose the memory" of the most painful moments of the trafficking experience, and also to have an altered or distorted sense of the time when these events took place. Any recollection of these painful memories is usually followed by intensely distressing emotions.

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<sup>17</sup> A sudden vivid memory of a past event;

<sup>18</sup> Reduced emotional responsiveness associated with exposure to a traumatic event;

<sup>19</sup> Persistent depressive mood of moderate severity or when the range of affective expression is markedly reduced but not absent;

<sup>20</sup> Inability to experience pleasure; loss of interest in pleasurable activity;

<sup>21</sup> According to the ICD-10 Classification of Mental and Behavioral Disorders, World Health Organization, 1992

<sup>22</sup> See Julia M. Whealin, Ph.D., National Center for Post-Traumatic Stress Disorder, US

<sup>23</sup> Dissociation is not mentioned by DSM IV as a symptom of PTSD, but there is a growing debate in the mental health literature as to whether PTSD is a dissociative disorder (Brett, E.A., 1996) or the dissociation during a traumatic event may be a predictor of PTSD (Bremner et. al. 1992, Marmar, et.al.1994).

<sup>24</sup> The International Society for the Study of Dissociation

Although dissociation is an instinctive response to save the self from painful and undesired memories, this type of response comes at a high price, as it determines long-term Multiple Personality Disorder, now referred as Dissociative Identity Disorder.

#### *II.2.4. Dissociation and acts of self-inflicted harm*

Dissociation appears to underline many cases of extreme and intractable impulsive behaviours, such as self-harm<sup>25</sup>, substance abuse, and bulimia<sup>26</sup>.

Once they become dominated by intrusive thoughts/memories of the trauma, individuals begin to organise their lives around avoiding having such mental images<sup>27</sup>. Avoidance may take many different forms: staying away from anything that reminds them of the trauma, ingesting alcohol or drugs that numb awareness of distressing emotional states, or utilising acts of self-injury to keep unpleasant experiences from conscious awareness.

Accordingly, when the VoT are overwhelmed with feelings of anger, sorrow, and despair, and they feel helpless and without hope of fighting the terrible situation in which they are trapped, they resort to acts of self-harm - most of the times cigarette burns and razor cuts - in order to stop the unbearable emotions. Sometimes they will also use these acts as a proof or recollection of what was done to them.

When asked about abuse of alcohol or drugs, many of the VoT find it difficult to separate coerced use from their own desire to consume.<sup>28</sup> If, at the beginning, they are asked by the owners to drink as much alcohol as they can, over time and in an increasing state of despair, they enter in a vicious cycle in which the alcohol is used as a way to relieve their emotional distress.

Some of them start to drink large quantities of alcohol especially when they know that they will be beaten or forced to witness punishments from the owner. As this maltreatment happens every day, they are exposed to a cycle that can lead to alcohol addiction.

#### ***Case: G.N., 20 years old, from Moldova, assisted by IOM Kosovo, Return & Reintegration Programme, in August 2002***

##### *Family environment*

*According to G.N., she grew up in a difficult environment: her father had drinking problems, while her mother left the family home to work in Poland and settled there. Once, she mentioned having been sexually abused by her father. Apparently, because of her family problems, she had lived for a time in an orphanage, and this explained why, when asked if she had brothers or sisters, she usually mentioned that she had only friends*

##### *The trafficking experience*

*Apparently, G.N. was abroad for the second time, and we suspect that, the first time, she had been trafficked to Turkey. In Kosovo, she was found and screened by IOM CT staff in a detention centre after she had been arrested for illegal residency. G.N. arrived in the detention facilities one day before the interview; from the social worker, we learned that the psychiatrist, who examined her, had*

<sup>25</sup> Out of 103 VoT who received psychological assistance by the IOM Kosovo CT Programme, 14 cases presented injuries from acts of self-inflicted harm.

<sup>26</sup> Vanderlinden and Vandereycken, 1997.

<sup>27</sup> Van der Kolk and Ducey, 1984.

<sup>28</sup> Out of a total of 353 cases assisted by IOM Kosovo CT Programme, 22.7% report being forced to drink alcohol while trafficked (only one case reported consuming alcohol and drugs).

*prescribed her sedatives and supportive therapy. During the first IOM interview, G.N. was sleepy and appeared to be extremely confused, probably because of the medication she had taken. She wanted to go home, but she ended up in prison because the police found her without proper documents. After her imprisonment, she kept repeating that it was not her fault; she was disoriented, very anxious, and not communicative. Furthermore, she undressed herself, for no apparent reason, when she was first brought to the detention centre. It is possible that being accused and imprisoned for a reason she did not fully understand caused the break down in her mental state.*

*It seemed that, in her mental state, the only reality she knew was her trafficking history. She was preoccupied by what had happened to the rest of the girls from the bar, and she wanted to be with them and with the people that trafficked and abused her. She had moments during her residence in the shelter when spontaneously she revealed the painful memories of her exploitation and sometimes she would stop, stare into space, and say: "Look what they have done to me..." In these moments, she was fully conscious of what had happened to her.*

*With time, she seemed more connected with reality; but then she went to the other extreme and did not want to mention anything related to her trafficking experience. She just said that she made many mistakes, blaming herself for what had happened.*

#### Psychological status

*G.N. manifested persistent sadness, suicidal thoughts, irritation, and anxiety.*

*At the beginning, she experienced alterations in relations with others: first, she displayed distrust of and detachment from the people who spoke her mother tongue and a preference for those who spoke Serbian<sup>29</sup>. Then later, after the IOM CT staff provided her extensive support and assistance, she tended to prefer to speak in her mother tongue.*

*The psychological status of G.N. was characterised by a regression to an inferior stage<sup>30</sup> and she expressed the following symptoms:*

- *A tendency to have a mother figure and seek protection from a person that belonged to her new reality. She asked the people that took care of her to take her home and let her live with them (a demonstration of her fear of abandonment);*
- *A preference for simple and habitual activities, like cleaning;*
- *A preoccupation to establish her territory (to have a room just for herself);*
- *Acts of self-inflicted harm: self-inflicted cigarette burns and bruises from beating her arm with a stick;*
- *Disorganised speech, incoherence. Deficient ability to pay attention, disorganised actions.*

#### Case evolution:

*When she was screened and taken for IOM assistance, G.N. was in a severe state of shock following a traumatizing and stressful experience. During the two months of assistance, she was monitored by IOM and received constant supportive therapy.*

*Prior to repatriation G.N.'s mental state improved significantly: she seemed more connected with reality, and understood the negative aspects of her past experience. Before leaving she said things like: "I just want to go back and begin a new life..."*

#### From the psychiatric assessment:

*After examining G.N., a professional psychiatrist diagnosed her condition as a psychotic reaction.*

<sup>29</sup> One of the ways traffickers try to isolate and control VoT is by demanding that they speak Serbian, instead of Albanian (the most commonly spoken language of the region), thus preventing them from communicating to people and hindering their ability to seek their help.

<sup>30</sup> A regression to an inferior stage is a defence mechanism in which the individual flees from reality by assuming a more infantile state.

<sup>31</sup> From the psychiatric report done by the psychiatrist working at "Mens Sana, Association for Mental Health Care" Pristina, 09.07.2002.

*“During the psychiatric examination, contact with the patient is possible, but she presents ideo-affective dissociation. She manifested disturbances in the cognitive process, affective instability with depressive domination, and auto-aggression and suicidal tendencies. From a clinical perspective, she was regressive, and from time to time she presented neuro-motor instability; accordingly she was recommended neuroleptic therapy. She did not appear to be conscious of her mental state. As IOM does not have hetero-anamnesis information, we cannot decide upon a clinical diagnosis and determine if this is an old process with a new onset triggered by the environment or the present situation. During the neuroleptic therapy, IOM has seen an improvement in her mental state: she was calmer, but still in a depressed mood. She was more conscious of her present situation.”<sup>31</sup>*

## ***CHAPTER III. COUNSELLING METHODOLOGIES***

The methodology of IOM Kosovo CT Programme's counselling services, which started in September 2001, consists of sessions of individual and group therapy. The sessions are designed to help the victims communicate and share their experiences, as an essential component of psychological healing. Individual sessions are beneficial to the victims because they establish a mechanism for acknowledging and sharing their trauma, in a private and "safe" atmosphere. Empathy and attentiveness encourage the victims to become more willing to open up and to learn how to cope with the terrible experiences they have just endured. Group sessions are designed to improve the victims' communication abilities and to offer them a forum for seeing the similarities in each other's problems, ways of thinking, etc.

### **III.1. The initial phase / the preparatory phase of the counselling services**

Most of the counselled victims are not used to receiving support or unconditional assistance. In many instances, the victims exhibit irritable and rejecting behaviour during the initial stages of the assistance. They cannot believe that this assistance is given "at no cost," i.e., without anything expected in return. The VoT are used to being unable to fight or protest against the way they are treated and to being punished for not complying with the traffickers' rules. Anger is a normal response when a person has been mistreated, abused, and betrayed, and has, as a result, lost a basic sense of trust in others. Consequently, sometimes the VoT manifest an understandable hostility towards people willing to assist them, as well as rules and procedures, like those they encounter while in the shelter, for example.

The experiences accumulated by IOM Kosovo CT programme staff, thus far, have indicated that, shortly after the VoT arrive in a welcoming environment (such as the shelter), where they are treated with **respect** and offered different assistance services, their willingness to receive information and to participate in reintegration activities significantly increases. As very few of them have ever had access to social or psychological support, it is crucial to apply a gradual and careful approach when initiating the counselling sessions.

Therefore, an efficient and properly directed counselling scheme, during the early stages of the assistance program, is critical to the development of the victims' openness and acceptance of medium to long-term support plans.

### **III.2. Individual sessions**

Individual sessions are an important stage in the recovery process and represent the necessary foundation for the success of the group sessions, and, ultimately, for the entire counselling mechanism. The primary objectives of the individual sessions, which are expected to have positive effects on the clients' condition, are: to intervene in immediate crises, to address specific symptoms, and to identify solutions for a limited spectrum of problems.

### *III.2.1. The person-centred approach*<sup>32</sup>

In general, the victims initially show a reluctance towards admitting and discussing their past problems. They also feel uneasy sharing their personal history with the other victims in the shelter.

Receiving an unconditional and empathetic response from the counsellors, when the VoT share their painful experiences, helps to reduce their internal discomfort and the negative perception they have about themselves, which is further reflected in the way the victims view their present situation and future expectations.

Within this therapeutic environment, the VoT begin to feel more free (willing and able) to open themselves up and explore their beliefs and feelings, and simultaneously, to accept their problems and frustrations and to begin looking for ways to address (or at least cope with) them.

### *III.2.2. Solution-focus in brief-therapy*<sup>33</sup>

When asked about what “they want or expect” the women automatically say what “they do not want” – their values are distorted in a way that they cannot even imagine positive developments in their life. They tend to have short-term plans, where only “what has to be avoided” is clear.

While in counselling, the victims are helped to develop a coherent and practical system to accomplish their objectives, i.e. first to identify a goal, then organize a plan of action accordingly, and ultimately to recognize the benefits of this way of thinking and acting. In this way, the VoT gains confirmation/positive affirmation of her “intentional behaviour” and acquires a new sense of her own capabilities. Brief-therapy is one of the counselling methods that has proven to be an effective way of facilitating this change in thinking.

Principles of brief-therapy, such as a focus on positive solutions and an elaboration of goals, facilitate the VoTs’ ability to change their orientation from being fixated on their problems to being open to positive developments. This enables them to gradually reformulate their choices and desires. Simultaneously, they develop a different perception of their problems and begin to find more realistic solutions for them.

Although this process cannot restructure the entire personality of a VoT, it can help her see her problems and difficulties from a different perspective, acquire a feeling of responsibility, and activate new patterns of behaviour.

***Case: B.H., 18 years old from Romania, assisted by IOM Kosovo, Return & Reintegration Programme, in April 2002***

***Family environment***

***B.H. grew up in a difficult environment. Her mother got divorced and remarried and B.H. is the only***

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<sup>32</sup> The person-centred approach, developed from the work of the psychologist Carl Rogers, is based on the theory that a person feels emotionally secure and strong, if, within a social relationship, he/she is accepted and understood. On the contrary, if the person feels rejected and ignored, she/he will manifest low self-esteem and a negative self-image. For therapeutic purposes, the counsellor creates this kind of psychological environment so the client can feel understood, unconditionally accepted, and valued.

<sup>33</sup> Steve de Shazer and Insoo Kim Berg developed the solution-focus in brief therapy in America in the 1980s. It is a short-term, goal-focused therapeutic approach that helps clients to change by constructing on solutions rather than concentrating on problems. Focusing on goals and how to pragmatically achieve them, while avoiding getting caught up in the past, tends to make counselling briefer.

child from the second marriage. She complained of having been mistreated mentally and physically by her mother, who had drinking problems. She said that her mother behaved abusively toward B.H.'s father as well. From time to time, she received help from her stepsister and apparently she was entrusted to her stepsister's care by the child protection agency. Her father passed away recently, and she could not attend at the funeral. She still suffers from the loss of her father.

#### The trafficking experience

B.H. was abroad for the first time and thought that she would go to work as a maid in Yugoslavia. The trafficker, a neighbour from her village, reassured her that everything would be fine and he would take care of all documents, passport and visa. He moved her to an apartment in a town close to the Romanian-Serbian border. When she arrived there, B.H. suspected something was wrong and asked the man to take her back home. He told her that it was too late and all the arrangements were already made. He reassured her that everything was going to be fine. Instead B.H. and two more girls were brought illegally to Serbia and sold to a Serbian man. They were brought and locked in an apartment and different men started to come to see the girls. They were told to get undressed and B.H. was beaten when she refused. After that she was sold to another trafficker in Serbia. In this place, there were 12 more girls and again different prospective buyers came to evaluate them. At the end of the month, B.H. and two other girls received false passports from the trafficker; then he took them to the bus station. There, a different man took them and brought them to Kosovo. B.H. was sold again to another Kosovo/Albanian man in Ferizaj/Urosevac, who then sold her to a bar. The Kosovo/Albanian bar owner demanded that she repay her debt in order to be free and then he would let her go home. She was forced into prostitution and the owner never paid her. After B.H. repaid her debt, the owner sold her to another bar. Again she had a debt to repay and was forced into prostitution. She heard that that some girls from the previous bar had gone to the police, but she did not know what to do or where to go. She ran away from the bar and stayed with a local man that she knew from the bar. He brought her to the police station and her case was referred to IOM for assistance.

#### Psychological status

At the beginning, B.H. did not appear worried about her experience being trafficked. She was encouraged to speak about her experience and started to acknowledge the risks involved in trafficking and then began to complain about the experience she went through.

She appeared to be an introverted person who preferred to keep her personal feelings and beliefs to herself, but simultaneously was someone who felt the need to be in contact with others around her. She had the impression that she could not get what she deserved and was forced to make compromises. She rejected any ideas that could influence her opinion. She focused too much on herself and was easily offended. She had the impression that she was neglected and wanted to have security and affection from the people close to her. Her unfulfilled wishes led her to a state of insecurity and restless. She was doubtful that her situation could improve in the future, and she felt the need to have security in her life. The conflict between hope and necessity led her to a state of tension and pessimism.

She experienced strong symptoms of distress and complained about anxiety symptoms, such as trouble sleeping, heart pains, restlessness, and panic attacks.

#### Evolution of the case

She responded very well to all the assistance provided at the shelter. In the beginning, she cried often, especially during the night, but with time and assistance, her emotional state improved.

She was content to receive psychological support from the IOM psychologist, but she reported that her symptoms and emotional state improved only during the counselling sessions. She seemed to be a person who wants and needs to receive attention and support (which could be a way to compensate for the lack of affection from her mother).

She seemed to be very motivated, but she needed support and guidelines in order to accomplish her

goals. She wanted to continue her education and find a job, but she was doubtful and overwhelmed by her anxieties and this may be an obstacle in pursuing her goals.

From the reintegration follow-up:

B.H. accepted assistance and agreed to continue with the psychological support and undergo vocational training and job placement assistance.

### *III.2.3. Therapeutic stories*

Metaphors and therapeutic stories<sup>34</sup> are also techniques used by the IOM Kosovo CT programme to give the VoT incentives for finding new perspectives and beginning their problem-solving process. Some of the VoT are reluctant to admit or accept a change in their life. As this technique is not intended to directly influence the VoT's decision-making processes, it helps to reduce the resistance of their inner self-defence mechanisms. The stories offer a model with which VoT may identify. By hearing these stories, the VoT can find an association with their personal problems without feeling any threat to their pre-existing system of beliefs and values.

For example, if a VoT doubts the chances of success in any attempt to positively change her life, this technique provides an example, a story "About the Courage to Risk," and a model to positively change her perspective of her problems. The stories are universal and recognised as having the effect of accelerating the healing mechanism of the subconscious<sup>35</sup>.

### *III.2.4. Relaxation techniques*

Most of the VoT complain of symptoms such as sleeping problems, states of restless, headaches or heart pains. Relaxation techniques are useful in the therapy for anxiety disorders because they give subjects a sense of control over their symptoms. They can learn to use relaxation exercises to address their anxiety, which then permits them to engage in the other components of the therapy.

Using the relaxation technique, the clients (VoT) learn to progressively reduce their musculature by concentrating on the respiration process. As the client gradually relaxes, she becomes capable of reducing her anxiety and replacing it with a state of peace and calm.

Peveler and Johnston (1986) showed that relaxation increases the client's memory's ability to access positive information and facilitates the discovery of different, alternative reactions to her/his anxieties.

## **III.3. Group sessions**

Frequently, the VoT in counselling are not used to speaking about themselves or to describing how they perceive themselves, what they like about themselves and the world around them. Even when they decide to open up, the VoT are not able to articulate their life

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<sup>34</sup> The "therapeutic metaphor" is a story of a varying levels of length and complexity, which aims to persuade and sensitise an individual and is a therapeutic tool for restructuring a person's way of thinking and perceiving the world. The stories are accounts of significant moments in the history of the mankind, condensed in an elliptical and symbolic form that also puts forward a possible solution for the respective conflict or problem.

<sup>35</sup> Peseschkian N. "Oriental Stories as Tools in Psychotherapy", Berlin, Heidelberg, New York, Tokyo, Springer-Verlag, 1986;

experiences in positive terms. Their cognitions tend to modify and their self-esteem and self-respect begin to decrease.

Through group sessions, the VoT have the chance to share their personal experiences with the other women; they can freely speak about themselves to people who will not judge them and can directly relate to them.

Revealing their personal experiences in a secure environment reduces their internal tension, fear, and sadness. Many women initially feel “inadequate;” they blame themselves for their suffering, and doubt that their lives will ever be successful. During the group sessions, each VoT receives support and affection from the other participants. This group-type situation enables them to better control their hostility and anxiety. The VoT gradually do not put so much pressure on each other and on themselves and they can focus on their objectives and hopes.

In the group sessions, participants propose subjects for discussion; the most frequent topics address the VoTs’ worries about their future in terms of economic sustainability and family problems. Through the group discussions, the VoT receive suggestions from the other participants, thus developing an interactive and self-stimulating approach.

Another technique used during group sessions is providing beneficiaries with information and examples of communication and conflict resolution skills. This way, the group members are given some “tools” to communicate and express their concerns such as: how to rephrase a sentence so that it is better understood or how to change a sentence in a way that emphasizes the positive message instead of the negative one, etc.

## ***CONCLUDING REMARKS***

Trafficking is a complex phenomenon with many dimensions. The victims' personal backgrounds, repeated experiences of violence and abuse, socio-economic constraints, and the modification of victims' behaviour in order to adjust to the trauma of being forced to work as a prostitute all must be considered to gain a psychological perspective. The different stages of assistance provided to the VoT call for different priorities. Both the physical and the psychological needs of the VoT need to be addressed throughout the process, which moves from the initial crisis intervention to long-term support services. Along the way, psychological counselling plays a critical role in identifying the needs of the victim, engaging the person in setting out recovery goals, and assisting in sustained rehabilitation and empowerment.

Through the safety of the therapeutic environment, and the creation of trusting relationships, the victims are able to face and deal with their extreme and suppressed emotions of shame, guilt, anger, and fear, gradually incorporating them into their lives. As a result of the counselling services provided to the victims by IOM Kosovo, the symptoms of anxiety and hostility slowly decrease. The beneficiaries begin to focus on plans for their future, including their professional careers and personal lives; accordingly, they are often more open to accepting support and participating in reintegration activities in their home countries. Even though a therapeutic intervention cannot, in such a short time, address all of their past experiences and their entire personality, it usually provides the victims with techniques that can help them cope with difficult situations and begin to focus more on the future than the past.

This paper has presented theoretical arguments, substantiated by specific evidence and data, which demonstrate the pivotal role psychological counselling plays in this process. Recognizing and attending to the impact of the trafficking experience, while maintaining respect for each person's anonymity and individuality, will ensure the provision of a comprehensive assistance scheme to the victims of trafficking,

However, this entire framework of assistance and counselling will be rendered ineffective if sufficient follow-up work is not insured in the victims' home countries. Once repatriated, care should be focused on the broader reintegration needs of the victim, with assistance plans tailored to meet their individual circumstances. It is critical that sending and receiving countries increase their levels of cooperation and information exchange in order to meet the specific needs of the victims. The profiles of the VoT, developed by the sending countries, provide an excellent foundation for the receiving countries to work from and are a good example of the positive effects of increased collaboration. In order to avoid forsaking the benefits of the initial psychological counselling, governments should take all the further, necessary measures to reintegrate VoT, through their own agencies and referrals to appropriate NGOs.

Notwithstanding the importance of what was just described, in order to address the larger problem of trafficking, governments must address the factors and conditions that underlie it. Focusing *solely* on the effects of trafficking, without addressing its root causes, cannot eliminate the problem. The root socio-economic and political causes of trafficking including: unemployment, poverty, gender inequalities, social and cultural attitudes, together with the demand for sexual services and cheap labour must be at the forefront of the long-term effort to fight human trafficking effectively. Programmes should be

established with the goal of strengthening efforts to tackle poverty and further marginalization, particularly amongst the most vulnerable groups -- such as women and children -- through measures designed to improve governance, material support, social protection, employment and educational opportunities, and sustainable economic development. Furthermore, legislation and policies on equal opportunity must protect and strengthen the legal and social position of women and children and specifically address all forms of gender discrimination. These efforts are needed across the board -- in countries of origin, transit, and destination – and should occur not only within individual nations, but above all, through regional and international initiatives. Only with the commitment of resources and determined political will can this modern form of slavery be combated.

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