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METHODS AND MODELS FOR MIXING SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE AND TRAFFICKING IN PERSONS IN EUROPE & EURASIA

Executive Summary
December 2008

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Executive Summary

This study considers service models for victims of trafficking in persons (TIP) and domestic violence (DV) in the Europe and Eurasia (E&E) region. The central research question was how best to provide assistance and support to both victims of trafficking and domestic violence which meets their individual and specific needs while taking into account the limited, and sometimes diminishing, resources available for these services. The study examines the various types of victim-centered services available in the region, those dedicated either to victims of DV or TIP and those where services for the two groups are mixed. Also considered is the extent to which these services are available and accessible to the two target groups. Of particular interest is how and where services may be mixed and where services should be distinct, as well as where additional services are required to meet the needs of victims of DV or TIP.

This study builds upon a 2007 study of the intersections of DV and TIP in the E&E region, commissioned by USAID and conducted by NEXUS Institute, which recommended that research be undertaken on the topic of expanding service availability for both victims of TIP and of DV. As a consequence, this current study was commissioned to conduct detailed field research on common and distinct assistance models to both populations and to consider whether victim assistance and protection services need to be created, expanded, or possibly joined. Central lines of inquiry for the study were:

- The similarities and dissimilarities between experiences of TIP and DV;
- How the assistance needs of DV and TIP victims differ and whether differences in needs are also linked to other factors, such as the backgrounds, individual characteristics, and experiences of different beneficiaries;
- How services and assistance models differ according to types of beneficiaries, including victims of TIP and DV, as well as different profiles of DV and TIP beneficiaries;
- The capacity and willingness of existing service providers to assist mixed populations, and the possible negative and positive implications of this approach;
- The extent to which stigmatization and discrimination have been experienced by beneficiaries in the provision and acceptance of services in interactions with other beneficiaries, professionals, and others;
- The circumstances in which mixed services would and would not be effective and appropriate for DV and TIP victims;
- The implications for USAID policy of combining or separating assistance programming for victims of DV and TIP, with attention to issues of sustainability, efficiency, appropriateness, quality of care, and cost effectiveness.

The study is intended to help USAID missions to focus resources cost-effectively; integrate DV or TIP issues into programming, where appropriate; and address certain issues and controversies that have arisen in the area of assistance and protection for victims of DV or TIP.

Experiences and Impact of TIP and DV: Considering Similarities and Differences

Identifying the experiences and impact of trafficking in persons is complex. Persons may be trafficked for a range of purposes—sexual exploitation, forced labor, slavery or practices similar to slavery, servitude, or the removal of organs—and the impact of these experiences are very much linked to the form and length of exploitation as well as to the individual’s background and experiences before being trafficked. The overall health of trafficked persons—both physical and mental—is often severely

compromised by trafficking. Similarly, domestic violence involves a range of abuses and violations that affect the physical and psychological well-being of victims, as well as their socioeconomic status.

In deciding whether services can be mixed, it is important to first identify the assistance needs of the various target groups at different points in time. These needs are related to the victim's characteristics and profiles, their experiences of violence or exploitation, and their social and economic situation following DV or TIP. Both categories of clients, although often treated as homogenous because of shared or similar experiences, are extremely diverse. Similarly, experiences of both trafficking and domestic violence involve a range of violations and no two experiences are the same. As such, it becomes important to disentangle similarities from differences (between DV & TIP and within each of these categories) in determining the extent to which services may be appropriately, effectively, and ethically mixed in assisting these categories of clients.

Different Models for Service Provision: Considering Residential and Non-residential Programs

A primary distinction in service provision to victims of domestic violence and trafficking is between residential and non-residential services. Services may be organized around the framework of a communal shelter or other types of residential facilities. Other services may be non-residential—available at a centralized service center or on an individual basis. When considering mixing victims of TIP and DV at different venues for services, it is important to consider how these different models meet or fail to meet the needs of different profiles of clients and their various experiences. There is a range of considerations when analyzing the advisability of mixed services for victims of domestic violence and trafficking. Mixing services within non-residential programs is, on some levels, less complicated than mixing services within residential programs because many of the interpersonal practical problems do not occur. Nevertheless, there are other factors and issues that must be taken into account.

Service provision and need. To evaluate the appropriateness and effectiveness of assistance to mixed populations of TIP and DV victims, it is necessary to consider how services for different client groups may differ and how these differences can be accommodated in both residential and non-residential settings. Distinct shelter and service plans (and appropriately skilled staff) are needed for both client groups. Moreover, each victim requires individualized assessment, assistance, and intervention. There are also substantial differences in terms of needs relative to the victim's specific situation. For example, although trafficking victims may be one diagnostic category, it is not a homogeneous group. Foreign TIP victims in transit will need different services than national victims in the reintegration process, for example.

Staff capacity to work with victims of TIP and DV. A central issue is to what degree service providers have the knowledge, skills, and experience to meet the needs of the two target groups. Staff must be prepared and equipped to provide appropriate services to multiple categories of clients. These concerns can largely be addressed with appropriate and ongoing training and supervision. Also vital, particularly in residential programs, is staff capacity to navigate what can be a complicated social terrain among beneficiaries, including addressing misunderstandings and conflicts that arise between the two groups as well as among victims of the same group. This necessitates tolerance and understanding on the part of program staff.

Legal and administrative barriers. In some cases, the legal and administrative framework of a country or program inhibits providing services to victims of DV and TIP. Many countries have administrative barriers that prevent victims from receiving services, for example, they may need proof of residency to obtain services. Other administrative barriers include funding limitations or restrictions that may be

imposed by the government or a donor that prevents the mixing of services or may limit services to specific profiles of beneficiaries.

Security and safety. The concern for safety is often a rationale for not mixing victims of DV and TIP in residential facilities. Although certainly there are security issues in the case of trafficking victims, they vary substantially from victim to victim. Whereas some trafficked persons face considerable security problems, others do not. Safety and security issues are relevant for both groups, mixed or not, and for residential and non-residential services. Service providers—whether specialized or centralized—report instances of threats and violence against clients and staff.

Length of residential stays and duration of programs. Although in some cases longer programs for TIP victims may be linked to their long-term needs, our findings suggest the length of services offered may equally be about the political attention focused on TIP as compared with DV in the E&E region. Some thought should be given to whether a crisis intervention model is the most appropriate one for DV victims, or whether these clients would be better served by mobilizing some of the range of services often available to TIP victims. Where the same needs exist (and this was commonly the case), there should not be a difference in the duration of program participation. In the case of both target groups, attention should be paid to supporting the autonomy of clients through services while not creating long-term dependence on these services.

Appropriate facilities. In communal shelters, lack of personal space and privacy can amplify existing stress and, for many service providers, the issue of space was particularly important. Having adequate space for clients (including private space, where possible) and functional living quarters was often key in addressing tensions and providing quality care. Other critical features such as having one's own bathroom were important for many clients and staff. Also important is client comfort levels in mixed-sex accommodations.

Relations between TIP victims and DV victims. Living communally can be a reassuring and positive experience for some clients. However, others may have difficulty adjusting to a shelter setting. Tensions may be particularly acute when clients do not identify with one another, and some service providers flagged the common lack of understanding and empathy between victims of DV and TIP as a potential issue in mixing services. Other service providers noted that mixing services could be advantageous, particularly where clients have a common issue around which to develop understanding—for example, how to care for their children.

Stigma and bias. Providing joint residential services to victims of DV and TIP may be an issue, given the highly stigmatized nature of prostitution in most societies in the E&E region, even when prostitution is forced upon the victim. Many service providers flag discrimination and bias as a critical point in the discussion of mixing services. However, what divides people may be less their specific experience as a victim of TIP or DV, and be more about other identity issues—different backgrounds, education levels, culture and language, socioeconomic status, ethnicity, and so on. Although stigma and bias between DV and TIP victims is likely to be particularly pronounced in residential settings where contact is intense and ongoing, in non-residential programs—for example, educational or training programs—such biases and tensions also occur.

Mixing minors and adults. Special skills, programs, and facilities are needed to meet the individual needs of minors at different ages, stages of development, and capacity. The presence of minors in shelters entails a heavy workload for residential staff, and institutional residential care should ideally be avoided. However, when referring to children of victims, the option to accommodate them alongside their

parents is essential. The combination of adult and child family members (male and female) presents additional challenges as many shelters are designed only for adult, female residents.

Different Forms of Services and Assistance

Assistance programs for victims of domestic violence and human trafficking in the E&E region comprise a range of services, organized in different ways. When examining a general overview of services, it is helpful to consider a number of factors including: (1) whether the typical package of services for victims of TIP and DV differ; (2) whether it is short- or long-term assistance; (3) whether services are individual, stand-alone, or part of a referral network; (4) the location of the services (off or on-site); and (5) whether services are public, private, or a mix of the two.

There is a range of services offered to victims of TIP or DV. For each type of service, it is important to analyze: (1) the problems faced by the two categories of beneficiaries; (2) the (similar and distinct) assistance needs of victims of DV and TIP; and (3) the options for mixing the specific service.

- *Medical care and assistance*—Both DV and TIP victims have a range of medical needs, many of which are overlapping. The extent to which medical services can or should be mixed is case specific and largely dependent upon the medical specialty needed. When properly trained, medical personnel can play an important role in identifying victims and referring them to other services. To provide quality care, health professionals should be sensitized and trained in how to work with different victims and maintain confidentiality and safety. Health care funding rarely extends beyond crisis treatment to include recovery and ongoing assistance to victims with holistic coverage.
- *Psychological and psychiatric assistance*—There are significant parallels between TIP and DV experiences, which suggests that some of the techniques, skills, and approaches of psychological and psychiatric assistance for the two groups may be similar. Although appropriately trained psychologists and psychiatrists are able to work with both target groups, techniques for assisting the two groups may differ. For example, group counseling and peer support groups have been helpful models for DV victims but may not be constructive for some TIP victims. Sex trafficking often creates an environment of competition and loyalty among victims by using favoritism and rewards to divide victims and consolidate control. In assistance programs, such dynamics may continue. Fear of stigmatization and of traffickers can also inhibit sharing of stories.
- *Legal assistance*—There are some legal services that could be provided to both profiles of victims by the same lawyers. Lawyers may provide assistance with document preparation and legal representation in court to either TIP or DV victims. Social workers may be able to assist with administrative forms related to personal status and accessing government assistance, but specialized lawyers are usually needed to handle criminal law and some civil and immigration issues. Both TIP and DV victims are often married and have children; therefore, they face a range of family law issues related to child custody, divorce, alimony and child support, and division of property that require formal legal assistance. There are some legal issues faced by trafficked persons that do not have the same relevance for victims of DV, such as accessing national documents (via their embassies), seeking to regularize their status in the country (either temporarily or permanently), and dealing with criminal charges brought against them for acts committed while trafficked (as prostitutes, illegal migrants, etc.). These forms of assistance require a level of specialization that many domestic violence and possibly even legal aid organizations do not have.
- *Educational assistance and vocational training*—Formal education should be available to both DV and TIP victims within mainstream education programs. The provision of non-formal education and

vocational opportunities can be mixed for the two populations and moreover could be dovetailed with services for socially vulnerable groups in general. The skills which are of value for trafficked persons and domestic violence victims are consistent with those for a wide range of clients. The integration of these services into state programs and social services—whether provided by NGOs or GOs—has the added advantage of mitigating the risk of stigma and discrimination because individuals are not identified as victims of violence or trafficking.

- *Economic opportunities, job placement, and income-generation activities*—Because job placement support is generally undertaken on an individual basis, such services can be made available to both TIP and DV victims by the same organizations. Some activities may be undertaken in a mixed group—how to write a CV or succeed at a job interview—although some issues may require sensitivity and confidentiality. For example, TIP victims need to be prepared to answer questions from prospective employers about their absence from the country or lack of a (legal) work history. DV victims need to be prepared to promote their reentry into the job market if, for example, they have limited previous work experience. A key issue for income-generation activities will be risk analysis. Risk analyses are needed for both DV and TIP victims to obtain a realistic assessment of particularities, such as whether a micro-credit loan mimics experiences of debt bondage, or whether a DV victim will have control over the use of the funds, especially if she is still living with her abuser.
- *Humanitarian assistance*—DV and TIP victims and often access services from the same humanitarian organizations. Therefore, the provision of humanitarian assistance can generally be provided to both groups.
- *Housing assistance*—Access to subsidized housing is important for both DV and TIP victims. Most do not own their own homes (or cannot safely return to their homes) and the cost of renting is prohibitive, with most wages unable to cover the cost of living independently. Victims often need a place to stay as they establish financial independence. Subsidized housing to all socially vulnerable groups is, in principle, an important means of assisting both DV and TIP victims and one which does not single them out as victims of crime. However, in the E&E region, the demand for housing and the breadth of social vulnerability are so great that governments often do not have the resources to provide such housing.
- *Family mediation and counseling services*—For some victims of TIP and DV, a return to the family is unfeasible and unadvisable. However, in other cases, with family mediation and counseling, it may be possible to support a victim's return to the family. Where this is safe and the victim desires it, appropriate support must be provided. Skills required to conduct family mediation and counseling services are similar for both DV and TIP victims. Adequately trained professionals could be equipped to work with the issues of both groups. Confidentiality and the privacy of victims must be safeguarded when undertaking family mediation and counseling; many TIP victims prefer to keep details of their trafficking experiences confidential from other family members.
- *Witness protection and security services*—To the extent that TIP and DV victims serve as witnesses, the general witness protection programs available in some E&E countries would be able to serve their needs. A limited number of victims of DV and TIP require relocation away from their home community for security and protection reasons. Such relocations may be in-country using a network of service providers to find an appropriate relocation. In the case of some TIP victims, however, relocation abroad may be needed.
- *Specialized assistance to minors*—Minors, whether they are victims of DV or TIP (or accompanying a family member who is a victim) require assistance by professionals with child-specific skills and

training. Within a child protection framework, attention must be paid to different profiles of minor victims, their experiences, and their needs, as well as what variables are most relevant in determining what constitutes the “best interests of the child.”

Mixed Services and Mixed Populations: Key Issues and Considerations

In the E&E region, the decision to mix service—and how—should be informed by the following broad issues:

1. *Program objectives and organizational approach.* The structural framework within which services are provided, including program objectives and the organizations’ approach, are important in assessing the basic compatibility of mixing services. Although many DV and anti-trafficking organizations have similar philosophies and approaches in their work (for example, a focus on the recovery, empowerment, and self-sufficiency of individual clients), there are also often large differences. Where similarities in approach and philosophies exist, mixed services are possible and perhaps even advisable in that the cross-pollination of ideas and experiences from different individuals and agencies can enhance service provision.
2. *Finances, facilities, and resources.* The overall resources available for different programs in terms of money, facilities, and other resources vary by program. Although mixing services is assumed to be the best way to deal with limited resources, available resources may not be adequate to meet the needs of both types of victims. There may be additional costs to a mixed program because of the need for staff to acquire new skill-sets or adding additional professionals not currently used. Many programs in the E&E region already share facilities and resources to serve mixed-client groups, largely as a result of limited resources rather than as a preferred option or conscious choice.
3. *Local contexts, cultural settings, legal frameworks.* Local realities—whether political, legal, social, cultural, or economic—must be taken into account in decisions to mix services. The rule of law and level of political corruption can influence whether victims even come forward to receive services. The cultural setting can also influence the types of services which are acceptable to victims. The legal framework within which service providers operate is a key element in considering mixed services—including whether DV and TIP are criminalized. Although this study focuses on regional issues, the team noticed national and even sub-national issues that directly (and at times adversely) affect local service provision.
4. *Staff knowledge, skills, and attitudes.* Where services are to be mixed, concerted efforts must be made—through professional development, training, and so on—to equip professionals with the skills and resources to work ethically, effectively, and sensitively with the two groups. Beyond developing staff skills, programs must be vigilant in ensuring that personnel working with victims are respectful of and non-discriminatory toward victims and provide appropriate care. This may necessitate ongoing sensitization of staff and, in some cases, accessing private services, including accompanying the victim to appointments to serve as advocates.
5. *Client profiles, experiences, behaviors, and needs.* Services must address the full range of differences between and within DV and TIP categories (including, men, minors, elderly persons). TIP and DV victims have many common needs; nevertheless, the types of services needed by both types of victims can differ substantially, as noted above. Differences that are not adequately addressed can complicate mixed service provision.

Conclusion and Recommendations

It is possible, and at times advisable, to mix services for victims of domestic violence and trafficking. It is not, however, an uncomplicated undertaking and mixing services effectively, appropriately, and ethically requires careful consideration of some key issues. It is not possible to develop a “one-size fits all” program or policy on the issue of mixing services for victims of DV and TIP. There are some instances in which services could be combined (e.g., based on similar profiles or needs of victims, the services required, similar organizational approaches and philosophies, etc.) and other instances in which it would not be advisable to do so (e.g., when clients have different needs; victim profiles and backgrounds are too divergent; victims are at different stages of assistance and recovery, etc.). As such, although the team’s conclusion is that mixing services is possible, it is not always or in all settings appropriate.

Mixing services must be considered on a case-by-case basis because the types of assistance models and services needed by TIP and DV victims can differ substantially, depending on whether they are being assisted in their home country or abroad; their profile and background; their individual experiences; the stage of assistance and recovery; and so on. Although there are many similarities in background, experience, and needs between both TIP and DV victims, there are nonetheless often also some differences—including in terms of behaviors—which can complicate mixed service provision.

In addition, it is worth considering whether and to what extent the current assistance frameworks—dedicated to TIP or DV or mixed service models—have gaps and problems. Before, or at least as a part of, any discussion of mixed services must be an assessment of whether current services are adequate and appropriate for the target group or groups. One of our findings was that there are some substantial gaps in assistance and protection in the E&E region—sometimes for DV victims, sometimes for TIP victims, and sometimes for both.

Moreover, although some services may be effectively mixed, additional services may need to be developed for specific groups of TIP and DV victims not currently served within the existing victim services in the region—for example, male victims; elderly victims; victims with difficult cases and special needs; victims of other forms of trafficking; minors generally (DV victims, TIP victims, and the children of DV or TIP victims); and so on. Identifying and filling those gaps is paramount.

Where programs are mixed, some tailored programs are needed by different groups to meet their individual and specific needs. It will be important not to lose sight of the need for individualized assistance and case-by-case assessments and service plans for all beneficiaries.

Any decisions surrounding the mixing of services require careful attention to some key issues and considerations. The team’s general recommendations center around five main issues:

1. *Consider program objectives and organizational approach.* Consider whether program objectives and organizational approach are sufficiently similar and appropriate for each target group—i.e., whether programs are geared toward reintegration or crisis intervention, whether service philosophies mesh, and so on. Any decision about mixing services must consider whether the needs of the two target groups (as well as different persons within the two categories) can be met within the framework of the existing program objectives. Where this is not possible, mixing may not be possible, or program objectives and approaches may need to be revised.
2. *Assess whether it is a cost effective and efficient approach.* Do not assume that mixing services is the best way to deal with financial concerns or to be cost effective. Mixing services may involve increased costs that result from the need for a larger shelter facility, training staff in new skill

sets, and the like. Analyze available resources—finances, facilities, and other resources—for each target group and determine whether the needs of the two groups can be met with these resources. Consider the issue of sustainability when assessing areas to pool resources.

3. *Ensure cultural and contextual sensitivity.* Be sensitive to the local context, cultural settings, and legal frameworks, and understand fully the constraints or opportunities that may be placed on each type of victim and service. These may differ not only between countries but also between regions within a country. Although models and policies can be imported from other countries or regions, the local context must be considered in any decision to mix services.
4. *Provide adequate and appropriate training, sensitization, and supervision for all staff.* A central issue is to what degree services providers have the knowledge, skills, and experience to meet the needs of the two target groups in appropriate and sensitive ways. Doing so requires training and supervising staff to provide services to both groups and to facilitate tolerance and understanding between DV and TIP clients. Staff must be prepared and equipped to provide appropriate services to multiple categories of clients. Staff attitudes and behaviors must reflect a victim-centered perspective.
5. *Consider the clients' profiles, experiences, behaviors, and needs.* Look for commonalities and differences among clients rather than assuming victims can be divided into service provision categories simply by virtue of being a victim of domestic violence or of trafficking. Be aware of differences not only between the two groups, but also within the categories of victims.

Moreover, the provision of effective and appropriate services—whether mixed or dedicated—should be undertaken in the context of ongoing dialogue, monitoring, and evaluation. Services and assistance programs must be regularly monitored and evaluated, and both professionals and clients must be engaged in this process.

Although the central research question focuses on services for victims of DV and TIP, the discussion of mixing services need not be limited to these two fields of work. It may be relevant to mix services (or some aspects of service) with other categories of clients and organizations that serve them, such as refugee and immigration organizations; migrants' rights groups; social protection models; programs for ethnic minorities; child protection models, and so on. Although these models (with their distinct needs and experiences) may not be adopted wholesale, we can benefit from these models and the lessons learned when working with the broad range of persons whose experiences, backgrounds, and needs overlap with those of TIP or DV victims. Research and analysis in this direction would be of benefit in the mixing and integrating of victim services and assistance programs.

Finally, an issue only touched upon in this research is how to move beyond the immediate crisis-intervention approaches to long-term success for victim recovery and reintegration.