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TRAINING NEEDS ASSESSMENT

Heal, Empower, Rise – Counter-Trafficking in Persons Project

PREPARED BY:

Susan Alfonso, Stephan Samuell, Leigh-Ann Waldropt-Bonair, Maxine Hunte, Halle Samaroo and Kelsie Nancoo

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FOREWORD

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List of acronyms and abbreviations

CATT	Children's Authority of Trinidad and Tobago
CM	Case Management
CTU	Counter Trafficking Unit
FBO	Faith-based Organization
HT	Human Trafficking
IO	International Organization
IOM	International Organization for Migration
ITNAC	Is There Not A Cause
LSHTM	London School for Hygiene and Tropical Medicine
LWC	Living Water Community
MFCA	Ministry of Foreign and CARICOM Affairs
MOU	Memorandum of Understanding
MPHSS	Mental Health and Psychosocial Support
MSDFS	Ministry of Social Development and Family Services
NGO	Non-governmental Organization
PADF	Pan American Development Foundation
POC	Point of Contact
SOPs	Standard Operating Procedures
SoTs	Survivors of Trafficking
TiP	Trafficking in Person
TNA	Training Needs Assessment
TTPS	Trinidad and Tobago Police Service
UN GIFT	United Nations Global Initiative to Fight Trafficking in Persons
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VoTs	Victims of Trafficking

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Executive Summary

Assistance efforts are essential to the recovery of Survivors of Trafficking (SoTs). Frontline response organizations charged with this responsibility, therefore, should be appropriately trained and equipped to provide requisite services that effectively impact the lives of SoTs.

Accordingly, this Training Needs Assessment (TNA) was commissioned under the HER CTIP project, which is being implemented by IOM with funding from USAID. It engaged nine key service providers in Community Residences (CRs), both Government and privately-owned, and selected Non-Governmental Organizations (NGOs) involved in the provision of services in August 2022.

More pointedly, the main goals of the Assessment were to:

- Examine the services offered by SoTs service providers;
- Identify the existing training skills and competencies amongst key SoTs service providers;
- Determine training needs and gaps amongst SoTs service providers; and
- Propose options for improving the capacities of SoTs service providers as it relates to trainings.

Main Findings:

Several key findings emerged from the data that can inform a comprehensive training agenda for staff and professionals working with Victims of Trafficking (VoTs) and SoTs in various settings.

Primarily:

- Some respondents have been exposed to TiP trainings and a range of other related trainings, nonetheless, there was still a strong demand and interest in acquiring training in most of the identified areas regardless of whether these areas were identified as training gaps.
- Training opportunities tended to be infrequent and for short durations with few respondents indicating completion of advanced level trainings.

Apart from this, key specialized training gaps that were identified under the different thematic areas included:

- Trafficking in Persons (TiP)
    - Legal support for SoTs;
    - Human rights of SoTs;
    - Victim protection;
    - Victim counselling;
    - SoTs interviewing techniques; and
    - Victim screening and identification; and
- Direct assistance inclusive of:
    - Assisting or caring for both adult and child SoTs;
    - Shelter management guidelines; and
    - Developing SOPs;
    - Other training needs:
        - Principles of protection and assistance;
        - Specific counselling principles;
        - Principles of crisis management;
        - Information on available support and specialized services for SoTs;

        - Special consideration for interviewing children/minor SoTs;
        - Indicators for possibilities of trafficking experience for children and minors;
        - Anti-discrimination;
        - Culturally appropriate care;
        - Risk management;
        - Personal safety and security;
        - Self-defence; and
        - Foreign Languages.
- Health Care
    - Practicing developmental paediatrics and adolescent medicine;
    - Performing a patient history with a victim of sex trafficking;
    - Understanding the nature and epidemiology of trafficking;
    - Evaluating and identifying the risk of trafficking; and
    - Gender sensitive approach.
- Mental Health and Psychosocial Support (MHPSS) – all areas;
- Vocational Training – all areas;
- Data and Confidentiality;
    - Policies and procedures for the collection, storage, and use of SoTs data.

Respondents also informed that lack of funding was a foremost challenge encountered in the provision of services to SoTs.

Furthermore, it was discovered that none of the surveyed agencies offered the following services to SoTs:

- Reintegration;
- Return assistance;
- Family tracing; and
- Pro-bono legal advice.

Key Recommendations:

Cognizant of the identified training gaps, it is critically important that deficiencies be addressed, and comprehensive training frameworks and schedules be developed and implemented to guide the way forward.

The focus, frequency, and depth of training should also be considered within training frameworks to ensure relevance, continuity, and effectiveness.

In addition, tiered training approaches, e.g., basic/beginner, intermediate and advanced, would assist in advancing trainees' knowledge and skill levels and train the trainers modules should be integrated.

All training efforts should, however, be guided by international best practices and prioritized according to the current work of the service providers.

1 INTRODUCTION

Globally, Trafficking in Persons (TiP) presents a formidable threat to states and individuals alike. It also poses a significant challenge in Trinidad and Tobago as the country grapples with a 2021/2022 Tier 2, Watchlist ranking by the United States Department of State's (USDOS') report on TiP.

Survivors of Trafficking (SOTs), however, tend to be most impacted, as it has been recognized that each stage of the trafficking cycle poses risks to their health and well-being.[1]

Moreover, given the individual trafficking experience of VoTs, their exposure to abuse and exploitation, and consequent needs, the provision of protection for trafficked persons encompasses a range of support measures to assist their physical, psychological, and social recovery. IOM (2011)[2], therefore, identified the following support measures:

1. **Identification**: The process of screening and verification to determine whether the individual/group is a victim of human trafficking or not.
2. **Direct assistance**: Once the status is determined through screening, the victim is referred for appropriate assistance.
3. **Reintegration**: The process of facilitating the SoTs's safe, dignified, and sustainable return to his/her family, community, or country of origin, to live a normal life thereafter. It also includes the process of facilitating the SoTs's stay in the host country or an alternative country when return is not possible.

Correspondingly, Government and Non-Governmental Organizations (NGOs) extend a diverse set of services to SoTs and comprise a continuum of care for this population. Every interaction with trafficked persons, therefore, presents opportunities for service providers, health care professionals, and others to intervene with information and assistance.

Thus, it is imperative that the organizations at the forefront of SoTs assistance be equipped with the requisite tools and capacities to ensure effective engagements and successful survivor impacts. Additionally, it is critical that at each stage, those responsible for providing care and assistance are qualified, knowledgeable, competent, and on a path of continuous learning in their respective functional areas, specifically as it relates to human trafficking.

This corresponds to the USDOS' TiP report, which also highlighted the need for Trinidad and Tobago to strengthen its capacity for victim care, improve its identification systems and increase training to service providers towards an overall enhancement of the national victim care system.[3] Accordingly, this assessment focuses on exploring the capacity needs of agencies and organizations engaged in the assistance efforts to SoTs, with regard to their training needs.

2 METHODOLOGY

[1] UNODC 2008

[2] International Organization for Migration. 2011. *Assisting Victims of Human Trafficking in the East Africa Region.* Accessed 06-07-2022. Retrieved from https://publications.iom.int/system/files/pdf/guidelinesforassistingvictims_en_a5.pdf

[3] USADS 2021

2.1 Overview

Human trafficking violates basic human rights and traumatizes its victims. Professional, consistent, and all-inclusive support, which prioritizes the individual, is therefore paramount. Equally important are the qualifications and training of staff that respond to SoTs and seek to ensure that they receive appropriate care and support.

In the absence of a standardized framework for the provision of care and assistance to SoTs, this document identifies and elaborates on the skills, knowledge, and capacities that are required for the identification, support, and care of SoTs.

2.2 Research Strategy

The IOM (2015) Counter-Trafficking in Persons Training Needs Assessment, which was used in a similar project in the Maldives, along with an overview of existing literature from different sources on human trafficking and care and assistance options to SoTs, were used to inform the development of a questionnaire instrument. The questionnaire, therefore, probed different training thematic areas.

Specifically, emphasis was placed on examining research that explored:

- Skills, knowledge, and capacities for persons who provide care and assistance to SoTs;
- Capacities and competencies of organizations/shelters that provide care and assistance to SoTs; and
- Training Manuals.

Hence, the instrument was used to elicit information from respondents on their training requirements.

2.3 Target Population

The populations of interest for this assessment were Community Residences (CRs) and supporting service agencies.

Accordingly, a total of nine agencies participated in the survey exercise.

2.3.1 Sampling Strategy

Community Residences (CRs) and supporting service agencies were referred to the research team for involvement in the exercise.

2.3.2 Data Collection

Data collection commenced on 16th August and concluded on 29th August 2022. It involved the use of a questionnaire that captured training exposure and needs in the following areas:

- Basic TiP;
- Screening and Identification;
- Assistance;
- Healthcare;
- Mental Health and Psychosocial Support;
- Vocational Training;
- Data and Confidentiality ;
- Staff Health and Well Being; and
- Shelter Operations.

Informed consent was also a prerequisite for the participation of respondents and the confidentiality of responses was emphasized.

2.3.3 Data Analysis

Data generated from this exercise was analysed using standardized statistical techniques.

2.4 Goals of the Research

The major goals of the Training Needs Assessment (TNA) were to:

a) Examine the services offered by SoTs service providers;
b) Identify the existing training skills and competencies amongst key SoTs service providers;
c) Determine training needs and gaps amongst SoTs service providers; and
d) Propose options for improving the capacities of SoTs service providers as it relates to trainings.

3 LITERATURE REVIEW

At the centre of human trafficking responses should be the victims and their safety. These responses should also be geared towards facilitating their recovery and supporting their progress towards self-sufficiency[4].

Further to this, trust and respect are integral elements in this process, as well as the provision of essential services that are of a high quality and compassionately delivered.[5] Thus, it was noted, that convergence of these factors support recuperation from victimization and encourage victim testimonies against perpetrators[6].

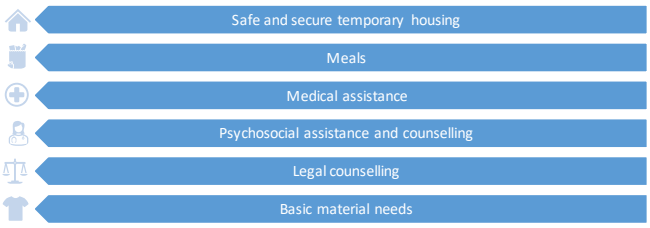
Accordingly, along the continuum of care, the staff of shelter organizations and SoTs service providers perform vital roles in facilitating victim support and recovery. In addition, the provision of key services and the capacity of staff to effectively provide these services are crucial.

3.1 Organization

The capacity of Organizations, both Governmental and Non-Governmental, to extend care to SoTs, coupled with their range of service offerings are essential to human trafficking responses.

Generally, service providers and shelters offer the core services to SoTs, as highlighted in Figure 1.

Figure 1 – Core SoTs Services



Source: IOM 2007

4. https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/
5 https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/
6 https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/

These agencies may also be required to conduct or assist with the following activities such as:

1. Identification of VoTs;
2. Case Management;
3. Maintenance of confidentiality of clients;
4. Management of confidential client records;
5. Risk assessments;
6. Coordination of service delivery;
7. Management of stakeholder relationships; and
8. Management of workers' safety and well-being.

IOM (2007), therefore, recommended that service provider organizations should have the technical and human resource capacity to execute specific functions and provide essential services to their clients.

Furthermore, the geographic location of these organizations, e.g., in the country of transit, destination, or origin, usually determines whether voluntary return assistance and reintegration assistance such as: education; vocational training; job placements; and family mediation, are offered.

Another key aspect of organizational capacity entails the extent to which the service delivery is culturally sensitive and appropriate[7]. Likewise, access to language services is critical to beneficiaries' safety, well-being, and justice.

It was further posited that the employment of case managers of the same ethnicity as the SoTs is one way to reduce distrust and fear, by overcoming language differences and providing culturally sensitive services through intimate knowledge of the cultural system of values.[8]

Clawson et. al. (2003) noted, however, that SoTs service providers' efforts are not unencumbered and could be undermined or challenged by the issues identified in Table 1.

Table 1 – Challenges – SoTs Service Providers

Challenge	Associated Issues
Inadequate Resources	Need housing/shelter, staff, transportation for victims, contacts in home countries, and infrastructures designed for this population
Insufficient Funding	Need source of funding, especially during pre-certification period
Inadequate Training	Need training at all levels; need training on confidentiality issues, how to gain victim trust, outreach methods, how to network and collaborate, cultural/religious competency, identification of victims, how to deal with medical/mental issues, how to service transient populations, and how to manage insufficient number of staff
Ineffective Coordination with Government Agencies	Need to share information; poor reporting and prosecution; delays in certification; no specialized unit/agency
Ineffective Coordination with Local Agencies	Ineffective communication at the State level; ineffective collaboration with local police
Language Concerns	Not able to readily provide interpreters for all languages/ dialects
Safety Concerns	Safety for victims and staff from abusers
Lack of Knowledge of Victims' Rights	Lack of knowledge of trafficking issue in general; and Poorly educated general public

[7] https://www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/13-victim-centered-approach/

[8] Clawson et al. 2003.

Challenge	Associated Issues
Lack of Formal Rules and Regulations	Inadequate or frustrating rules; need for legislative advocacy; inadequate victim assistance laws; too strict eligibility requirements
Victims' Legal Status	Status renders victim ineligible for social services funding; pre-certification period issues; prior criminal histories
Feelings of No Support and Isolation	Do not know which service providers understand this issue or who works with survivors of trafficking; do not know how to collaborate
Lack of In-house Procedures	Do not have effective protocols; no or inadequate data management systems

Source: Clawson et al. (2003)

Interestingly, training is highlighted as one of the barriers to service providers and all the other indicated issues could be regarded as areas that staff at service provider agencies should be trained in and proficient.

3.1.1 Identification

A preliminary step in the provision of care and assistance to actual, potential, and presumed VoTs is the process of identification. Therefore, appropriate screening mechanisms and procedures should be developed and implemented.

Correspondingly, service delivery organizations should "use a standardized system for identifying and screening individuals who request assistance[9]." It was also indicated these measures should be applied equally to all categories of VoTs, inclusive of minors.

The knowledge and experience of staff conducting screening was further emphasized as important factor within this process, as it related to "circumstances and conditions which may present contradictions and exceptions to the guidelines[10]."

3.1.2 Risk Assessments

The capacity of traffickers to retaliate against escaped victims is well documented and it accentuates the need for rigorous risk assessments for both the VoTs and service providers.

Specifically, IOM (2007) recognized that service providers are responsible for victims and staff in terms of ensuring that:

> …the risks are properly identified and assessed at every stage of the assistance process and that, within realistic and reasonable means, appropriate security measures are taken to ensure that the risks are effectively managed.[11]

It also recommended that a risk management plan should be developed to address the risks identified in the assessment, and this document should be confidential.

3.1.3 Case Management (CM)

Case management involves the coordination and facilitation of:

[9] IOM (2007, 16)
[10] IOM (2007, 16)
[11] IOM (2007, 3)

> …multiple services for clients through designated partners (government and non-government) which includes an initial needs assessment for beneficiaries and their family, emphasizing beneficiaries' strengths and keeping them an integral part of the decision-making process.[12]

This approach has therefore been credited for identifying and supporting the needs of SoTs and ensuring the:

- Appropriate use of services,
- Appropriate use of resources,
- Timeliness of services,
- Quality of care,
- Appropriate level of care to meet the beneficiaries' needs, and
- Optimal level of beneficiary independence[13].

Core principles of case management are also elaborated on in the Box 1.

Box 1 – Principles of Case Management

Principles of Case Management

1. Case management goals and services should be **tailored to the needs and best interests of the individual client**.
2. Clients **should not be discriminated against** based on age, sex, nationality, race, language, sexual orientation, religion, ethnic or social origin, birth or other status.
3. A client's **right to privacy and confidentiality** should be respected and protected at all times.
4. The client's **opinions and decisions** should be considered at all stages of case management.
5. Clients should be educated about their **rights and responsibilities** in the case management process.
6. The client's **self-reliance and resilience** should be promoted, in line with their age and maturity.
7. Clients **should not be separated from their family** unless there is a risk of being neglected, abused or re-trafficked. It is always necessary to consider the best interests of the child.
8. **Caregivers should be trained and experienced** in caring for children and have the relevant professional qualifications according to their job description.

Source: World Vision International (2016, 14)

3.1.3.1 Confidentiality and Confidential Record Keeping

Trafficking data is regarded as sensitive informative. Thus, confidentiality is an essential requirement in the provision of care and assistance to SoTs.[14]

Accordingly, IOM (2007) recommended that "best practices are observed regarding personal data and information of service delivery organization staff in addition to that directly concerning the trafficking victim, and that such data be kept confidential[15]."

[12] World Vision International (2016, 13)
[13] World Vision International (2016, 13)
[14] IOM (2007)
[15] IOM (2007, 9)

This agency also advised that service delivery organizations develop their own standards that comply with IOM's minimum standards of care and due diligence and ensure that these standards are adhered to.

Further to this, it was highlighted that security handling principles should be applied to all documents containing confidential information on beneficiaries and a monitoring mechanism related to access to confidential information and documents should be implemented.

3.1.4 Coordination and Collaboration on Service Delivery

A comprehensive continuum of care process/es for SoTs, according to their physical, psychological, and social needs, should involve coordination and collaboration amongst relevant governmental and non-governmental ministries/agencies organizations. By the same token, lack of coordination among agencies was identified as key barrier in effective service delivery[16].

Service delivery organizations should, therefore, have the capacity to collaborate with other assistance providers and establish cooperation agreements and referral mechanisms regarding the provision of appropriate and comprehensive services to victims.

3.1.5 Management of Stakeholder Relationships

The literature recommended that effective management of stakeholder relationships, in terms of a specific Point of Contact (POC) within each organization should be promoted to build interagency/stakeholder relationships and enhance communication.[17]

These arrangements, ultimately, reduce instances of confusion or conflicting information regarding organizations' interactions.

Hence, training in the areas of collaboration, coalition building, and team building may impart useful cooperation skills and information for service providers. Training could also pertain to the development of interagency Memoranda of Understanding (MOUs), the creation of shared terminology between agencies, and the formulation of guidelines and procedures for working through a case in a collaborative manner.[18]

3.1.6 Worker Safety and Well-being

The tasks of protection, care, and assistance can be onerous undertakings for the persons delivering such care to SoTs. More pointedly, it was noted that staff should be encouraged to take care of themselves and determine emotional energy limits.[19]

In this regard, service providers have a responsibility to preserve the well-being of their staff. The following actions are therefore recommended to address these concerns:

- Implementation of a mechanism to recognize the potential for vicarious traumatisation across roles;
- Implementation of organizational policies to support the well-being of all workers and an Organizational commitment to carrying out those policies;

[16] Clawson et al. (2003)
[17] Clawson et al. (2003)
[18] Clawson et al. (2003)
[19] IOM (2007)

- Implementation of structures in place that ensure debriefing, supervision, and other forms of support for workers take place as needed;
- Allocation of reasonable workloads with adequate time off; and
- Fostering of a supportive team culture – encourages colleagues to offer support to one another.[20]

3.2 Staff Training, Skills, and Competencies

The different roles and functions of staff at SoTs service provider organizations, demands a diverse set of skills and competencies.

Accordingly, it is advised that staff should be exposed to trainings in the following areas to ensure proper understanding and improve their operational capabilities:

- The trafficking phenomenon;
- General principles of law and rights of survivors of trafficking, including reference to the Palermo Protocol and an overview of relevant national counter-trafficking laws and regulations;
- General guidelines for interventions aimed at healing and recovery of traumatized victims;
- Remedial action or intervention to promote recovery and support the rehabilitation of trafficking victims;
- Specific skills in communicating with traumatized victims;
- Multidisciplinary approaches and teamwork in delivering services;
- Principles of crisis management;
- Basic counselling principles;
- Specific counselling principles as applied to trafficking victims;
- Information on available support services and specialized services in the area;
- Safety and security training; and
- First-aid training[21].

Apart from this, it was asserted that professionals working with survivors of trafficking should be able to "initiate early referral for appropriate medical services and therapeutic care" as well as "apply simple therapeutic principles to their work, which can help to manage psychological symptoms and minimise distress."[22]

Additionally, the IOM Handbook on Direct Assistance for Victims of Trafficking recommended that staff should be competent, knowledgeable, and skilled in the following:

- The Principles of Protection and Assistance;
- Ethical Principles in Caring for and Interviewing Trafficked Persons;
- Special Considerations for Interviewing Children-Minors, which includes but is not limited to:
    - All assistance and protection provided to children should be based on the principle that the best interests of the child will always be the paramount consideration;
    - Only staff trained in the special needs and rights of children should question child victims; and
    - Child victims should be questioned by staff of the same sex.
- Indicators for the Possibility of Trafficking Experience for Children-Minor; and

[20] Berbec et al. (2015)
[21] IOM (2007)
[22] Human Trafficking Foundation (2018, 25)

- Guiding Principles for Healthcare Professionals involved with Survivors of trafficking. [23]

3.3 Services

Key services that some SoTs service provider facilities extend include:

1. Health care,
2. Mental Health and Psychosocial Support (MHPSS), and
3. Vocational and skills training.

In this regard, service providers should be equipped and qualified to impart this support.

3.3.1 Health Care

Health care is an essential component of the multi-sector response to human trafficking. Health care providers can therefore play a critical role in identifying and referring persons who may have been trafficked[24] and are integral to post-trafficking care.

It was, however, indicated that these critical actors are generally not integrated into formal counter-trafficking national coordination mechanisms. Moreover, to date, there has been limited attention to the information and training needs of individuals in the health sector to support their participation in the network of services for survivors or their participation in the broader counter-trafficking response.[25]

Accordingly, key guidelines and skills for health professionals, as it relates to trafficking survivor care, include:

- Provide patient-centred care;
- Use legal and ethical standards;
- Place immediate psychological needs of survivors above all other considerations;
- Incorporate physical and mental health needs in risk assessments;
- Have knowledge and training on the ecological approach related to human trafficking and methods that build skills to address the health problem;
- Integrate trafficking prevention strategies into clinical practice and systems of care;
- Make appropriate referrals to the proper experts;
- Know how to create safe spaces and use trust-building approaches that facilitate the active participation and decision-making by SoTs who were denied agency by those that exploited and abused them;
- Understand that certain survivor behaviours are a response to violence;

Be knowledgeable regarding the mental health and substance abuse effects of violence and in particular, sexual violence

- Be skilled and knowledgeable regarding trauma and trauma treatment;
- Can provide culturally competent services and seeks supervision regarding cultural issues; and
- Be responsive to emergency mental health issues of clients.[26]

Correspondingly, healthcare professionals should have knowledge of trauma-informed practices, especially in physical care that may mimic the experience of abuse.

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[23] IOM (2007)
[24] Viergever et al. (2015)
[25] Viergever et al. (2015)
[26] Davies (2007); Isaac et al. (2011); Berbec et al. (2015); National Human Trafficking Training and Technical Assistance Center. (2021)

The following topics are also recommended as essential training for healthcare professionals who interact with SoTs:

- How to perform a patient history with a victim of sex trafficking;
- Physical and emotional red flags that may be present;
- Avoiding the rescue mentality;
- Meeting a victim's physical, psychological and legal needs;
- How to connect a victim with resources.[27]

3.3.2 Mental Health and Psychosocial Support (MPHSS) Skills and Competencies

Psychosocial support may include general counselling and trauma therapy. It must be noted however, that counselling should only be provided by appropriately trained professionals and only counsellors and psychologists specifically trained to work with children should be engaged to attend to children who are victims of human trafficking.

3.3.3 Vocational Training Skills and Competencies

"Vocational training is an important element to be included in reintegration plans since it helps ensure the sustainability of the social reintegration of VoTs by increasing their chances of gainful employment, as well as their confidence and general life skills[28]."

IOM (2020) also contended that vocational training should be offered on a case-by-case basis and provide skills necessary for employment.

4 KEY FINDINGS

The data collected through the questionnaire instrument produced useful findings on the training strengths, capacities and needs of the respondents.

4.1 Nature of Work

A total of nine agencies participated in the TNA from the underlisted agencies as shown in Table 2.

Table 2 - Listing of Participating Agencies.

Type of Agency	Name of Agency
Government	
	Office of the Prime Minister, Migrant Facility
	Probation Hostel
	St Jude's School for Girls
NGO	
	Families in Action (FIA)
	Mary Care Centre (North)
	Mary Care Centre (South)
	The Heroes Foundation
Faith Based	
	Archdiocesan Ministry of Migrants and Refugees (AMMR)

[27] National Human Trafficking Resource Center (2010)

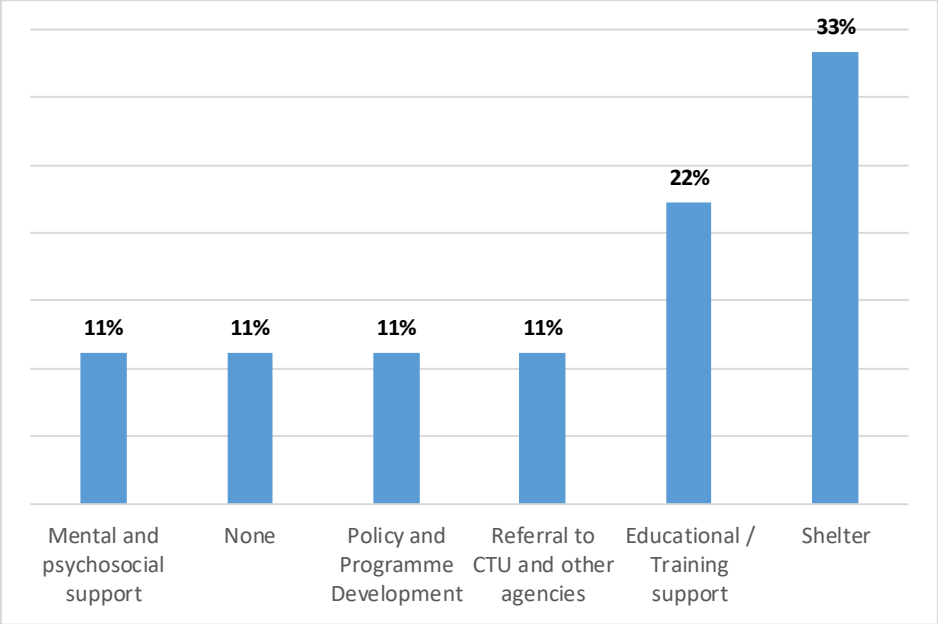
[28] IOM (2020, 53)

	Living Water Community (LWC)

Accordingly, 56 per cent of the surveyed agencies were classified as NGOs, with 33 per cent comprising government agencies and 11 per cent categorised as Faith-based Organizations (FBOs).

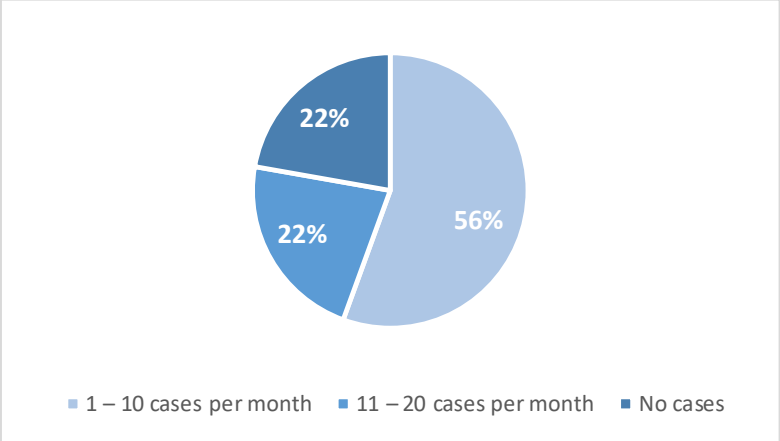
In addition, a review of the roles of participating agencies that support SoTs showed that approximately 33 per cent of surveyed agencies identified the provision of shelter as their main role, while 22 per cent selected educational/training support as their main support function (see Figure 2). Mental Health and Psychosocial Support (MHPSS), referral, and policy and programme development functions were also indicated.

Figure 2 - Distribution of agency roles in supporting SoTs



Interestingly, the percentage breakdown of SoTs case load amongst the agencies, as provided in figure 3, highlighted that 56 per cent of agencies reported 1-10 cases per month, whilst 22 per cent of agencies indicated a case load of 11-20 cases per month and 22 per cent confirmed that their agency had zero monthly cases.

Figure 3 - Percentage breakdown of agencies by SoTs case load



Moreover, 67 per cent of respondents confirmed that staff had received TiP training, whereas 33 per cent informed that they were never exposed to this type of training.

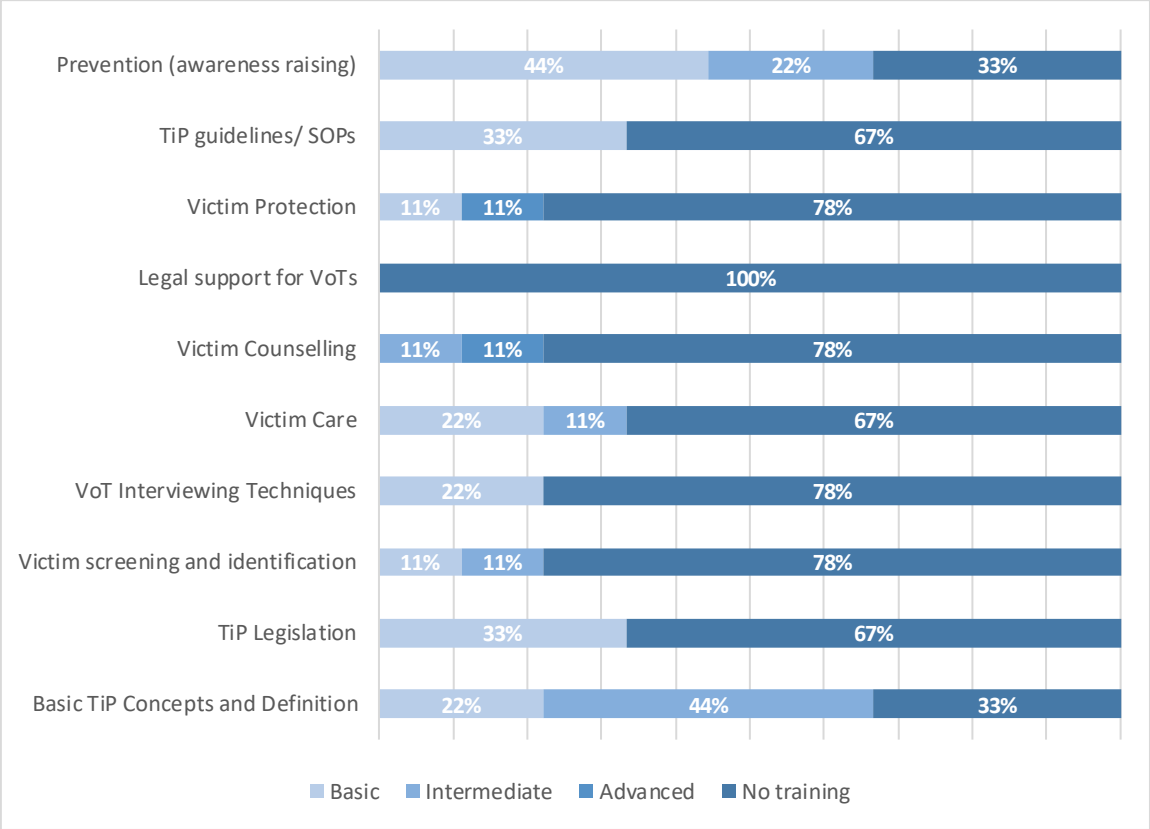
4.2 General Trafficking in Persons (TiP)

Feedback on general training areas indicated that almost two thirds of the respondents had received training in basic TiP concepts and definitions and prevention and awareness raising whilst one third had been exposed to training on TiP guidelines/ SOPs, TiP legislation and Victim Care. Figure 4 refers.

However, none of the respondents were reportedly trained in legal support for SoTs and less than a quarter of the respondents had received training in the following areas, which allude to training gaps:

- Victim protection;
- Victim counselling;
- SoTs interviewing techniques; and
- Victim screening and identification.

Figure 4 - Percentage distribution of agency TiP training by type



Added to this, approximately 50 per cent of the service providers who received TiP training stated that their last exposure to training occurred 2 to 5 years ago, with the other 50 per cent having received training within the last year.

Half of the respondents also reported that the duration of their training was 1-2 days while the other half reported trainings of less than 1 day. Therefore, frequency and length of TiP trainings may be issues for further consideration.

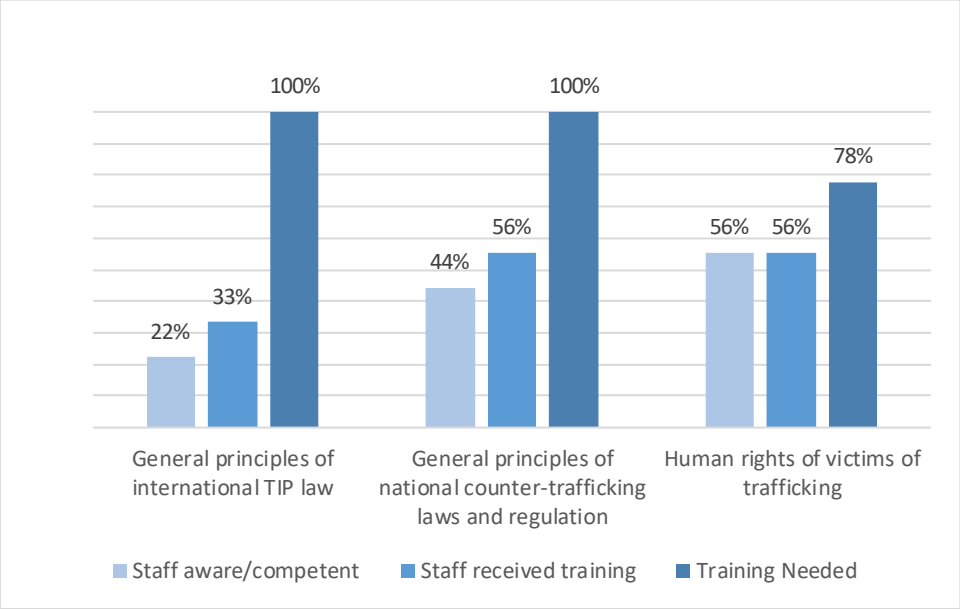
Nevertheless, all respondents who did not receive TiP training, expressed interest in receiving this type of training.

Apart from this, it was noted that TiP concepts were clearly understood by 44 per cent of agencies and the other 56 per cent reported some understanding of the phenomenon.

In the area of general principles of international TiP law, figure 5 highlighted that 22 per cent of agencies advised of staff awareness and competency and 33 per cent informed of staff training in these areas. Notwithstanding this, all agencies reported the need for training in this area.

Similar trends were observed for the general principles of national counter-trafficking laws and regulation. The percentage of staff with awareness and training, however, was higher than the previous category and the gaps between the categories decreased under this area and the human rights of SoTs area, as depicted in figure 5.

Figure 5 - Staff training needs



4.3 VoTs Screening & Identification

4.3.1 VoTs screening and identification for adults

Screening and identification of VoTs are critical components of assistance efforts. All participating service providers, however, reported that their organization does not screen or identify adult VoTs. Nonetheless, 33 per cent of the agencies indicated that they were trained in this area and of those agencies that did not receive training, 83 per cent expressed interest in receiving such training while 17 per cent were uninterested.

On the other hand, 67 per cent of the agencies that were trained in screening and identification of adult VoTs revealed that their most recent training was provided by governmental agencies within the last year, whereas 33 per cent reported that their most recent training was 2 to 5 years ago.

4.3.2 VoTs screening and identification for minors

It was discovered that 89 per cent of the participating agencies do not screen or identify VoTs who are minors. Notwithstanding this, a third of agencies reportedly received training on screening and identifying VoTs who are minors. Notably, 11.1 per cent of all surveyed agencies confirmed that they screen and identify VoTs who are minors and stated that they utilize specific procedures/processes.

Hence, these findings highlight the need for further training on screening and identifying VoTs who are minors since the agencies who received training (33 per cent), declared that such training was provided by governmental and non-governmental agencies 2-5 years ago. Additionally, the other 67 per cent of agencies who never received training, expressed interest in receiving this type of training.

4.4 Assistance

4.4.1 Assistance for Adult SoTs

Feedback from respondents informed that only 33.3 per cent of them provided assistance to adult SoTs.

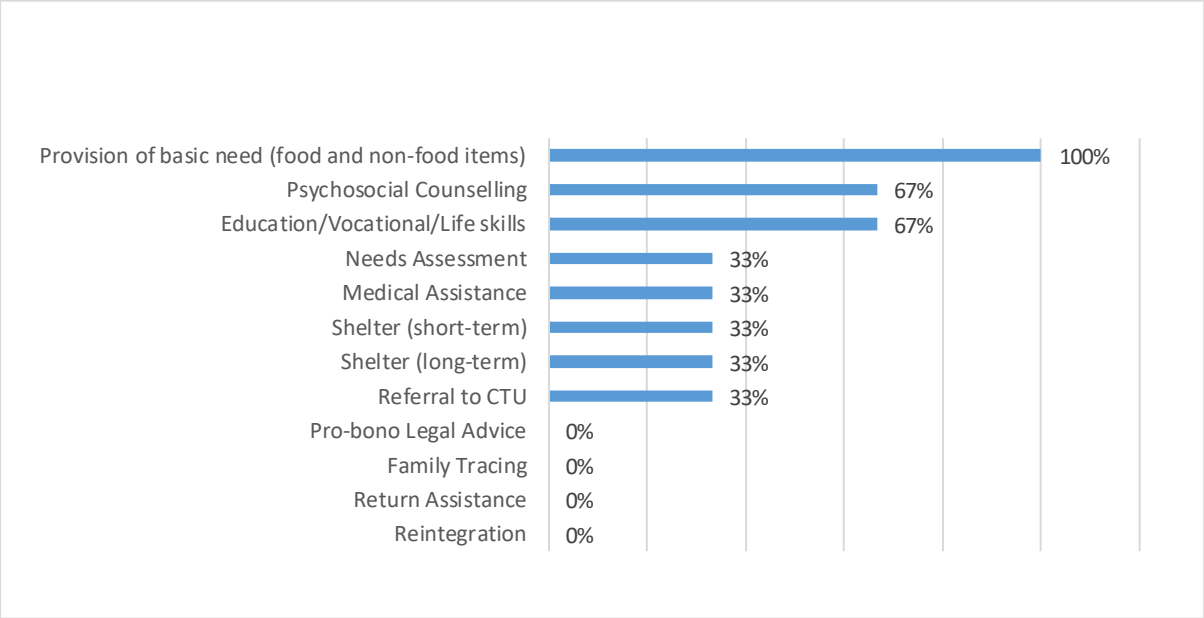
As illustrated in figure 6, all agencies that extend assistance to adult SoTs facilitated the provision of basic needs, while 67 per cent of these agencies provided psychological counselling and education and skills training services.

Apart from this, a third of the assistance providing agencies reported having the following services available:

- Needs assessment;
- Medical assistance;
- Short-term shelter;
- Long-term shelter; and
- Referral to CTU.

It must be mentioned, however, that none of the agencies offered programmes to support reintegration, return assistance, family tracing or pro-bono legal advice.

Figure 6 - Agency assistance provided to adult SoTs



Additionally, most agencies (78 per cent) indicated that they never received training in assisting or caring for adult SoTs. Of these agencies, the interest in receiving training varied with 57 per cent respondents confirming interest, 14 per cent uninterested and 29 per cent unsure.

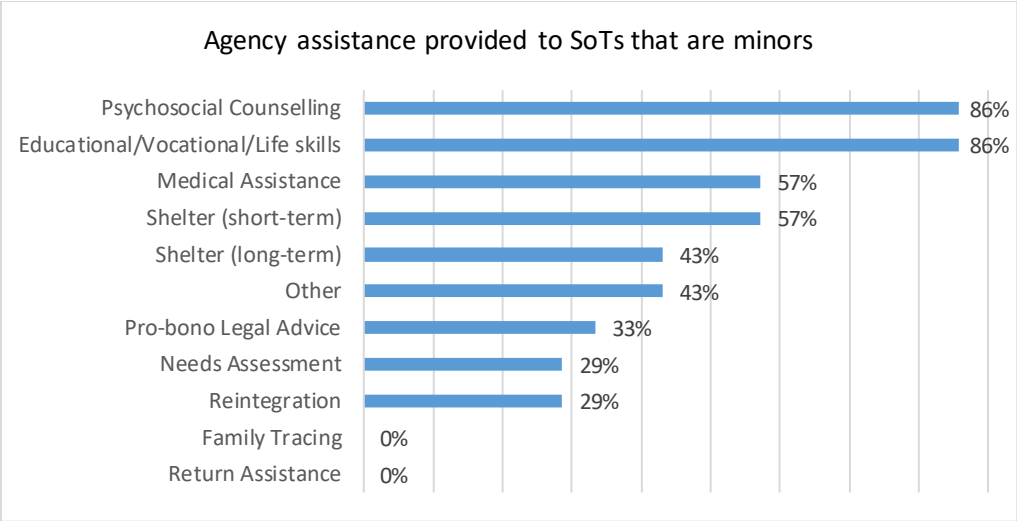
Contrastingly, the agencies that received training (22 per cent), specified that all training was received within one year prior and was conducted by an external party such as NGO or international organization.

4.4.2 Assistance for Minors

Regarding assistance for SoTs under 18 years of age, 78 per cent of agencies indicated that they do provide assistance. As shown in figure 7, 86 per cent of all agencies indicated that they offered psychosocial counselling and educational/vocational life skills training. In addition, medical assistance was extended by 57 per cent of the respondents and short-term shelter and long-term shelter were provided by 57 per cent and 43 per cent respectively.

Additionally, the types of assistance classified as 'Other' were basic needs assistance, referral to CTU and short-term relief items. It is noteworthy, however, that although pro bono legal advice and reintegration support was not provided to adult SoTs close to one third of the agencies reportedly extended these services to SoTs that are minors. Also, no agencies provided family tracing or return assistance services to minors which denotes service gaps.

Figure 7 - Agency assistance provided to SoTs that are minors

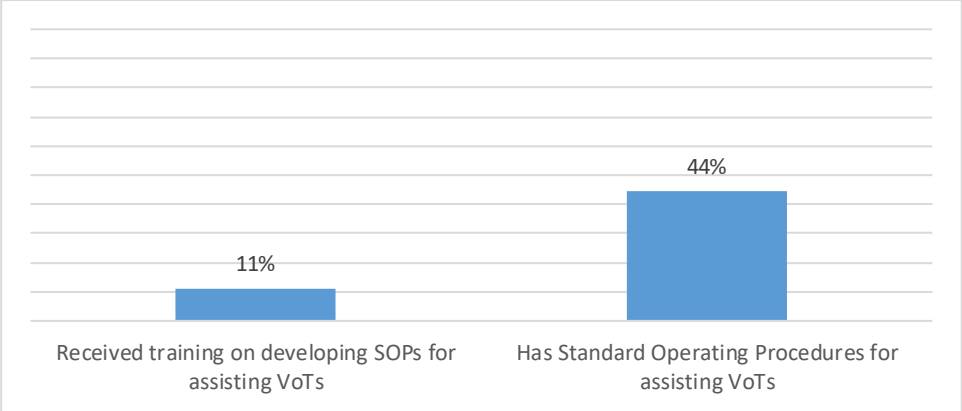


Furthermore, most agencies (67 per cent) indicated that they have never received training for assisting or caring for SoTs that are minors and all respondents were interested in receiving training in this area.

Of the agencies that received training, however, 33 per cent indicated that the most recent training took place 2 to 5 years ago, whilst the other 67 per cent stated that it occurred within the last year. Most of these trainings (67 per cent) were conducted internally (i.e., government) with the remainder (33 per cent) conducted by an external party (i.e., NGO, IO).

As depicted in the figure 8, 44 per cent of all surveyed Organizations had Standard Operating Procedures (SOPs) for assisting SoTs, while only 11 per cent received training for the development of such procedures.

Figure 8 - Percentage of Organizations that have SOPs and have been trained to develop SOPs



Correspondingly, of the agencies that reported never having any training for developing SOPs, 100 per cent confirmed interest in receiving this type of training.

4.4.3 Shelter Operations

Approximately 44 per cent of all surveyed agencies indicated that they provide shelter for SoTs. Of these agencies, only half conduct risk assessments of all SoTs cases during the various stages of care and assistance.

Additionally, all Organizations that conduct risk assessments of all SoTs cases, during the various stages of care and assistance, document them as well.

Interestingly, most of the agencies (89 per cent) indicated that they have never received training on shelter management guidelines, and 88 per cent having expressed interest in receiving such training.

Further to this, 55.6 per cent of surveyed agencies currently have documented guidelines for shelter management.

The various areas encompassed in the guidelines of responding agencies were also probed and it was recognized that most best practices have been incorporated (see Appendix A).

4.4.4 Training Needs of Agencies

Surveyed agencies informed on areas that their staff had awareness of/already performed, training received by staff, and staff training needs (see Appendix B). This evaluation yielded important data that also coincided with some of the findings of the situational assessment.

Specifically, it was noted that although most agencies indicated staff awareness and training in many areas, most of them identified training needs in all areas.

Moreover, all agencies requested trainings in the following areas, which attests to existing gaps:

- Principles of protection and assistance;
- Specific counselling principles;
- Principles of crisis management;
- Information on available support and specialized services for SoTs;
- Special consideration for interviewing children/minor SoTs;
- Indicators for possibilities of trafficking experience for children and minors;
- Anti-discrimination;
- Culturally appropriate care;
- Risk management;
- Personal safety and security;
- Self defence; and
- Foreign Languages.

Furthermore, the data showed that less than a quarter of the responding agencies had received training in:

- Specific counselling patterns;
- Special consideration for interviewing children/minor SoTs;
- Anti-discrimination;
- Culturally appropriate care;

- Basic Anti-surveillance and surveillance techniques; and
- Tactical communication.

4.4.5 Partner Organizations

Approximately 67 per cent of the agencies surveyed indicated that they partner with governmental agencies to assist SoTs.

Specifically, the Counter-Trafficking Unit (CTU) was identified as a governmental partner by 83 per cent of all surveyed agencies. A total of 50 per cent of the respondents also indicated that they partnered with the Trinidad and Tobago Police Service (TTPS). Interestingly though, neither the Ministry of Social Development and Family Services (MSDFS) nor the Ministry of Foreign and CARICOM Affairs (MFCA) were referred to by any surveyed agency. Table 3 refers.

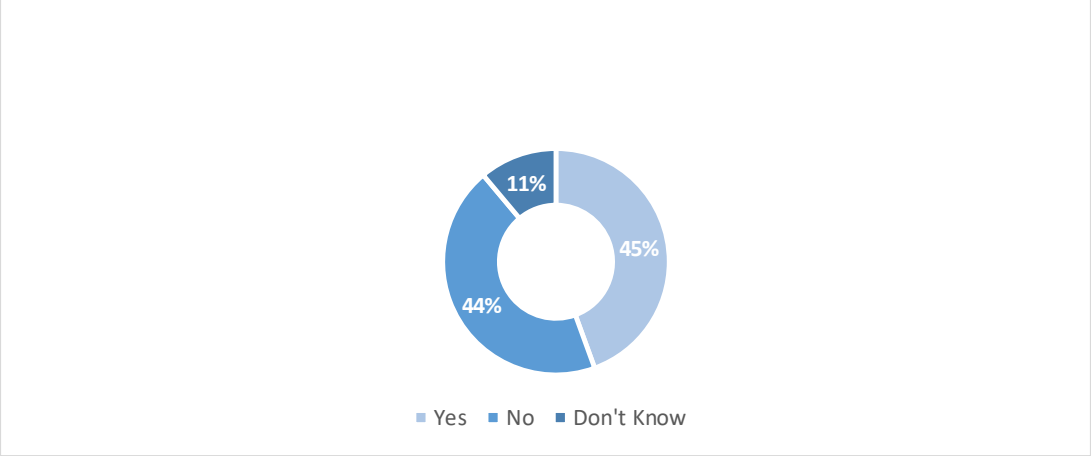
Table 3 - Main partner Organizations identified by agencies.

Governmental Agency	Yes	No
Counter-Trafficking Unit	83%	17%
Trinidad and Tobago Police Service	50%	50%
Ministry of National Security	33%	67%
Ministry of Labour	17%	83%
Ministry of Social Development and Family Services	0%	100%
Ministry of Foreign and CARICOM Affairs	0%	100%

The Partner Organizations classified as 'Other' were the International Organization for Migration (IOM), United Nations High Commissioner for Refugees (UNHCR), the Living Water Community (LWC) and the Children's Authority of Trinidad and Tobago (CATT).

Inquiries were also made regarding partnerships with non-governmental or international organizations to assist suspected SoTs. As highlighted in the figure 9, 45 per cent of agencies reported such a partnership, while 44 per cent said no and 11 per cent were unsure.

Figure 9 - Partnerships with NGOs



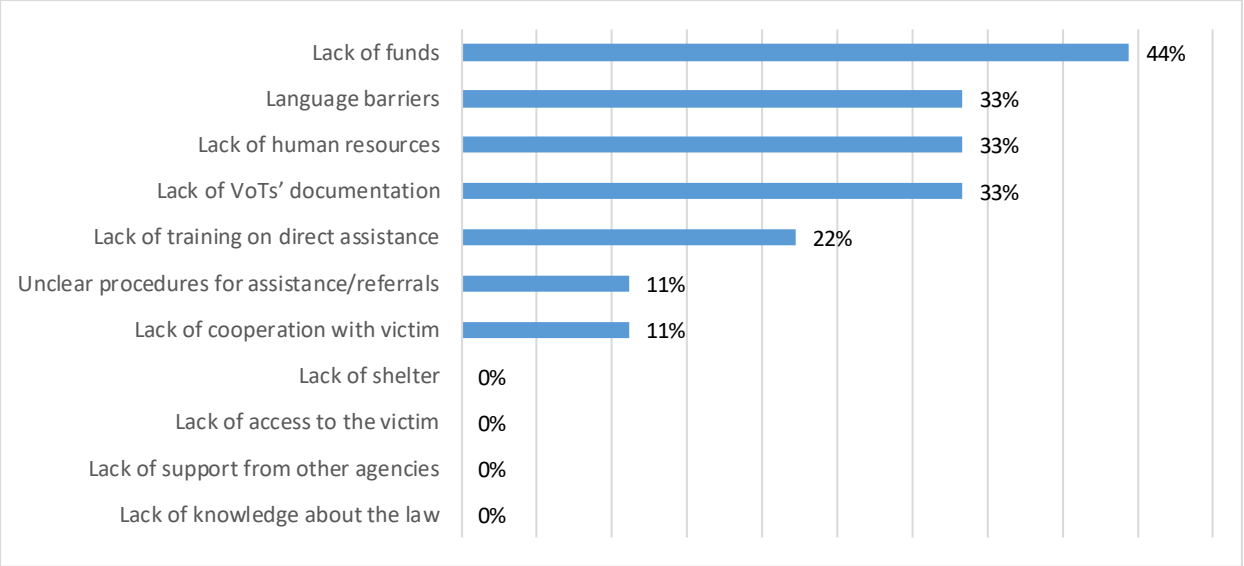
More pointedly, NGO or International Organization partner agencies identified by respondents included:

- IOM
- UNHCR
- Living Water
- UNICEF
- Heroes Foundation
- Is There Not A Cause (ITNAC) and
- Pan American Development Foundation (PADF)

4.4.6 Challenges

The most critical challenge, highlighted by almost half of the responding agencies, in the provision of assistance and care to SoTs was lack of funding. In addition, language barriers, lack of human resources and lack of SoTs' documentation all emerged as the second most reported challenge. It was also noted that although many agencies expressed interest in direct assistance training, only 22 per cent of the respondents indicated that this challenged their efforts (See Figure 10).

Figure 10 - Critical challenges faced by agencies



Interestingly, some of these challenges reflected research findings[29] and coincided with previously highlighted training needs such as:

- Language barriers;
- Lack of training in direct assistance;
- Unclear procedures for assistance and referrals; and
- Lack of knowledge about the law.

4.5 Health Care

In terms of the provision of internal healthcare services, only a third of the respondents reported offering such services to SoTs. Additionally, of the agencies that provided internal health care services to SoTs, 67 per cent confirmed having documented minimum standards for the provision of such services to SoTs.

[29] Clawson et al. (2003)

Moreover, 56 per cent of Organizations indicated that they never received training on healthcare services. Of these, however, 80 per cent indicated that they are interested in receiving training this area.

Apart from this, the health care-related training needs of responding agencies were probed (see Appendix C) and it was determined that the following functions were performed by less than a quarter of the surveyed organizations:

- Practice developmental paediatrics and adolescent medicine;
- Evaluate and identify the risks of trafficking; and
- Understanding the nature and epidemiology of trafficking.

In addition, only 22 per cent of the respondents indicated that their staff were trained in practicing developmental paediatrics and adolescent medicine; performing a patient history with a victim of sex trafficking and understanding the nature and epidemiology of trafficking, whilst 11 per cent were trained in evaluating and identifying the risk of trafficking.

Accordingly, all the surveyed agencies requested training in the incorporation of a gender sensitive approach and almost 90 per cent of the respondents acknowledged the need for training in:

- Using a trauma and survivor-informed culturally responsive approach;
- Performing mental status examinations to identify those in need of immediate special attention;
- Knowing how to avoid the rescue mentality;
- Knowing the physical and emotional red flags that may be present; and
- Evaluating the needs of individuals who experience trafficking or who are at the risk of trafficking.

4.6 Mental and Psychosocial Support

Most organizations surveyed (78 per cent) confirmed that they extend mental health and/or psychosocial support to SoTs. Conversely, 11 per cent of the organizations indicated that they do not provide these services, whilst 11 per cent were unsure of their organization's services in this area.

Of the Organizations that provide these services, 71 per cent informed that their organization has documented Standard Operating Procedures (SOPs) for the provision of Mental Health and Psychosocial Support (MHPSS) services to SoTs.

Additionally, 11 per cent of agencies confirmed that their staff received training on mental health and/or psychosocial support.

Figures 11a and 11b illustrate agency responses to competencies performed by staff, areas in which staff have received training, and areas where mental and psychosocial support training is needed.

Specifically, it was determined that only 33 per cent of the responding agencies had staff that assessed residents and conducted diagnostic testing.

Nonetheless, almost 90 per cent of all the surveyed organizations identified the need for training in all the MHPSS areas.

Figure 11a - Mental/psychosocial support training needs

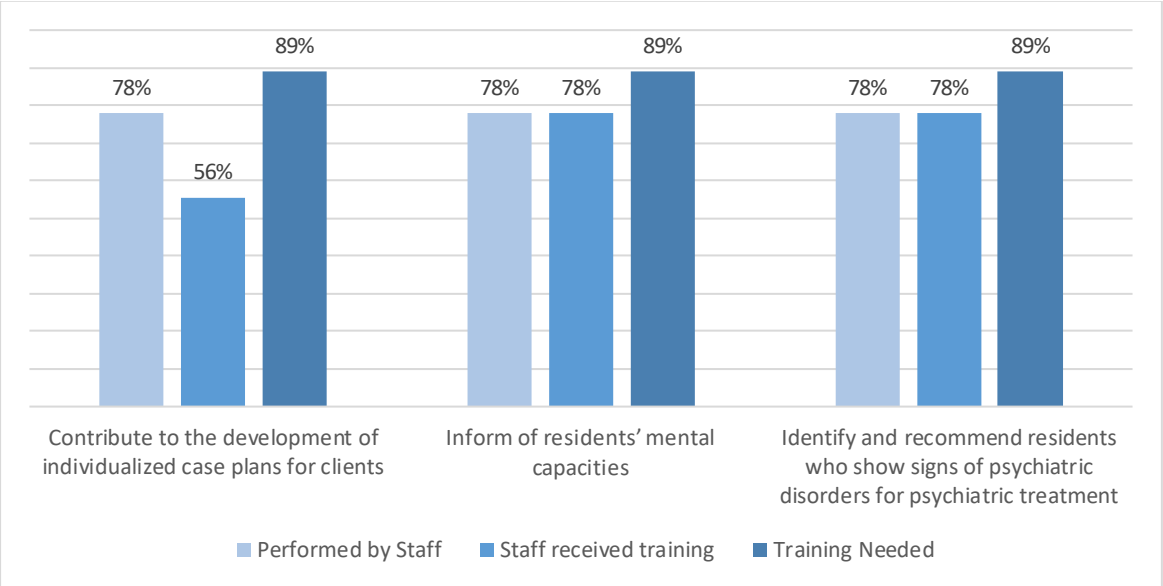
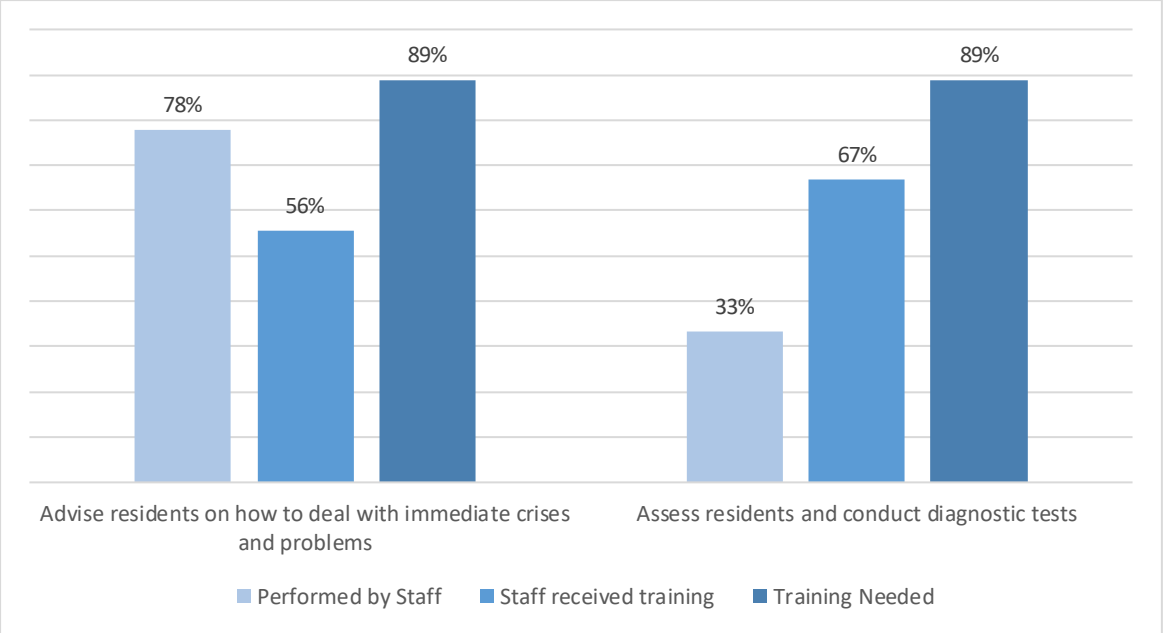


Figure 11b - Mental/psychosocial support training needs



4.7 Vocational Training

It was discovered that a little over half of all surveyed agencies (56 per cent) offered vocational training to SoTs, whereas approximately 22 per cent of organizations did not provide these services and 22 per cent were unsure.

Notably, two out of every three agencies have never received training in vocational support. Correspondingly, only 22 per cent of respondent organizations were trained and 11 per cent indicated that they were unsure if training was received by staff at their organization.

Of the agencies that never received training, 83 per cent confirmed interest in receiving training in this area.

Figures 12a to 12c depict respondents' feedback regarding staff engagement, training exposure, and training needs, as it relates to the provision of vocational training.

Accordingly, it was observed that only 38 per cent of the surveyed agencies indicated that staff at their organization was experienced in the provision of vocational training, whereas 44 per cent confirmed having qualified staff in this area. Added to this, over half of the respondents informed that their staff received training in the identified areas, however, only approximately one third of the agencies had training exposure in provision of vocational training.

Notwithstanding this, most persons were interested in accessing training in all the vocational training needs areas.

Figure 12a - Vocational training needs

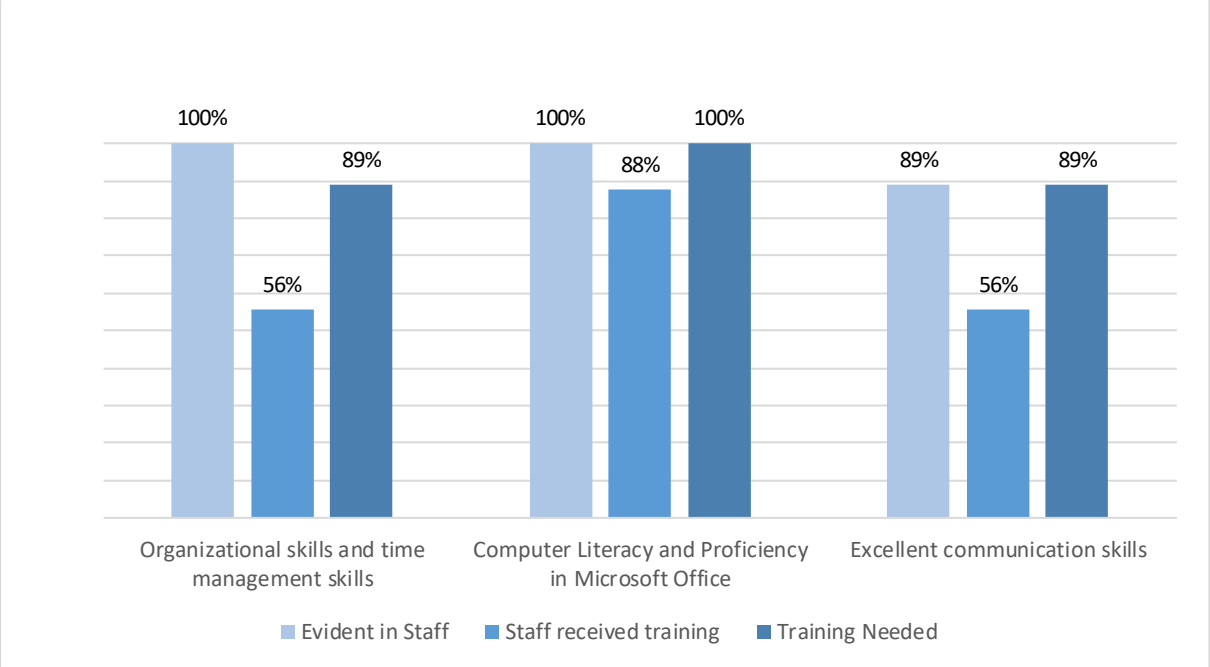


Figure 12b - Vocational Training Needs

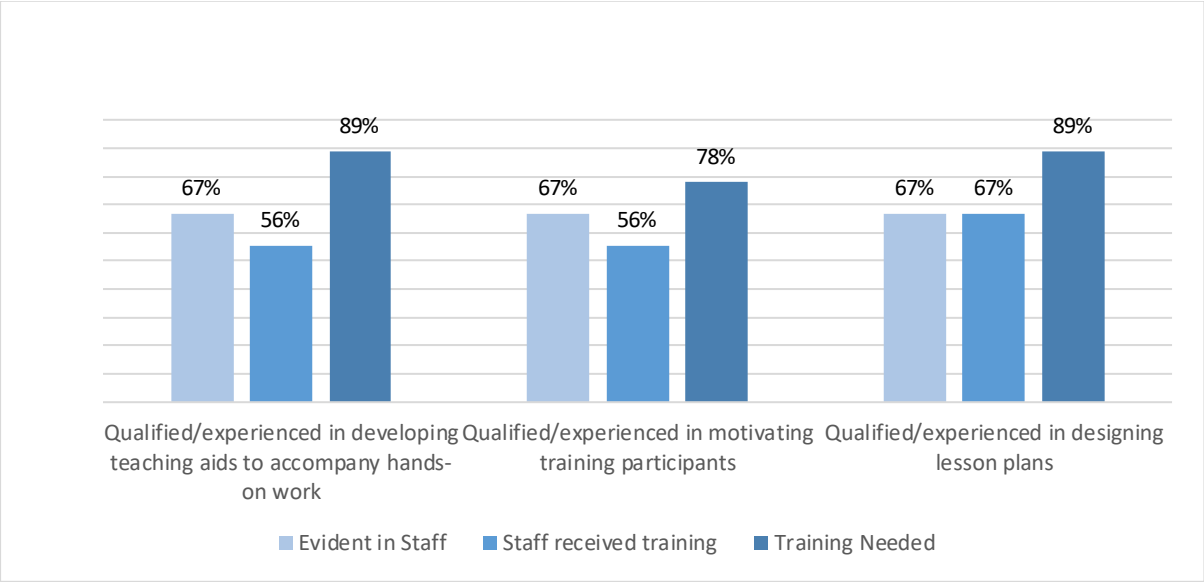
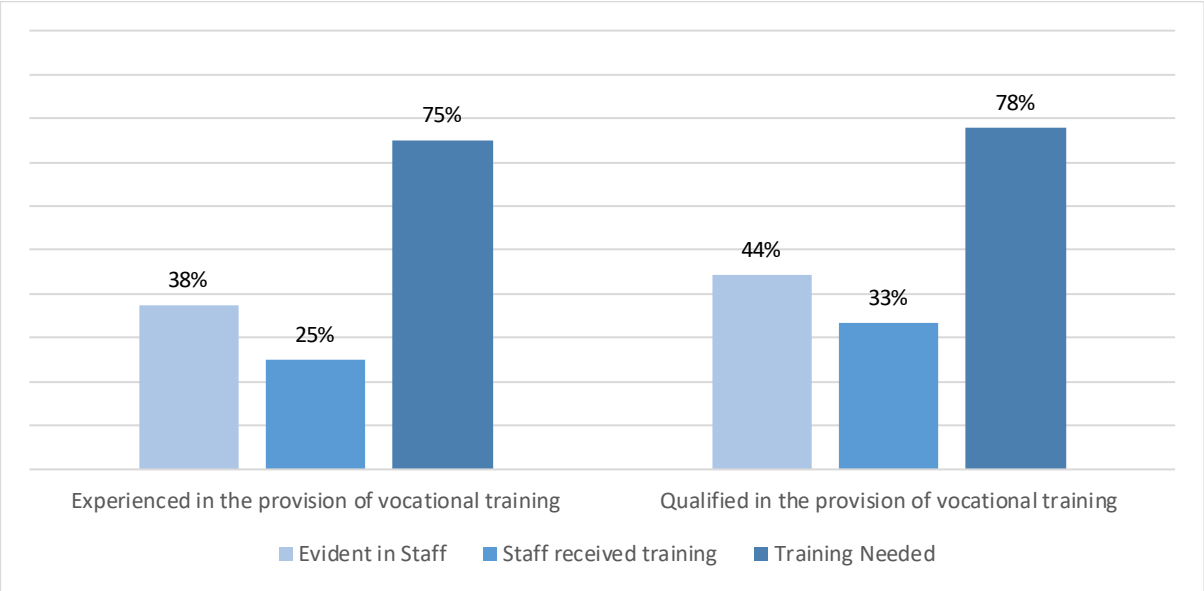


Figure 12c - Vocational Training Needs



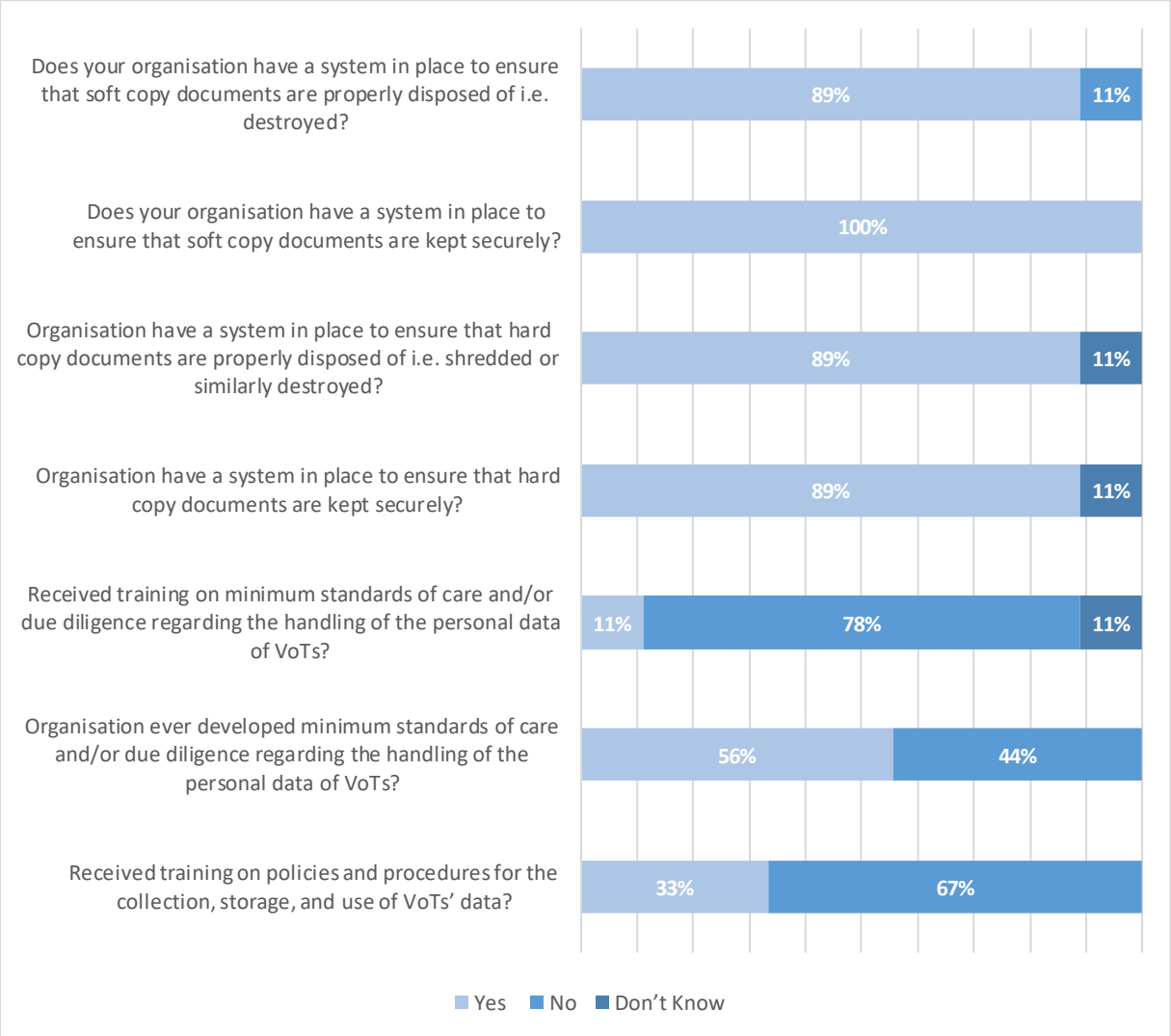
4.8 Data & Confidentiality

Notably, approximately 78 per cent of agencies reported having written policies and procedures for the collection, storage, and use of SoTs data. Interestingly, only a third of all surveyed agencies indicated that they received training geared towards policies and procedures for the collection, storage, and use of SoTs data, whilst the agencies that never received training confirmed their interest in being trained in this area.

As illustrated in Figure 16, 56 per cent all agencies developed minimum standards of care and/or due diligence regarding the handling of the personal data of SoTs. Further to this, approximately 89 per cent of agencies have a system in place to ensure that hard copy documents are kept securely and

properly disposed, and all agencies have a system in place toensure that soft copy documents are kept securely.

Figure 13 - Data and Confidentiality



4.9 Staff Health and Well Being

In the area of staff health and well-being, most agencies (78 per cent) indicated that they have implemented measures to prevent or reduce job-related stress amongst staff.

Furthermore, all agencies reported that management and staff work together to ensure, as much as possible, that staff are safe and secure and that work is organized in ways that allow adequate breaks and vacation time.

5 Conclusion

The assessment produced important findings in terms of the competencies, skills, and training needs of service providers who extend assistance to Vots and SoTs. More importantly, it was evident that some agencies are involved in work that they are insufficiently trained in, and this could have negative implications for the quality of the intervention and SoTs outcomes.

Notwithstanding this, although a few agencies had been previously trained, there was generally high interest and demand for most of the identified training areas.

It is therefore critically important that training gaps be addressed, and comprehensive training frameworks and schedules be developed and implemented to guide the way forward.

The focus, frequency, and depth of training should also be considered within training frameworks to ensure relevance, continuity, and effectiveness. In addition, tiered training approaches would assist in advancing trainees' knowledge and skill levels and train the trainers' modules should be integrated.

All training efforts should, however, be guided by international best practices and prioritized according to the current work of the service providers.

Apart from training needs, the assessment explored the available service offerings of surveyed agencies and, commendably, all organizations extended basic needs to SoTs whilst a significant proportion provided shelter, psychological and counselling support, and education.

Nevertheless, some service gaps were revealed such as: reintegration, return assistance, family tracing and pro bono legal advice, all of which are important in SoTs recovery processes. Therefore, efforts to provide these services should be explored, based on the indicated needs of SoTs.

6 RECOMMENDATIONS

Considerable gains towards effectively responding to the needs of SoTs has been attained in Trinidad and Tobago. However, there is evident room for expansion and improvement regarding existing efforts.

Accordingly, based on the literature and respondents' feedback, this section proposes several trainings, across various thematic areas, that service provider staff should be exposed to, given the range of services and relevant skills and capacities necessary for effective SoTs assistance efforts.

Recommendations are therefore presented in accordance with the indicated demand for trainings in the specified areas. These trainings, however, should be aligned with the current work of the service providers and prioritized according to international best practices.

Additionally, continuous, more in-depth training[30] and refresher sessions should be provided to staff employed at responding organizations to ensure effective care and support to SoTs. These trainings should also be at various levels, i.e., beginner, intermediate or advanced levels to certify that staff are well equipped to execute their functions. This will, in turn, increase staff's performance[31].

[30] Viergever et al. (2015)
[31] IOM (2007)

6.1 General Trafficking in Persons

Evidently, most of the respondents received basic training in TiP concepts and definitions and prevention (awareness), however, there is still need for these trainings given stakeholder feedback on levels of understanding of the phenomenon of TiP.

Additionally, the trainings below should be conducted:

- General principles of international TiP laws
- General principles of national counter-trafficking laws and regulations
- TiP legislation
- Human rights of SoTs
- TiP guidelines/SOPs and
- Victim care.

6.2 Screening and Identification of VoTs

Cognizant that only a few respondents screen and identify VoTs who are minors, and none of the surveyed agencies reportedly perform these functions for adult VoTs, it is still advisable that service provider agencies be exposed to screening and identification of VoTs trainings as this could complement the work of other screening agencies.

The literature also advocated for responding agencies to utilize:

- Screening techniques,
- Standardized screening and identification processes, and
- Victim-led/victim-centred approach.[32]

6.3 Assistance

It was noted that respondents extended assistance to both adult SoTs and SoTs who are minors/children with a significant majority of services being offered to the latter.

Accordingly, given the range of assistance required by SoTs, some key general, and to a certain extent, specialized training areas identified in the literature and confirmed by stakeholders as training needs and gaps should be addressed. Table 4 refers.

Table 4 – SoTs Assistance – Training Areas

Training Areas	100% respondents	High Level Demand (80-99% respondents)	Mid Level Demand (60–79% respondents)	Low Level Demand (<60% respondents)
Staff Roles, responsibilities & limitations related to SoTs		✔		
Principles of Protection & Assistance	✔			
Ethical Principles in Caring for and Interviewing Trafficked Persons.			✔	
Basic counselling principles.			✔	
Specific counselling principles as applied to trafficking victims.	✔			
Principles of crisis management.	✔			
Case management.		✔		
Trauma and its consequences		✔		

[32] IOM (2007)

Training Areas	100% respondents	High Level Demand (80-99% respondents)	Mid Level Demand (60–79% respondents)	Low Level Demand (<60% respondents)
Guidelines for interventions aimed at healing and recovery of traumatized victims.		✔		
Communicating with traumatized victims.		✔		
Remedial action or intervention to promote recovery and support the rehabilitation of trafficking victims.				
Information on available support services and specialized services for SoTs	✔			
Special Considerations for Interviewing Children-Minors SoTs.	✔			
Indicators for the Possibility of Trafficking Experience for Children-Minors.	✔			
Multidisciplinary approaches and teamwork in delivering services.		✔		
Types of violence against women.			✔	
Prevention of Sexual Exploitation and Abuse (PSEA)			✔	
Human rights of SoTs.			✔	
Anti-discrimination.	✔			
Trauma-informed care.		✔		
Victim-informed care.		✔		
Gender-sensitive care.		✔		
Age-appropriate care.		✔		
Culturally appropriate care.	✔			
Risk Assessment.		✔		
Risk Management.	✔			
Personal safety and security training.	✔			
Self-defense techniques	✔			
Security awareness			✔	
Basic anti-surveillance and surveillance techniques			✔	
Tactical communication		✔		
De-escalation techniques		✔		
First-aid training.		✔		
Foreign languages/language interpretation.		✔		

In addition, there is an expressed need for trainings in the following areas, as articulated in the literature[33] and by respondents:

- Direct assistance to SoTs;
- Assisting or caring for adult SoTs;
- Developing SOPs for assisting SoTs; and
- Shelter management guidelines.

Furthermore, efforts should be made to respond to the existing SoTs service deficiencies identified in Table 5.

[33] Clawson et al. (2003)

Table 5 - Areas requiring improvement of assistance.

Reintegration	Pro-bono Legal advice
Return Assistance	Shelter (short and long term)
Family Tracing	Medical Assistance
Needs Assessments	

Apart from this, indicated challenges of service providers should be reviewed and rectified to improve the effectiveness of efforts and impacts for SoTs.

IOM (2011) also recommended that service delivery organizations should have a written policy of non-discrimination to ensure that staff provides the best possible assistance to survivors of trafficking without discrimination based on gender, sexual orientation, age, disability, colour, social class, race, religion, language, political beliefs, or any other status.

6.4 Health Care

Health care is a core service necessary for successful SoTs recovery and therefore it is recommended based on respondent feedback and literature findings[34] that the following training be provided for health care service providers. Table 6 illustrates.

Table 6 – Health Care – Training Areas

Training Areas	100% respondents	High Level Demand (80-99% respondents)	Mid-Level Demand (60–79% respondents)	Low Level Demand (<60% respondents)
Understanding the nature and epidemiology of trafficking.			✔	
Evaluating the needs of individuals who have experienced trafficking or individuals who are at risk of trafficking.		✔		
Evaluating and identifying the risk of trafficking.			✔	
Developing individualized care plans for clients.				✔
Performing a patient history with a victim of sex trafficking			✔	
Knowing the physical and emotional red flags that may be present.		✔		
Knowing how to avoid the rescue mentality.		✔		
Performing a mental status examination to identify those in need of immediate specialized attention.		✔		
Using a trauma-and survivor-informed, culturally responsive approach.		✔		

[34] Viergever et al (2015)

Training Areas	100% respondents	High Level Demand (80-99% respondents)	Mid-Level Demand (60–79% respondents)	Low Level Demand (<60% respondents)
Incorporating a gender-sensitive approach.	✔			
Providing patient-centred care.			✔	
Using legal and ethical standards.			✔	
Integrating trafficking prevention strategies into clinical practice and systems of care.			✔	
Practicing developmental paediatrics and adolescent medicine.				✔

Further to this, quality of care standards should be developed, implemented, evaluated, and monitored.

6.5 Mental Health and Psychosocial Support

Acknowledging that the majority of surveyed agencies reportedly offered Mental Health and Psychosocial Support (MHPSS) services to SoTs but a very small percentage have indicated exposure to training in this area it is advisable that the below training areas be facilitated for MHPSS service providers, as highlighted in Table 7.

Table 7 – MHPSS – Training Areas

Training Areas	100% respondents	High Level Demand (80-99% respondents)	Mid-Level Demand (60–79% respondents)	Low Level Demand (<60% respondents)
Assess residents and conduct diagnostic tests.		✔		
Advise residents on how to deal with immediate crises and problems.		✔		
Identify and recommend residents who show signs of psychiatric disorders for psychiatric treatment.		✔		
Inform of residents' mental capacities.		✔		
Contribute to the development of individualized case plans for clients.		✔		

6.6 Vocational Training

Vocational training is considered to be integral to SoTs reintegration processes. However, given that a significant percentage of respondents extend vocational trainings to SoTs but the majority did not receive formal training in this area, the listed trainings in Table 8 are recommended.

Table 8 – Vocational Training – Training Areas

Training Areas	100% respondents	High Level Demand (80-99% respondents)	Mid Level Demand (60–79% respondents)	Low Level Demand (<60% respondents)
Provision of vocational training.			✔	
Designing lesson plans.		✔		
Motivating training participants.			✔	
Developing teaching aids to accompany hands-on work.		✔		
Communication skills		✔		
Computer Literacy and Proficiency in Microsoft Office.	✔			
Organizational skills and time management skills.		✔		

6.7 Data & Confidentiality

Based on the training gaps in relation to data and confidentiality, training sessions in the following areas should be provided to service providers responsible for data collection and management:

- Policies and procedures on the collection, storage, and use of SoTs' data; and
- Development of minimum standards of care and/or due diligence regarding the handling of the personal data of SoTs.

Added to this, the literature recommended that clients should be informed of staff at service provider organizations who have access to their information.[35]

[35] IOM (2007)

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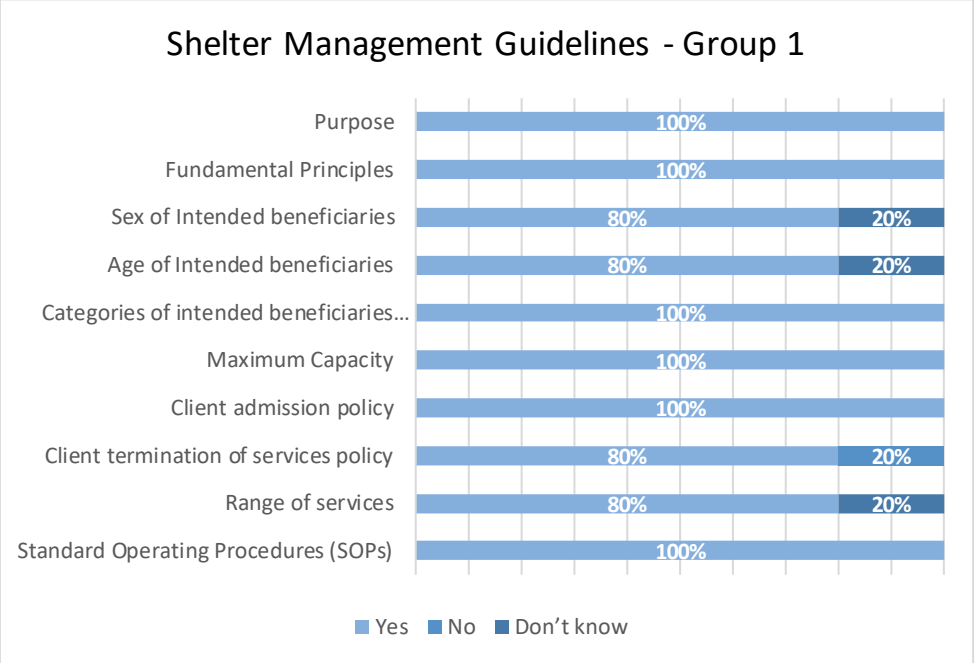
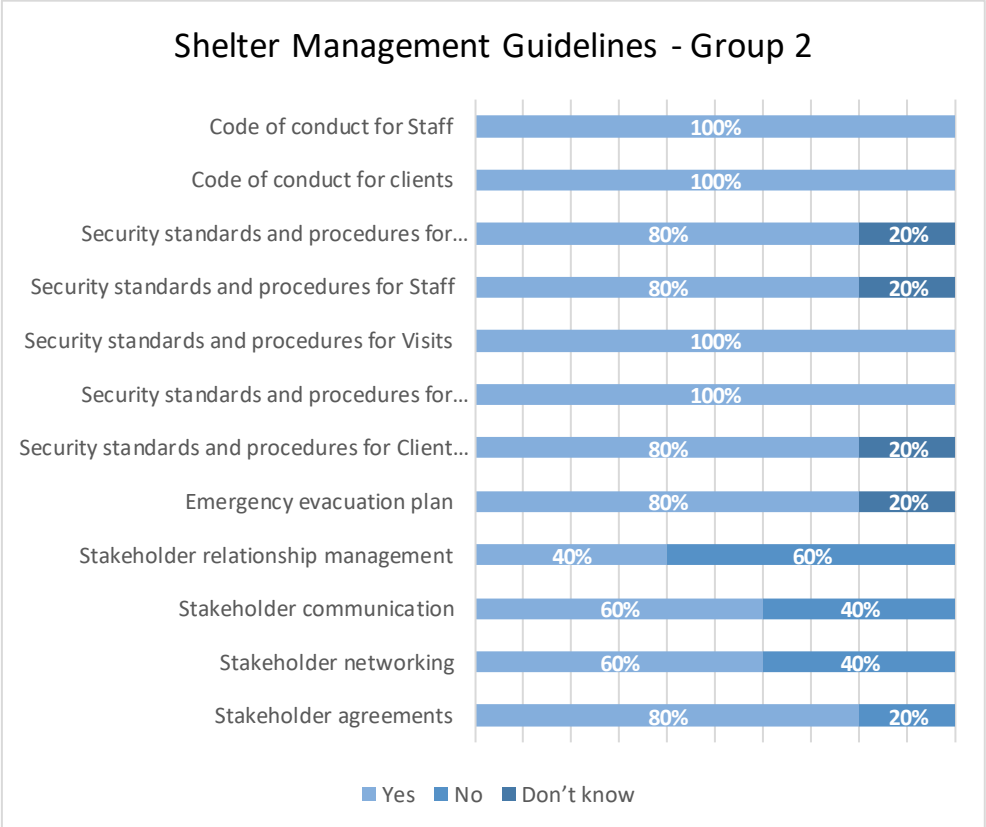
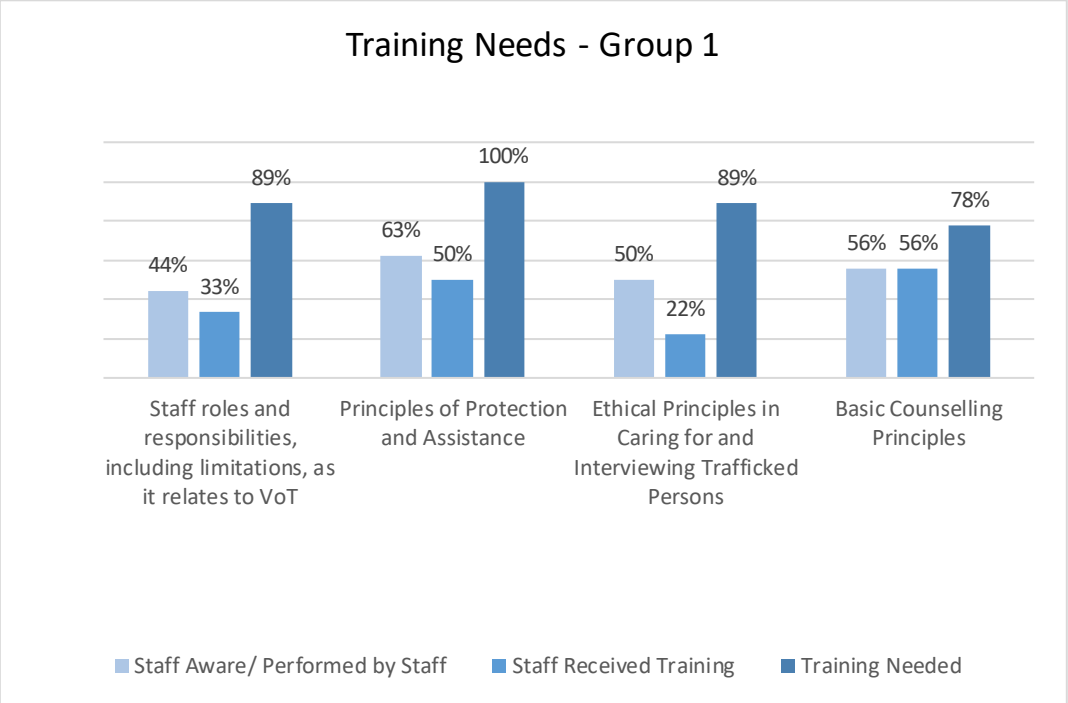
APPENDICES

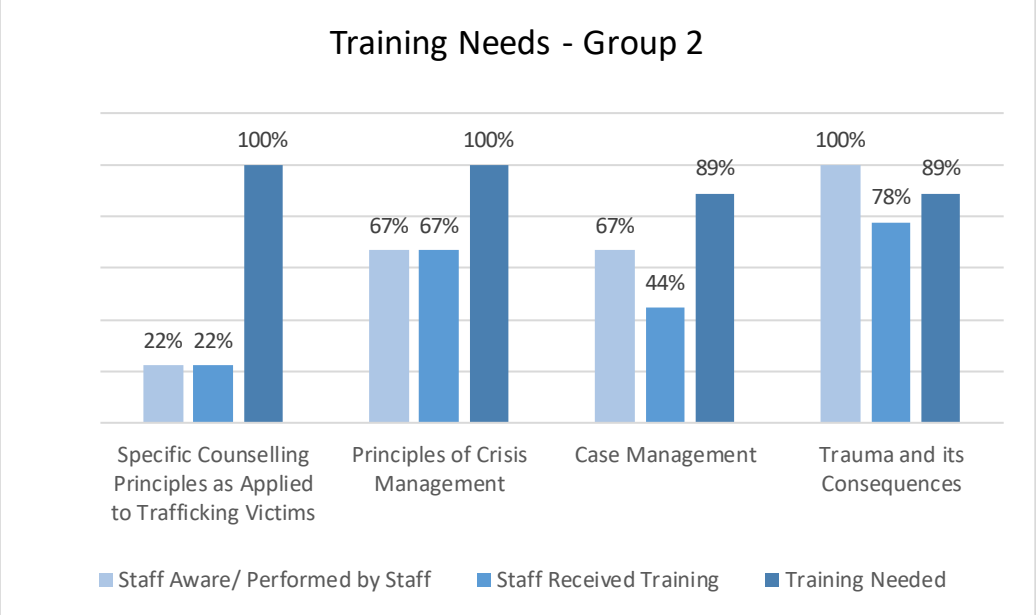
Appendix A– Shelter Management Guidelines

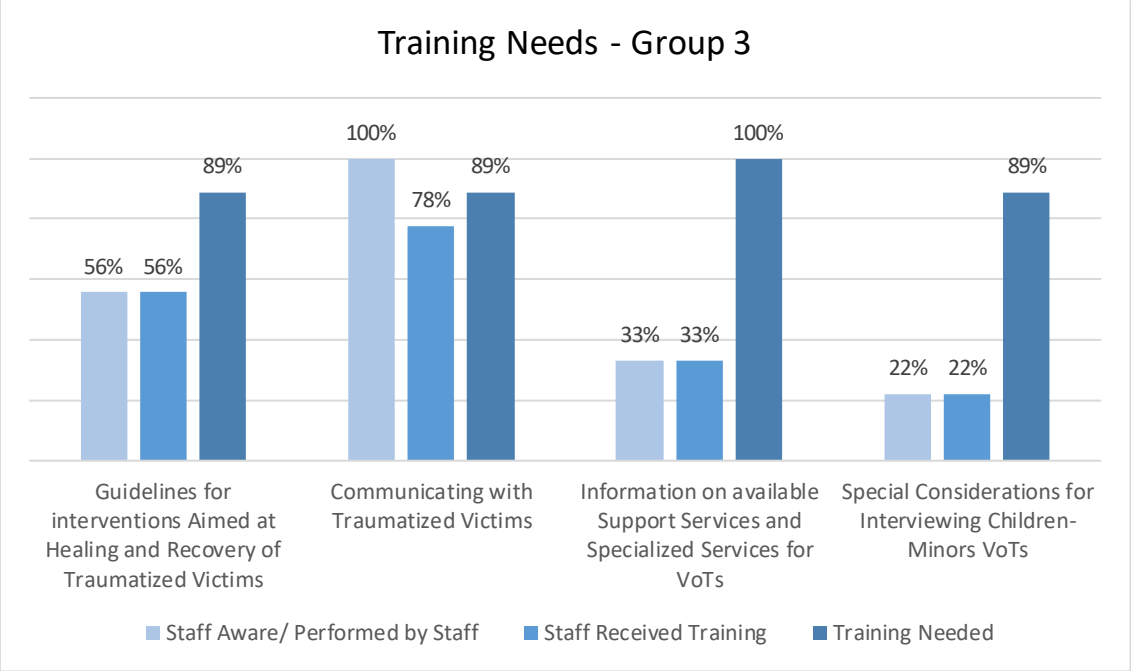


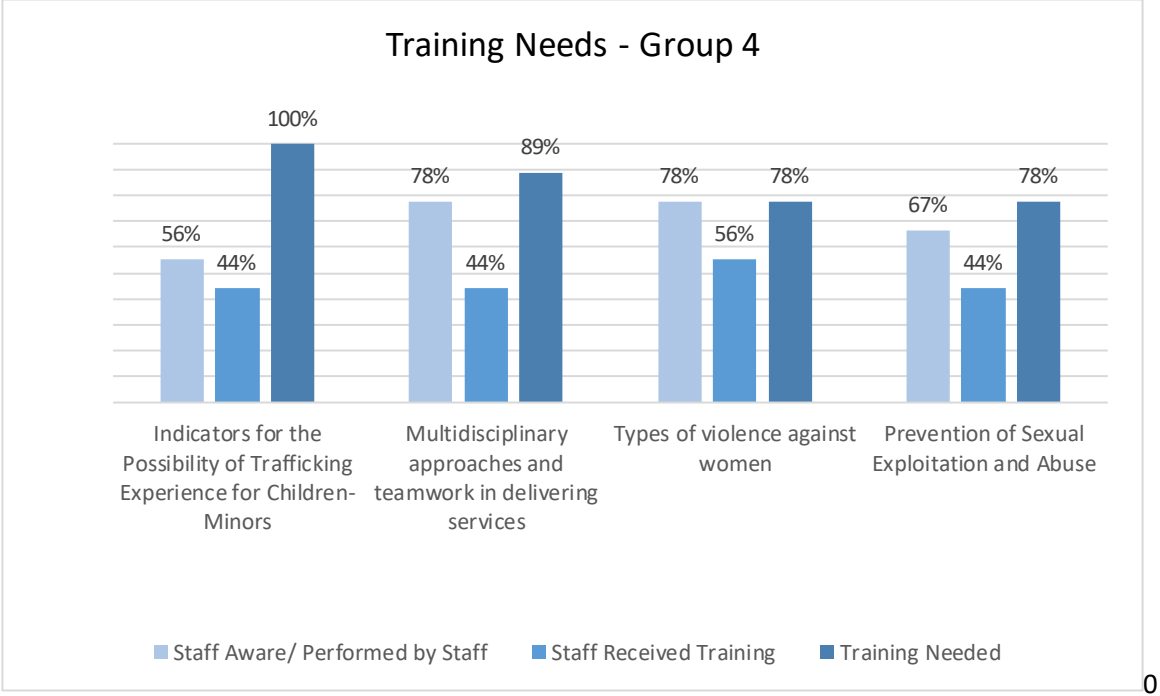


Appendix B – SoTs Assistance Training Needs

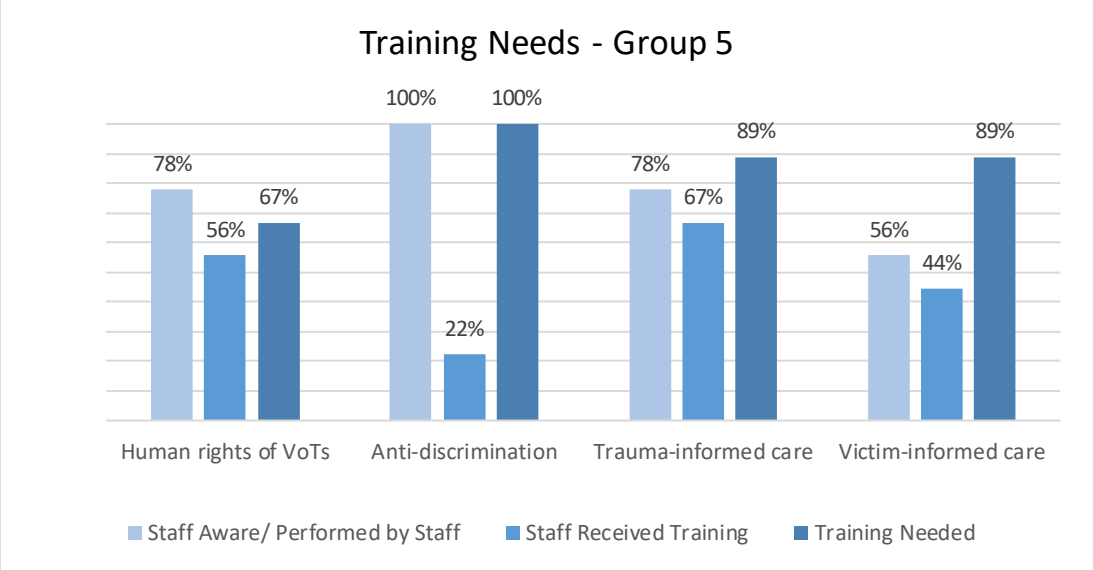


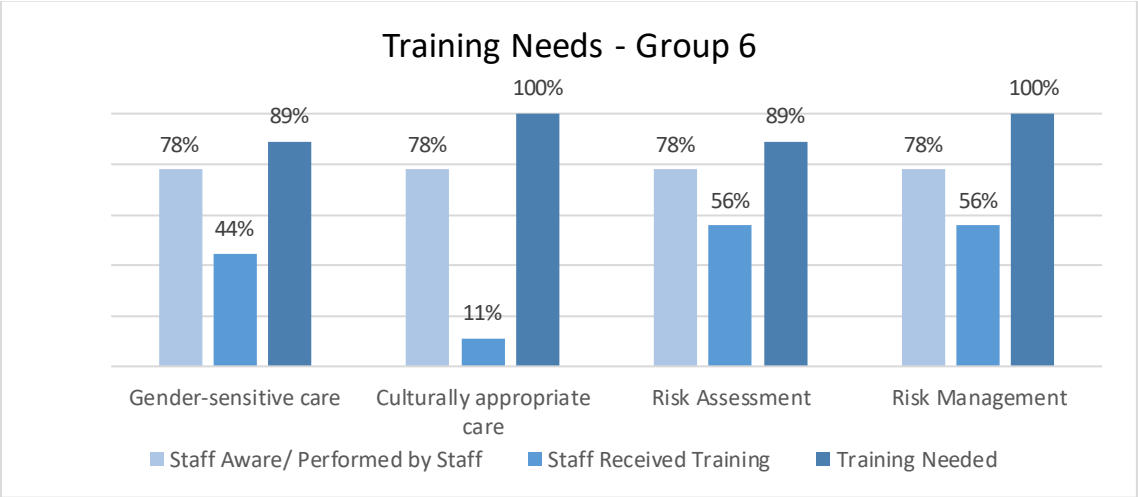


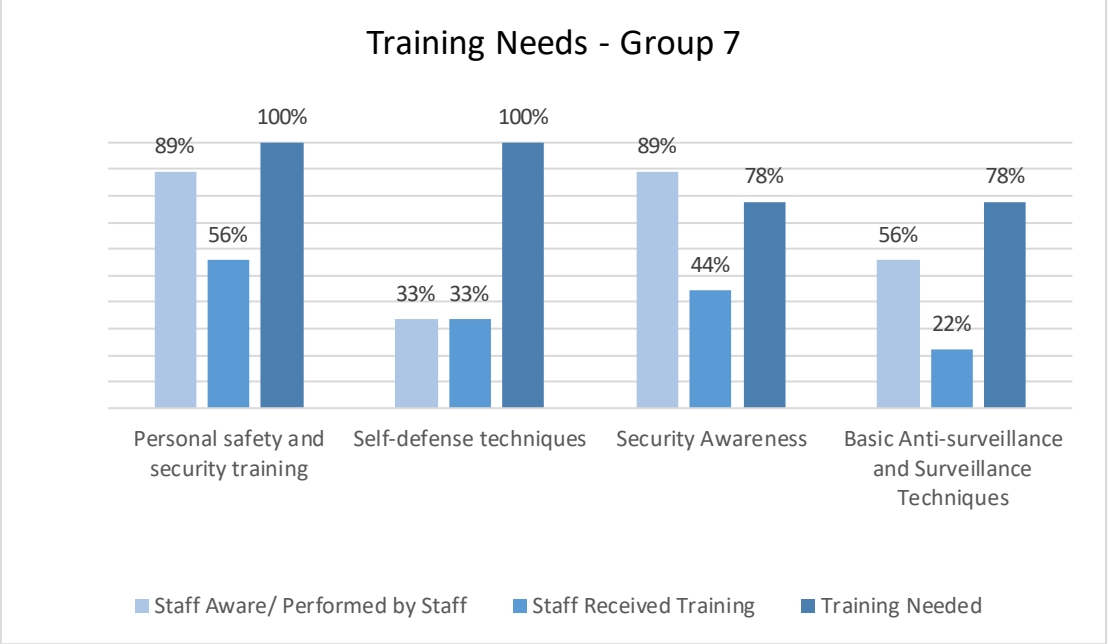

Training Needs - Group 3
56%
56%
89%
100%
78%
89%
33%
33%
100%
22%
22%
89%
Guidelines for interventions Aimed at Healing and Recovery of Traumatized Victims
Communicating with Traumatized Victims
Information on available Support Services and Specialized Services for VoTs
Special Considerations for Interviewing Children-Minors VoTs
Staff Aware/ Performed by Staff
Staff Received Training
Training Needed

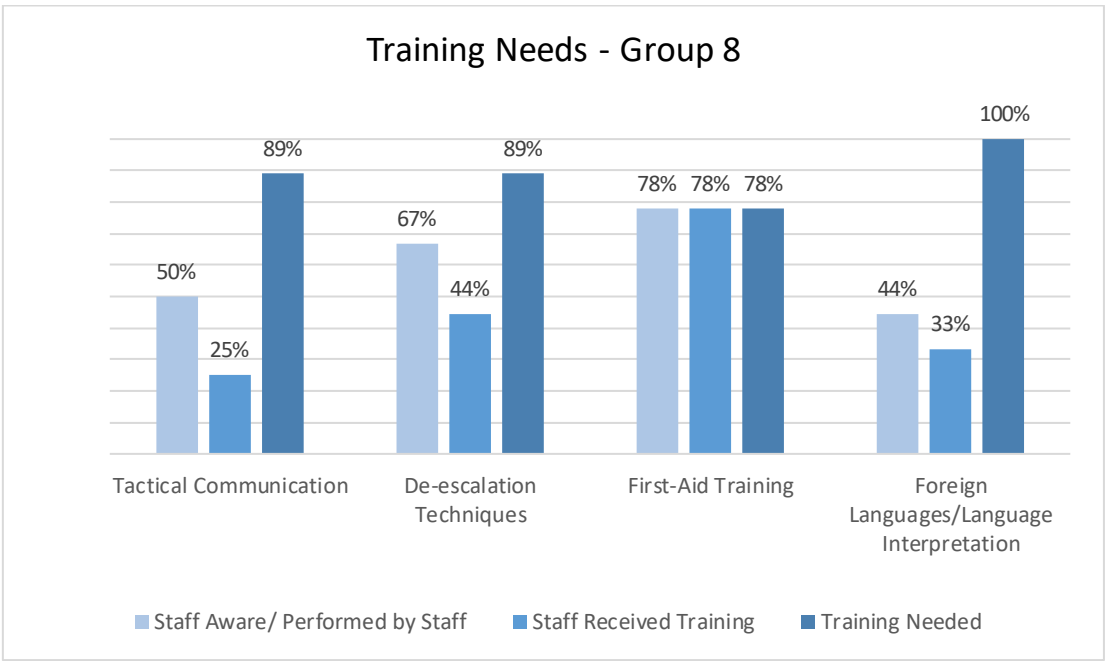

Training Needs - Group 4
56%
44%
100%
78%
44%
89%
78%
56%
78%
67%
44%
78%
Indicators for the Possibility of Trafficking Experience for Children-Minors
Multidisciplinary approaches and teamwork in delivering services
Types of violence against women
Prevention of Sexual Exploitation and Abuse
Staff Aware/ Performed by Staff
Staff Received Training
Training Needed

0

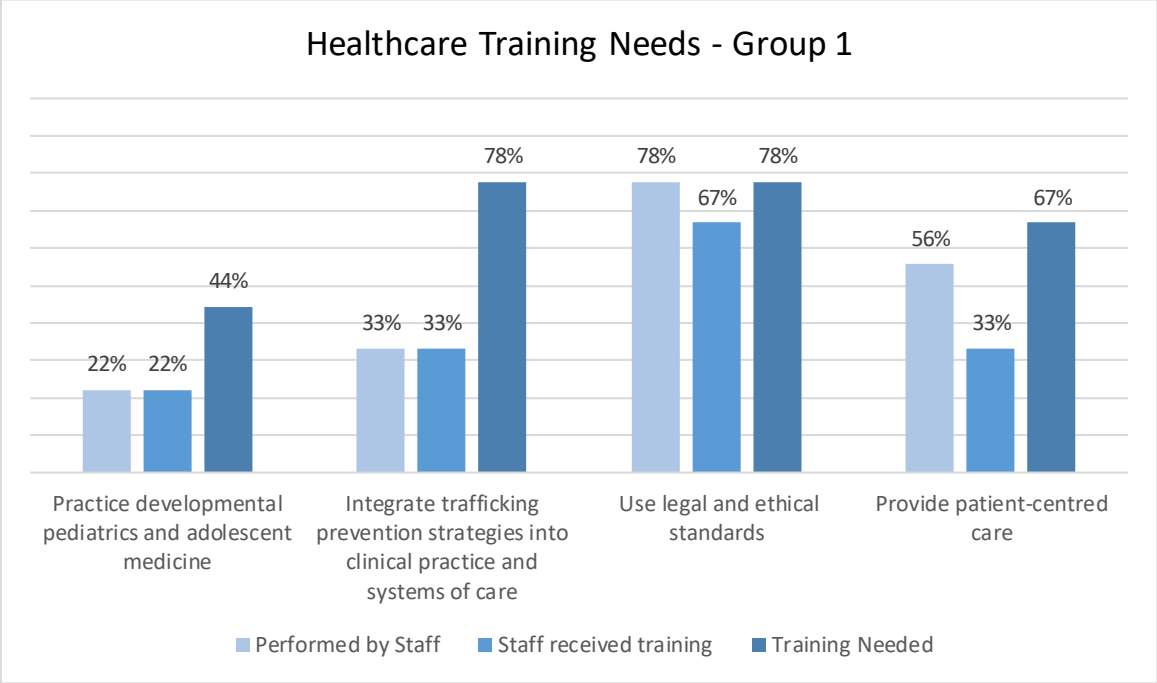

Training Needs - Group 5
78%
56%
67%
100%
22%
100%
78%
67%
89%
56%
44%
89%
Human rights of VoTs
Anti-discrimination
Trauma-informed care
Victim-informed care
Staff Aware/ Performed by Staff
Staff Received Training
Training Needed

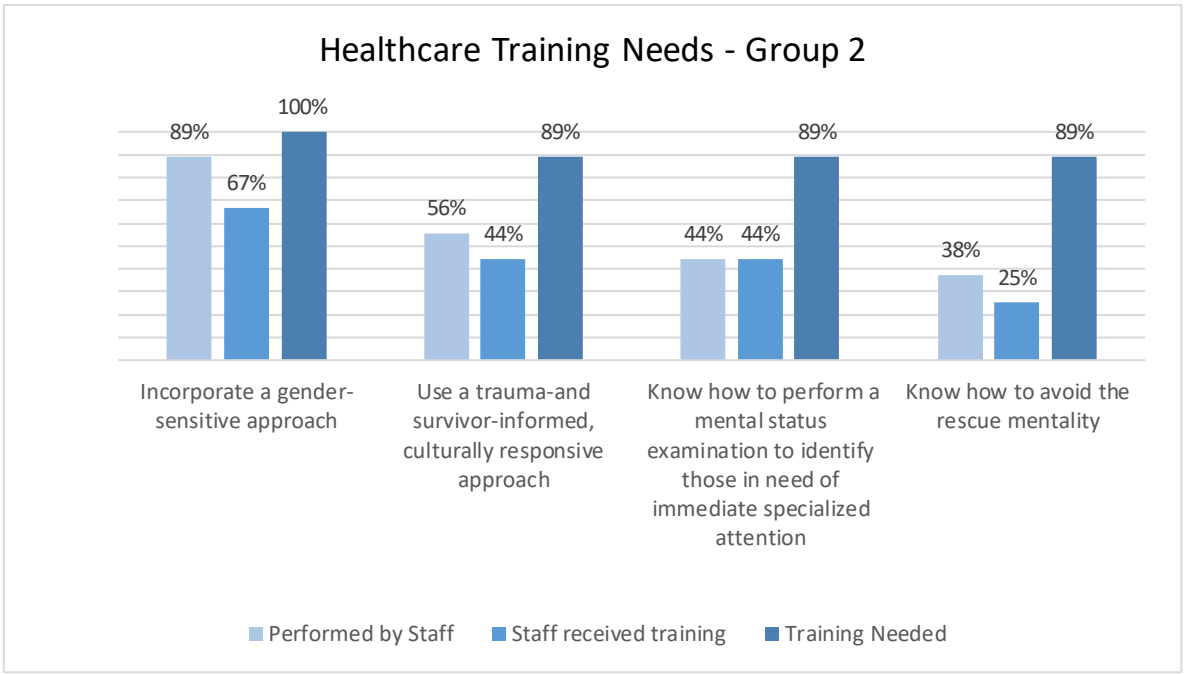

Training Needs - Group 6
78%
44%
89%
78%
11%
100%
78%
56%
89%
78%
56%
100%
Gender-sensitive care
Culturally appropriate care
Risk Assessment
Risk Management
Staff Aware/ Performed by Staff
Staff Received Training
Training Needed

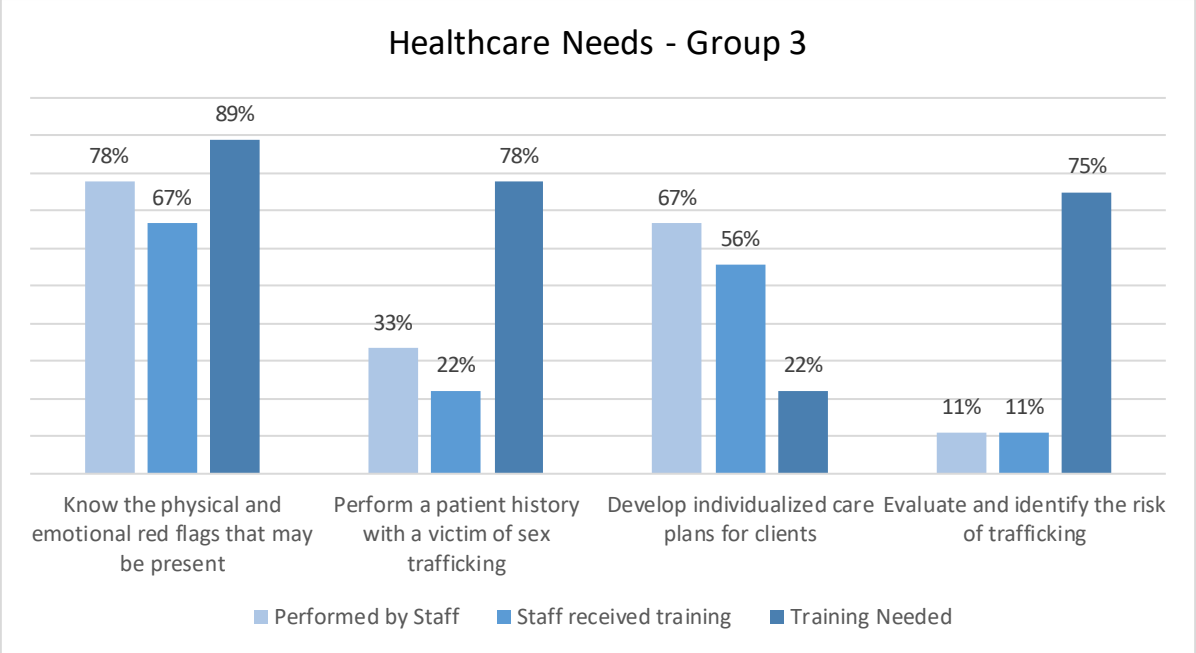

Training Needs - Group 7
89%
56%
100%
33%
33%
100%
89%
44%
78%
56%
22%
78%
Personal safety and security training
Self-defense techniques
Security Awareness
Basic Anti-surveillance and Surveillance Techniques
Staff Aware/ Performed by Staff
Staff Received Training
Training Needed

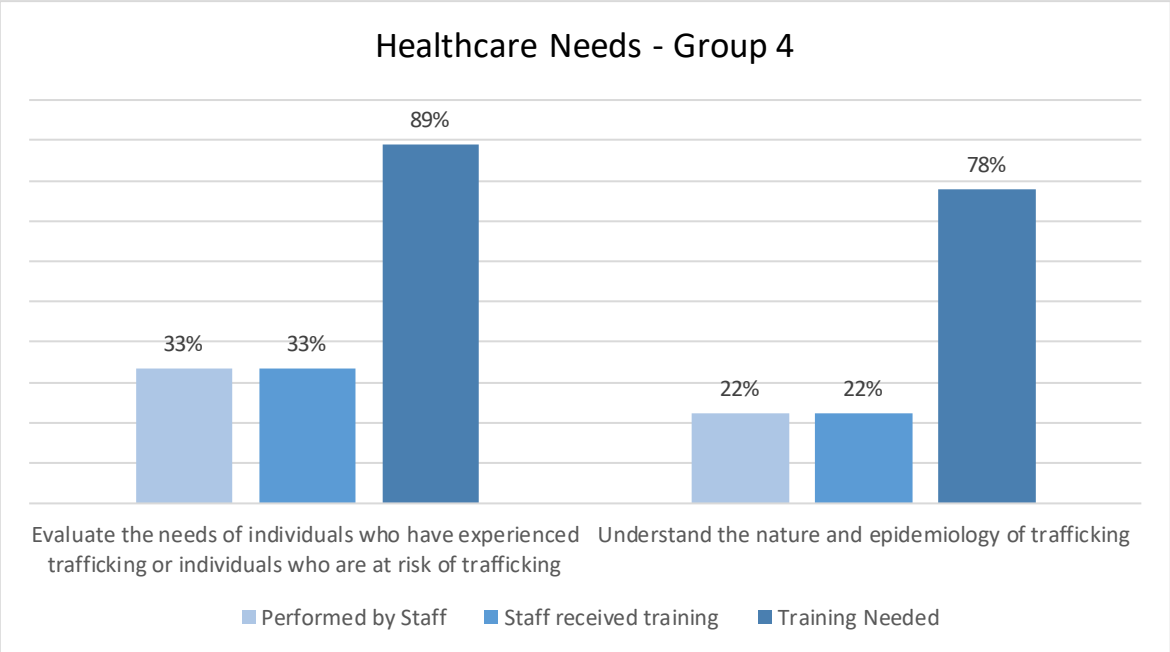

Training Needs - Group 8
50%
25%
89%
67%
44%
89%
78%
78%
78%
44%
33%
100%
Tactical Communication
De-escalation Techniques
First-Aid Training
Foreign Languages/Language Interpretation
Staff Aware/ Performed by Staff
Staff Received Training
Training Needed

Appendix C – Healthcare Training Needs






Healthcare Needs - Group 3
78%
67%
89%
33%
22%
78%
67%
56%
22%
11%
11%
75%
Know the physical and emotional red flags that may be present
Perform a patient history with a victim of sex trafficking
Develop individualized care plans for clients
Evaluate and identify the risk of trafficking
Performed by Staff
Staff received training
Training Needed


Healthcare Needs - Group 4
33%
33%
89%
22%
22%
78%
Evaluate the needs of individuals who have experienced trafficking or individuals who are at risk of trafficking
Understand the nature and epidemiology of trafficking
Performed by Staff
Staff received training
Training Needed

TRAINING NEEDS ASSESSMENT

Heal, Empower, Rise – Counter-Trafficking in Persons Project

For more information:

International Organization for Migration

United Nations House
3A Chancery Lane
Port of Spain

Telephone : +1 (868) 623-7056 | **Web:** iom.int/countries/trinidad-and-tobago

DESIGN BY GIG STUDIO