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# SITUATION ASSESSMENT

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

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DECEMBER 2022



## **FOREWORD**

This study was made possible by the generous support of the American people through the Heal, Empower Rise Counter Trafficking in Persons (HER CTIP) Project, which is funded by United States Agency for International Development (USAID) and implemented by the International Organization for Migration (IOM). The views contained therein do not necessarily reflect those of the aforementioned organizations.

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## List of Acronyms and Abbreviations

CATT	Children’s Authority of Trinidad and Tobago
CHINS	Children in Need of Supervision
CPU	Child Protection Unit
CRs	Community Residences
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organizations
CTIP	Counter Trafficking in Persons
CTIPTT	Counter Trafficking in Persons for Trinidad and Tobago
CTU	Counter-Trafficking Unit
DTM	Displacement Tracking Matrix
EVLTT	Educational, Vocational and Livelihood Training
FIA	Families in Action
FPATT	Family Planning Association of Trinidad and Tobago
GBV	Gender-Based Violence
GoRTT	Government of the Republic of Trinidad and Tobago
HER CTIP	Heal, Empower, Rise Counter Trafficking in Persons
IDB	Inter-American Development Bank
ILO	International Labour Organization
IOM	International Organization for Migration
LAC	Latin America and the Caribbean
LWC	Living Water Community
MHPSS	Mental Health and Psychosocial Support Services
MNS	Ministry of National Security
MoU	Memorandum of Understanding
MSDFS	Ministry of Social Development and Family Services
NGOs	Non-Governmental Organizations
OPMGCA	Office of Prime Minister Gender and Child Affairs
PADF	Pan American Development Foundation
PAHO	Pan American Health Organization
PSEA	Prevention of Sexual Exploitation and Abuse
PSIP	Public Sector Investment Programme
R4V	Response for Venezuelans
SOPs	Standard Operating Procedures
STDs	Sexually Transmitted Diseases
STIs	Stakeholder Interviews
SoTs	Survivors of Trafficking
TiP	Trafficking in Persons
TT	Trinidad and Tobago
TTPS	Trinidad and Tobago Police Service
TVPA	Trafficking Victims Protection Act
UNCRC	United Nations Convention on the Rights of the Child

UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UN SDGs	United Nations Sustainable Development Goals
USAID	United States Agency for International Development
VoCs	Victims of Crime
VoTs	Victims of Trafficking



## Executive Summary

Trafficking in Persons (TiP) is a pervasive global problem, requiring deliberate action on the part of leaders and governments to eliminate its violations and effect improvement in the lives of those impacted by its consequences. Given its increasing trends in Latin America and the Caribbean and the exacerbated vulnerabilities within the region, due to a range of factors, there continues to be a call to action to satisfy the minimum requirements towards a robust counter trafficking in persons (CTiP) agenda. Within this context, housing, and residential care options for Survivors of Trafficking (SoTs) are integral components.

Accordingly, this situation assessment was commissioned under the Heal Empower Rise Counter Trafficking in Persons (HER CTIP) project, which is being implemented by International Organization for Migration (IOM) with the financial support of United States Agency for International Development (USAID) and in partnership with the Government of the Republic of Trinidad and Tobago (GoRTT), and selected Civil Society Organizations (CSOs) to facilitate a robust victim care environment in Trinidad and Tobago and strengthen the support services to SoTs. Hence, it was designed to explore the system of care and assistance available to SoTs within shelter facilities. Barriers, gaps, and weaknesses that hamper the effective delivery of care services to this vulnerable group were also identified.

In conducting this research, a qualitative approach was adopted to carefully consider the insights and understandings of stakeholders and service providers who operate within the CTiP sector, as well as the lived experiences of SoTs.

The main goals of this research were to:

1. Identify the types of residential care homes and shelters available and accessible to both adult and child survivors of trafficking in Trinidad and Tobago;
2. Determine the policy frameworks and/or protocols guiding the operations and delivery of care to SoTs in residential care homes and shelters;
3. Examine the specific needs and service requirements of SoTs in residential care homes and shelters, with specific reference to medical screening, mental health, and psychosocial support, as well as educational, vocational and livelihood training;
4. Propose recommendations for enhancing the quality of survivor support services in residential care homes and shelters.

Using a multipronged approach, information and data were gathered through desk research and semi-structured interviews with 10 government officials, 6 managers/senior staff of residential homes, 3 non-governmental organizations, 1 international organization, and 7 survivors of trafficking, from 8<sup>th</sup> August – 6<sup>th</sup> September 2022.

An analysis of the literature and the interviews revealed the following findings:

- Locally, there is greater focus on sexual exploitation than labour exploitation.
- TiP Policies, Guidelines and Procedures
  - There is a lack of comprehensive awareness about the guidelines and policy frameworks supporting the issue of CTiP among policy implementers and service providers;
  - Few organizations have SOPs developed specifically to address the nuances associated with delivery of care to SoTs.
- TiP Institutional Framework

- Several weaknesses and gaps in financial and human resources, training, technical assistance, security, and protection requiring attention to strengthen the CTiP agenda.
- SoT Shelter Facilities
  - There are no shelter facilities exclusively for adult SoTs and only one facility is currently considered specialized and targeted to child SoTs;
  - There is a lack of placement options for male victims, particularly those who are over age 10 years. As such, facilities are mainly geared towards accommodating female victims;
  - Victim populations at shelters are mixed and this creates several operational challenges, particularly in behaviour management and security;
  - SoTs reported being mistreated and victimized at shelter facilities because of xenophobia and discrimination;
  - Safety and Security at shelters require more detailed attention;
  - Staff at shelters require appropriate training in relevant CTiP areas, as well as staff codes of conduct require development and/or implementation to strengthen the staff's capacity to treat with this specialized population.
- SoT Needs
  - SoTs in shelters have multidimensional needs that are socio-economic, psychological, medical, educational, as well as cultural and empowerment in nature. Some needs such as basic needs and psychological support needs, are more prioritized than others;
  - SoTs, like other victims of crime who experience human rights violations share many needs such as safety and protection. However, non-national SoTs significantly differ from other victims because of complex trauma, lack of local support systems and reintegration needs, among others.
- SoT Services.
  - Several services are available to SoTs at shelters;
  - Stakeholders and service providers face significant challenges and barriers in addressing SoTs needs and providing services adequately and effectively primarily in the areas of medical services, MHPSS, and education and training;
  - Lack of financial support, lack of human resources, especially adequately trained and bilingual staff, as well as a lack of clear policy and SOPs are among some of the main obstacles hampering the efficient delivery of services to SoTs;
  - Gender inclusive, culturally appropriate, victim-centred and trauma informed benchmarks for victim care services need to be revisited, implemented, and monitored.
- Collaboration and Partnership
  - There is significant collaboration and partnership among key actors and relevant agencies in combating TiP, however, greater coordination, cooperation, and efficiency in efforts are still required.

## **Recommendations**

Consistent with the findings, the following main recommendations emerged from the study:

- TiP Policy, Guidelines and Procedures

- Clear national guidelines and appropriate SOPs should be developed to strengthen the care and assistance provided to SoTs in shelters.
- TiP Institutional Framework
  - The provision of a continuum of services to meet the varying needs of SoTs is essential. Consideration should be given to the one-stop shop model approach, which is a design option that seeks to offer various survivor-centred services in one centralized location;
  - Strong working relations should be maintained with the public health services, along with the establishment of internal and private arrangements to provide timely and convenient health care services to SoTs;
  - Opportunities should be created to facilitate a survivor-centred approach where the voice of the survivor is considered at all stages, this would include survivors of trafficking in empowerment efforts, such as peer support/mentoring and incorporating their inputs into policy and plan development;
  - Sustainable sources of funding and human resources, particularly staff training, are prioritized areas for urgent attention;
  - Standardized professional codes of conduct for caring for SoTs should be developed and implemented among staff catering to SoTs to improve behaviour and accountability;
  - An overarching and comprehensive M&E system for shelters should be developed and implemented.
  
- SoT Shelter Facilities
  - Specialized shelter facilities catering to SoTs only should be established;
  - Additional research and inquiry are necessary in Tobago to determine the extent of the trafficking problem and the feasibility of establishing shelter facilities for SoTs;
  - Other models of residential care, such as foster care, should be explored to close the placement gap;
  - Anonymous and confidential feedback mechanisms should be implemented at shelters as an important service improvement mechanism and safety measure;
  - Greater emphasis must be placed on cultural appropriateness at shelters to increase the mental health of non-national SoTs and improve service delivery;
  - Best practices measures should be implemented to investigate and address allegations of abuse, discrimination, and xenophobia at shelters;
  - Critical elements of safety and security at shelters must be established and implemented;
  
- Collaboration and Partnership
  - Regular stakeholder engagements, consultations, and collaborative discussions on measures for improving information sharing and working relationships among key CTiP actors should be convened;
  - Protocols and Memorandums of Understanding (MoUs) are required to strengthen official referral pathways for SoTs.

# 1 Introduction

Trafficking in persons (TiP), also known as human trafficking or modern slavery, is recognized as a growing crime phenomenon that affects every country around the globe. By definition, TiP specifically refers to “the recruitment, transportation, transfer, harbouring or receipt of persons—by force, coercion, fraud or some other form of deception—for the purpose of exploitation”.<sup>1</sup> Accordingly, it is mainly characterized by the sex trafficking and forced labour of men, women and children, representing a violation of fundamental human rights, freedom, and dignity.<sup>2</sup> Due to its clandestine nature, accurate data on TiP is challenging. However, according to ILO (2017), there was an estimated 24.9 million global victims of forced labour in 2016.<sup>3</sup> In 2021 approximately 90,544 global victims identified.<sup>4</sup>

TiP is an increasing problem in Latin America and the Caribbean (LAC), and the region is recognized as “a source, transit, and destination for trafficking victims”.<sup>5</sup> As far back as 2010, Trinidad and Tobago was identified as having a developing human trafficking industry, which appears to have mushroomed by recent socio-political crises and economic uncertainties within the region<sup>6</sup>. Evidence suggest that the Victims of Trafficking (VoTs) are primarily women and girls who are less than 24 years old.<sup>7</sup>

Despite significant strides made by the Government of the Republic of Trinidad and Tobago (GoRTT), in its whole-of-government approach, regarding this phenomenon, there are still areas within victim care and support services that should be strengthened. In addition, existing institutional capacity should be enhanced to establish a robust and effective national response system for VoTs.<sup>8</sup> Trinidad and Tobago is currently ranked on Tier 2, Watch List of the 2022 Trafficking in Persons Report, which reiterates the need to “improve the quality of victim care, especially for children”.<sup>9</sup> Successive TiP reports have also highlighted the local limitations in protection efforts including, inter alia, inadequate training in victim identification, lack of shelter space, and standardized program for victim care services.<sup>10</sup>

More pointedly, accommodation spaces for VoTs are neither specialized or adequately resourced with both facilities and personnel, as well as fail to promote effective healing, empowerment and transitioning services for VoTs, particularly children.<sup>11</sup>

Accordingly, to address these shortcomings and improve service delivery to SoTs in Trinidad and Tobago, this situation assessment examined the quality of survivor services, with specific reference to residential care homes and shelter facilities. Its findings can assist with establishing a multi-stakeholder, multifaceted, national SoT support services strategy, geared towards the meaningful empowerment and resilience of potential, presumed, and confirmed VoTs, particularly women and girls,<sup>12</sup> as intended through the Heal, Empower, Rise Counter Trafficking in Persons (HER CTIP) project.

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<sup>1</sup> <http://www.ohchr.org/en/trafficking-in-persons>

<sup>2</sup> <http://www.state.gov/humantrafficking-about-human-trafficking/>

<sup>3</sup> This figure includes debt bondage and the forced sexual exploitation of adults and children, ILO 2017.

<sup>4</sup> USA Department of State 2022.

<sup>5</sup> Seelke 2016.

<sup>6</sup> USA Department of State, 2010; R4V June 2021.

<sup>7</sup> HER – CTIP Technical Proposal, IOM POS, April 2022.

<sup>8</sup> USA Department of State 2021.

<sup>9</sup> USA Department of State 2022.

<sup>10</sup> TIP Reports 2021 and 2022.

<sup>11</sup> HER – CTIP Technical Proposal, IOM POS, April 2022.

<sup>12</sup> HER – CTIP Technical Proposal, IOM POS, April 2022.

## 2 Methodology

### 2.1 Overview

With the overarching objective of a robust victim support environment within Trinidad and Tobago, the effective countering of TiP requires evidence-based responses that are victim-centric, trauma-informed, and culturally appropriate in safeguarding the well-being of those most vulnerable to the indignities of human trafficking<sup>13</sup>. Accordingly, engagement with key stakeholders, inclusive of survivors of trafficking, will facilitate the development of relevant, context-specific strategies to address protection efforts in the fight against TiP<sup>14</sup>. As such, a qualitative research design and methodology was appropriately selected in the current study to further explore the nuanced insights regarding service delivery guidelines and standards in the provision of residential care and shelter services for SoTs in Trinidad and Tobago.

This methodological approach was in keeping with the overarching outcomes of the Heal, Empower, Rise Counter Trafficking in Persons (HER CTIP) project being implemented by IOM with the financial support of USAID as follows:<sup>15</sup>

- a. Increase access to trauma-informed, age-appropriate, and gender- and culturally- sensitive mental health and psychosocial support to identified SoTs, particularly young women, and girls.
- b. Residential care homes and shelters can provide health screening, basic medical services, and livelihood and vocational training to more SoTs, in more-customized, safer, and securer spaces.
- c. Government Ministries have access to a Strategy/Roadmap which strengthens the support services to SoTs.

### 2.2 Goals of Fieldwork

Accordingly, the specific goals of the fieldwork were to:

1. Identify the types of residential care homes and shelters available and accessible to both adult and child survivors of trafficking in Trinidad and Tobago.
2. Determine the policy frameworks and/or protocols guiding the operations and delivery of care to SoTs in residential care homes and shelters.
3. Examine the specific needs and service requirements of SoTs in residential care homes and shelters, with specific reference to medical screening, mental health, and psychosocial support (MHPSS), as well as educational, vocational, and livelihood training.
4. Propose recommendations for enhancing the quality of survivor support services in residential care homes and shelters.

### 2.3 Fieldwork Strategy

The research team adopted a multi-stage approach to the data collection exercise, which commenced with desk research focused on residential care and shelter management protocols for VoTs and SoTs. This review informed the construction of the interview protocols, as well as provided the initial inputs to the literature review framework.

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<sup>13</sup> HER – CTIP Technical Proposal, IOM POS, April 2022; USA Department of State 2022.

<sup>14</sup> USA Department of State 2022.

<sup>15</sup> HER – CTIP Technical Proposal, IOM POS, April 2022.

## 2.4 Target Population

This study adopted a multi-pronged approach and targeted varying populations to examine the issue from differing perspectives. As such, the target population of this study included senior level officials from both Government and Non-Governmental Organizations (NGOs) involved in anti-trafficking efforts. It also included the voices of SoTs who previously resided in residential care homes and shelters that provided services to SoTs. Lastly, it captured the perspectives of service providers that operate and/or manage residential care homes and shelter facilities catering to the needs of SoTs.

## 2.5 Sampling Strategy

This study utilized a non-probability, purposive sampling technique, commonly associated with the qualitative research design. It therefore considered the characteristics of the population of interest and the objectives of the study<sup>16</sup>.

As such, important selection criteria for stakeholders included their professional knowledge, relevant expertise, and experience in the subject matter, and in the case of SoTs, their lived experiences during their period of stay at an identified residential care home and shelter.

Accordingly, efforts were made to capture a cross section of views from varying organizational capacities to facilitate comprehensive insights on the subject under investigation. Thus, 10 government agencies, 3 NGOs, 1 international organization and 6 managers/senior staff of residential care homes and shelters, along with 7 SoTs were interviewed.

## 2.6 Data Collection

Data collection commenced on 8<sup>th</sup> August and concluded on 6<sup>th</sup> September 2022 with virtual interviews that were recorded and transcribed. Interviews with key stakeholders were conducted in English, whereas interviews with SoTs were conducted using professional bilingual translator services.

A semi-structured, open-ended interview guide was utilized during interviews and was shared with stakeholders prior to the session. In the case of SoT interviews, the instrument was shared with the translator. Accordingly, interview questions for key stakeholders and staff of residential care facilities with SoTs, were similar. The questions explored:

- Needs of SoTs in Shelters
- Supporting Systems for Shelters (National and Organizational)
  - Regulations, Guidelines or SOPs for the operations of shelters
  - Mechanisms for the inspection and monitoring of shelters
- Shelter Type and Capacity
- Shelter Operations
  - Placement Procedures
  - Barriers and Challenges
- Available Services at Shelters
  - Medical Screenings
  - Mental Health and Psychosocial Support Services (MHPSS)
  - Educational, Vocational and Livelihood Training (EVLTL)
- Shelter Resources
- Partnerships and Referrals
- Recommendations

Similarly, interview questions for SoTs examined:

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<sup>16</sup> Palinkas 2015

- Demographic Background
  - Age, sex, nationality, education level, employment status, etc.
- Shelter Details
  - Type of shelter
  - Obstacles and/or Challenges
- Shelter Operations
  - Rules and Regulations
  - Care Plan
  - Living arrangements
- Needs and Services
- Overall Evaluation of Services
- Recommendations

All participants were assured of confidentiality in the handling of the interview data, as well as their right to refuse to answer questions or discontinue the session if they felt uncomfortable.

## 2.7 Data Analysis

All recorded interviews were transcribed, reviewed, and verified by the research team. The research instruments and finalized transcripts were utilized by the lead researchers to generate independent codes for the data analysis framework. These preliminary codes were thereafter rationalized and reconciled by the entire research team, to facilitate inter-coder reliability. The interview data was systematically reviewed, coded, clustered, and analyzed into themes.

## 2.8 Validity and Reliability

Several strategies were employed to ensure the “trustworthiness” of the findings, guard against interviewer bias, promote validity, and establish reliability. These included the use of multiple skilled researchers with considerable experience, data triangulation, as well as peer debriefing.<sup>17</sup>

## 2.9 Strength and Limitations

The use of semi-structured interview questions allowed the researchers to probe and contextualize responses, which ascertained greater clarity in respondents’ perspectives. Respondents, having significant experience in the subject, also confirmed “information-rich” cases towards qualitative rigour.

Furthermore, the approach of virtual interviews significantly reduced coordination dynamics involved in face-to-face interviews, as well as facilitated the use of audio recording and transcription, which assisted significantly with data accuracy.

However, the qualitative approach does not support generalizability and the establishment of causality as is afforded with the use of quantitative approaches.

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<sup>17</sup> Noble and Smith 2015

### 3 Literature Review

The provision of shelter or housing options is a critical and indispensable part of the comprehensive assistance and support system that is essential to the safety, security, protection, and recovery of victims of human trafficking. Shelter/housing options can be classified as emergency, temporary or short-term, transitional, and long-term or permanent housing.<sup>18</sup> The sheltering needs of victims also evolve as their individual situation changes, and they move towards a state of recovery and independence.<sup>19</sup> Accordingly, there should be definite principles and standards in providing these services to ensure that the multi-dimensional needs of trafficking victims (e.g., safety, basic needs) are addressed.<sup>20</sup>

Additionally, effective management of shelter systems and staffing require the existence of regulations, admission procedures, staff regulations and codes of conduct, conditions for termination of accommodation, complaints and administrative procedures, shelter rules, and residents' rights, as well as treatment, services, and assistance to residents.<sup>21</sup>

#### 3.1 Definition of Shelter:

Mruchkovska (2017) states that – “A shelter - is a place where the safety of persons exposed to different kinds of violence, threats, coercion, or exploitation is ensured and immediate help is made available”.

According to the International Organization for Migration (IOM):<sup>22</sup>

“Shelters may take many forms and are dependent on many factors, such as: availability of funding, security concerns, availability of services, capacity, and demand for shelter, etc. As a result, shelters may house few or many persons, they may be in temporary locations, and they may be situated in a variety of locations

- Houses
- Apartments
- Hotels
- Rooms in special facilities (such as hospitals)
- Churches

Shelters may be specialized for trafficked persons only or may house other persons in need of similar assistance, such as victims of other crimes (e.g., domestic violence).”

As such, a shelter can refer to a variety of accommodation options provided to VoTs. Appendix 1 provides a typology of shelter options for VoTs.

Access to safe, secure, appropriate, and affordable housing are an immediate stabilization need for VoTs, as well as a catalyst to rehabilitation and a necessity for sustainable reintegration.<sup>23</sup> However,

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<sup>18</sup> Freedom Network USA 2020, UNODC 2008.

<sup>19</sup> UNODC 2008.

<sup>20</sup> Mruchkovska 2017.

<sup>21</sup> UNODC 2008.

<sup>22</sup> IOM 2007, p. 111-112.

<sup>23</sup> Surtees 2008; Craft 2022.



many victims face housing challenges and unique barriers to maintaining housing.<sup>24</sup> Additionally, a lack of housing stability can potentially retraumatize victims and place them at increased risk for re-trafficking.<sup>25</sup>

Further to this, specialized and/or dedicated shelter facilities for VoTs, are not always available, and wait lists may be long.<sup>26</sup> Shelter placements for men and boys are also often difficult.<sup>27</sup> In addition, shelters and assistance services may be more tailored around the needs of female survivors, given the gendered nature of trafficking.<sup>28</sup> VoTs may receive assistance through shelters or crisis centres established for victims of domestic violence.<sup>29</sup> As such, experts have underscored the importance of a differentiated approach to VoTs vis a vis other victims of crime (e.g. victims of domestic violence).<sup>30</sup>

Accordingly, shelters with VoTs should aim to:<sup>31</sup>

- Offer adequate, safe, and secure temporary living environment for victims of trafficking;
- Provide adequate, safe, and secure working environment for shelter staff;
- Facilitate stabilization of the victim to prevent further harm and enable maximum recovery;
- Provide a comprehensive continuum of care for victims through well-trained staff working in a collaborative, interdisciplinary manner;
- Extend quality protection and assistance to victims based on individualized case service plans;
- Operate effectively and efficiently within counter-trafficking victim assistance and protection frameworks in various countries and regions.

Mruchkovska (2017) also included the following principles:

- Promotion of assistance to VoTs through cooperation among the key partners (organizations);
- Human-centredness as an underlying core value in the assistance process and rehabilitation of trafficking victims.

Furthermore, there are also localized rules and regulations to adhere to such as registration/licensing requirements and the establishment of Memorandums of Understanding (MOUs), where necessary and/appropriate.

### 3.1.1 Shelter Models

UNODC (2008) identified two models of shelter – Drop-in and Counselling Centres and Confidential Shelter.

**Drop-in Centres or Counselling Centres** provide initial counselling, assessment of social, medical, and psychological needs; specialized services, including shelter, and further referral of the presumed trafficked person. These Centres can also act as referral mechanisms as they can collect and maintain

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<sup>24</sup> Freedom Housing Network 2020; [https://htcbc.ovc.ojp.gov/sites/g/files/xyckuh311/files/media/document/AddressingHousingforVictimsofHumanTrafficking\\_508c.pdf](https://htcbc.ovc.ojp.gov/sites/g/files/xyckuh311/files/media/document/AddressingHousingforVictimsofHumanTrafficking_508c.pdf)

<sup>25</sup> Craft 2022.

<sup>26</sup> CBC News 2019.

<sup>27</sup> Clawson and Dutch 2008.

<sup>28</sup> GRETA 2019.

<sup>29</sup> GRETA 2019.

<sup>30</sup> GRETA 2019.

<sup>31</sup> IOM 2007, p. 112.

a database of trafficking cases, along with a directory of available social services accessible to the trafficked person and establish a link to specialized victim assistance services and other relevant agencies.<sup>32</sup>

**Confidential shelters** are designed to provide a safe haven for the trafficked person with high security standards balanced by respect for personal privacy and autonomy. As such, the location of shelter facilities must be concealed to protect victims who may be still in danger. Decentralized, flexible, secret apartments provide this higher level of security and ensure that the housing is suitably targeted to the different groups - men, women, children.<sup>33</sup>

### 3.1.2 Shelter Requirements

Additionally, IOM (2007) outlined important considerations for shelter facilities that include:

- Safety standards and procedures, with measures for safety and security, inclusive of risk assessment processes;
- ICT Security measures;
- Adherence to local health, fire, electricity and building codes;
- Basic in-house accommodations, such as kitchen, bathroom, personal beds, laundry facilities, recreational space etc.;
- Capacity;
- Maintenance and Sanitation, and
- Code of Conduct/Standard Operating Procedures for shelter staff, which should include staff training and staff development programs.

Thus, these areas would be critical in characterizing the supporting frameworks necessary for shelter operations.

### 3.1.3 Housing Needs for Child Survivors of Trafficking

According to the literature, child VoTs' shelter needs differ to that of adult victims. As such, children require separate shelters and programs. Children also have different vulnerabilities because of age, being without their family protection, and their more serious reaction to trauma and, therefore, may need to stay in safer and protected environments for longer periods. Within the shelter system, children will also need medical and psychological support, as well as education and training. The literature further noted that existing child protection facilities have been used to house child victims,<sup>34</sup> as well as children should be housed with other children of their own age and gender.<sup>35</sup>

Clawson and Grace (2007) also noted that having diverse minors in shelters can create difficulties in tailoring programs to address the needs of the specific population.

Guidelines for Shelter/Accommodations for Children/Minors should ensure:<sup>36</sup>

- Children are placed in safe accommodation as soon as possible after their identification;
- Children are provided with accommodation appropriate for their age and maturity;
- Children are housed with other children of their own age and gender;

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<sup>32</sup> UNODC 2008.

<sup>33</sup> UNODC 2008.

<sup>34</sup> UNODC 2008.

<sup>35</sup> Mruchkovska 2017.

<sup>36</sup> IOM 2007, p. 115.

- Efforts are made to house family members together (if safe and appropriate, given individual circumstances and when in the best interest of the child);
- Child victims are never to be placed in detention facilities;
- Organizations providing shelter to minors are to apply for and receive the necessary authority to house the minor, in accordance with local law.

### 3.2 General Needs of Survivors of Trafficking

In general, VoTs have a multiplicity of needs, which are dependent on a host of factors including their age, sex, gender, nationality, stage of recovery/rehabilitation and so on. As such, while there may be several commonalities in needs, there are also likely to be nuances depending on the victim's experience and circumstances.<sup>37</sup>

According to the literature, safety and housing/shelter are usually the priority needs of VoTs identified by service providers.<sup>38</sup> Clawson, Dutch, and Cummings (2006) also noted that these top needs are followed by psychosocial, legal, and other needs. Johnson (2018) added that VoTs require educational opportunities and vocational training, medical care, job placement, and human rights education. While Baker and Grover (2013) further suggested that victims have needs for spiritual care, public understanding, and homeostasis.

Figure 1 outlines a comprehensive listing of victim needs dichotomized by whether victims are foreign or domestic, as well as adults or minors. Appropriately, needs can also be classified as immediate/emergency, short-term to medium term, and long term.

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<sup>37</sup> Clawson and Dutch 2008; Scottish Government 2012.

<sup>38</sup> Clawson and Dutch 2008.

**Figure 1: Needs of Victims of Trafficking**

		Needs of victims of human trafficking				
		Type of needs/assistance	Foreign victim		Domestic victim	
			Adult	Minor	Adult	Minor
Assistance activation	After identification	Safety	x	x	x	x
		Housing / Safe accommodation	x	x	x	x
		Psychological first aid	x	x	x	x
		Hygiene	x	x	x	x
		Food/clothing	x	x	x	x
		Emergency medical needs	x	x	x	x
		Information	x	x	x	x
		Special guardian		x		x
		Transport	x	x	x	x
		Translator/Interpreter	x	x		
	Short term	Culturally appropriate food/clothing	x	x	x	x
		Contact with family	x	x	x	x
		Medical assistance	x	x	x	x
		Legal advice / information on available assistance/ rights	x	x	x	x
	Long term	Psychological assistance	x	x	x	x
		Long term housing	x	x	x	x
		International housing	x	x		
		Education	x	x	x	x
		Temporary residency permit	x	x		
		Legal assistance	x	x	x	x
Advocacy/Humanitarian diplomacy		x	x	x	x	
Life skills		x	x	x	x	
Employment		x		x		
Family tracing / reunification		x	x	x	x	
Religious practice	x	x	x	x		
Repatriation	x	x				

Source: Ruiz et al. 2019

In addition, experts have pointed to the differentiated needs between male and female victims and the type of exploitation to which they are subjected (sexual vs labour exploitation), and further advocated that VoTs who experienced sexual exploitation should be accommodated in specialized centres, following a gender sensitive approach.<sup>39</sup>

### 3.3 Challenges Faced by Survivors of Trafficking

VoTs can face challenges that are institutional/programmatic and/or legislative. According to Teigen (2018), VoTs may experience several challenges, during emergency or transnational periods, when placed in institutions such as youth shelters, faith-based or group homes, and single apartments due to an inherent mismatch between programs offered and VoTs' needs. Ruiz et al. (2019) suggested that in some cases, legislative frameworks may prevent VoTs from accessing certain services and rights. Harriott (2017) also found that victims can experience unmet needs, time-bound services, and long wait times to access services. ILO (2006) noted that organizations may be well-intentioned in

<sup>39</sup> GRETA 2019.

caring for children but may lack knowledge of the implementation of rights-based strategies in meeting child victims’ needs.

Rafferty (2018) indicated that programs and policies should ensure developmentally and culturally appropriate mental health services for child VoTs. She noted that child VoTs at facilities, can be exposed to highly sexualized behaviours of other residents, sexual harassment, and abuse from older girls, acting out behaviours (e.g., bullying fights) and self-harm. Additionally, she indicated that violent behaviour by staff members, including sexual abuse and the use of physical and psychological abuse as a strategy for punishment and discipline, can compound mental health problems of child VoTs. There can also be policies sanctioning the detainment of children in locked facilities.

Franklin and Doyle (2013) found that child victims reported negative experiences in care services, such as lack of or irregular contact with social workers, feelings of mistrust, not being supported or listened to, as well as inadequate levels of care and support, including lack of access to appropriate education.

According to Cordisco Tsai et al. (2021), the quality of care can also vary significantly across facilities. They pointed to research findings that highlighted issues such as involuntary detention in shelters, VoTs being forced to stay in facilities for long periods of time, lack of informed consent, limited ability to leave shelter premises, inability to contact family members, as well as discrimination, prejudice, and disempowering treatment by shelter staff, which led VoTs to describe shelter programs as stressful, unjust, and similar to a prison. Consequently, Cordisco Tsai et al. (2021) strongly advocated for the inclusion of VoTs’ voices in the recommendations for improvement of shelter services.

### 3.4 Needs of Service Providers and other Stakeholders

Aside from resources and funding, ongoing training is a critical need of stakeholders and service providers who respond to the needs of VoTs.

They require training in critical areas, such as case management,<sup>40</sup> legal and statutory responsibilities,<sup>41</sup> child trafficking<sup>42</sup> and child protection issues,<sup>43</sup> VoTs screening and identification, crisis management,<sup>44</sup> and training on referral mechanisms.<sup>45</sup>

### 3.5 Challenges Faced by Stakeholders and Service Providers

Many service providers that support VoTs in shelters experience challenges and limitations that impact the delivery of assistance, care, and services to victims. Some of which are detailed in Figure 2.

**Figure 2: Service Delivery Challenges and Limitations**

Service Delivery Challenges and Limitations	
<b>Victim Identification</b>	<ul style="list-style-type: none"> <li>• Difficulties in victim identification due to lack of standard protocols</li> <li>• Victim’s failure to self-identify and express desire for assistance</li> </ul>

<sup>40</sup> ILO 2006.

<sup>41</sup> Franklin and Doyle 2006.

<sup>42</sup> Franklin and Doyle 2006.

<sup>43</sup> ILO 2006.

<sup>44</sup> Clawson and Grace 2007.

<sup>45</sup> Ross et al. 2005, Clawson, Dutch and Cummings 2006.

Service Delivery Challenges and Limitations	
<b>Victim Situations</b>	<ul style="list-style-type: none"> <li>• Complex trauma faced by victims</li> <li>• Victims' lack of trust</li> <li>• Victims' fear of deportation</li> <li>• Victims' lack knowledge of their rights</li> <li>• Self or family retaliation</li> <li>• Victim stigmatization</li> </ul>
<b>General Services</b>	<ul style="list-style-type: none"> <li>• Inadequate services to meet victims' needs</li> <li>• Inability of providers to adequately treat trauma</li> <li>• Difficulties in accessing services such as education, mental health, and leisure opportunities</li> <li>• Inferior service quality</li> </ul>
<b>Accommodation</b>	<ul style="list-style-type: none"> <li>• Insufficient appropriate accommodation</li> <li>• Lack of available beds for minors</li> </ul>
<b>Systems</b>	<ul style="list-style-type: none"> <li>• Lack of formal rules, regulations, and procedures</li> <li>• Victims' legal status, lack of citizenship</li> </ul>
<b>Safety and Security</b>	<ul style="list-style-type: none"> <li>• Security and safety concerns for residents and staff</li> <li>• Flight risk of victims</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Communication challenges, language barriers</li> <li>• Lack of interpreters/bilingual staff</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>• Inadequate resources</li> <li>• Staff turnover</li> </ul>
<b>Staff Training</b>	<ul style="list-style-type: none"> <li>• Insufficient staff training in victim identification and assessments</li> <li>• Lack of trained staff</li> <li>• Staff's lack of understanding of the experiences of sex trafficking victims</li> </ul>
<b>Coordination</b>	<ul style="list-style-type: none"> <li>• Lack of services coordination</li> </ul>

Source: Adapted from Clawson, Dutch and Cummings 2006, Clawson and Grace 2007, Franklin and Doyle 2013, Reichert, J. & Sylwestrzak, A. 2013, Rafferty 2018, Ruiz et al. 2019, Botha and Warria 2021

### 3.6 Recommended Services for Survivors of Trafficking in Shelters

A comprehensive range of assistance and services are required to effectively support the holistic recovery of VoTs while placed at residential care facilities, or shelters. However, it is essential that these support services are appropriately tailored and delivered in safe, comfortable and unthreatening settings.<sup>46</sup> Such services include:

**Basic Needs**<sup>47</sup> – food, clothing, safe spaces to sleep, shelter.

**Intensive Case Management**<sup>48</sup> – connecting residents with a team of multidisciplinary professionals and staff to develop Individual Service Plans to promote recovery and integration.

<sup>46</sup> <https://www.state.gov/child-friendly-spaces-for-survivors-of-human-trafficking/>

<sup>47</sup> Clawson and Grace 2007.

<sup>48</sup> ILO 2006, Clawson and Grace 2007.

**Physical Health Care and Medical Screening**<sup>49</sup> – access to primary health care and medical screening for diseases, STDs, pregnancy, as well as recovery from injuries and illnesses, and other health-related problems through local clinics, medical providers, or onsite nurse practitioners.

The medical screening should be undertaken prior to entering the facility and for the duration of stay at the facility, for more critical or urgent/emergency needs.

**Mental Health, Counselling, and Psychosocial Support**<sup>50</sup> – access to regular and continuous, culturally appropriate, and trauma-informed mental health services, including individual or group counselling and psychotherapy, if necessary, by qualified and trained professionals.

**Education**<sup>51</sup> - access to basic primary and secondary education and educational programming. This can include mainstream schools, vocational schools, or in-house educators. It can also be difficult to serve all victims in the same educational program based on differences in their cognitive abilities, past school experiences, and interests.

**Life Skills and Job Training and Placement Programs**<sup>52</sup> - in addition to school, facilities can integrate life skills, job training, and career development as part the treatment plan. This may include financial literacy, health and fitness, home/family care and self-protection. Facilities can network with other organizations to offer pre-employment and employment programs.

**Youth Development Programming**<sup>53</sup> - including and engaging victims in creative youth development-oriented programming is important to building their talents, strengths, and resilience. This can include youth-informed and youth-led programming such as music production, art and poetry, and sports and recreation.

**Family Involvement/Reunification**<sup>54</sup> – appropriate access to supportive family members is important to the victim’s recovery. However, these opportunities for reconnection should be structured, safe and monitored, leading to non-victimizing, healthy relationships.

### 3.7 Safety and Security

Standard Operating Procedures (SOPs) for safety are targeted at both staff and VoTs and must address risk areas identified during risk assessment. Measures should relate to the premises, non-shelter accommodation, visitor/visits to the shelter, as well as confidentiality, administrative, and documentary risks (IOM 2007).

Best practice models dictate:

- The requirement of a police/security specialist to conduct a security review and assessment of the shelter building;
- Development of a comprehensive fire safety/evacuation plan including emergency evacuation;
- Entrance and perimeter security – possibly by uniformed security;
- Contingency security arrangements, such as immediate local police emergency response or a private security agency that has been appropriately screened and vetted;

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<sup>49</sup> ILO 2006, Clawson and Grace 2007.

<sup>50</sup> ILO 2006, Clawson and Grace 2007.

<sup>51</sup> ILO 2006, Clawson and Grace 2007.

<sup>52</sup> ILO 2006; Clawson and Grace 2007.

<sup>53</sup> Clawson and Grace 2007.

<sup>54</sup> ILO 2006, Clawson and Grace 2007.

- For victims housed in non-shelter accommodation there needs to be a pre-assignment risk assessment conducted, as well as ensure access to communications and notification mechanism to local police;
- A rigorous and in-depth clearance procedure before staff recruitment;
- Staff security procedures about personal responsibility and security guidance;
- Basic security training provided to staff through short courses, e.g., basic self-defence techniques, security awareness and risk assessment, awareness of immediate surroundings, basic surveillance awareness and anti-surveillance techniques as well as basic personal protection measures;
- Training in basic first aid for shelter managers and non-medical staff;
- Training in tactical communications, personal behaviour-recognition of danger indicators and de-escalation techniques are important assets for staff in managing unruly victims or unwanted visitors;
- Security standards and strict rules for visits to the shelter to:
  - Protect the location of the shelter;
  - Protect the shelter from infiltration from traffickers;
  - Respect the privacy of the shelter residents;
  - Protect the identity of the residents and staff;
  - Ensure the welfare and best interests of the residents.
- Security guidelines for shelter residents.

Mruchkovska (2017) further suggested that:

- The anonymity of the location and the absence of distinguishing external signs make it unnoticeable to outsiders and anyone seeking to locate the facility;
- The residents must be familiar and abide by the safety rules. They should be notified via written form and agree with the rules and sign indicating agreement upon reception;
- Information on safety conditions should be regularly exchanged among the personnel;
- Safe behaviour and compliance of personnel stands at the core of safety measures;
- The facility should be secured from hazards – through fire safety standards, evacuation signs and procedures, electrical supply, and the general safety of the building;
- There should be a temporary room where new arrivals can stay until their medical check-up is complete. This room must be furnished with a separate bathroom to prevent contact with other residents. He/she should be able to stay in this room for up to one week depending on the length of medical screening to determine if the person is a carrier of an infectious disease;
- Systematic risk assessments of new residents must be undertaken.

Additionally, the literature recommended that 24-hour shelter accommodation services should be divided into two parts – restricted area and general use.<sup>55</sup>

The area for general use entails: kitchen, cafeteria, bathrooms, laundry and toilets, residential area for recreation and entertainment, including game rooms, meeting rooms and areas for other kinds of group activities.

Whereas the area with restricted entry include bedrooms (for 2-6 people, including separate rooms for mother and child), rooms for consultation, medical check-ups, and treatment (if the shelter has medical staff), as well as administrative rooms for shelter staff. Medical rooms must be locked to keep medication out of the reach of residents when shelter personnel are not present.

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<sup>55</sup> Mruchkovska 2017.



For children's shelters, special requirements include playrooms furnished with special equipment and rooms for educational purposes. A closed yard is also recommended for sports activities and games.

Additionally, special protection measures within the shelter should be undertaken in relation to electricity grids, electrical appliances, food products, detergents, window openings, balconies, and medicine.

### 3.8 Shelter Staffing

Shelter staff are required to be knowledgeable in several areas related to TiP, and to be qualified, well-trained in appropriate specialized areas.<sup>56</sup> A staff Code of Conduct/SOPs must also be implemented to guide their behaviour within the shelter environment.<sup>57</sup>

Foundational knowledge areas should include:<sup>58</sup>

- The nature and problem of human trafficking;
- The indicators and signs of trafficking; and
- Its effect on human behaviour and physical and psychological health.

A Code of Conduct/SOPs for shelter staff can also include training and staff development programs. As such, each staff should be given a general shelter and counter-trafficking orientation session in the first weeks of employment. Subsequently, the orientation should be supplemented by job specific orientation and appropriate training, as required by the employee's experience. Follow-up training and specialized training sessions should be offered in accordance with needs and developments in the counter-trafficking field.<sup>59</sup>

Accordingly, training topics should include:<sup>60</sup>

- The trafficking phenomenon;
- General principles of law and rights of victims 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;
- First-aid training.

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<sup>56</sup> IOM 2007; Mruchkovska 2017.

<sup>57</sup> IOM 2007; Mruchkovska 2017.

<sup>58</sup> Mruchkovska 2017.

<sup>59</sup> IOM 2007.

<sup>60</sup> IOM 2007.

### 3.9 Supporting Shelter Framework for Survivors of Trafficking within Trinidad and Tobago

Trinidad and Tobago is a twin-island Republic situated 12 km (7 miles) northeast of the coast of Venezuela with inlet islands located in the Gulf of Paria, which includes Chacachacare, Huevos, Monos, and Gaspar Grande.<sup>61</sup> Its maritime borders are shared with, Grenada, Barbados, Guyana, and Venezuela, (Bolivarian Republic of). Its land mass covers an area of 5,128 km<sup>2</sup> with a population of approximately 1.4 million.<sup>62</sup>

For a second consecutive year, Trinidad and Tobago remains on the Tier 2 Watch List for TiP signalling that despite its significant efforts, it lacks full compliance with recognized minimum standards for the elimination of trafficking as set out in the Trafficking Victims Protection Act (TVPA). Critical limitations include challenges with victim identification, lack of a formalized protocol for victim care, inadequate funding for victim services, including accommodation, as well as the need for improved quality victim care services and increased trauma-informed training for a variety of service providers.<sup>63</sup>

Trinidad and Tobago recognizes that a comprehensive response to these prioritized areas requires a whole-of-government and whole-of-society approach, that is both preventative and protection-driven. Consequently, the undermentioned legislative, policy and institutional frameworks guide the efforts of the Trinidad and Tobago authorities in its national response for both adult and child VoTs.

#### 3.9.1 The Trafficking in Persons Act

The Trafficking in Persons (TiP) Act (2011) outlines the provisions for the assistance and safety and protection of VoTs from traffickers and their associates. It further specifies that non-national VoTs are to be provided with social benefits inclusive of “appropriate housing”,<sup>64</sup> which should exclude “prisons or other detention facilities”.<sup>65</sup>

VoTs are also to receive education and training opportunities, psychological counselling, legal assistance, and information, as well as medical assistance, as may be determined by the Minister with responsibility for social development.

Child victims are also to be provided with housing, care, and support in the child’s best interest and appropriate to the child’s situation, through the collaboration of the Counter Trafficking Unit (CTU), the Children’s Authority of Trinidad and Tobago (CATT) and other relevant agencies.<sup>66</sup>

#### 3.9.2 The Children’s Community Residences, Foster Care and Nurseries Act

The Children’s Community Residences, Foster Care and Nurseries Act is designed to make provision for the monitoring, licensing, and regulating of community residences, foster care and nurseries in Trinidad and Tobago.

“Community Residence” (CR) means a Children’s Home or Rehabilitation Centre licensed under the Children’s Community Residences, Foster Care and Nurseries Act. “Children’s Home” means a

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<sup>61</sup> eTecK 2011.

<sup>62</sup> <https://cso.gov.tt/subjects/population-and-vital-statistics/population/>

<sup>63</sup> USA Department of State 2022.

<sup>64</sup> TiP Act 2011, Chp 12:10, section 37 (1): 29.

<sup>65</sup> TiP Act 2011, Chp 12:10, section 37 (3 & 4): 29.

<sup>66</sup> TiP Act 2011, Chp 12:10, section 41 (1,2,3): 32.

residence for the care and rehabilitation of children and a Rehabilitation Centre is for children in conflict with the law.

The objectives of the Act are to:

- Promote the well-being of all children in Trinidad and Tobago;
- Provide care and protection for vulnerable children, and
- Comply with certain obligations under the UNCRC.

Within the context of this Act, the responsibility of the CATT is to, inter-alia,

- Promote the well-being of the child;
- Act as an advocate to promote the rights of all children in Trinidad and Tobago;
- Take all reasonable steps to:
  - Ensure the availability of accommodation necessary for compliance with this Act;
  - Ensure the availability of staff required for proper implementation of the Act, inclusive of programs for training;
  - Prevent children from suffering ill-treatment or neglect.

#### 3.9.2.1 *Specific Shelter Requirements under the Act*<sup>67</sup>

The Act and Regulations, further outline some important requirements, inter alia, as follows:

- Possess a Residence Licence issued by CATT;
- Comply with requirements from Fire Services Division and provisions of the Public Health Ordinance;
- Maintain the Premises in relation to its structure, lighting, ventilation, furnishings, and cleanliness;
- Maintain and keep securely and confidentially a register of all children in the care of the community residence;
- Ensure proper care of the child, including ensuring each child has their own bed, proper and safe storage for personal possessions, as well as a quiet study space;
- Provide the children with food suitable for their dietary needs, health, religious persuasion or cultural background, as well as appropriate clothing, educational or vocational training, medical care and recreation;
- Develop and implement rules for the management and discipline of the children;
- Ensure fair treatment and continuous consideration of the best interest of the child;
- Implement a Complaints Handling System;
- Prohibit corporal punishment, solitary confinement, unreasonable immobilization and unreasonable physical restraint;
- Develop and implement an evacuation plan;
- Provide facilities such as: storage, laundry, toilet and bathing, kitchen, living and dining areas, as well as recreation and adaptations for children with disabilities.

### 3.9.3 International and National Guiding Policy Frameworks

At an international level, Trinidad and Tobago is guided by the United Nations Sustainable Development Goals (UN SDGs), as well as the array of international conventions/protocols it has signed, ratified, or acceded to. These protocols benchmark action with relevance to human rights, the

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<sup>67</sup> Children's Community Residences, Foster Care and Nurseries Act 2000 (Act No. 65 of 2000); The Children's Community Residences Regulations, 2014.

safeguarding of vulnerable populations, and the struggle against TiP as outlined in Appendix II A (i) and (ii).

By its signature to the Palermo Protocol, and the Protocol to Prevent, Suppress and Punish TiP in 2001, Trinidad and Tobago agreed to prevent and combat TiP, to protect and assist VoTs and to cooperate with other States in this endeavour. In so doing, it also committed to implementing measures for the physical, psychological, and social recovery of VoTs inclusive of appropriate housing, safety, counselling, legal rights, medical and material assistance, and employment, education, and training opportunities.<sup>68</sup>

Trinidad and Tobago has also signed the 1989 United Nations Convention on the Rights of the Child (UNCRC or otherwise referred to as the CRC), which uphold the rights and entitlements of children under the age of 18 years old in the areas of social, economic, civil, political and cultural. While not dealing with the phenomenon of TiP specifically, several of the articles treat with issues of child abuse, exploitation and protecting children from violence, exploitation, and harm. It therefore promotes a rights-based approach that guides actions in the fight against trafficking and the protection of vulnerable children (ILO 2002) as outlined in Appendix II B.

However, Trinidad and Tobago has not signed the 2000, Optional Protocol to the CRC, on the Sale of Children, Child Prostitution and Child Pornography, which focuses specifically on the issues of prostitution and trafficking of children.

At the national level, the country is directed by the National Development Strategy (2016 – 2030), Vision 2030, which articulates its time-specific, goal-oriented, socio-economic development agenda towards resilience, prosperity, and sustainable growth and development.

#### *3.9.3.1 The National Anti-Trafficking Strategy (2021 – 2025)*

In November 2022, the GoRTT approved the National Action Plan on TiP. The Plan affirms the GoRTT's commitment to prevent and reduce the phenomenon of TiP. The Plan covers four areas, which include: Effective identification of victims and witnesses; Prevention; Protection of survivors and witnesses; and Prosecution.<sup>69</sup>

#### *3.9.3.2 The National Child Policy (2020 – 2030)*

The **National Child Policy (2020-2030) (NCP)** seeks to promote and safeguard the positive development, well-being, best interests, and empowerment of all children in Trinidad and Tobago. The Policy establishes the foundation to support suitable legislation, interventions, and infrastructure through its eight guiding philosophies and six outcomes for children— that they are loved, valued, nurtured, protected, empowered, and supported.

Moreover, Figure 3 below identifies outcomes and objectives under **Outcome 4 – Children are Protected**, which demonstrates a commitment to ensuring that all children are protected from abuse, exploitation, trafficking, and all forms of violence and a resolution to strengthen the child protection system through a host of legislative, policy, administrative and other measures.

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<sup>68</sup> UNODC 2004.

<sup>69</sup> <http://www.news.gov.tt/content/minister-national-security-presents-instruments-appointment-national-task-force-against#.Y3-qYsfMLIU>

**Figure 3: Child Protection Objectives and Outcomes for Trinidad and Tobago**

Priority Area	Outcomes	Strategic Objectives
<b>Child Protection</b>	Children are protected.  Children are protected from harm, violence and exploitation and their legal rights are upheld.	<ul style="list-style-type: none"> <li>Strengthen measures to prevent, identify, report, and respond to abuse, abduction, exploitation, trafficking, and neglect.</li> <li>Enhance measures to reduce children’s involvement in violence and support their rehabilitation and family re-integration.</li> <li>Enhance measures to prevent child labour and children’s involvement in hazardous work.</li> <li>Strengthen measures to prepare for, mitigate, respond to, and recover from emergencies and disasters.</li> </ul>

Source: National Child Policy 2020 - 2030

### 3.9.4 Supporting Institutional Arrangements for Survivor Services

While several agencies are critical to the national social and child protection frameworks of Trinidad and Tobago, of critical importance to victim care services is the Ministry of Social Development and Family Services (MSDFS) and the Children’s Authority of Trinidad and Tobago (CATT, also referred to as the Authority).<sup>70</sup>

#### 3.9.4.1 The Ministry of Social Development and Family Services

The Ministry of Social Development and Family Services (MSDFS) is the core social sector Ministry with responsibility for coordinating the national response towards human and social development. It is mandated to address the challenges of poverty, vulnerability, social inequality, marginalization, and social exclusion, through the implementation of a robust safety net and resilience building. Accordingly, the Ministry has a suite of programs and services geared towards varying levels of vulnerability within the population.<sup>71</sup>

Under the TiP Act, the Ministry has responsibilities related to the care and protection of VoTs.<sup>72</sup> Through the Ministry’s National Family Services Division and Social Welfare Division, once eligible, VoTs can access psychological assessment and counselling, food support, rental assistance, and clothing grants respectively.<sup>73</sup>

The Ministry also produced a Manual on Victims Care for Social Service Providers, which once approved, will be shared with victim care stakeholders. The manual provides comprehensive

<sup>70</sup> Other serving institutions include the Counter Trafficking Unit, the Child Protection Unit of the TTPS, Office of the Prime Minister Gender and Child Affairs, the Tobago House of Assembly – Division of Health, Wellness and Social Protection.

<sup>71</sup> <https://social.gov.tt/about-us-4/>

<sup>72</sup> See Part VI, Section 37 (1), TiP Act 12:10.

<sup>73</sup> Ministry of Social Development and Family Services 2022.

information on adopting a victim-centred approach, the victim needs and services, collaboration, and referral mechanisms, services, and collaborative approaches.<sup>74</sup>

#### 3.9.4.2 *The Children's Authority of Trinidad and Tobago*

The Children's Authority of Trinidad and Tobago (CATT, also referred to as the Authority), established in 2000, serves as the guardian of the children of Trinidad and Tobago. The Authority falls under the remit of the Office of the Prime Minister, Gender, and Child Affairs (OPMGCA).

It is a specialized agency with the responsibility for the care and protection of children, especially those who are at risk or have been victims of abuse or neglect. The Authority advocates for the rights of children enshrined within the United Nations' Universal Declaration of Human Rights and the UNCRC. Its overarching objective is to utilize child-friendly and progressive solutions to address children's issues and to facilitate the rehabilitation of children so that their full potential is realized.

Its mandate, *inter alia*, is:

- Receiving and investigating reports of mistreatment of children;
- Making applications to the Court for the protection and placement of children received into the care of the Authority;
- Establishing and maintaining places of safety, assessment and support centres, and reception centres;
- Establishing standards for community residences, foster care and nurseries;
- Monitoring children's community residences, foster care providers, and nurseries;
- Issuing and revoking licences for community residences and nurseries;
- Supporting the youth justice system;
- Assisting the Counter-Trafficking Unit (CTU) in respect of child victims.

The Authority also has responsibilities in the implementation of the undermentioned legislation relating to children:

- The Children's Authority Act Chap 46:10,
- The Children Act (2012),
- The Children's Community Residences, Foster Care and Nurseries Act Chap 46:11,
- Children's Authority Regulations 2014, and
- Children's Community Residences Regulations 2014.

##### 3.9.4.2.1 *Licensing and Monitoring*

Under the Act, the Authority must establish a robust licensing system for Community Residences. Continuous monitoring and evaluation of Community Residences and training of service providers are therefore critical in ensuring high quality care and protection of children in residential care. To be licensed, Community Residences must meet the minimum requirements that have been established by the Authority.

All Community Residences must apply for a Residence Licence from the Authority. The standard application process involves the inspection of the Community Residence to assess suitability to deliver childcare services. When a Residence Licence is issued, the Authority must continue to monitor the residence's operation and management through regular monitoring visits.

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<sup>74</sup> Ministry of Social Development and Family Services 2022.

Community Residences are licensed to:

1. Provide a standard, equitable, and holistic quality of care for children;
2. Ensure that the Managers of Community Residences possess the training and skills necessary to provide for the effective management of residences;
3. Ensure that staff of Community Residences possess the adequate capacity to effectively care for children.

### 3.10 Recommendations on Child Abuse and Absconding at Community Residences and other Children's Institutions

Several findings and recommendations emerged from the Justice Jones Report (2021) on investigations into child abuse at Community Residences and other institutions providing residential care for children, which are directly relevant to arrangements for facilities catering to the care and protection of migrant children and child VoTs.

The investigation team found that there was violent aggression towards migrants among residents,<sup>75</sup> a lack of response to abuse complaints made by migrant VoTs placed at one of the shelters, and an overall failure to safeguard child migrant victims. There was also absconding due to poor security measures.<sup>76</sup> Consequently, the team considered that care for migrant children was inappropriate and inadequate.<sup>77</sup>

Hence, regarding **care for migrant children** the report recommended that:

- Immediate action is required to provide appropriate accommodation for migrant children and victims of trafficking in accordance with international responsibilities and the TiP Act. All abuses, including to migrant children, must be reported by Children's Home and the Child Support Centres to the Child Protection Unit (CPU) of the Trinidad and Tobago Police Service (TTPS).<sup>78</sup>

It was further indicated that:<sup>79</sup>

- A regional and international industry assessment should be completed to identify and establish the minimum and measurable standards for operating and managing facilities for the care and protection of children;
- Standardized job descriptions and competency requirements should be created for all facilities providing care and protection of children, and
- Standards and procedures should be developed for use in all Child Support Centres and Community Residences to ensure consistency in service delivery, monitoring, and evaluation.

In the area of **training**, it was determined that persons involved in the care of children must receive appropriate, adequate, and standardized training, inclusive of basic first aid and CPR, along with courses on Child Abuse, Safety, Safe Spaces, Safeguarding & Child Protection, Prevention of sexual exploitation and abuse (PSEA), Psychosocial Programme, Gender-Based Violence, at minimum.<sup>80</sup>

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<sup>75</sup> Justice Jones Report 2021:61.

<sup>76</sup> Justice Jones Report 2021:120.

<sup>77</sup> Justice Jones Report 2021:120.

<sup>78</sup> Justice Jones Report 2021:132.

<sup>79</sup> Justice Jones Report 2021:131.

<sup>80</sup> Justice Jones Report 2021:132.

Mention was also made of certain aspects of **Physical Security Requirements**. More pointedly, physical security measures must be standardized for each children's home and child support centre. These include burglar proofing, recording devices (cameras in corridors and entrance to the room, and audio monitoring in rooms), lighting and barriers around the compound.<sup>81</sup>

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<sup>81</sup> Justice Jones Report 2021:130.



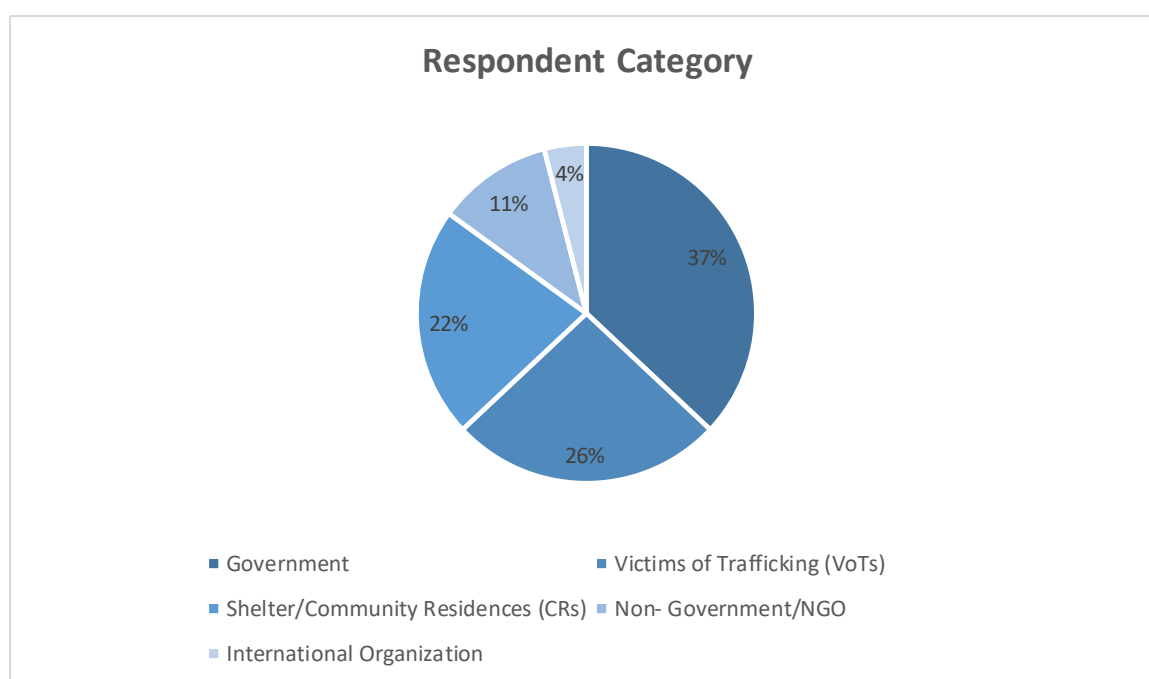
## 4 Key Findings

The key findings presented in this section are informed by responses shared by key government and non-governmental stakeholders, managers of community residences, and other shelter facilities, as well as SoTs through individual semi-structured interviews. Accordingly, the results identify priority issues, weaknesses and gaps that require critical attention for comprehensively supporting the needs of SoTs and service providers to enable a more robust, responsive, and survivor-centred, service environment within Trinidad and Tobago.

### 4.1 Demographic Profile of Study Participants

A total of 27 persons participated in the study (see Appendix III) and are disaggregated as follows:

**Figure 4: Categories of Study's Respondents**



Source: HER-CTIPTT Fieldwork 2022

Within the government/public sector respondents came from agencies in child advocacy and protection, gender planning and development, law enforcement and security, anti-human trafficking, labour advocacy and protection, social protection, victim care, as well as health and wellness. The international and NGO community were represented by organizations involved in the priority areas of migrant and refugee advocacy, support, and assistance, as well as family intervention, support and development, and victim care and support for trafficked persons.

Persons interviewed were senior or principal officials within the capacities of policy and programme, project management, case management, directors, or heads of departments.

In the case of the SoTs, a total of seven female SoTs of Venezuelan nationality participated in the study. Their ages ranged from 19 – 20 years old and they had all reportedly reached the level of high school education, with varying levels of completion. Most of them were single. It was also noted that two of the respondents never had children, two had living children, and two were pregnant at the time of the interview. One respondent also reported the loss of her child.

SoT respondents were generally employed and/or seeking employment. However, those who were pregnant or recently gave birth preferred to wait until the birth of their child and/or when their child is older, respectively, to re-engage the labour market.

Regarding their housing arrangements, all the interviewed SoTs lived in rental arrangements such as a room, an apartment or shared housing. Prior to independent housing, all respondents resided at a shelter facility and their length of stay at the facility ranged from one month to approximately two years.

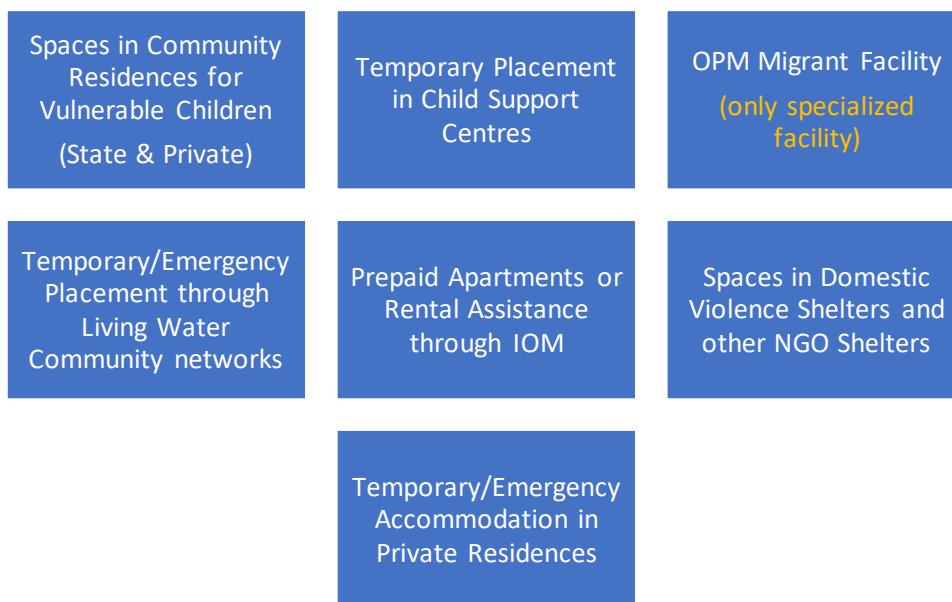
## 4.2 Overview of Shelters with Survivors of Trafficking

This section represents a snapshot of some of the characteristics of shelter facilities available to SoTs in Trinidad and Tobago based on interviews with the target populations.

### 4.2.1 Shelter Type and Capacity

Stakeholders' accounts informed that there are a variety of shelter options available for SoTs in Trinidad and Tobago.<sup>82</sup> These options can be dichotomized into specialized and non-specialized facilities for SoTs. However, in most instances the options are not specialized or exclusive to SoTs as Figure 5 illustrates.

**Figure 5: Available Shelter Options**



Source: HER-CTIPTT Fieldwork 2022

Stakeholders reported that shelter placement of SoTs is undertaken through CTU of the Ministry of National Security (MNS) and the International Organization for Migration (IOM).<sup>83</sup> There are, however, no shelters exclusively for SoTs, or adult SoTs.<sup>84</sup> Instead stakeholders stated that adult SoTs are placed in emergency/temporary rental assistance arrangements that may be funded by NGO sponsors, with longer term rental arrangements being undertaken by the IOM.<sup>85</sup> The Office of the Prime Minister's

<sup>82</sup> STI\_Ref.2:4; STI\_Ref.3:7-9; STI\_Ref.4:4; STI\_Ref.5:5; STI\_Ref.9:7; STI\_Ref.13:6; STI\_Ref.14:4.

<sup>83</sup> STI\_Ref.1:4; STI\_Ref.5:5; STI\_Ref.7:4; STI\_Ref.8:5; STI\_Ref.10:5; STI\_Ref.12:4.

<sup>84</sup> STI\_Ref.2:4; STI\_Ref.9:7; STI\_Ref.10:4.

<sup>85</sup> STI\_Ref.9:7.

(OPM) Migrant Facility is therefore intended to close this housing gap for SoTs who are minors, once it is opened and functional.<sup>86</sup>

Stakeholders also indicated that shelters may sometimes have accommodations for single individuals but not for families.<sup>87</sup> Notwithstanding this, it was reported that there are NGOs which offer facilities for both adults and children.<sup>88</sup>

It was further revealed that there was a lack of shelters and/or extremely limited placement options for males.<sup>89</sup> This challenge is magnified when the males are over the age of 10 years old.<sup>90</sup> Stakeholders indicated that SoT cases tended to be mostly female and as a result, facilities are geared towards females.<sup>91</sup>

One stakeholder also noted that the bias towards men was because sexual exploitation was emphasized over labour exploitation, and as such males tended to be overrepresented in labour exploitation.<sup>92</sup>

Given the placement predicament, however, stakeholders recognized that there are instances when no shelter spaces are available for both adult and child SoTs.<sup>93</sup> Under these circumstances, the following arrangements have been made for accommodation:

- Placement of child SoTs at Child Support Centres<sup>94</sup>
- Use of CTU office<sup>95</sup>
- Previous use of the Heliport<sup>96</sup>
- Emergency placement through Living Water Community<sup>97</sup> and
- Reaching out to the IOM or the MSDFS' networks.<sup>98</sup>

On the other hand, an examination of the shelters or Community Residences (CRs) that participated in the study revealed that they could be described as small to medium facilities based on their intake capacity and the number of beds.<sup>99</sup> Correspondingly, Service Providers reported a monthly caseload varying from a total of 0 – 18 cases.<sup>100</sup>

Of these numbers, about 0 to 3 are usually SoTs.<sup>101</sup> However, within the last 12 months, the shelters served between 0 – 15 VoTs within their respective facilities.<sup>102</sup> On average, SoTs stayed at shelters, between 6-weeks to 12-months.<sup>103</sup>

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<sup>86</sup> STI\_Ref.3:7. The OPM Migrant Facility was subsequently opened on December 16<sup>th</sup>, 2022.

<sup>87</sup> STI\_Ref.4:4-5.

<sup>88</sup> STI\_Ref.14:4.

<sup>89</sup> STI\_Ref.2:10; STI\_Ref.3:13.

<sup>90</sup> STI\_Ref.3:14.

<sup>91</sup> STI\_Ref.2:10; STI\_Ref.3:13; STI\_Ref.7:8; STI\_Ref.11:7.

<sup>92</sup> STI\_Ref.5:11.

<sup>93</sup> STI\_Ref.2:6; STI\_Ref.3:9; STI\_Ref.9:8.

<sup>94</sup> STI\_Ref.9:7.

<sup>95</sup> STI\_Ref.3:10; STI\_Ref.9:8.

<sup>96</sup> STI\_Ref.3:10. It has been since determined as an inappropriate space by the local court system.

<sup>97</sup> STI\_Ref.3:10.

<sup>98</sup> STI\_Ref.10:5.

<sup>99</sup> Bed capacity ranged from 8 – 22 beds at 3 of the shelters that reported on this question.

<sup>100</sup> CR\_Ref.2:11; CR\_Ref.3:3; CR\_Ref.4:2; CR\_Ref.5:2.

<sup>101</sup> CR\_Ref.2:11; CR\_Ref.3:3-4; CR\_Ref.4:2.

<sup>102</sup> CR\_Ref.2:11; CR\_Ref.3:4; CR\_Ref.4:3; CR\_Ref.5:3; CR\_Ref.6:6.

<sup>103</sup> CR\_Ref.3:4, CR\_Ref.4:3; CR\_Ref.5:4.

Service providers informed that SoTs housed at the shelters were primarily persons of Venezuelan nationality, who spoke Spanish.<sup>104</sup> Therefore given that service providers reportedly did not have in-house interpreter services, they relied on bilingual staff, access to external interpreters, and the SoTs improved English skills to overcome language barriers.<sup>105</sup>

Service providers that participated in this study were responsible for managing facilities that catered to different types of clients such as:

- Female, children, and young people between the ages of 10 to 20 years old<sup>106</sup>
- Both sexes<sup>107</sup> and
- Other vulnerable groups.<sup>108</sup>

Interestingly, no CR reported specially targeting SoTs. More pointedly, it was noted that the facilities catered to vulnerable children in “need of care and protection” and in “need of supervision” (See Appendix III for official explanation of terms). As such, staff reported that the residential population were children who were victims of sexual abuse and/or rape, children exposed to domestic issues, trauma, or psychiatric problems, as well as children involved in criminal behaviour.<sup>109</sup>

According to the SoTs interviewed in this study, who were previously housed at one of the shelters, the residents were described as “troubled girls” who were at the facility for possession of weapons, drug use, human trafficking, running away from home, living on the streets, and having family-related issues.<sup>110</sup>

In this regard, it was noted that the shelters did not provide separate accommodation for SoTs,<sup>111</sup> consequently, a shelter serving SoTs exclusively was not identified.<sup>112</sup>

Based on the reports, it was determined that in most instances, residents were separated by age and not by reason for intake or trauma experience. SoTs, therefore, recounted that placement was determined by an age-based housing system. As such, the SoTs reported mixing with the entire resident population and moving through the housing system in various age groups. Sometimes, however, they were placed in houses inconsistent with their age group because of issues occurring within the shelter/home.<sup>113</sup>

SoTs further reported that the accommodation was hospital-like in nature, as 20 to 30 beds were lined up as on a ward, with minimum space in between the beds. Each resident, however, had their own bed and those who were 17-years old were privileged to have their own room, which was essentially a space partitioned with cardboard or light wood.<sup>114</sup>

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<sup>104</sup> CR\_Ref.3:4; CR\_Ref.4:3; CR\_Ref.5:4; CR\_Ref.6:7.

<sup>105</sup> CR\_Ref.3:5; CR\_Ref.4:3; CR\_Ref.5:4.

<sup>106</sup> CR\_Ref.2:11; CR\_Ref.3:2; CR\_Ref.4:2; CR\_Ref.5:2.

<sup>107</sup> CR\_Ref.2:11.

<sup>108</sup> CR\_Ref.3:2; CR\_Ref.5:1.

<sup>109</sup> CR\_Ref.2:11; CR\_Ref.3:2; CR\_Ref.5:1.

<sup>110</sup> VM\_Ref.1:5; VM\_Ref.3:5; VM\_Ref.4:5, VM\_Ref.5:6-7.

<sup>111</sup> CR\_Ref.3:3; CR\_Ref.4:2; CR\_Ref.5:2.

<sup>112</sup> One shelter does attempt to keep bed space available for VoTs. CR\_Ref.3:3.

<sup>113</sup> VM\_Ref.2:6; VM\_Ref.3:6; VM\_Ref.4:5; VM\_Ref.5:7; VM\_Ref.6:5; VM\_Ref.7:5.

<sup>114</sup> VM\_Ref.1:6; VM\_Ref.2:7; VM\_Ref.3:6; VM\_Ref.5:7; VM\_Ref.6:5; VM\_Ref.7:6.

However, research suggest that integrating VoTs with other victims of trauma may be challenging.<sup>115</sup> Stakeholders and SoTs in the study confirmed that mixing this population with other vulnerable groups could be contentious.<sup>116</sup>

According to a stakeholder:

“It definitely is more challenging. ... usually we have it a little bit more under control, but they clash frequently with local girls where they are placed. So that makes it even more important for that space that I mentioned that would be just for them, they clash, it's bad. And then what adds to it is the fact that between ourselves and especially the counter trafficking unit those, they have to leave their placement to go for police interviews and in doing so CTU might allow them to call whichever parent is in Venezuela, or try to give them a treat, and so on. And then the local girls see that or see it as they are getting preferential treatment, which adds to the clashes. So it could have a lot of fights and bullying.”<sup>117</sup>

Based on this investigation, SoTs also reported being humiliated and mistreated by the other Trinidadian residents of the shelter.<sup>118</sup>

“Regarding the mistreatments, they were having issues with both the Trinidadian girls who were staying at the shelter, but they were also having issues with the misses who were running the shelter. In both cases they were related because they didn't like.... they were having issues with the Venezuelan girls, so they were being mean to them, and they will do stuff like hide the stuff from them. And in two instances, the way they solved the issues was that they started beating on each other.”<sup>119</sup>

SoTs further stated feeling unsafe in the shared shelter environment and having no voice because residents of the host country outnumbered the non-national population and thus were perceived to have greater power and viewed as being allowed to do whatever they wanted.<sup>120</sup>

One SoT respondent highlighted:

“So they basically ran the place, the Trinidadian girls, and they were the ones that were in control. They were the ones that had the power and that was a problem because they were using this power that they had against the girls from other nationalities.”<sup>121</sup>

The Manager of a CR expressed serious concern about mixing trafficking cases with Children in Need of Care and Protection and ChiNS as different training, skills, service offerings, as well as intervention processes to rebuild trust were required for the different groups. Instead, the establishment of a facility directly catering to the special needs of trafficking victims was recommended.

“We have to be very careful and this is the concern that I'm having. We have to be very careful, not to mix the populations or in different cases because at the end of the day is different level of training that will be needed to provide the necessary care for these children... For me, basically I don't believe in mixing the population. I believe that you should have a separate entity or separate institution so that the main focus is on victim of trafficking.”<sup>122</sup>

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<sup>115</sup> Clawson and Grace 2007, Justice Jones Report 2021.

<sup>116</sup> STI\_Ref.11:4; STI\_Ref.3:4.

<sup>117</sup> STI\_Ref.3:4.

<sup>118</sup> VM\_Ref.5:5; VM\_Ref.7:4.

<sup>119</sup> VM\_Ref.5:4-5.

<sup>120</sup> VM\_Ref.2:5; VM\_Ref.3:5; VM\_Ref.5:5; VM\_Ref.7:4.

<sup>121</sup> VM\_Ref.2:5.

<sup>122</sup> CR\_Ref.2:3.

### 4.3 Survivors of Trafficking Needs in Shelters

Stakeholders reiterated needs of VoTs in shelters that were in keeping with the literature. These needs included:

- Basic needs (food, clothing, shelter, hygienic products)<sup>123</sup>
- Short (emergency) and long-term accommodation<sup>124</sup>
- Trust<sup>125</sup>
- Empowerment<sup>126</sup>
- Continued and sustained mental health support and psychological intervention (e.g., counselling) <sup>127</sup>
- Legal advice, services, and representation<sup>128</sup>
- Protection and safety and security<sup>129</sup>
- Medical/health care<sup>130</sup>
- Social (such as communication with family, interaction with other Spanish-speaking persons)<sup>131</sup>
- Financial assistance<sup>132</sup>
- Language and culture understanding<sup>133</sup>
- Adequately trained caregivers<sup>134</sup> and
- Education, training, and livelihood opportunities.<sup>135</sup>

Stakeholders also acknowledged that a variety of factors influenced the listed needs, as well as the ability to provide these needs at shelters. Chief among them, being the existing placement dilemma, which hinders the availability of shelters spaces for those in need.<sup>136</sup> The sensitivity, risks, and heightened levels of security associated with trafficking cases can also impact how needs are prioritized, as well as what services can be offered or how they may be offered.<sup>137</sup> Additionally, the availability of practitioners, resources, funding, and supportive legislation are critical to the ability to comprehensively satisfy the needs of SoTs at shelters.<sup>138</sup>

Several similar needs were also identified by the direct Service Providers of shelters/community residences, as well as those stakeholders responsible for the policy frameworks guiding the operations of shelters. Chief among those needs was the need for psychosocial support and intervention in the form of counselling. It was noted that counselling was useful to changing the SoTs' mindset, building

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<sup>123</sup> STI\_Ref.4:1-2; STI\_Ref.5:2; STI\_Ref.6:4; STI\_Ref.8:2; STI\_Ref.9:3; STI\_Ref.10:1; STI\_Ref.13:2.

<sup>124</sup> STI\_Ref.3:2-3; STI\_Ref.9:2; STI\_Ref.12:1.

<sup>125</sup> STI\_Ref.14:2.

<sup>126</sup> STI\_Ref.6:5.

<sup>127</sup> STI\_Ref.3:2-3; STI\_Ref.4:1-2; STI\_Ref.5:2; STI\_Ref.6:4; STI\_Ref.7:1-2; STI\_Ref.10:2; STI\_Ref.13:2; STI\_Ref.14:2.

<sup>128</sup> STI\_Ref.3:2-3; STI\_Ref.4:1-2; STI\_Ref.8:2; STI\_Ref.10:2.

<sup>129</sup> STI\_Ref.4:1-2; STI\_Ref.5:2; STI\_Ref.6:5; STI\_Ref.8:2; STI\_Ref.10:2; STI\_Ref.13:2.

<sup>130</sup> STI\_Ref.2:2-3; STI\_Ref.4:1-2; STI\_Ref.5:2; STI\_Ref.8:2; STI\_Ref.9:3; STI\_Ref.10:2; STI\_Ref.12:1; STI\_Ref.13:2.

<sup>131</sup> STI\_Ref.1:2; STI\_Ref.4:1-2; STI\_Ref.8:2; STI\_Ref.13:2.

<sup>132</sup> STI\_Ref.14:2.

<sup>133</sup> STI\_Ref.1:2; STI\_Ref.2:2-3; STI\_Ref.3:2-3; STI\_Ref.11:1.

<sup>134</sup> STI\_Ref.5:2; STI\_Ref.6:4.

<sup>135</sup> STI\_Ref.1:2; STI\_Ref.2:2-3; STI\_Ref.3:2-3; STI\_Ref.6:4; STI\_Ref.8:2; STI\_Ref.9:3.

<sup>136</sup> STI\_Ref.3:2-3; STI\_Ref.9:2.

<sup>137</sup> STI\_Ref.3:3; STI\_Ref.4:2; STI\_Ref.6:5.

<sup>138</sup> STI\_Ref.4:2; STI\_Ref.13:2.

self-esteem, re-establishing trust, and dealing with trauma.<sup>139</sup> Coupled with this was the need for encouraging their spirituality and reigniting their faith, while also providing a level of comfort and mental health support.<sup>140</sup> Safety, protection, and the provision of basic needs (food, clothing, shelter, hygienic items and medical care) were also prioritized.<sup>141</sup> However, there were some identified specialized needs that were peculiar to the population under study, such as the need for translation services, reintegration, and access to education.<sup>142</sup> Additionally, because of child trafficking, respondents noted that needs such as communication with parents, ensuring the rights and best interest of the child, as well as including their voices in child-related issues assume critical importance, in keeping with the UNCRC.<sup>143</sup>

Interestingly, the SoTs reported that their most important needs whilst at the shelter was clothing and personal items, such as toiletries<sup>144</sup>. They elaborated that while clothes were available, the clothes often were used, or in need of repair and instances of theft of undergarments occurred.<sup>145</sup>

For SoTs, culturally appropriate food was also a requirement. SoTs revealed that they sometimes did not consume breakfast or lunch because the menu was not varied or what they were accustomed to, and thus they did not like the available options.<sup>146</sup>

SoTs also identified other non-tangible and emotional needs that went unmet while they were at the shelter facility. These included a lack of attention, particularly when sick, inability to communicate with family members, as well as not being listened to, understood, and protected.<sup>147</sup>

Accordingly, Figure 6 provides a comparative listing of the identified needs of SoTs in shelters by the various respondent categories within the study. It further illustrates that although the identified needs correspond, different stakeholder groups prioritized different needs.

**Figure 6: Most Important Needs of Survivors of Trafficking at Shelters**

Identified Needs	Government Stakeholders & NGOs	Shelter Service Providers	Survivors of Trafficking (SoTs)
<b>Basic Needs</b>	<ul style="list-style-type: none"> <li>• Food</li> <li>• Clothing</li> <li>• Non-food Items</li> <li>• Shelter</li> </ul>	<ul style="list-style-type: none"> <li>• Food</li> <li>• Clothing</li> <li>• Shelter</li> <li>• Medical Care</li> <li>• Personal Care/Hygienic Items</li> </ul>	<ul style="list-style-type: none"> <li>• Culturally-appropriate food</li> <li>• Clothing</li> <li>• Toiletries/Personal Care Items</li> </ul>
<b>Mental Health and Psychosocial Support (MHPSS)</b>	<ul style="list-style-type: none"> <li>• Trust</li> <li>• Psychosocial Support</li> <li>• Mental Support</li> </ul>	<ul style="list-style-type: none"> <li>• Counselling</li> <li>• Spirituality</li> <li>• Sense of Normalcy</li> </ul>	<ul style="list-style-type: none"> <li>• Attention</li> <li>• Belongingness</li> <li>• Counselling</li> <li>• Communication with Family</li> </ul>

<sup>139</sup> CR\_Ref.1:3-4; CR\_Ref.2:2; CR\_Ref.3:5-6; CR\_Ref.4:4; CR\_Ref.5:5.

<sup>140</sup> CR\_Ref.1:3-4; CR\_Ref.2:2; CR\_Ref.3:5-6.

<sup>141</sup> CR\_Ref.2:2; CR\_Ref.4:4; CR\_Ref.5:4-5; CR\_Ref.6:9.

<sup>142</sup> CR\_Ref.1:4; CR\_Ref.2:2; CR\_Ref.6:9.

<sup>143</sup> CR\_Ref.1:4; CR\_Ref.5:4-5.

<sup>144</sup> VM\_Ref.2:7.

<sup>145</sup> VM\_Ref.1:6; VM\_Ref.2:7; VM\_Ref.3:6; VM\_Ref.5:8.

<sup>146</sup> VM\_Ref.1:7; VM\_Ref.5:8; VM\_Ref.7:6

<sup>147</sup> VM\_Ref.3:6 & 7; VM\_Ref.4:5; VM\_Ref.6:5.

Identified Needs	Government Stakeholders & NGOs	Shelter Service Providers	Survivors of Trafficking (SoTs)
	<ul style="list-style-type: none"> <li>• Ability to socialize with people of the same culture and language</li> <li>• Ability to communicate with family members locally and abroad</li> </ul>		
<b>Protection, Safety and Security</b>	<ul style="list-style-type: none"> <li>• Safe, Appropriate and Secret accommodation</li> <li>• Protection from Labour Exploitation</li> <li>• Legal Advice and Representation</li> </ul>		<ul style="list-style-type: none"> <li>• Protection from traffickers</li> <li>• Protection from abuse and violence of staff and other residents</li> </ul>
<b>Medical Assistance and Services</b>	<ul style="list-style-type: none"> <li>• Medical Screenings</li> <li>• Medical Care</li> </ul>		
<b>Education, Training &amp; Livelihood Support</b>	<ul style="list-style-type: none"> <li>• Access to Skills Development</li> <li>• Workshops</li> <li>• Employment</li> <li>• Financial Assistance</li> <li>• Bilingual Staff</li> </ul>		
<b>Specific to Non-National VOTs</b>		<ul style="list-style-type: none"> <li>• Translation</li> <li>• Reintegration</li> <li>• Access to Education</li> </ul>	
<b>Child-Specific Needs</b>		<ul style="list-style-type: none"> <li>• Communication with Parents</li> <li>• Child Rights and Best Interest</li> <li>• Inclusion, Having a Voice, and Agency</li> </ul>	

Source: HER-CTIPTT Fieldwork 2022

#### 4.3.1 Needs – Victims of Trafficking and Other Victims of Crime (VoCs)

Stakeholders and Service Providers were also prompted to distinguish possible similarities and differences between the needs of VoTs and those of other victims of crime, e.g., victims of Gender-Based Violence (GBV). Respondents therefore outlined the similarities as follows:

- Both GBV and TiP are crimes;<sup>148</sup>
- Both groups have suffered abuses, violations, victimization, and denial of their basic human rights;<sup>149</sup>

<sup>148</sup> STI\_Ref.2:3.

<sup>149</sup> STI\_Ref.7.2; STI\_Ref.11:2.



- Both GBV victims and VoTs require counselling, security and protection, medical and legal support;<sup>150</sup>
- Victims whether experiencing abuse or being trafficked lose levels of trust for others, as well as their own sense of personal security;<sup>151</sup>
- Some child victims may lack a sense of belonging in their family structure and this may also be a push factor to increasing migrant girls' vulnerability to trafficking;<sup>152</sup>
- Support systems and intervention frameworks required to mediate for child crime victims and victims of trafficking can be similar, particularly around psychosocial support.<sup>153</sup>

In relation to differences, respondents expressed the following:

- Child trafficking is a very different phenomenon to the type of child protection issues that practitioners have been exposed to locally;<sup>154</sup>
- Non-national VoTs may not have the support system of their family in the host country<sup>155</sup>. As such they rely more heavily on the state and/or CSOs, particularly for accommodation and provision of basic needs;
- Non-national victims are not eligible for direct financial assistance or support from the state. As such, they have no access to state-funded social support grants;<sup>156</sup>
- VoTs face unique challenges including lack of residency, stigmatization, increased trauma levels, language barriers, alienation, lack of access to information, and labour exploitation.<sup>157</sup>
- VoTs experience more complex layers of trauma due to the various acts they are exposed to e.g., kidnapping, exploitation, terrible living conditions and being in an unfamiliar environment;<sup>158</sup>
- Sometimes VoTs do not consider themselves to be victims, they may be in denial about their victimization and thus reject care and protection;<sup>159</sup>
- Child VoTs are parentified, fiercely independent and prefer to be in familiar environments, which can also explain their higher rate of absconding;<sup>160</sup>
- Reintegration processes for VoTs can be more extensive given the trauma and level of exposure to the trafficking underworld;<sup>161</sup>
- Facilities that house VoTs require high levels of security and accountability, as well as a greater requirement for case management.<sup>162</sup>

## 4.4 Supporting Frameworks for Shelters

### 4.4.1 Action Plans, Roadmaps and Strategies against Trafficking in Persons

Stakeholders expressed mixed views about their knowledge or awareness of action plans, roadmaps, and strategies specifically tailored to respond to issues surrounding VoTs in shelters. Stakeholders

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<sup>150</sup> STI\_Ref.9:3; STI\_Ref.10:2.

<sup>151</sup> CR\_Ref.2:2; STI\_Ref.14:2.

<sup>152</sup> CR\_Ref.5:5.

<sup>153</sup> CR\_Ref.1:4-5.

<sup>154</sup> STI\_Ref.3:3.

<sup>155</sup> CR\_Ref.4:4; STI\_Ref.1:2; STI\_Ref.4:2; STI\_Ref.7:2; STI\_Ref.9:3-4; STI\_Ref.10:2.

<sup>156</sup> STI\_Ref.10:2.

<sup>157</sup> STI\_Ref.7:2; STI\_Ref.8:3; STI\_Ref.13:3.

<sup>158</sup> STI\_Ref.5:2; STI\_Ref.7:2; STI\_Ref.12:2.

<sup>159</sup> STI\_Ref.3:3.

<sup>160</sup> STI\_Ref.3:3; STI\_Ref.6:6.

<sup>161</sup> CR\_Ref.2:2, CR\_Ref.6:10; STI\_Ref.14:2.

<sup>162</sup> STI\_Ref.6:6.

admitted varying levels of awareness of the Trafficking in Persons Act<sup>163</sup>, the work of the CTU<sup>164</sup>, the National Action Task Force<sup>165</sup> and the Working Committee for the Delivery of Care for VoTs.<sup>166</sup> However, more stakeholders registered knowledge of the National Action Plan (2021 – 2025).<sup>167</sup>

#### 4.4.2 Regulations, Guidelines, and Standard Operating Procedures

Stakeholders demonstrated varied knowledge on the existence of Standard Operating Procedures (SOPs) for shelters as follows:

- Not aware.<sup>168</sup>
- None exists specific for Shelters with VoTs.<sup>169</sup>
- International agencies such as IOM and UNHCR who work with migrants and refugees have guidelines.<sup>170</sup>
- There exists a draft manual for service providers on victim care standards.<sup>171</sup>
- There are general guidelines for community residences as it relates to registration and licensure.<sup>172</sup>
- There exist an MOU between CATT and the CTU that acts as SOPs in reporting, and case management.<sup>173</sup>

Similarly, over three-quarters of the participating community residences were not aware of any National Guidelines or SOPs for the operations of Community Residences (CRs) that accommodate VoTs in Trinidad and Tobago.<sup>174</sup> However, one (1) CR did acknowledge that the SOPs are likely to be similar to what already applies in shelters licenced under the CATT.<sup>175</sup> Accordingly, it was agreed that relevant SOPs should be developed for CRs that accommodate VoTs.<sup>176</sup>

Stakeholders also supported the need for SOPs for shelters.<sup>177</sup> Respondents suggested that this was necessary given the specificities of non-nationals and VoTs, particularly in menu preferences. It was further noted that SOPs were critically important for maintaining local quality standards that are comparable to international best practice, in areas of recruitment, training, referral pathways, and monitoring of staff working in CRs and supervising VoTs.<sup>178</sup>

More specifically, CRs acknowledged that their organizations were guided by policy documents and/or protocols in the provision of shelter and other services to VoTs.<sup>179</sup>

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<sup>163</sup> STI\_Ref.4:3; STI\_Ref.12:2.

<sup>164</sup> STI\_Ref.1:2; STI\_Ref.2:2; STI\_Ref.6:7; STI\_Ref.11:2, STI\_Ref.14:3.

<sup>165</sup> STI\_Ref.10:3.

<sup>166</sup> STI\_Ref.5:3; STI\_Ref.7:2; STI\_Ref.10:3.

<sup>167</sup> STI\_Ref.2:2; STI\_Ref.5:3; STI\_Ref.8:3; STI\_Ref.9:5; STI\_Ref.10:3; STI\_Ref.12:2; STI\_Ref.13:3. The Plan was subsequently Cabinet-approved in November 2022.

<sup>168</sup> STI\_Ref.12:2; STI\_Ref.13:4; STI\_Ref.14:3; STI\_Ref.2:2; STI\_Ref.4:3; STI\_Ref.5:3; STI\_Ref.7:2.

<sup>169</sup> STI\_Ref.6:8; STI\_Ref.9:5.

<sup>170</sup> STI\_Ref.2:2.

<sup>171</sup> STI\_Ref.10:3; STI\_Ref.11:2.

<sup>172</sup> STI\_Ref.5:3.

<sup>173</sup> STI\_Ref.3:4.

<sup>174</sup> CR\_Ref.2:3; CR\_Ref.3:7; CR\_Ref.4:5; CR\_Ref.5:6; CR\_Ref.6:11.

<sup>175</sup> CR\_Ref.3:7.

<sup>176</sup> CR\_Ref.2:3; CR\_Ref.3:7; CR\_Ref.5:6; CR\_Ref.6:11.

<sup>177</sup> STI\_Ref.4:3; STI\_Ref.5:3-4; STI\_Ref.6:8; STI\_Ref.13:4; STI\_Ref.14:3; STI\_Ref.7:3.

<sup>178</sup> CR\_Ref.6:12, STI\_Ref.5:3-4; STI\_Ref.6:8, STI\_Ref.7:3.

<sup>179</sup> CR\_Ref.1:6; CR\_Ref.3:9; CR\_Ref.4:6; CR\_Ref.5:8; CR\_Ref.6:13.

These protocols included<sup>180</sup>:

- Intake, Admissions and Discharge
- Cell phone usage policy
- Confidentiality
- Administration and Security of files
- Code of Conduct (Staff & Client)
- Dress Code
- Spirituality
- Recreation
- Incident Reporting
- Individual Care Plans, Needs Assessment and Case Management
- Risk Assessment and Security.

Similarly, stakeholders outlined the various laws, organizational policies, and protocols<sup>181</sup> guiding their provision of services to VoTs in Figure 7.

**Figure 7: Stakeholders’ Operational Polices and Protocols for Service Delivery to Survivors of Trafficking**

SOPs for working with at-risk/vulnerable youth
Referral Pathway
Protocols utilized in cases of children in need of care and supervision
CATT’s Placement, Transition Policy and Case Management Polices
IOM’s operations policy on the treatment of VoTs
CTU’s protocols
Work Plans and MoUs with the CTU
Code of Ethics, Confidentiality Forms and Safety Protocols
The Sexual Offences Act
Universal Health Care and Medical Treatment for Non-Nationals
Forthcoming Draft Manual on Victim Care

Source: HER-CTIPTT Fieldwork 2022

## 4.5 Shelter Support Services for Survivors of Trafficking

### 4.5.1 Generalized Support Services at Shelters

VoTs acknowledged receiving a variety of services at the shelter that included the provision of basic needs (food and clothing), psychosocial support (counselling), sports, as well as on-site education and training, particularly in the areas of English, sewing, beauty (hairstyles and makeup) and nails course, art, and cooking.<sup>182</sup>

Similarly, stakeholders and CRs reported providing the following range of services as outlined in Figure 8.

<sup>180</sup> CR\_Ref.1:6; CR\_Ref.3:9 & 10; CR\_Ref.4:6-7; CR\_Ref.5:9; CR\_Ref.6:13 & 14.

<sup>181</sup> STI\_Ref.1:3; STI\_Ref.2:3-4; STI\_Ref.3:6-7; STI\_Ref.4:4; STI\_Ref.7:4; STI\_Ref.8:4; STI\_Ref.9:6; STI\_Ref.10:4; STI\_Ref.11:3.

<sup>182</sup> VM\_Ref.1:6; VM\_Ref.2: 9 &10; VM\_Ref.3:6-7; VM\_Ref.4:5-6; VM\_Ref.6:5; VM\_Ref.7:6.

**Figure 8: Services Provided to Survivors of Trafficking at Shelters in Trinidad and Tobago**

Services Provided to Survivors of Trafficking in Shelters	
Basic Necessities – Food, Clothing, Toiletries, Care Packages <sup>183</sup>	Shelter/Housing <sup>184</sup>
Stipend/living allowance (Adult SoTs) <sup>185</sup>	Medical/Health Care, Assistance and Support (including Dental services) <sup>186</sup>
Psychosocial Support - Counselling <sup>187</sup>	Case Management <sup>188</sup>
Assessments/Treatment Plans <sup>189</sup>	Referrals <sup>190</sup>
Legal <sup>191</sup>	Employment assistance <sup>192</sup>
Education & Training – Vocational Courses <sup>193</sup>	Transportation <sup>194</sup>
Recreational <sup>195</sup>	

Source: HER-CTIPTT Fieldwork 2022

#### 4.5.2 Specialized Support Services available at Shelters

##### 4.5.2.1 Medical Services

According to the CRs, medical services tended to be outsourced and, provided either at public health facilities or through private arrangements.<sup>196</sup> However, several challenges were reported in the provision and accessibility of medical services at shelters, particularly as it relates to medical screenings for SoTs.

Figure 9 identifies the challenges highlighted by stakeholders in accessing medical screenings and other medical services for SoTs at local health facilities.

**Figure 9: Challenges in Accessing Medical Services**

Issue	Concerns
<b>Medical Care and Services</b>	Costs- expensive to access medical services privately <sup>197</sup>
	Attention - refusal by medical practitioners to do the assessment <sup>198</sup>

<sup>183</sup> CR\_Ref.3:12-13; CR\_Ref.4:8; STI\_Ref.6:12; STI\_Ref.14:6.

<sup>184</sup> STI\_Ref.3:10.

<sup>185</sup> STI\_Ref.6:12.

<sup>186</sup> CR\_Ref.3:12-13; CR\_Ref.4:8; STI\_Ref.3:10; STI\_Ref.4:6; STI\_Ref.5:8; STI\_Ref.8:6; STI\_Ref.9:9; STI\_Ref.12:5.

<sup>187</sup> CR\_Ref.3:12-13; CR\_Ref.4:8; CR\_Ref.1:8; STI\_Ref.2:7; STI\_Ref.3:10; STI\_Ref.4:6; STI\_Ref.5:8; STI\_Ref.12:5.

<sup>188</sup> STI\_Ref.3:10.

<sup>189</sup> CR\_Ref.1:8; STI\_Ref.5:8.

<sup>190</sup> CR\_Ref.1:8.

<sup>191</sup> STI\_Ref.3:10.

<sup>192</sup> STI\_Ref.6:12.

<sup>193</sup> CR\_Ref.3:12-13; CR\_Ref.4:8; STI\_Ref.1:5-6; STI\_Ref.3:10; STI\_Ref.5:8; STI\_Ref.12:5.

<sup>194</sup> CR\_Ref.3:12-13.

<sup>195</sup> STI\_Ref.1:5-6.

<sup>196</sup> CR\_Ref.3:13; CR\_Ref.4:9.

<sup>197</sup> STI\_Ref.3:11.

<sup>198</sup> STI\_Ref.14:7.

Issue	Concerns
	Practitioners -unavailability of medical professionals to visit shelters <sup>199</sup> Examinations - refusals, delays and passing the buck on medical examinations for child victims <sup>200</sup> which can hamper the police investigation Visit issues - Lag time in getting a professional to undertake the screening <sup>201</sup> and availability of medical professionals is dependent on time of day of visit <sup>202</sup> Misconception - CATT doctors are available 24-7 and will undertake all medical screenings <sup>203</sup> Transportation & Staffing - costly to hire transport for SoTs visits and staff not always available to accompany them to these visits/check-ups <sup>204</sup>
<b>COVID 19</b>	Suspended many activities, therefore with the return to normalcy, activities now must be revamped and reimplemented. <sup>205</sup>
<b>Security</b>	Security issues and fear of professionals in visiting locations of SoTs <sup>206</sup>
<b>Policies and SOPs</b>	Lack of clear policies and SOPs on victim treatment <sup>207</sup>
<b>Victim Fear</b>	Fear of the victim to talk with professional and interact with the police <sup>208</sup>
<b>Victim Absconding</b>	Possibility that SoT can abscond from health facility when being treated <sup>209</sup>
<b>Victim Shaming</b>	Victims having to utilize the public entry can increase their perceptions of shame and being judged <sup>210</sup>
<b>Bilingual Staff</b>	Lack of bilingual staff at health facilities <sup>211</sup>
<b>Culture</b>	Cultural barriers <sup>212</sup>
<b>Communication and Collaboration</b>	Lack of appropriate communication and collaboration among relevant stakeholders <sup>213</sup>

Source: HER-CTIPTT Fieldwork 2022

SoTs also reported that if they were unwell, there was difficulty in taking them to a hospital facility. Instead, their medical needs would be directed to the female doctor/nurse who was described as being busy or not showing attention, or they were attended to after long periods of time.<sup>214</sup> However,

<sup>199</sup> STI\_Ref.2:7.

<sup>200</sup> STI\_Ref.14:7.

<sup>201</sup> STI\_Ref.14:7.

<sup>202</sup> STI\_Ref.2:7.

<sup>203</sup> STI\_Ref.3:11.

<sup>204</sup> CR\_Ref.4:9.

<sup>205</sup> CR\_Ref.3:13.

<sup>206</sup> STI\_Ref.7:6.

<sup>207</sup> STI\_Ref.7:6.

<sup>208</sup> STI\_Ref.7:6.

<sup>209</sup> STI\_Ref.7:6.

<sup>210</sup> STI\_Ref.14:7-8.

<sup>211</sup> STI\_Ref.7:6; STI\_Ref.12:5-6.

<sup>212</sup> STI\_Ref.7:6.

<sup>213</sup> STI\_Ref.7:6.

<sup>214</sup> VM\_Ref.2:8; VM\_Ref.3:8; VM\_Ref.5:10.

they did state that for serious medical matters they were taken to a nearby health facility.<sup>215</sup> Nevertheless, they indicated not having sufficient access to medications, as well as being prescribed pain killers irrespective of their ailment.<sup>216</sup> Similar challenges were faced with the need for dental services.<sup>217</sup>

In general, stakeholders and CRs agreed that medical screenings should be offered at the shelters.<sup>218</sup> It was considered that such an approach would improve privacy,<sup>219</sup> be more victim-centred,<sup>220</sup> as well as promote greater convenience and accessibility.<sup>221</sup>

It was also further recommended that ongoing periodic medical assessments be conducted.<sup>222</sup> In some instances, private medical exam rooms already exist at the shelters.<sup>223</sup>

However, concerns arose regarding availability of space, health professionals, and funding.<sup>224</sup> One stakeholder suggested that it would be better to leverage existing systems, such as Family Planning, Rape Crisis and other NGOs that can be utilized, rather than reinventing the wheel.<sup>225</sup>

#### 4.5.2.2 *Mental Health and Psychosocial Support Services*

Managers of the CRs reported that MHPSS is provided to resident SoTs at the shelters.<sup>226</sup> However, it was pointed out that this service is also arranged through CATT, CTU, and referrals.<sup>227</sup> One CR also reported the use of WhatsApp and Zoom to conduct counselling sessions.<sup>228</sup>

Stakeholders highlighted the under-mentioned challenges in accessing MHPSS for SoTs:

- Insufficient financial resources<sup>229</sup>
- Lack of clear policies or guidelines on treatment of SoTs<sup>230</sup>
- Lack of medico-legal coverage<sup>231</sup>
- Lack of available doctors, psychiatrist, and occupational therapist<sup>232</sup>
- Lack of appropriate qualifications and skills of staff<sup>233</sup>
- Overwhelmed professional staff<sup>234</sup>
- Irregular access to a counsellor<sup>235</sup>

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<sup>215</sup> VM\_Ref.4:6.

<sup>216</sup> VM\_Ref.1:6; VM\_Ref.2:8; VM\_Ref.3:8; VM\_Ref.4:7.

<sup>217</sup> VM\_Ref.1:7; VM\_Ref.2:7.

<sup>218</sup> CR\_Ref.2:6; CR\_Ref.5:11; CR\_Ref.6:18; CR\_Ref.1:8; STI\_Ref.2:8; STI\_Ref.6:12; STI\_Ref.8:6; STI\_Ref.10:6; STI\_Ref.11:5; STI\_Ref.12:6; STI\_Ref.14:8.

<sup>219</sup> STI\_Ref.11:5-6.

<sup>220</sup> STI\_Ref.14:8.

<sup>221</sup> STI\_Ref.2:8.

<sup>222</sup> CR\_Ref.2:6; CR\_Ref.1:8.

<sup>223</sup> CR\_Ref.4:10; CR\_Ref.5:12.

<sup>224</sup> STI\_Ref.2:8.

<sup>225</sup> STI\_Ref.6:12.

<sup>226</sup> CR\_Ref.5:11; CR\_Ref.6:19.

<sup>227</sup> CR\_Ref.3:14; CR\_Ref.5:11.

<sup>228</sup> CR\_Ref.4:9.

<sup>229</sup> CR\_Ref.1:9; STI\_Ref.11:6.

<sup>230</sup> STI\_Ref.7:7.

<sup>231</sup> STI\_Ref.7:7.

<sup>232</sup> STI\_Ref.7:7.

<sup>233</sup> STI\_Ref.3:11-12; STI\_Ref.7:7.

<sup>234</sup> STI\_Ref.7:7; STI\_Ref.14:8-9.

<sup>235</sup> CR\_Ref.2:8; STI\_Ref.11:6.

- Lack of requisite training and understanding of the SoTs<sup>236</sup>
- Language barriers and lack of bilingual psychologists<sup>237</sup>
- Stigma and discrimination<sup>238</sup> and
- Cultural barriers/Cultural sensitivity.<sup>239</sup>

SoTs reported that while they had access to counselling at the shelter facility, the arrangement was awkward because the psychologist was not bilingual, and the sessions required a translator.<sup>240</sup> There were also mixed reviews on the quality of the service. SoTs identified that the psychologist would often be busy, unavailable or there was a protracted start to the service.<sup>241</sup> On the other hand, others indicated that the service was responsive to their needs as they had someone they could talk to when needed.<sup>242</sup>

Reportedly, there was strong agreement that MPHSS should be offered in-house at the shelters<sup>243</sup> to enable greater immediacy, accessibility, and privacy.<sup>244</sup> It was advocated that a well-structured program should be developed.<sup>245</sup>

However, a designated private space/room should be made available to conduct MHPS sessions to avoid counselling staff having to use the staff office.<sup>246</sup>

#### 4.5.2.3 *Educational, Vocational and Livelihood Training*

Education and training are also provided at the shelters, where residents are exposed to life skills and vocational courses.<sup>247</sup> It is provided in-house with outsourced tutors, virtually, or in circumstances where it is safe, residents are transported off the compound.<sup>248</sup>

The challenges, however, highlighted by stakeholders in accessing education and training for SoTs at shelter facilities included:

- Inadequate financial resources to support staffing<sup>249</sup>
- Lower standard of programs in comparison to what is offered to a local child<sup>250</sup>
- Access barrier to local schools<sup>251</sup>
- Language barrier/bilingual educators<sup>252</sup> and
- Security risk - mixing of SoTs with other trainees.<sup>253</sup>

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<sup>236</sup> STI\_Ref.5:9.

<sup>237</sup> STI\_Ref.2:8-9; STI\_Ref.3:11; STI\_Ref.4:6-7; STI\_Ref.5:9; STI\_Ref.7:7.

<sup>238</sup> STI\_Ref.7:7.

<sup>239</sup> STI\_Ref.5:9.

<sup>240</sup> VM\_Ref.3:6-7.

<sup>241</sup> VM\_Ref.3:9; VM\_Ref.5:11.

<sup>242</sup> VM\_Ref.4:7; VM\_Ref.6:7.

<sup>243</sup> CR\_Ref.2:7; CR\_Ref.3:14; CR\_Ref.4:10; CR\_Ref.5:11; STI\_Ref.5:8-9; STI\_Ref.6:12; STI\_Ref.7:7; STI\_Ref.8:6; STI\_Ref.10:7; STI\_Ref.11:6; STI\_Ref.12:6.

<sup>244</sup> CR\_Ref.3:14; CR\_Ref.4:10; CR\_Ref.5:11; STI\_Ref.5:8-9.

<sup>245</sup> STI\_Ref.6:12.

<sup>246</sup> CR\_Ref.3:16.

<sup>247</sup> CR\_Ref.3:14-15; CR\_Ref.4:10; CR\_Ref.5:11.

<sup>248</sup> CR\_Ref.1:9; CR\_Ref.4:9; CR\_Ref.5:12.

<sup>249</sup> CR\_Ref.1:9.

<sup>250</sup> STI\_Ref.3:12.

<sup>251</sup> STI\_Ref.12:6.

<sup>252</sup> STI\_Ref.2:9; STI\_Ref.12:7.

<sup>253</sup> STI\_Ref.5:10.

Respondents supported the view that Education and Training services should be provided in-house at the shelter<sup>254</sup> for several reasons that included greater safety, customized courses could be offered, and residents would have a greater opportunity for hands-on learning and follow-up to practice their skills, as well as it would support integration/reintegration efforts.<sup>255</sup>

In the area of additional services, CRs highlighted that they would like to offer additional skills training courses tailored to the needs of SoTs.<sup>256</sup>

#### 4.6 Safety and Security Measures at Shelters

The literature identified safety as a critical need of SoTs and this view was shared by participants of this study.

Stakeholders admitted that some shelter facilities were more secure than others.<sup>257</sup> They felt that a good safety record was based on adherence to protocols, security reviews, and maintaining the location of the facility confidential.<sup>258</sup> However, in some instances, SoTs were still able to abscond.<sup>259</sup>

Interestingly, one stakeholder was concerned that while external safety may be good, there was need to examine internal safety for the non-national residents:

“For the children, the facilities are safe in the sense that it does not make it easy for them to abscond, however, given the culture clashes and the type of homes that they are placed in, sometimes they are exposed to abuse or to alleged abuse. I mean it's not 100% safe for the victims because of the culture differences and all that.”<sup>260</sup>

In relation to security measures, CRs stated that the following mechanisms were in place:<sup>261</sup>

- Security Cameras and Alarm System
- Fire Alarms
- Use of a Security Company and
- Transportation Arrangements.

Additionally, CRs generally affirmed that security reviews<sup>262</sup> and risk assessments,<sup>263</sup> were conducted and that evacuation plans were in place.<sup>264</sup>

CRs further reported that staff are usually vetted, as they are required to have a police certificate of character and their references are checked.<sup>265</sup> However, it was indicated that the location of the shelter is not confidential<sup>266</sup> as the public knows that the shelter exists, its name, and where it was located. Nevertheless, the confidentiality and security of the residents were prioritized. It should also

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<sup>254</sup> CR\_Ref.1:9; CR\_Ref.2:7; CR\_Ref.3:15; CR\_Ref.5:11; STI\_Ref.8:6.

<sup>255</sup> CR\_Ref.1:9; CR\_Ref.2:7; CR\_Ref.3:15; STI\_Ref.8:6.

<sup>256</sup> CR\_Ref.3:15.

<sup>257</sup> STI\_Ref.2:5; STI\_Ref.3:8-9; STI\_Ref.14:5.

<sup>258</sup> STI\_Ref.1:4; STI\_Ref.3:8-9; STI\_Ref.5:6; STI\_Ref.9:7; STI\_Ref.12:4.

<sup>259</sup> STI\_Ref.3:8-9.

<sup>260</sup> STI\_Ref.9:7.

<sup>261</sup> CR\_Ref.1:7; CR\_Ref.3:11; CR\_Ref.4:7; CR\_Ref.5:9; CR\_Ref.6:15.

<sup>262</sup> CR\_Ref.3:11; CR\_Ref.5:9.

<sup>263</sup> CR\_Ref.4:7; CR\_Ref.6:16.

<sup>264</sup> CR\_Ref.4:7; CR\_Ref.5:10; CR\_Ref.6:16.

<sup>265</sup> CR\_Ref.3:12; CR\_Ref.4:8; CR\_Ref.5:10.

<sup>266</sup> CR\_Ref.2:8; CR\_Ref.4:8; CR\_Ref.5:10; CR\_Ref.6:16.



be noted that although the public may know of the shelter, they may not necessarily know that residents include SoTs, which can provide a layer of security to SoTs.

As one SoT reported:

“That time I was going through very, very difficult times and I felt safe there because nobody could go in that wasn't working there and you couldn't get visitors and visitors would not go to the houses, they would go somewhere else. So I felt that nobody knew that I was there, so I felt safe and protected because I was going through a very, very difficult time.”<sup>267</sup>

It was also generally reported that staff were trained in personal security and safety techniques.<sup>268</sup>

#### 4.6.1 Survivors of Trafficking on Safety and Security

The perspective of SoTs who were placed at a named shelter in Trinidad and Tobago presented a dichotomous view of security arrangements and their feelings of safety and security at the facility.

The SoTs admitted that having been removed from their trafficking situation and placed at a shelter facility increased their level of safety and protection for several reasons as follows:

1. They did not have to venture or engage in activities outside of the home<sup>269</sup>
2. They were no longer on the streets<sup>270</sup> and
3. No one knew where they were, and unknown persons could not access or move around in the facility.<sup>271</sup>

However, activities that had occurred at the facility heighten their feelings of insecurity. SoTs reported that residents at the facility would have weapons, drugs, and be engaged in gang violence.<sup>272</sup>

According to a SoT:

“No, I never felt protected, because the misses were really a disaster, and the girls were a disaster and there was no protection in any way. I mean, you could have a gang of girls trying to hit you, and nobody would care. And in terms of safety, you didn't feel safe. Not from the misses and not from the other girls.”<sup>273</sup>

Another SoT reported:

“I had to take care of myself because honestly, you have to take care of yourself when you're there and you have to look out for yourself.”<sup>274</sup>

Additionally, residents who were found misbehaving were sent to what was described as “a jail”, which was one of the housing structures on the compound.<sup>275</sup>

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<sup>267</sup> VM\_Ref.6:7.

<sup>268</sup> CR\_Ref.4:8; CR\_Ref.5:10; CR\_Ref.6:16.

<sup>269</sup> VM\_Ref.4:8.

<sup>270</sup> VM\_Ref.5:12.

<sup>271</sup> VM\_Ref.6:7.

<sup>272</sup> VM\_Ref.1:9-10; VM\_Ref.3:9-10.

<sup>273</sup> VM\_Ref.3:9-10.

<sup>274</sup> VM\_Ref.2:10.

<sup>275</sup> VM\_Ref.1:9.

## 4.7 Service Evaluation

### 4.7.1 Community Residences Self -Assessment

Few CRs felt that they responded effectively to the needs of SoTs, particularly in counselling, given the resources available.<sup>276</sup> However, one CR alluded to tensions in attempting to satisfy the needs of the Venezuelan SoTs:

“I think they seem quite comfortable with what we have to offer. The only problem I think we might have had was when one resident realized that the person was Venezuelan, they weren't comfortable with that, and we had to caution them about their behaviour because they wanted to like drop remarks and we told them no, this is a family situation, everybody a family, and you need to respect each other. We will not tolerate it, and that was the end of it until the girl went back.”<sup>277</sup>

CRs also assured that their service offerings were:

- Gender and Age Inclusive<sup>278</sup>
- Cultural and Gender Appropriate<sup>279</sup>
- Trauma Informed<sup>280</sup>
- Victim Centred<sup>281</sup>
- Age Appropriate<sup>282</sup> and
- Rights-based.<sup>283</sup>

Yet by the same token, they highlighted areas that required attention, such as the level of cultural appropriateness and victim centredness<sup>284</sup> at shelters. CRs also reported that they were not always culturally aware of the difference in perspectives of the Venezuelan nationals and acknowledged that the SoTs were unaccustomed to local cuisine.<sup>285</sup>

### 4.7.2 Stakeholder Assessment of Shelters

In general, stakeholders were of the view that services provided to SoTs at shelters were, to some extent<sup>286</sup>, effectively meeting their needs. They suggested that this was mainly applicable to basic needs (shelter, food, clothing)<sup>287</sup> and that there was room for improvement in other victim care service areas (medical, education).<sup>288</sup> Additionally, it was advocated that the adult SoTs should be less dependent on support agencies and more empowered through self-development and skills enhancement.<sup>289</sup>

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<sup>276</sup> CR\_Ref.3:16; CR\_Ref.4:10; CR\_Ref.5:12.

<sup>277</sup> CR\_Ref.3:16.

<sup>278</sup> CR\_Ref.1:10; CR\_Ref.3:17; CR\_Ref.4:10; CR\_Ref.5:13; CR\_Ref.6:20.

<sup>279</sup> CR\_Ref.3:17; CR\_Ref.6:20.

<sup>280</sup> CR\_Ref.1:10; CR\_Ref.3:17; CR\_Ref.4:10; CR\_Ref.6:21.

<sup>281</sup> CR\_Ref.3:17; CR\_Ref.4:10.

<sup>282</sup> CR\_Ref.3:17.

<sup>283</sup> CR\_Ref.1:10; CR\_Ref.3:17; CR\_Ref.4:11; CR\_Ref.5:13.

<sup>284</sup> CR\_Ref.5:13.

<sup>285</sup> CR\_Ref.1:10; CR\_Ref.4:10; CR\_Ref.5:13.

<sup>286</sup> STI\_Ref.2:10; STI\_Ref.6:13.

<sup>287</sup> STI\_Ref.2:10; STI\_Ref.5:11.

<sup>288</sup> STI\_Ref.2:10; STI\_Ref.3:12; STI\_Ref.7:7.

<sup>289</sup> STI\_Ref.9:10-11.

Stakeholders mainly disclosed that services provided were not gender inclusive<sup>290</sup>, particularly as it related to males.<sup>291</sup> They reported that services were geared towards women and children.<sup>292</sup>

Stakeholders also pointed to the need for greater cultural sensitivity among staff and cultural appropriateness in its operations.<sup>293</sup> It was acknowledged that shelters were not structured to deal with multiple cultures<sup>294</sup> and as a result their policies require updating to accommodate the differences. In addition, with the passage of time, shelters have become a bit more responsive in this regard, creating opportunities for non-nationals to prepare their own meals,<sup>295</sup> employing bilingual staff,<sup>296</sup> hosting cultural sharing events,<sup>297</sup> and CATT also provides information packages on the Venezuelan child's history for foster care providers.<sup>298</sup>

Stakeholders further agreed that, whilst services could be considered trauma-informed<sup>299</sup> because psychologist/social workers were available and/or accessible,<sup>300</sup> there was need for improvement.<sup>301</sup> This included the need for bilingual psychologists,<sup>302</sup> working with children<sup>303</sup> and follow-up in the case of medical trauma.<sup>304</sup> One stakeholder expressed the view that on a societal level greater sensitivity and attention should be placed on the impact of trauma.<sup>305</sup>

Similarly, stakeholders acknowledged that given their trafficked experiences, SoTs were facing new and unfamiliar environments, communities, and culture, as well as language barriers and complex trauma, but they were of the view that services provided were focused on their needs and victim centred.<sup>306</sup> Nevertheless, some stakeholders pointed to room for improvement.<sup>307</sup> One stakeholder intently discussed the lack of victim centred approach to the medical examination process, where the child victim is refused care or there is a lack of ownership in who leads the process.<sup>308</sup> There was also cognizance that SoTs can be bullied and taken advantaged of at the shelters and that the need can arise for separation of residents.<sup>309</sup>

Stakeholders, in responding to the age appropriateness of shelters, had mixed views. Whilst there was agreement,<sup>310</sup> there was also disagreement based on facilities not placing boys after a certain age group.<sup>311</sup> It was pointed out that placement was based on age, gender, and needs.<sup>312</sup> However, it was

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<sup>290</sup> STI\_Ref.12:7; STI\_Ref.14:10.

<sup>291</sup> STI\_Ref.3:13; STI\_Ref.5:11.

<sup>292</sup> STI\_Ref.7:8; STI\_Ref.11:7.

<sup>293</sup> STI\_Ref.5:12; STI\_Ref.6:13; STI\_Ref.7:8.

<sup>294</sup> STI\_Ref.11:7.

<sup>295</sup> STI\_Ref.3:13.

<sup>296</sup> STI\_Ref.1:8.

<sup>297</sup> STI\_Ref.2:11.

<sup>298</sup> STI\_Ref.5:12.

<sup>299</sup> STI\_Ref.1:8; STI\_Ref.2:11; STI\_Ref.3:13; STI\_Ref.4:8; STI\_Ref.11:7.

<sup>300</sup> STI\_Ref.1:8; STI\_Ref.2:11.

<sup>301</sup> STI\_Ref.2:11; STI\_Ref.5:12; STI\_Ref.6:14; STI\_Ref.9:11.

<sup>302</sup> STI\_Ref.2:11.

<sup>303</sup> STI\_Ref.9:11.

<sup>304</sup> STI\_Ref.7:8.

<sup>305</sup> STI\_Ref.12:7.

<sup>306</sup> STI\_Ref.1:8; STI\_Ref.2:11; STI\_Ref.3:13; STI\_Ref.4:8; STI\_Ref.11:7.

<sup>307</sup> STI\_Ref.5:12; STI\_Ref.6:14; STI\_Ref.9:11.

<sup>308</sup> STI\_Ref.14:7-8.

<sup>309</sup> STI\_Ref.2:11.

<sup>310</sup> STI\_Ref.9:11; STI\_Ref.11:7.

<sup>311</sup> STI\_Ref.14:11.

<sup>312</sup> STI\_Ref.1:9.

expressed that the focus was placed on children<sup>313</sup> and teenagers<sup>314</sup>, but not a corresponding focus on the child's/victim's voice.<sup>315</sup> As a consequence, more coordinated effort is required with CATT.<sup>316</sup>

Stakeholders also believed that services provided were rights-based<sup>317</sup> driven by the UNCRC,<sup>318</sup> victims' rights,<sup>319</sup> laws,<sup>320</sup> and policies.<sup>321</sup> However, the view was expressed on the need for improvement, particularly in rights to employment opportunities and safety.<sup>322</sup>

#### 4.7.3 Survivors of Trafficking's Assessment

In contrast, the SoT participants within the study described the shelter facility in which they stayed as being a "prison", where they had "absolutely no freedom" and where there was discrimination, "humiliations and mistreatment".<sup>323</sup>

According to one respondent:

"(Named facility) is more like a prison than a home. You are not allowed to go out. You are not allowed to move. You cannot speak to your family. You have absolutely no freedom... Well, honestly, for me it was a very traumatic experience. After three years, I still have dreams that I am arrested there."<sup>324</sup>

Another respondent stated:

"So that place is not a calm place, and they discriminate a lot towards the women, the girls who were going there who were not from the country because this is a place for troubled girls. This was not a place where I felt comfortable. But I was there, and I had no choice. I had to stay there."<sup>325</sup>

In some instances, however, this perspective may have arisen due to expectations of what is likely to happen when placed at a facility. One respondent opined:

"Well, the thing that is the major issue there is that ... you don't have your freedom. And when I got there, I wasn't expecting that at all, and this had to continue until I was old enough to be able to go out."<sup>326</sup>

The respondent continued to reside in the facility at age 18 years old and thereafter felt that they had more freedom.<sup>327</sup>

Similarly, a stakeholder was of the view that:

"I think what poses some of the challenges is maybe the expectations of the persons who are trafficked. Yeah, I think that expectation may create some challenges for them. Persons go into an organization, you get a room, you get supplies, you get assistance with clothes.... However, I think the victims who

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<sup>313</sup> STI\_Ref.5:13; STI\_Ref.11:7.

<sup>314</sup> STI\_Ref.7:8.

<sup>315</sup> STI\_Ref.5:13.

<sup>316</sup> STI\_Ref.6:14.

<sup>317</sup> STI\_Ref.1:9; STI\_Ref.6:14; STI\_Ref.9:11; STI\_Ref.11:8.

<sup>318</sup> STI\_Ref.2:12; STI\_Ref.3:14.

<sup>319</sup> STI\_Ref.2:12.

<sup>320</sup> STI\_Ref.4:8; STI\_Ref.7:8.

<sup>321</sup> STI\_Ref.4:8.

<sup>322</sup> STI\_Ref.6:14.

<sup>323</sup> VM\_Ref.1:4; VM\_Ref.2:4; VM\_Ref.3:4; VM\_Ref.5:4.

<sup>324</sup> VM\_Ref.1:4 & 5.

<sup>325</sup> VM\_Ref.2:4.

<sup>326</sup> VM\_Ref.3:4.

<sup>327</sup> Arrangements are made at shelter/residential care facilities for children turning age 18 years old to transition and be supported in alternative accommodations.

are trafficked and who are placed in safe homes believe that they might be placed in an apartment where they can go and come as they please, they can be on social media, on Facebook, on WhatsApp, communicating with friends and family and whoever they feel like it. Not understanding that those things can put them at risk and also the persons who are in the shelter as well as at risk.... But I think that there is always a clash between what is there and expectations of the persons coming into that environment.”<sup>328</sup>

However, the overall assessment by the SoTs in the study regarding the facility was negative. They noted that, besides their English classes, there was nothing else that they “liked most” about the shelter.<sup>329</sup> It was also reiterated that they did not like anything about the facility, especially the food.<sup>330</sup>

In fact, the SoT respondents strongly indicated that their experience at the shelter was awful and hateful. This led to depression and suicide ideation. They also cautioned that other SoTs should not be placed at the facility due to the xenophobia and discriminatory treatment by staff towards the residents of Venezuelan nationality.<sup>331</sup>

#### 4.8 Staffing and Staff Training

Shelter staff were either classified as full-time or volunteer. CRs reported having a staffing capacity ranging from 4 to approximately 70 persons. Professional staff, such as psychologist, social workers, medical doctors, and nurses also work at the facilities. Shelters may have a board, manager, deputy manager, supervisors, and caregivers.<sup>332</sup>

SoTs had mixed views about the staff’s level of training to deal with SoTs and persons of their age group, sex, and nationality. They reported that while some staff showed some knowledge and willingness to understand the Venezuelan residents, they also felt that others openly showed favour to the Trinidadian residents. <sup>333</sup>

One SoT reported:

“Well, I don't really think that they received any kind of training because we were almost treated like animals.” <sup>334</sup>

While another SoT shared:

“I could say that some were not trained to understand us, but others did understand us very well.” <sup>335</sup>

During the interviews, SoTs also made allegations of discrimination and verbal and physical abuse being meted out to them both by staff, inclusive of security personnel, and other female residents. <sup>336</sup> Staff were also accused of re-traumatization.<sup>337</sup> Accordingly, SoTs reported feeling fearful for their safety and that their rights were being violated. They also indicated that there was no redress even when incidences were reported to the authorities.<sup>338</sup>

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<sup>328</sup> STI\_Ref.1:7.

<sup>329</sup> VM\_Ref.4:9; VM\_Ref.5:13; VM\_Ref.6:8.

<sup>330</sup> VM\_Ref.2:12; VM\_Ref.4:9; VM\_Ref.5:14.

<sup>331</sup> VM\_Ref.1:11; VM\_Ref.2:12; VM\_Ref.3:11; VM\_Ref.4:10; VM\_Ref.5:14.

<sup>332</sup> CR\_Ref.2:11; CR\_Ref.3:18 & 19; CR\_Ref.4:11 & 12; CR\_Ref.5:14 & 15.

<sup>333</sup> VM\_Ref.1:10; VM\_Ref.2:11; VM\_Ref.3:10; VM\_Ref.4:9; VM\_Ref.5:13; VM\_Ref.6:7.

<sup>334</sup> VM\_Ref.1:10.

<sup>335</sup> VM\_Ref.3:10.

<sup>336</sup> VM\_Ref.1:10; VM\_Ref.2:11; VM\_Ref.5:12.

<sup>337</sup> VM\_Ref.6:7-8.

<sup>338</sup> VM\_Ref.1:10; VM\_Ref.2:10; VM\_Ref.5:12-13.

It was further disclosed, in the opinion of one SoT, that the security staff were supportive and facilitative of gang-like behaviour among Trinidadian residents within the facility.<sup>339</sup>

#### 4.9 Inspection and Monitoring

Most stakeholders were unaware of the inspection and monitoring of shelters.<sup>340</sup> However, few stakeholders reported that community residences are inspected and monitored by the Licensing and Monitoring Department of the CATT.<sup>341</sup> Accordingly, shelters may be inspected based on their licensing agreement, whether annual or provisional, and the number of cases and case managers. Thus, inspections can be weekly or bi-weekly depending on the requirements.<sup>342</sup> These inspections are documented.<sup>343</sup>

Correspondingly, CRs reported that they are periodically inspected, mainly by agencies such as CATT, the Public Health Department of the Ministry of Health, and the Fire Services. These inspections are designed to ensure compliance with regulations and SOPs for residential facilities and for registration and licensure for spaces providing services to children. CATT and the CTU also investigate incidences and complaints from residents. Focus groups are sometimes conducted with SoTs to ascertain their experiences at facilities, assess their needs and monitor if their needs are being satisfied.<sup>344</sup> While CRs reported that regular feedback meetings are conducted, they were mixed in their views as to whether inspection reports are documented. However, it was noted that negative areas for improvement are shared with them via official correspondence.<sup>345</sup> There was also agreement that CRs housing SoTs should be regularly inspected.<sup>346</sup>

#### 4.10 Challenges and Barriers - Stakeholders

Given the complex needs of SoTs in shelters and the range of services required to effectively satisfy those needs, stakeholders identified several challenges and barriers they encounter in the provision of services to SoTs. These included:

- Lack of appropriate housing structures that facilitate safety and security, and are compliant with Occupational Health and Safety Standards and building codes and standards;<sup>347</sup>
- Lack of adequate human resources - complement of adequately trained staff, and lack of bilingual staff and professionals;<sup>348</sup>
- Insufficient financial resources to support counselling, provision of basic needs and support to families;<sup>349</sup>

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<sup>339</sup> VM\_Ref.2:11.

<sup>340</sup> STI\_Ref.7:3; STI\_Ref.6:9; STI\_Ref.8:4; STI\_Ref.10:4; STI\_Ref.11:3; STI\_Ref.12:3; STI\_Ref.14:3.

<sup>341</sup> STI\_Ref.2:3; STI\_Ref.3:5-6; STI\_Ref.5:4.

<sup>342</sup> STI\_Ref.2:3; STI\_Ref.3:6.

<sup>343</sup> STI\_Ref.13:5.

<sup>344</sup> CR\_Ref.1:6; CR\_Ref.3:8; CR\_Ref.4:5; CR\_Ref.5:7.

<sup>345</sup> CR\_Ref.3:8; CR\_Ref.4:5 & 7.

<sup>346</sup> CR\_Ref.3:8; CR\_Ref.4:6; CR\_Ref.5:7.

<sup>347</sup> CR\_Ref.1:11; CR\_Ref.2:5; STI\_Ref.3:2-3; STI\_Ref.7:5; STI\_Ref.10:5,6; STI\_Ref.11:4,9; STI\_Ref.14:6,14; STI\_Ref.13:7.

<sup>348</sup> CR\_Ref.1:14; CR\_Ref.2:5; STI\_Ref.2:6; STI\_Ref.3:2-3; STI\_Ref.5:7; STI\_Ref.6:11; STI\_Ref.7:10; STI\_Ref.14:13; STI\_Ref.13:7; STI\_Ref.14:5.

<sup>349</sup> CR\_Ref.1:11; CR\_Ref.2:5; STI\_Ref.2:6; STI\_Ref.5:7; STI\_Ref.6:11; STI\_Ref.7:10; STI\_Ref.12:5; STI\_Ref.13:7.

- Inadequate and unsustainable provision of basic needs<sup>350</sup> - clothing, food, accommodation, and other consumables;
- Lack of regular counselling and follow-up sessions with SoTs;<sup>351</sup>
- Language and communication barriers – lack of resources for communicating with families of SoTs;<sup>352</sup>
- Lack of educational and vocational training;<sup>353</sup>
- Limited technology access - internet data or Wi-Fi connectivity and technological devices;<sup>354</sup>
- Fear of working with SoTs, given the association with organized crime;
- Inadequate legal prosecution of traffickers to deter trafficking;<sup>355</sup>
- Lack of information sharing by authorities and officials (TPPS, CATT, CTU) on trafficking cases, reports, etc. with key stakeholders;<sup>356</sup>
- Over reliance on the government to establish initiatives to support the needs of VoTs;<sup>357</sup> and
- Lack of technical expertise in M&E among all stakeholders.<sup>358</sup>

#### 4.10.1 Weaknesses and Gaps

Additionally, stakeholders outlined the following gaps that continue to hamper successful delivery of appropriate victim care services:

- Coherent and cohesive policy framework for addressing issues associated with TiP and SoTs;<sup>359</sup>
- Opportunities for integration<sup>360</sup> of migrants into host communities including proper documentation, access to the Minister’s permit;
- Effective and coordinated collaboration and partnerships among relevant stakeholders;<sup>361</sup>
- Better working relationships<sup>362</sup> with the Venezuelan Embassy and Trinidad and Tobago’s Immigration Division;
- Awareness of Venezuelan culture;<sup>363</sup>
- Without access to a Minister’s Permit, SoTs can be exposed to irregular work or work in the informal sector, which puts them at risk of re-trafficking;<sup>364</sup>
- Inadequate legal counselling<sup>365</sup> and information sharing with SoTs;
- Repatriation, reintegration and/or resettlement of SoTs;<sup>366</sup>
- Appropriate investigative mechanism to screen staff working with SoTs and children;<sup>367</sup>
- Public sensitization and education on TiP and the experiences of SoTs;<sup>368</sup> and

<sup>350</sup> STI\_Ref.7:10; STI\_Ref.9:14; STI\_Ref.13:11.

<sup>351</sup> CR\_Ref.3:17.

<sup>352</sup> CR\_Ref.5:14; STI\_Ref.7:10; STI\_Ref.6:11; STI\_Ref.14:5.

<sup>353</sup> STI\_Ref.2:6.

<sup>354</sup> CR\_Ref.6:22.

<sup>355</sup> CR\_Ref.3:17-18.

<sup>356</sup> CR\_Ref.1:14; CR\_Ref.4:11, STI\_Ref.7:10.

<sup>357</sup> CR\_Ref.2:5.

<sup>358</sup> CR\_Ref.1:14.

<sup>359</sup> STI\_Ref.3:10 & 16; STI\_Ref.7:5,10.

<sup>360</sup> STI\_Ref.2:14; STI\_Ref.5:15.

<sup>361</sup> STI\_Ref.7:10.

<sup>362</sup> STI\_Ref.3:15.

<sup>363</sup> STI\_Ref.2:14; STI\_Ref.6:17.

<sup>364</sup> STI\_Ref.5:15.

<sup>365</sup> STI\_Ref.6:17; STI\_Ref.8:9.

<sup>366</sup> STI\_Ref.7:5; STI\_Ref.11:9.

<sup>367</sup> STI\_Ref.14:13.

<sup>368</sup> STI\_Ref.4:10-11; STI\_Ref.14:6.

- Adoption of a victim-centred and rights-based approach in assistance and support to SoTs.<sup>369</sup>

#### 4.11 Resource Requirements and Funding Sources

Delineated below are the required resources identified by stakeholders as necessary to strengthen the service delivery capacity to SoTs in shelters in Trinidad and Tobago.

- **Financial Resources**<sup>370</sup> – from both government allocations and international support;
- **Human Resources**<sup>371</sup> – appropriately trained staff, inclusive of Spanish-speaking or bilingual staff. Additional staff such as workers for the night shift, caregivers and including medical/clinical, psychological, psychiatric professionals/experts, as well as administrative/intake officer and case manager;
- **Training and Sensitization**<sup>372</sup> - include basic, refresher and long-term training for staff. Suggested training areas: trafficking, general childcare, safety and security, self-defence, CPR, protection measures;
- **Physical Infrastructure**<sup>373</sup> - a safe and appropriately located facility that is conducive to a therapeutic environment, or common spaces in an already existing building;
- **Technical Assistance and Guidance**<sup>374</sup> - sharing of international best practices, in the development of guidelines and policies, referral pathways, monitoring and evaluation;
- Clearly documented **Referral Pathways**<sup>375</sup> - development of guidebooks for shelter staff and practitioners;
- **Security and Protection**<sup>376</sup>
- **Collaboration and Partnerships**<sup>377</sup> - MOUs with state agencies
- **Services**<sup>378</sup> - Education, medical and mental health and
- **Other**<sup>379</sup> - Transportation and food.

##### 4.11.1 Source of Funding

Shelters stated that they were funded by singular or multiple arrangements with the following sources:

- State Subvention<sup>380</sup>
- Payment per child from the state<sup>381</sup>
- Subvention/Contribution from the Church<sup>382</sup>

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<sup>369</sup> STI\_Ref.6:17; STI\_Ref.14:13.

<sup>370</sup> CR\_Ref.1:12; CR\_Ref.5:14; CR\_Ref.6:23; STI\_Ref.2:12; STI\_Ref.5:13; STI\_Ref.6:14; STI\_Ref.7:9; STI\_Ref.8:7; STI\_Ref.9:12; STI\_Ref.10:8; STI\_Ref.12:8; STI\_Ref.14:11.

<sup>371</sup> CR\_Ref.1:12; CR\_Ref.2:8; CR\_Ref.3:18; CR\_Ref.5:14; STI\_Ref.1:9; STI\_Ref.3:14; STI\_Ref.5:13; STI\_Ref.6:14; STI\_Ref.7:9; STI\_Ref.8:7; STI\_Ref.10:8; STI\_Ref.11:8; STI\_Ref.12:8; STI\_Ref.14:11.

<sup>372</sup> CR\_Ref.1:12; CR\_Ref.2:8; CR\_Re.f.3:18; CR\_Ref.5:14; CR\_Ref.6:23; STI\_Ref.4:9; STI\_Ref.5:13; STI\_Ref.7:9; STI\_Ref.8:7.

<sup>373</sup> CR\_Ref.2:8, STI\_Ref.1:9; STI\_Ref.3:14; STI\_Ref.7:9; STI\_Ref.8:7; STI\_Ref.9:12; STI\_Ref.13:9.

<sup>374</sup> CR\_Ref.1:12; STI\_Ref.7:9; STI\_Ref.14:11.

<sup>375</sup> CR\_Ref.1:12.

<sup>376</sup> CR\_Ref.4:11; STI\_Ref.3:14; STI\_Ref.6:14; STI\_Ref.7:9.

<sup>377</sup> STI\_Ref.4:9; STI\_Ref.7:9.

<sup>378</sup> STI\_Ref.1:9; STI\_Ref.2:12; STI\_Ref.13:9.

<sup>379</sup> CR\_Ref.4:11; STI\_Ref.13:9.

<sup>380</sup> CR\_Ref.1:13; CR\_Ref.2:12; CR\_Ref.5:14; CR\_Ref.6:24.

<sup>381</sup> CR\_Ref.1:13; CR\_Ref.4:12.

<sup>382</sup> CR\_Ref.3:19; CR\_Ref.4:12.



- Contribution from Faith Based Organizations or NGOs<sup>383</sup>
- Support from International Development Agency<sup>384</sup> and
- Private Donations.<sup>385</sup>

#### 4.12 Collaboration, Partnerships and Referral Mechanisms

Service providers often must collaborate to holistically satisfy the multidimensional needs of SoTs.

According to the data emerging from the respondents in this study, agencies and organizations working in the field of SoTs services collaborate and partner both at national and international levels. Collaborative partners include state-run organizations, CSOs, CRs, and International Agencies. The main impetus for collaboration and partnership included referral pathways, training, technical assistance and support, funding, investigations, and service delivery.

A list of the collaborating agencies and organizations and the areas of collaboration are identified in Figure 10.

**Figure 10: List of Collaborators and Partners in Survivor of Trafficking Services**

Category	Agency/Organization	Areas of Collaboration/Partnership	Collaborators/Partners
CRs	OPM Migrant Facility	Children on the Move, Inter-Ministerial Committee <sup>386</sup>	CATT, CTU, MNS, UNICEF, IOM, Childline, government agencies, catholic agencies
	Mary Care (North & South)	Referrals <sup>387</sup>	CATT, TTPS
		Care and Assistance <sup>388</sup>	CATT, Eternal Light Community and LWC
	St Jude's Homes for Girls	Referrals <sup>389</sup>	CATT, the Court
		Care and Assistance <sup>390</sup>	CTU
	The Heroes Foundation	Referrals and Rental Support <sup>391</sup>	LWC
		Funding and Technical Assistance <sup>392</sup>	PADF, UNICEF
		Training <sup>393</sup>	IOM
		Programs <sup>394</sup>	TTVSOLNET
		Reports of Abuse <sup>395</sup>	CATT, TTPS

<sup>383</sup> CR\_Ref.4:12; CR\_Ref.5:14.

<sup>384</sup> CR\_Ref.6:24.

<sup>385</sup> CR\_Ref.3:19; CR\_Ref.6:24.

<sup>386</sup> CR\_Ref.1:13,

<sup>387</sup> CR\_Ref.4:13.

<sup>388</sup> CR\_Ref.4:12.

<sup>389</sup> CR\_Ref.5:16.

<sup>390</sup> CR\_Ref.5:16.

<sup>391</sup> CR\_Ref.6:25.

<sup>392</sup> CR\_Ref.6:25.

<sup>393</sup> CR\_Ref.6:24.

<sup>394</sup> CR\_Ref.6:25.

<sup>395</sup> CR\_Ref.6:25.

Category	Agency/Organization	Areas of Collaboration/Partnership	Collaborators/Partners
Government	CATT	Accommodation <sup>396</sup>	State owned Children's Homes, Amica House, Mary Care
		Investigations <sup>397</sup>	CTU Medical social workers
		Assistance with SoTs over age 18 years <sup>398</sup>	LWC
		Referrals <sup>399</sup>	TTPS, Childline, CTU, IOM, LWC
		Care and Assistance <sup>400</sup>	CTU, IOM, LWC, UNHCR
		Psychosocial Support <sup>401</sup>	CTU
	CTU	Referrals <sup>402</sup>	CATT, IOM, Immigration Division, LWC, MOL
		Accommodation <sup>403</sup>	CATT
		Legal services and documentation <sup>404</sup>	Immigration Division
		Assistance <sup>405</sup> (hampers, food vouchers, groceries, toiletries)	NGOs
		Investigations and Intelligence <sup>406</sup>	TTPS, Cyber security, Financial Intelligence Unit (FIU)
	MOH	Medical Assessment and Care <sup>407</sup>	Immigration Division, TTPS, Trinidad and Tobago Coast Guard,
		Technical Support (Displacement Tracking Matrix, Sensitization) <sup>408</sup>	IOM, UNHCR, UNDP
		Funding for Migrant Health <sup>409</sup>	American Development Bank
		Contraceptive and Sexual Health <sup>410</sup>	UNFPA

<sup>396</sup> STI\_Ref.2:13.

<sup>397</sup> STI\_Ref.2:13.

<sup>398</sup> STI\_Ref.3:13, 15.

<sup>399</sup> STI\_Ref.2:14; STI\_Ref.3:15.

<sup>400</sup> STI\_Ref.3:15.

<sup>401</sup> STI\_Ref.4:10.

<sup>402</sup> STI\_Ref.9:13.

<sup>403</sup> STI\_Ref.9:13.

<sup>404</sup> STI\_Ref.9:13.

<sup>405</sup> STI\_Ref.9:13.

<sup>406</sup> STI\_Ref.9:13.

<sup>407</sup> STI\_Ref.7:9,10.

<sup>408</sup> STI\_Ref.7:10.

<sup>409</sup> STI\_Ref.7:10.

<sup>410</sup> STI\_Ref.7:10

Category	Agency/Organization	Areas of Collaboration/Partnership	Collaborators/Partners
		Vulnerable Populations <sup>411</sup>	Inter-American Development Bank (IDB)
		Deportation <sup>412</sup>	Immigration Division Ministry of Foreign and CARICOM Affairs
		Immigration Issues <sup>413</sup>	Ministry of National Security
		Legal issues (Clarification of legislation) <sup>414</sup>	Office of the Attorney General
		Adjustments to Funding under Public Sector Investment Programmer (PSIP) <sup>415</sup>	Ministry of Finance
		Care and Assistance <sup>416</sup>	MSDFS, CSOs and NGOs
	<b>MOL</b>	Referral and Assistance with Labour Exploitation Investigations, MoU <sup>417</sup>	CTU
		Training and Translation Services <sup>418</sup>	IOM
	<b>MSDFS</b>	Assistance with Accommodation <sup>419</sup>	CTU, NGO networks
	<b>OPMGCA</b>	Referral <sup>420</sup>	800-Save Hotline
	<b>THA</b>	Information Sharing <sup>421</sup>	TTPS
		Care and Assistance <sup>422</sup>	IOM, UNHCR, UN Women
		Training <sup>423</sup>	Spotlight Initiative, NGOs
	<b>TTPS (GBV &amp; CPU)</b>	Referrals <sup>424</sup>	Victim and Witness Support, Fine Care TT
		Care Services <sup>425</sup>	IOM, La Casita, Woman of Substance, MNS,

<sup>411</sup> STI\_Ref.7:10

<sup>412</sup> STI\_Ref.7:10

<sup>413</sup> STI\_Ref.7:10

<sup>414</sup> STI\_Ref.7:10

<sup>415</sup> STI\_Ref.7:10

<sup>416</sup> STI\_Ref.7:10

<sup>417</sup> STI\_Ref.8:8.

<sup>418</sup> STI\_Ref.8:8.

<sup>419</sup> STI\_Ref.10:8.

<sup>420</sup> STI\_Ref.11:8.

<sup>421</sup> STI\_Ref.12:8.

<sup>422</sup> STI\_Ref.13:10.

<sup>423</sup> STI\_Ref.13:10

<sup>424</sup> STI\_Ref.14:12.

<sup>425</sup> STI\_Ref.14:12.

Category	Agency/Organization	Areas of Collaboration/Partnership	Collaborators/Partners
			CATT, Division of Ageing
<b>CSOs</b>	<b>AMMR</b>	Referral Pathway <sup>426</sup>	Sub working groups
		Referrals <sup>427</sup>	CTU
		Assistance with investigations of families and children <sup>428</sup>	Immigration Division
	<b>FIA</b>	Care and Assistance <sup>429</sup>	CTU, CATT, IOM
		Information Sharing <sup>430</sup>	UNHCR
		Referral <sup>431</sup>	CATT, CTU, IOM
	<b>LWC</b>	Referrals <sup>432</sup>	FPATT, Rape Crisis Society, CTU, IOM, La Casita
Case Management <sup>433</sup>		IOM, CTU	
Hamper Distribution, Immediate Needs <sup>434</sup>		IOM, R4V	
Sexual and Labour Exploitation <sup>435</sup>		MOL	
<b>International Organization</b>	<b>IOM</b>	Care and Assistance <sup>436</sup>	CTU, Immigration Division, THA
		Mental Health and Psychosocial Support and Vocational Training <sup>437</sup>	FIA
		Supporting Child SoTs and the Migrant Facility <sup>438</sup>	MSDF, OPM

Source: HER CTIPTT Fieldwork 2022

## 5 Conclusions

Residential care and shelters play vital roles in the strategic assistance response to SoTs, and in the overall CTIP agenda for Trinidad and Tobago. Whilst there are aspects of the shelter system that function adequately, this study has revealed notable challenges and gaps in some structures that require urgent attention to effectively support the recovery outcomes of SoTs.

<sup>426</sup> STI\_Ref.1:10.

<sup>427</sup> STI\_Ref.1:10.

<sup>428</sup> STI\_Ref.2:14.

<sup>429</sup> STI\_Ref.4:9.

<sup>430</sup> STI\_Ref.4:9.

<sup>431</sup> STI\_Ref.4:10.

<sup>432</sup> STI\_Ref.6:16.

<sup>433</sup> STI\_Ref.6:15.

<sup>434</sup> STI\_Ref.6:15.

<sup>435</sup> STI\_Ref.6:16.

<sup>436</sup> STI\_Ref.5:14.

<sup>437</sup> STI\_Ref.5:14.

<sup>438</sup> STI\_Ref.5:14.

Specifically, housing for SoTs emerged as a formidable challenge that if unchecked could predispose SoTs to re-trafficking and re-victimization.

Inadequate support for male SoTs is also another area for concern that requires further examination and corrective action.

Additionally, although the TiP Act provides the legal architecture for CTiP work, the policy framework to guide the championing and implementing of this mandate is essential. Therefore, the approval of the National Action Plan on TiP is a welcomed step towards rationalized and coordinated CTiP efforts.

Similarly, at the level of the shelters, it is imperative that standardized SOPs are developed, instituted, evaluated, and monitored. This will ultimately augment the quality of care and promote continuous improvement and adaptations.

It must be noted, however, that ongoing and new efforts require dedicated and sufficient funding and resources to ensure that the staff at shelters are appropriately resourced, trained and qualified to meet the needs of SoTs.

Moreover, the provision of medical care for SoTs, a core need, appeared to be particularly challenging for service providers and shelters and therefore measures to reduce and where possible eliminate these encumbrances should be pursued.

Apart from this, well-defined referral systems, information sharing, and stakeholder collaboration and partnerships are all integral elements of a robust CTiP system.

However, whilst the legal, policy, and institutional aspects of TiP are vital, the voices of SoTs should be constantly considered as it is the most direct determinant of the effectiveness and impacts of TiP programs and projects.

Interestingly, accounts from stakeholders and SoTs echoed key barriers identified in the literature, which, once appropriately addressed, can redound to a strengthened TiP framework for desired results.

## 6 Key Recommendations

Consistent with the key findings of the study, the following thematic areas emerged as issues for further consideration:

1. Specialized Shelter Spaces for SoTs
2. Supporting Policy Frameworks
3. Continuum of Services
4. Resources and Staffing
5. Language, Culture and Communication
6. Inspection, Monitoring and Evaluation
7. Safety and Security and
8. Collaboration, Coordination and Referral Pathways.

### 6.1 Specialized Shelter Spaces for Survivors of Trafficking

The literature advocated that shelter facilities should cater to homogenous populations and tailor programs and services to the needs of the specific population<sup>439</sup>.

Similarly, stakeholders in this study concurred with the need to provide separate accommodation for SoTs.<sup>440</sup>

Therefore, aligned with the existing research and study findings, cognizant of the SoT placement crisis in Trinidad and Tobago<sup>441</sup> and mindful of the absence of exclusive shelters for SoTs, it is recommended that residential facilities should be specifically designed to group residents by age and/or stage of recovery.

Additionally, during data collection, respondents indicated that SoTs<sup>442</sup> and the opening of the OPM Migrant Facility<sup>443</sup> should be prioritized.<sup>444</sup>

It was also identified that child protection spaces needed to be established for male SoTs and male migrant children.<sup>445</sup>

In the case of Tobago, it was further recommended that:

- Research and a needs assessment and/or feasibility study on the establishment of a shelter exclusive to SoTs in Tobago should be undertaken;<sup>446</sup> and
- Attention should be given to the peculiarities of shelter operations in Tobago.<sup>447</sup>

Existing research also asserted that a continuum of specialized housing options should be explored as a valuable and necessary approach, where options are based on assessment and needs of the individual victim.<sup>448</sup>

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<sup>439</sup> Clawson and Grace 2007.

<sup>440</sup> VM\_Ref.2:12; VM\_Ref.4:10; VM\_Ref.5:14; CR\_Ref.2:3,5; CR\_Ref.3:6,21; CR\_Ref.4:11.

<sup>441</sup> See Justice Jones Report 2021.

<sup>442</sup> STI\_Ref.7:3.

<sup>443</sup> STI\_Ref.3:5.

<sup>444</sup> The facility was subsequently opened and operational on 16<sup>th</sup> December, 2022.

<sup>445</sup> STI\_Ref.2:10.

<sup>446</sup> CR\_Ref.2:10.

<sup>447</sup> STI\_Ref.13:3.

<sup>448</sup> Child Welfare Information Gateway 2019.

In this regard, the literature identified the use of models of specialized foster care and specialized group homes for SoTs.

This issue of foster care was also raised by a stakeholder, who recommended incorporating locally settled migrants in a foster care arrangement for low-risk child SoTs. It was suggested that such an approach can benefit the child, given placement in a familial environment, based on shared language and culture.<sup>449</sup>

## 6.2 Supporting Policy Frameworks

The main recommendations under this area entailed having clear national guidelines and appropriate SOPs for the provision of care and assistance to SoTs.

Accordingly, stakeholders suggested:

- Taking national ownership of the provision of care to SoTs;<sup>450</sup>
- Articulating a clear national policy on the treatment and care of SoTs;<sup>451</sup>
- Enabling targeted inclusion of key NGOs in national strategies and plans for SoTs;<sup>452</sup>
- Developing legal guidelines and regulations on the infrastructure and operations of shelters;<sup>453</sup>
- Developing appropriate SOPs, guidelines, and policies,<sup>454</sup> such as SOPs on staff recruitment, training, and monitoring and performance management;<sup>455</sup>
- Developing licensure and monitoring SOPs;<sup>456</sup>
- Promoting greater clarity on government's policy on access to health care by non-nationals;<sup>457</sup> to better inform stakeholders on rights and responsibilities;
- Developing an MoU between CRs and Ministry of Health (MOH) regarding treatment of SoTs at public health facilities;<sup>458</sup>
- Granting greater access to victims<sup>459</sup> by organizations conducting investigations, e.g., labour exploitation;
- Implementing a redress mechanism for SoTs;<sup>460</sup>
- Increasing public education and sensitization on individual and human rights;<sup>461</sup> and
- Utilizing social media to educate young persons on the dangers of trafficking.<sup>462</sup>

In this regard, stakeholders should revisit their policies, protocols, and practices to ensure compliance and alignment with international and national legislation and policy frameworks. Where no organizational policies and protocols exist, these should be developed by a competent multi-disciplinary team with experience in trafficking issues.

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<sup>449</sup> STI\_Ref.2:9.

<sup>450</sup> STI\_Ref.3:5.

<sup>451</sup> STI\_Ref.3:5; STI\_Ref.7:3; STI\_Ref.12:3.

<sup>452</sup> STI\_Ref.6:7.

<sup>453</sup> STI\_Ref.6:8; STI\_Ref.7:3.

<sup>454</sup> STI\_Ref.7:9.

<sup>455</sup> CR\_Ref.6:12.

<sup>456</sup> STI\_Ref.6:7.

<sup>457</sup> STI\_Ref.3:11.

<sup>458</sup> STI\_Ref.2:8.

<sup>459</sup> STI\_Ref.8:7.

<sup>460</sup> STI\_Ref.7:3.

<sup>461</sup> CR\_Ref.4:4-5; CR\_Ref.6:10-11.

<sup>462</sup> CR\_Ref.4:13.

Added to this, based on the literature and expressed SoT experiences at shelters, a zero-tolerance policy on discrimination and violence should be developed.<sup>463</sup>

### 6.3 Continuum of Services

Service needs of SoTs are wide and extensive, ranging from immediate, basic needs to more longer-term needs. As such, it is critical that services are comprehensive, integrated, and coordinated to effectively address their needs.<sup>464</sup>

Accordingly, stakeholders recognized that access to comprehensive services and support should be facilitated and should include:

- Basic needs<sup>465</sup>
- Mental health and counselling<sup>466</sup>
- Medical services and support,<sup>467</sup> inclusive of medical screenings<sup>468</sup>
- Critical healthcare services<sup>469</sup>
- Specialized treatment models relevant to trauma intervention<sup>470</sup>
- Education and skills development<sup>471</sup> and
- Career development and talent enhancement.<sup>472</sup>

Stakeholders also iterated the need to provide:

- Suitable infrastructure<sup>473</sup> to accommodate services to victims, e.g., private counselling rooms;
- Sensitization to SoTs on the range of medical services available and accessible to them at various facilities, e.g., FPATT;<sup>474</sup>
- Standardized access to online educational programs for non-nationals at all shelters<sup>475</sup>
- Safe spaces at medical institutions;<sup>476</sup> and
- Greater sensitization to medical professionals at public health facilities on prioritized care to SoTs.<sup>477</sup>

One stakeholder strongly advocated for “a one-stop shop” at shelters, where a suite of services can be provided to SoTs<sup>478</sup> at a centralized location. In so doing, medical services, MPHSS and other services can be provided in one location to reduce the burden on SoTs in seeking services at various locations.

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<sup>463</sup> Greenbaum and Albright 2019.

<sup>464</sup> UNODC 2006.

<sup>465</sup> STI\_Ref.1:2.

<sup>466</sup> STI\_Ref.5:11; STI\_Ref.10:7.

<sup>467</sup> STI\_Ref.5:4; CR\_Ref.1:9.

<sup>468</sup> STI\_Ref.12:8.

<sup>469</sup> STI\_Ref.7:3; STI\_Ref.13:4.

<sup>470</sup> CR\_Ref.1:9.

<sup>471</sup> STI\_Ref.1:2; STI\_Ref.5:4.

<sup>472</sup> CR\_Ref.6:21.

<sup>473</sup> STI\_Ref.12:8

<sup>474</sup> STI\_Ref.5:8

<sup>475</sup> STI\_Ref.3:12

<sup>476</sup> STI\_Ref.14:8

<sup>477</sup> STI\_Ref.9:3

<sup>478</sup> STI\_Ref.14:8



According to the literature, alternative mental health support is also a viable strategy to address challenges associated with the provision of MHPSS.<sup>479</sup>

Therefore, given the challenges faced with the accessibility of bilingual counsellors and the irregularity of contact with victims, provisions should be made to explore alternative support mechanism, such as a **Peer-to-Peer Support Model**.<sup>480</sup> This model involves the use of trafficking survivors to counsel and mentor current victims in shelters, in a more non-judgemental and empathetic way. Victims can benefit from the understanding of peers who experienced similar pain and exploitation. The Survivor Mentor can be included as part of the complement of specialist services available to the SoTs.

Correspondingly, one SoT's recommendation was consistent with the literature. She volunteered to visit SoTs currently in shelters to provide them with a listening ear and counsel as someone having also experienced exploitation.<sup>481</sup>

Additionally, based on the lingering feelings expressed by some of the SoTs, even after leaving the shelters, there is also a need for transition and aftercare services, including support groups, mentoring, individual counselling, and education.<sup>482</sup>

## 6.4 Resources and Staffing

In this study, stakeholders reported on several barriers and challenges encountered in service delivery. Chief among them being the need for financial resources and human resource capital.

Thus, stakeholders proposed:

- Exploration of international funding assistance<sup>483</sup> and
- Investment in additional resources for trafficking investigations, rescuing victims, and disbanding trafficking operations.<sup>484</sup>

Apart from this, the interviewed SoTs recommended that shelters should be equipped with washing machines, private rooms, more TVs, and the availability of Spanish programming, as well as refrigerators for greater access to cold beverages.<sup>485</sup>

### 6.4.1 Staffing and Staff Training

In relation to staffing concerns, stakeholders emphasized that efforts should be made to:

- Increase appropriately trained and bilingual staff<sup>486</sup> – both at the ministerial staff level (particularly at CATT) and at the level of shelter staff;
- Ensure comprehensive screening, assessment, and training of staff;<sup>487</sup> and
- Provide greater access to Spanish-speaking therapists.<sup>488</sup>

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<sup>479</sup> [www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/44-comprehensive-victim-services/mental-health-needs/](http://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/44-comprehensive-victim-services/mental-health-needs/)

<sup>480</sup> [www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/44-comprehensive-victim-services/mental-health-needs/](http://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/44-comprehensive-victim-services/mental-health-needs/)

<sup>481</sup> VM\_Ref.1:11

<sup>482</sup> Clawson and Grace 2007

<sup>483</sup> CR\_Ref.1:11.

<sup>484</sup> VM\_Ref.6:9.

<sup>485</sup> VM\_Ref.1:10; VM\_Ref.5:13.

<sup>486</sup> STI\_Ref.2:12; STI\_Ref.3:15; STI\_Ref.4:9; STI\_Ref.9:12.

<sup>487</sup> STI\_Ref.4:3; STI\_Ref.6:8.

<sup>488</sup> CR\_Ref.1:9.

Staff training continues to be a key recommendation. The findings suggest that training<sup>489</sup> should be provided in:

- Trauma-informed care<sup>490</sup>
- Victim-centred approaches to care<sup>491</sup>
- PSEA, Safeguarding and protection<sup>492</sup>
- Interacting with victims<sup>493</sup>
- Measurement<sup>494</sup>
- Security<sup>495</sup>
- Privacy, confidentiality and informed consent,<sup>496</sup> and
- Data management.<sup>497</sup>

Furthermore, sustainable strategies should be implemented to monitor and evaluate staff training and staff performance outcomes.<sup>498</sup>

Relationships can also be established with the local universities to develop special customized training programs required by shelter staff, particularly in areas such as psychology, counselling, social work, or other treatment approaches.<sup>499</sup>

#### 6.4.2 Staff Professional Conduct

A Staff Code of Conduct should be developed, where absent, alongside other monitoring and accountability measures of staff behaviour.<sup>500</sup>

Measures should also be implemented to facilitate anonymous client feedback and complaints to engender the trust and safety of those reporting.<sup>501</sup>

### 6.5 Language, Culture and Communication

Best practice strategies should be adopted to improve the cultural appropriateness of staff at shelters.<sup>502</sup> This can help reduce cultural discrimination and bias towards non-national residents and improve the standard of care towards trafficked persons. However, overgeneralizations and cultural universality should be guarded against.<sup>503</sup>

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<sup>489</sup> STI\_Ref.4:9; STI\_Ref.6:15; STI\_Ref.7:9; STI\_Ref.8:7; STI\_Ref.9:12; STI\_Ref.12:8.

<sup>490</sup> Rafferty 2018; Greenbaum and Albright 2019.

<sup>491</sup> Greenbaum and Albright 2019.

<sup>492</sup> CR\_Ref.6:12; ILO 2006.

<sup>493</sup> STI\_Ref.9:12; Greenbaum and Albright 2019.

<sup>494</sup> STI\_Ref.4:3.

<sup>495</sup> STI\_Ref.4:3.

<sup>496</sup> STI\_Ref.4:3; Greenbaum and Albright 2019.

<sup>497</sup> STI\_Ref.4:3.

<sup>498</sup> Clawson et al 2003; Greenbaum and Albright 2019.

<sup>499</sup> Greenbaum and Albright 2019.

<sup>500</sup> ILO 2006.

<sup>501</sup> ILO 2006; Greenbaum and Albright 2019.

<sup>502</sup> Greenbaum and Albright 2019.

<sup>503</sup> UNODC 2006.

Fundamentally, it was recommended that:

Bilingual staff should be available at the shelters at all levels<sup>504</sup> and English classes be offered<sup>505</sup> to SoTs reduce the language barriers; and

- Health care workers should be trained in Spanish or provided with greater access to interpreters<sup>506</sup> for accurate screening and assessment of SoTs. This will also aid in SoT identification.

At an operational level, it was suggested that shelters needed to demonstrate greater cultural sensitivity<sup>507</sup> by:

- Granting SoTs opportunities to engage their families;<sup>508</sup>
- Ensuring non-national residents have access to meals from their country of origin;<sup>509</sup>
- Blending culture with life at the shelter;<sup>510</sup> and
- Implementing measures to recognize and celebrate cultural differences, such as hosting of festivals and cultural exchanges.<sup>511</sup>

Additionally, it was recognized that integration needed to be reflected at a national level through the hosting of integration initiatives, such as cultural and sporting events.<sup>512</sup>

The literature further iterated that to improve cultural sensitivity the case managers of SoTs should be of similar ethnicity and culture. This will ease distrust and fear, as well as overcome language and cultural barriers, leading to more effective case management.<sup>513</sup> In that regard, SoT survivors can be employed as service advocates or survivor assistance professionals.

## 6.6 Inspection, Monitoring and Evaluation

A greater level of monitoring and evaluation should be undertaken of facilities that cater to the needs of SoTs to ensure that their specialized needs and emotional well-being are actively considered and pursued.

Stakeholders advised that:

- Shelters should be regularly monitored and evaluated;<sup>514</sup>
- M&E technical capacity be developed to ensure child protection outcomes are being measured and achieved;<sup>515</sup>
- An M&E system specifically for psychosocial support be established;<sup>516</sup> and
- M&E findings should be shared with relevant stakeholders to facilitate appropriate action.<sup>517</sup>

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<sup>504</sup> STI\_Ref.3:5.

<sup>505</sup> STI\_Ref.12:7.

<sup>506</sup> STI\_Ref.12:6.

<sup>507</sup> STI\_Ref.5:9.

<sup>508</sup> CR\_Ref.5:6.

<sup>509</sup> VM\_Ref.4:4.

<sup>510</sup> STI\_Ref.11:7.

<sup>511</sup> CR\_Ref.5:13.

<sup>512</sup> STI\_Ref.2:14.

<sup>513</sup> Clawson et al 2003.

<sup>514</sup> STI\_Ref.6:8.

<sup>515</sup> CR\_Ref.1:14.

<sup>516</sup> CR\_Ref.1:9.

<sup>517</sup> CR\_Ref.1:14.

## 6.7 Safety and Security

Stakeholders suggested the following strategies to strengthen safety and security measures at shelters:

- Increased investigations, arrests, and prosecution of traffickers.<sup>518</sup> This will also reduce SoTs' likelihood of re-encountering the perpetrator;
- Adoption of rigorous selection procedures for the recruitment of security staff;<sup>519</sup>
- Adoption of measures that promote feelings of personal safety among SoTs;<sup>520</sup>
- Implementation of a feedback and complaints mechanism for residents to share their challenges and have them resolved;<sup>521</sup>
- Provision of separate living arrangements for SoTs from other residents to avoid racism and fighting;<sup>522</sup>
- Institution of greater safety measures for non-nationals from both staff and residents;<sup>523</sup> and
- Creation of safe spaces at medical institutions for SoTs and survivors.<sup>524</sup>

Service providers must also be mindful that some restrictions can trigger SoTs, given their experiences in a trafficked environment. Thus, there must be a balance between safety and SoT autonomy in the recovery process.<sup>525</sup>

## 6.8 Collaboration, Coordination and Referral Pathways

Survivor care and protection are whole-of-society endeavours, and so it will involve shared responsibility among, government, private sector, and civil society to partner and collaborate on a coordinated response. International cooperation is also key in the process.

Hence, both the literature and stakeholder feedback advanced that efforts should be made to:

- Facilitate greater coordination, collaboration and information sharing among stakeholders, in the best interest of the SoTs;<sup>526</sup>
- Convene high level discussions on systems and structural issues;<sup>527</sup>
- Host more meetings and collaborative discussions with partners to strategically resolve gaps;<sup>528</sup>
- Utilize stakeholder consultations to guide and develop and action plans;<sup>529</sup>
- Gain support from the private sector and multilateral agencies;<sup>530</sup>
- Establish protocols and inter-agency MoUs to address referral processes, information sharing, and working relationships<sup>531</sup> Protocols can assist with clearly defining roles and responsibilities, as well as reducing duplication of efforts;

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<sup>518</sup> CR\_Ref.3:6.

<sup>519</sup> VM\_Ref.2:5.

<sup>520</sup> VM\_Ref.2:5.

<sup>521</sup> VM\_Ref.2:5; VM\_Ref.7:4.

<sup>522</sup> VM\_Ref.3:5.

<sup>523</sup> VM\_Ref.5:5.

<sup>524</sup> STI\_Ref.14:8.

<sup>525</sup> STI\_Ref.5:2-3; Cordisco Tsai et al. 2021.

<sup>526</sup> STI\_Ref.5:4; STI\_Ref.6:7; CR\_Ref.4:4-5; Clawson et al. 2003.

<sup>527</sup> CR\_Ref.1:11.

<sup>528</sup> CR\_Ref.6:22; Clawson et al. 2003.

<sup>529</sup> STI\_Ref.7:6.

<sup>530</sup> STI\_Ref.7:7.

<sup>531</sup> Greenbraum and Albright 2019; Clawson et al. 2003; Clawson and Dutch 2008.

- Engage in cross-training as an effective way to eliminate misconceptions and enhance understanding of each agencies' protocols.<sup>532</sup> Agencies with a better understanding of each other's SOPs will be better able to understand areas of overlap and increased cooperation;
- Provide training in collaboration, coalition building and team building to provide service providers with the skills to work together effectively;<sup>533</sup>
- Identify specific point of contacts (POCs) within each organization to reduce confusion on who should be contacted and facilitate a process for building better interagency relationships;<sup>534</sup>
- Ensure sensitization and information sharing reach those on the ground, operating at the grassroots level, including local government councillors;<sup>535</sup> and
- Engender greater support at the community level, particularly in victim identification.<sup>536</sup>

Additionally, a comprehensive National Referral Mechanism should be developed that includes detailed information on local services offered at the state, private, and civil society levels and outlines the scope of services, availability, eligibility criteria, procedures, and processes etc.<sup>537</sup> Such a mechanism can play an important role in closing the information gap on providers and services within the sector. Interpretation services is one critical area where such a list is currently required.

## 6.9 Additional Research

This Assessment contributes to the information on shelter systems for SoTs in Trinidad and Tobago. It investigated the needs of SoTs, trends in service provision, policies and procedures, security features and resource requirements, as well as partnerships and collaboration. The report also provides recommendations on critical areas for improvement within the existing shelter framework.

There is need, however, for additional research. Whilst not a targeted area of the study, both transition and aftercare services for SoTs, indirectly emerged as important areas for further investigation.

A more in-depth examination of the transition process for SoTs including an examination of their long-term outcomes after leaving care is useful to strengthening the overall survivor care environment.<sup>538</sup>

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<sup>532</sup> Clawson et al. 2003.

<sup>533</sup> Clawson et al. 2003.

<sup>534</sup> Clawson et al. 2003.

<sup>535</sup> CR\_Ref.6:10-11.

<sup>536</sup> CR\_Ref.3:21.

<sup>537</sup> Clawson et al 2003.

<sup>538</sup> Franklin and Doyle 2013.

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## Appendix I - Type of Shelter

Type of Shelter	Brief Description
Emergency and Short-term Shelters	These shelters are generally designed for crisis situations. They provide immediate housing for a limited period. Accommodations are often in shared bedrooms with limited privacy. Services provided by emergency shelters tend to meet the basic, immediate needs including basic medical attention, short-term counselling, legal information, emergency financial assistance and access to information.
Transitional Housing e.g. halfway house, hostel	Transitional housing programs can provide temporary housing, generally along with supportive services, to individuals and/or families. Housing ranges from shared rooms to individual apartments. Programs are usually between six months to two years, allowing residents to build their savings and identify and secure permanent housing options.
Rental Assistance	Rental assistance programs provide viable time-limited housing solutions to victims/survivors of trafficking. A rental assistance program can be designed to either provide full or partial rent payments to support a survivor in entering or maintaining their own private unit or apartment. The survivor can either hold the lease themselves of this can be undertaken by the anti-trafficking program, as a primary lease or sublease arrangement. Alternatively, the program can develop partnerships with landlords who waive their regular requirements for those referred by the agency.
Permanent Housing	The survivor usually has a lease in their own name that may specify a specific term. There are two main categories of permanent housing programs: tenant-based rental assistance - where a program subsidizes the survivor wherever they are housed; and affordable developments - where the unit itself has a subsidy that reduces the rent. Some permanent housing options include supportive services, such as mental health and case management.

Source: Freedom Network USA 2020, UNODC 2008

Appendix II A (i) - International Conventions/Protocols Accepted by  
Trinidad and Tobago

International Conventions/Protocols	Date of Signature, Ratification or Accession
<b>Relating to Human Rights</b>	
Universal Declaration of Human Rights (1948)	
International Convention on the Elimination of all forms of Racial Discrimination	Ratified 4 October 1973
International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966)	Accession 8 December 1978
International Covenant on Civil and Political Rights (ICCPR) (1966)	Accession 21 December 1978
Optional Protocol to the International Covenant on Civil and Political Rights	Accession 14 November 1980
<p>United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979)</p> <p>General recommendation No. 19 identifies trafficking as a form of violence against women because it puts women at special risk of violence and abuse.</p>	Ratified 12 January 1990
<p>United Nations Convention on the Rights of the Child (CRC) (1989)</p> <p>Article 39 of the CRC requires States to “take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse.”</p>	Ratified 5 December 1991

International Conventions/Protocols	Date of Signature, Ratification or Accession
United Nations Convention on the Rights of Persons with Disabilities	Ratified 25 June 2015
<b>Relating to Human Trafficking/Trafficking in Persons</b>	
ILO Convention 29, Forced Labour (1930)	Ratified 24 May 1963
United Nations Convention Relating to the Status of Refugees (1951)  Protocol to the Convention Relating to the Status of Refugees	Accession 10 November 2000
ILO Convention 105, Abolition of Forced Labour (1957)	Ratified 24 May 1963
Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour 182 (1999)  Prohibits perpetrators from using children under 18 years of age for all forms of slavery or practices similar to slavery, trafficking, debt bondage, serfdom, forced or compulsory labour, and prostitution.	Ratified 23 April 2003
United Nations Convention against Transnational Organized Crime (2000) Palermo Protocol	Signed 26 September 2001
Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime Preamble, supplementing the United Nations Convention against Transnational Organized Crime	Signed 26 September 2001
Protocol against the Smuggling of Migrants by Land, Sea and Air, supplementing the	Signed 26 September 2001

<b>International Conventions/Protocols</b>	<b>Date of Signature, Ratification or Accession</b>
United Nations Convention against Transnational Organized Crime	

## Appendix II A (ii) - SDGs with Relevance to Human Trafficking

<b>SDG Goal</b>	<b>Area of Focus</b>
Goal 5 – Gender Equality	<p>Gender equality and empowerment of women and girls: Target 5.2. specifically addresses the issues of trafficking and sexual exploitation in the aim to end violence against girls and women. Trafficking and exploitation are viewed as a form of gender discrimination against women and girls. Target 5.2 outlines:</p> <p style="text-align: center;"><i>“Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.”</i></p> <p>The goal also focusses on the elimination of harmful practices such as child marriage (Target 5.4), the placement of value on unpaid care and domestic workers, and the creation and implementation of policies to promote gender equality at all levels of society.</p>
Goal 8 - Decent Work and Economic Growth	<p>The promotion of sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all: Target 8.7 calls for the end of trafficking and modern slavery as follows:</p> <p style="text-align: center;"><i>“Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms.”</i></p>
Goal 16 – Peace Justice and Strong Institutions	<p>The promotion of peaceful and inclusive societies for sustainable development, providing access to justice for all and building effective, accountable and inclusive institutions at all levels: Target 16.2 aims to <i>“end the abuse, exploitation, trafficking and all forms of violence against and torture of children”</i>. Other targets under this goal, also focus on combatting organised crime (16.4), promoting the rule of law and reducing all forms of violence (16.3).</p>

## Appendix II B - Relevant Articles under the UNCRC

Articles	Areas of Focus
19	<b>Protection from violence, abuse and neglect</b> Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.
20	<b>Children unable to live with their family</b> If a child cannot be looked after by their immediate family, the government must give them special protection and assistance. This includes making sure the child is provided with alternative care that is continuous and respects the child's culture, language and religion.
22	<b>Refugee children</b> If a child is seeking refuge or has refugee status, governments must provide them with appropriate protection and assistance to help them enjoy all the rights in the Convention. Governments must help refugee children who are separated from their parents to be reunited with them
24	<b>Health and health services</b> Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy. Richer countries must help poorer countries achieve this.
25	<b>Review of treatment in care</b> If a child has been placed away from home for the purpose of care or protection (for example, with a foster family or in hospital), they have the right to a regular review of their treatment, the way they are cared for and their wider circumstances.
28	<b>Every child has the right to an education.</b> Primary education must be free and different forms of secondary education must be available to every child. Discipline in schools must respect children's dignity and their rights. Richer countries must help poorer countries achieve this.
30	<b>Children from minority or indigenous groups</b> Every child has the right to learn and use the language, customs and religion of their family, whether or not these are shared by the majority of the people in the country where they live.
32	<b>Child labour</b> Governments must protect children from economic exploitation and work that is dangerous or might harm their health, development or education. Governments must set a minimum age for children to work and ensure that work conditions are safe and appropriate.
34	<b>Sexual exploitation</b> Governments must protect children from all forms of sexual abuse and exploitation.
35	<b>Abduction, sale and trafficking</b>



Articles	Areas of Focus
	Governments must protect children from being abducted, sold or moved illegally to a different place in or outside their country for the purpose of exploitation.
39	<p><b>Recovery from trauma and reintegration</b></p> <p>Children who have experienced neglect, abuse, exploitation, torture or who are victims of war must receive special support to help them recover their health, dignity, self-respect and social life.</p>

## Appendix III – Explanation of Terms

### **(1) Children in Need of Care and Protection**

A child is in need of care and protection where the child –

- (a) has neither parent nor guardian who is fit to exercise care and guardianship;
- (b) is lost or has been and remains abandoned by his parent or guardian;
- (c) whose parent or guardian is prevented by –

- (i) reason of mental or bodily disease;
- (ii) infirmity or other incapacity; or
- (iii) any other circumstances,

from providing for his up-bringing, and there is no available person or persons capable, fit or willing to undertake the care of such child;

- (d) is exposed to moral danger;
- (e) is beyond the control of his parent or guardian;
- (f) is ill-treated or neglected in a manner likely to cause him/her suffering or injury to health;
- (g) is destitute or is wandering without any settled place of abode and without visible means of subsistence;
- (h) is begging or receiving alms;
- (i) is found loitering for the purpose of begging or receiving alms;
- (j) frequents the company of any criminal; or
- (k) frequents the company of any common or reputed prostitute not being the mother of the child.

Source: Section 3, Page 19, Children’s Authority Act, 2012.

### **(2) Children in Need of Supervision (CHINS)**

A child in need of supervision can occur in a scenario where a parent, guardian or person with responsibility for a child proves to the Court that he/she is unable to control the child and therefore desires alternative placement for the child.

Source: Glossary of Terms, National Child Policy, 2020.

## Appendix IV – List of Participating Organizations

Type of Organisation	Name of Organisation
Government	1. Children’s Authority of Trinidad and Tobago (CATT), Chaguanas
	2. Children’s Authority of Trinidad and Tobago (CATT), Port of Spain
	3. Ministry of Health (MoH)
	4. Ministry of Labour (MoL)
	5. Ministry of National Security, Counter Trafficking Unit
	6. Ministry of Social Development and Family Services (MSDFS)
	7. Office of the Prime Minister, Gender and Child Affairs (OPM, GCA)
	8. Tobago House of Assembly (THA), Division of Health, Wellness and Social Protection
	9. Tobago House of Assembly (THA), Division of Health, Wellness and Social Protection
	10. Trinidad and Tobago Police Service (TTPS), Gender-Based Violence and Child Protection Unit (GBV/CPU)
Non-Governmental Organization	1. Archdiocesan Ministry of Migrants and Refugees (AMMR)
	2. Families in Action (FIA)
	3. Living Water Community (LWC)
Community Residences	1. Office of the Prime Minister, Migrant Facility
	2. Probation Hostel
	3. Mary Care Centre (North)
	4. Mary Care Centre (South)
	5. St. Jude’s School for Girls
	6. The Heroes Foundation
International Organization	1. International Organization for Migration (IOM)



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