VICTIM MANAGEMENT GUIDELINES

The Government of Jamaica
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Foreword

The Government of Jamaica (GOJ) is committed to the prevention of trafficking in persons and the protection of its victims by reducing the vulnerability of women, children and men to traffickers, and by promoting the institutional capacity required to eliminate trafficking in persons.

In order to realize its commitment, the Central Organization grants temporary residence to identified human trafficking victims in an effort to ensure their protection, and safe repatriation or participation in criminal proceedings against their traffickers.

One essential component of the protection of trafficking in persons victims is the efficiency of the persons who comprise the staff at the Care Shelters. There is therefore a need for an established code of conduct in relation to such staff, in order to ensure that they contribute towards achieving the aims of the Central Organization.

Core values and guiding principles

The Central Organization is committed to observing the following principles:

(a) Fundamental human rights, social justice and the dignity and worth of all persons;

(b) Demonstrating integrity, truthfulness and honesty in all its actions;

(c) Promoting and practicing tolerance, understanding and respect for all, without distinction as to race, gender, religion, ethnic origin, colour, nationality, marital status, sexual orientation, age, physical disability or political opinions; and

(d) The use of its resources in a responsible manner.

Commitment to the standards

- All Staff must be committed to upholding the standards of conduct.

Freedom from discrimination

All staff commits themselves to respect at all times the dignity, worth and equality of all people, without regard to race, gender, religion, ethnic origin, colour, nationality, marital status, sexual orientation, age, physical disability or political opm1ons.

Freedom from harassment

The Central Organization is committed to providing a work environment free of harassment. In acknowledgment of this, all staff commits themselves to avoid engaging in any form of harassment

and committing any form of discrimination or harassment.

All forms of discrimination or harassment, including sexual or gender harassment, as well as physical or verbal abuse at the workplace or in connection with work, is strictly prohibited.

Staff members shall not threaten, intimidate or otherwise engage in any conduct intended, directly or indirectly, to interfere with the ability of other staff members to discharge their official duties. They shall not use their official function for personal reasons to prejudice the positions of colleagues.

Gender Equality

The Central Organization is committed to upholding the equality of men and women and to contribute to remove all barriers to gender equality.

INTRODUCTION

1. Overview

Trafficking in persons has three (3) main elements as follows:

- **Activity –** movement, recruitment, transportation, transfer, harboring or receipt of persons.
- **Means -** the techniques of recruitment, coercion, abduction, fraud, deception, abuse of power, abuse of a position of vulnerability, or the "buying" of a person
- **Purpose –** objective, all forms of sexual exploitation, forced labour, servitude, slavery, removal of organs etc.

It should be noted that each of the three stages must be present and linked to each other in order to constitute the offence of human trafficking. Importantly, the local legislation makes an exception for children (persons under the age of 18 years old) as such the means as stated above need not be present.

Each year, hundreds of thousands of men, women and children are trafficked illegally on a worldwide scale. Some of these persons become involuntary participants in a criminal scheme. The harsh reality is that they are often victims of economic, sexual and physical exploitations. Nations throughout the world are therefore committed to implementing measures to combat trafficking in persons. Jamaica, through the passage of The Trafficking in Persons (Prevention, Suppression and Punishment) Act of 2007 ('the Act') has set in motion the machinery to effectively criminalize trafficking, identify victims and offenders, and suppress the crime. An important tool in achieving this goal is the provision of assistance and protection to the victim. One way in which protection is provided to the victim is through the provision of care facilities that provide for the safety, privacy, and physical and psychological recovery of the victim.

Purpose

This document ("the Guidelines) outlines general guidelines and basic procedures to be undertaken by facilities that provide care for victims of human trafficking in Jamaica ("Care Shelters"). The Guidelines are based on international minimum standards and guidelines for the operation of care facilities, and are made with adherence to the Act, a copy of which shall be available at all Care Shelters.

As the Guidelines are intended for use in the capacity building of Care Shelters, they also indicate the policy, guidelines, training, personnel and material requirements to accomplish that goal.

The Guidelines are to be applied equally to all Care Shelters in operation throughout Jamaica from time to time, regardless of the gender population of the Shelter. They shall be applied accordingly, based on the specific needs of the victims of each Shelter.

Scope

The target group identified for care is all persons who are victims of trafficking in persons, as defined by the Act.

For the purposes of the Guidelines, members of the target group will be referred to as 'Victims' or Survivors.

Additionally, the Guidelines cover the basic activities of care and are applicable to all Care Shelters throughout Jamaica, which are designated as shelters for victims of trafficking in persons.

Minimum Standards of Care

The following are minimum standards of care for the operation of Care Shelters, which should be observed by all staff at all Care Shelters. It is by no means an exhaustive list, but merely sets out the basic operational requirements to which Care Shelters should adhere:

(a) Ensuring, in cooperation with Non-Governmental Organizations, that safe and adequate shelter that meets the needs of Victims is made available. The provision of such shelter should NOT be made contingent on the willingness of Victims to give evidence in criminal proceedings.

(b) Ensuring, in partnership with Non-Governmental Organizations (NGOs), that Victims are given access to primary health care and counseling. Victims should not be required to accept any such support and

assistance and they should not be subject to mandatory testing for diseases including HIV/AIDS.

(c) Ensuring that Victims are informed of their right of access to diplomatic and consular representatives from their State or nationality.

(d) Ensuring that legal proceedings in which Victims are involved are not prejudicial to their rights, dignity or physical or psychological well-being.

(e) Subject to *Clause 12* (Legal Support) of the Guidelines, referring Victims to legal and other services in relation to any criminal, civil or other actions against traffickers/ exploiters. Victims should be provided with information in a language that they can understand.

(e) Ensuring that Victims are effectively protected from harm, threats or intimidation by traffickers and associated persons. To this end, there should be no public disclosure of the identity of Victims, and their privacy should be respected and protected to the extent possible, while taking into account the right of any accused person to a fair trial. Victims should be given full warning, in advance, of the difficulties inherent in protecting identities and should not be given false or unrealistic expectations regarding the capacities of law enforcement agencies in this regard.

(f) It should be noted that these minimum standards of care are formal legal requirements. Adherence to these standards is a legal obligation of the Operator and lack of adherence to the standards or the Act can result in termination of the Operator's contract with the GOJ, fines and other administrative and/or legal responses.

It should be noted that as a matter of policy all minimum standards of care are to be in accordance with Human Rights Treaties, international guidelines and national laws and administrative procedures that may be in place from time to time.

Principles of Care

Basic principles of care, implicit in the operation of the Care Shelter according to Minimum standards, are as follows:-

(a) **The Shelter as a first resort** -the well-being of all Victims is to be promoted in a family setting. Should this be unavailable, informed 'family-like' care provided by the Care Shelter should be the first option. Formal institutional care for legal, medical or psychological reasons may be

appropriate in certain instances.

(b) **Reintegration** - is the obligation of the Care Shelter to provide periodic review of placement in relation to Jamaican nationals or residents, with the objective of reintegrating the Victim into the family or an alternate community setting within a reasonable period of time. Prolonged institutionalization is discouraged. The Care Shelter is therefore encouraged to ensure that a Victim's occupation of the Shelter does not extend beyond six (6) months except where the circumstances warrant a longer period of accommodation. With regard to non-nationals or non-residents of Jamaica, the **GOJ** shall organize the return of such persons to their country of origin, or to a third State as the circumstances require. This shall be done in consultation with the Case Manager and other relevant staff of the Care Shelter. In such cases, the **GOJ** is responsible for transportation and all expenses related to travel for the Victim. These include cost of escort, food and incidental expenses.

(c) **Consent –** Victims are only to be housed in the Care Shelter with their informed consent. With regard to children, their parents, guardians and/or persons in authority may provide consent. If a child is unaccompanied and no parent or guardian can be found, the child is a **Ward of the State** and the Child Development Agency ('the CDA') should be consulted.

(d) **Access to family and Association with others** -With all protection considerations, all Victims (including children) have the right to meet and interact with their family within other Care Shelters. Access to family members within the external community may be permitted if there is supervision of such visits and once the Case Management Director reasonably believes that such visit is vital to the Victim's psychological, physical and/or emotional well-being. The protective aim of the Care Shelter must be taken into account at all times, and such visits will be determined on a case by case basis taking into account the Victim's vulnerability and risk assessment. In those instances, interaction with family members should be conducted on neutral grounds away from the Care Shelter and under the supervision of the Case Management Director, Case Manager, a member of the Victims' Support Unit office of the relevant parish, and a member of the Jamaica Constabulary Force. If the Victim is a minor; a representative from the CDA shall also be present.

(e) **Access to appropriate information** -All Victims have the right to be provided with all information about their situation, identity, family and medical condition, and other matters relevant to their case. Denial of the provision of information is acceptable only for reasons of protection or psychological distress.

(f) **Participation in decisions** - All Victims have the right to express their opinions and to participate in decisions on all matters affecting them, including residency, treatment, education and occupational training, provided that the expression of such opinions and participation must be done in an organized and civilized manner.

(g) **Healing Environment** - The Care Shelter recognizes the need to create a healing social and physical environment. The social environment includes friendly, positive. Non-authoritative interaction between residents and staff, adequate time and opportunity for recreational activities, and access to family in prescribed circumstances. The physical environment includes provision of a personalized space for residents (own bed, where practicable; private storage of belongings; places to personalize their private space with their own belongings such as photographs and mementos), counselling and support for therapeutic purposes, and comfortable and dean surroundings.

2. GENERAL CONSIDERATIONS

- The Operator shall be the central organization ('Central Organization') which shall have primary responsibility for the management and operation of Care Shelters.

- The Care Shelters shall be owned and operated by the **GOJ** and managed by the Operator through a tender process. The Operator will be referred to as the Central Organization.

1.1 Policies

The Central Organization that operates the Care Shelter must have clear and simple written policies stating the guiding principles, objectives and strategies of operation. The Care Shelter must operate under these policies, along with clear statements of the services that are provided, the population who receives those services and the length of service provided.

All staff members of the Care Shelter and residents shall be provided with copies of these policies.

1.2 Services Provided

1.2.1 The Central Organization must identify the services provided and not provided by the Care Shelter, and the Shelter must operate within those parameters. A written

description of these services must be made available to both staff and residents. Victims accessing the Care Shelter who require services not provided by the Shelters must be referred to other appropriate facilities or entities, such as Woman Incorporated. Services offered by the Care Shelter must include the following:

(a) Safe accommodation

(b) Food

(c) Clothing

(d) Access to medical help

(e) Psychological help

(f) Social skills training

(g) Personal Case Manager

1.2.2 No Care Shelter should attempt to provide care for which its staff is not fully trained and for which the Shelter is not equipped. The following are examples of conditions for which a Shelter may not be able to provide care:

(a) Severe psychological problems

(b) Mental disability

(c) Physical disability

(d) Pregnancy

(e) HIV/AIDS and/or STDs

(f) Severe discipline problems

1.2.3 Designated staff must be adequately trained in, or on call persons must be made available to provide identified services.

1.2.4 There should be appropriate collaboration with organizations, hospitals and other facilities that provide services not provided by the Care Shelter (See

Clause 8.5 below).

I.2.5 There should also be appropriate contact and collaboration with Foreign Embassies, Missions or Consulates in cases where foreign Victims are admitted to the Care Shelter.

1.3 Target group

I.3.I The Care Shelter must have clear indications and a description of the target group for whom it will provide services. This will assist the Shelter in providing adequate support and referral, and will prevent the residence of inappropriate persons in the Shelter. Among other criteria, the target group should be identified according to gender, age and nationality.

I.3.2 The Shelter should make careful criteria, considering such questions as: should a 12 year old male child who accompanies a female Victim be admitted?

I.3.3 Persons within the target group should generally be admitted into the Shelter, and persons outside the target group should be referred to other facilities or organizations.

I.4 Eligibility Requirements

1.4.1 The following persons will be eligible for admission to the Care Shelter:

(a) A victim of trafficking in persons as defined in the Act, who is either an adult (that is, a person I8 years or older) or a child (also known as a minor).

(b) A victim of trafficking within Jamaica.

(c) A victim of trafficking into Jamaica.

(d) A victim of trafficking from Jamaica across international borders who is then repatriated to Jamaica , and who requires assistance upon his return.

I.4.2 Unaccompanied minors will be placed under the jurisdiction of the State, and must be provided with protection and care in accordance with **The Child Care and Protection Act** and with the guidance and intervention of the CDA.

1.5 Duration of Residence

15.1 The Care Shelter generally provides short to medium term residence (up to I – 6 months). Thereafter, the Central Organization has the discretion to extend the term of

residence if the circumstances so require: for example, in instances in which the Victim is a witness in the State's prosecution of an alleged trafficker.

1.5.2 Victims will be periodically evaluated at 3 month intervals following expiration of the maximum 6 month duration of stay, in order to assess whether or not their stay at the Shelter should be extended.

1.5.3 A Victim may leave the Care Shelter prior to the maximum 6 month period of stay in the following circumstances:

(a) If he is deemed by the Case Management Director to be mentally and physically fit;

(b) If he wishes to leave voluntarily;

(c) If he is being referred to another facility; or

(d) If he is being repatriated.

2. ADMINISTRATION AND STAFF

- The Care Shelter requires a rigorous level of professionalism, training and administration.

- There are Guidelines for staff standards of conduct, which are outlined at Annex I. Each staff member must be provided with a copy of these Guidelines and is expected to adhere to them at all times.

- Standard administrative practices (such as financial management) and staff management requirements (such as general personnel policy) that arc routines for all organizations are not included in these Guidelines.

2.1 Administration of the peripheral Care Shelter by the Central Organization

In order to ensure appropriate care, the lines of administration of the Care Shelter should be clearly defined and documented. There should be a written description of the administrative and managerial relationship between the Central Organization and the peripheral Care Shelter, which is to be made available to senior staff of the Central Organization and the Care Shelter.

2.2 Records Management

2.2.1 Each Shelter must have written policies and specific procedures and instructions regarding the collection, storage and use of Shelter records and all data regarding residents and staff.

2.2.2 All Shelter records shall be handled in accordance with national and international guidelines regarding the collection, storage, use and disclosure of personal data.

2.2.3 When no longer required, all paper records relating to Victims and staff, whether they contain personal details or not, must be destroyed as confidential waste in accordance with national laws and policies.

2.2.4 All relevant forms for the Victims' case files should be done in triplicate coloured copies, with each copy being stored as follows:

(a) White copy for the Victim's case file

(b) Blue copy to the police (where necessary: for example, the Security Form) - if the Blue Copy is not required, it will be kept in the Victim's case file

(c) Pink copy to the agency to which the Victim is referred (if necessary). If not, the pink copy is kept for dispatch to other authorized personnel as deemed appropriate.

2.3 Job descriptions, training standards and competencies of staff

2.3.1 The Central Organization is charged with the development of detailed job descriptions for all posts. Those Guidelines should contain the minimum requirements for relevant posts within the Care Shelters.

2.3.2 Certain aspects of care-giving for trafficked persons require professional training and all staff members should understand and work according to their roles, responsibilities and lines of supervision. The minimum requirements for hiring personnel are as follows:

(a) Personnel must have a specialized education.

(b) Personnel must undergo a thorough background check in order to ensure that they do not have a criminal record and any connection with known traffickers.

(c) The Central Organization shall conduct internal certification of personnel in addition to any required professional licensing.

(d) Every effort must be made to hire bilingual or multi-lingual personnel.

(e) Prior experience working with trafficked persons should be an asset.

2.3.3 Activities must be conducted only by appropriately trained and qualified staff. The following posts, though not an exhaustive list, comprise the staff of Care Shelters:

(a) Counselors/Psychologists

(b) Shelter Managers

(c) Nurses

(d) Social/Case Workers

(e) Security Guards

(f) Groundskeepers

(g) Teachers

(h) Drivers and Child Care Specialists

(i) Ancillary staff

(j) Interpreters

(k) General Practitioners

It should be noted that some of the above professional services can be out sourced and need not be readily available at the Shelter.

2.3.4 There must be appropriate job titles, written job descriptions and documents describing roles, responsibilities, lines of supervision, and qualification for all staff positions. All staff members must be provided with copies of the job descriptions and documents indicating responsibilities, lines of supervision, and qualifications.

2.3.5 There should be a training standards/ competencies document for all positions working directly with Victims.

2.3.6 Existing staff working directly with Victims who do not meet designated qualifications and/or training standards and competencies must either be trained to the adequate level or be replaced.

2.3.7 New staff should be retained according to qualifications and training standards and competencies.

2.4 Staff training (general)

2.4.1 In addition to professional training (e.g. counseling) and training for specific tasks (e.g. therapeutic crisis intervention) certain types of 'general training' shall be provided to all staff (including ancillary staff). This training should provide staff with the basic knowledge and skills required to work with a wide range of Victims in general circumstances.

2.4.2 Designated staff should be trained in providing general training, or external trainers should be identified.

2.4.3 Training in general subjects should be provided to all staff members who require such training.

2.4.4 There must be a list of training requirements for all staff of the Shelter. It must include the following:

(a) human rights and gender issues

(b) trafficking in persons

(c) confidentiality

(d) protection

(e) supportive modes of interaction with all Victims

(f) diversity and cultural sensitivity

(g) psychological impact of the Shelter environment

(h) educational needs for Victims and their children

(i) necessary disciplinary measures

(j) child care resources

2.4.5 There must also be a list of training requirements for all staff members who work directly with the residents. It must also include the following;

(a) adolescent and child development

(b) group dynamics

(c) basic communication and listening skills

(d) anger management and conflict resolution

(e) appropriate responses co sexualized behavior

(f) preliminary assessment ('warning signals') of among other issues, trauma, depression, self-injury or suicidal tendencies

2.4.6 There must be a training curriculum for the preceding subjects, and designated staff or external trainers should be trained in providing this training.

2.5 Staff support mechanisms

2.5.1 It should be made clear that working with Victims is a difficult and stressful occupation. Counselors and all staff who work directly with Victims therefore need special support both to maintain their mental health and to conduct their work effectively. For staff members who work directly with Victims, working in a Care Shelter frequently requires unforeseen time and commitment beyond their job descriptions. Consequently, it is necessary to provide adequate numbers of staff at all times to avoid overwhelming any one staff member, and to provide all staff with means to discuss their personal concerns.

2.5.2 All staff members working directly with Victims must be provided with care-for-caregivers support.

2.5.3 There must be an independent mechanism in place to facilitate expression of staff complaints and concerns to management.

2.5.4 There should also be periodic review of the staff complement and staff assignments in order to ensure that staff members have tasks that are commensurate with their outlined job description and that are realistic and equitable.

2.6 Critical Resources for Shelter Staff

2.6.1 Shelter staff has the responsibility to create and continually maintain the following resources (or networking where applicable):

(a) translation services

(b) referral services

(c) contracted persons

(d) associated agencies and organizations

(e) hospitals and clinics

(f) information for relatives, media and other interested parties

3. CONFIDENTIALITY AND PRIVACY

3.1 Victims can face severe problems of stigma, discrimination, social rejection and violence if their situation is indiscriminately revealed to the family and community. In addition, Victims' psychological or social problems can be aggravated if their personal experiences are shared or publicly displayed. Consequently, absolute confidentiality regarding Victims' identities, past experiences and present concerns is imperative in a Care Shelter. In a communal environment like a Care Shelter, measures to ensure privacy arc necessary to maintain Victims' sense of self autonomy and well-being, as well as to protect the confidentiality of their private concerns.

3.2 There must be a policy on confidentiality and privacy, which is adhered to while taking into account its practical applicability. It must include:

(a) supervised access to case records and other personal records

(b) release of information to others (including doctors, lawyers, police and media)

(c) observation of Victims by outside persons, including interviews and photographs

(d) publication of Victims' case history of photographs

(e) use of Victims in presentations, seminars and publicity events

(f) entry without permission into 'private space' and access to Victims' personal belongings

(g) privacy for personal matters, including bathing and hygiene

(h) privacy for interpersonal matters, such as discussions with family and friends (where allowed)

(i) disciplinary measures for staff for breaches of confidentiality and privacy

3.3 There must be Guidelines on procedures to ensure confidentiality, and all staff members are required to sign a Staff Confidentiality Agreement, which is at **Annex**

3.4 Certain staff must be designated for access to information, and access must be restricted to others (both on paper and computer). Provided that only the Case Management Director and the Case Managers shall have access to Victims' case files.

3.5 There shall be physical mechanisms to restrict access (such as locked cabinets and computer files restricted by passwords).

3.6 All staff (including guards and cooks) must be trained on the policy and guidelines for confidentiality and privacy, including disciplinary measures for breaches of same.

3.7 Residents must be oriented on the policy for confidentiality and privacy.

3.8 All third parties whose services the Central Organization may engage from time to time are required to sign a Third Party Confidentiality Agreement, which is at **Annex II b**.

4. PROTECTION

4.I While Victims may have personal protection concerns (addressed in Assessment and Case Management below) they require adequate protection from four possible sources of harm:

(a) staff or residents within the Shelter

(b) self, including negligence, drug overdose, self-harm or suicide

(c) persons outside the Shelter

(d) natural events, including electrocution, fire and earthquake

4.2 **Appropriate mechanisms must be put in place to ensure** that all staff and residents will be protected from harm 24 hours a day 7 days a week.

4.3 There must be a protection policy in relation to which all staff (including guards and cooks) is oriented.

4.4 Procedures for protection must be present and shall include the following:

(a) protection of residents from sexual or physical abuse by staff or other residents, including –

- screening mechanisms for hiring of staff
- monitoring system to identify abuse of residents by staff
- procedures for staff reporting of abuse
- a complaint system for residents' reporting of abuse

(b) response to self-harm

(c) response to risk from persons outside the Shelter

(d) response to natural events

(e) response to absence without authority (that is, running away)

(f) notification of authorities in case of significant events (such as death, staff misconduct, serious illness/injury, drug abuse and violence)

4.5 All staff (including guards and cooks) must receive training in the following:-

(a) child protection and child sexual abuse

(b) procedures regarding abuse by staff

(c) general procedures for emergency situations

4.6 All managerial staff and those who work directly with residents must have received training in all protection procedures, first aid, therapeutic crisis intervention, emotional crisis management, and drug abuse management.

4.7 One or more persons trained in the above must be present in the Shelter on a daily basis.

4.8 There shall be a roster of emergency contacts for assistance (such as police, hospital and fire), which should be posted in a prominent location of the Care Shelter.

4.9 There must be equipment and materials for emergencies (such as medical kit and fire extinguisher) that are readily available.

4.10 Residents are not allowed to make telephone calls or to dispatch mail to anyone outside the Shelter. If there is an emergency, then the Shelter Manager will utilize the Resident's emergency or other contact information to make the necessary contact.

5. FIRST RESPONSE

5.1 *Referral to Care Shelter*

Victims are referred to the Care Shelter by approved referral sources: for example, the police, non-governmental organizations such as Woman Incorporated, Government Departments such as the CDA or Ministry of Health and the Trafficking in Persons Rescue Team ('the TIP Rescue Team').

5.2 TIP Rescue Team

The TIP Rescue Team is comprised of the following:

(a) at least 2 plain clothes police officers;

(b) a social worker or trained counselor;

(c) a representative of the Victim Support Unit; and

(d) a medical personnel.

5.3 General Immediate Response

Victims who have been intercepted during trafficking may arrive at the Shelter with urgent physical, protection, medical or psychological needs. The Shelter has the ability to provide immediate response to those needs.

5.4 Response to immediate physical needs (food, shelter, comfort)

5.4.1 The Victim may arrive at the Shelter frightened, confused, hungry and cold. He is therefore to be provided with a short, clear 'immediate response' orientation, including assurance of safety/protection, explanation of the purpose of the Shelter, and request for basic information about the Victim, his needs and his situation.

5.4.2 The Victim must be placed in a stabilizing, friendly environment and should be provided with food, clothing and physical comfort.

5.4.3 A designated staff member or peer must be continually present to support the Victim. There should .also be easy accessibility to a relevant interpreter as the circumstances may require.

5.4.4 There shall be Guidelines for immediate response to physical needs.

5.4.5 Qualified staff must be trained in the activities described in those guidelines. This includes appropriate response and interviewing skills.

5.4.6 Designated staff must be present or on call 24 hours a day, *7 days a week via an 'on call system*'.

5.5 Protection response

5.5.1 The Victim may arrive at the Shelter in danger from a trafficker or at risk of harming himself, or with children at risk.

5.5.2 The Victim must be interviewed regarding possible suicide or harm to self or children from outsiders.

5.5.3 Steps shall be taken to protect the Victim, and if necessary, external support (such as police) should be enlisted.

5.5.4 A designated staff member or peer shall be continually present to support the Victim.

5.5.5 There must be guidelines for immediate protection response and qualified staff should be trained in the activities described in those guidelines. These should

include:

(a) appropriate response

(b) personal protection skills (such as self-defense)

(c) therapeutic crisis intervention

(d) self-harm and suicide prevention training

5.5.6 There shall be a contact system with local police and other protection persons.

5.5.7 The Shelter must have an appropriate security system (such as guards and gates).

5.6 Medical Response

5.6.1 The Victim may arrive at the Shelter with physical injuries or other medical needs. He should therefore be assessed regarding physical injuries and steps must be taken to address those injuries.

5.6.2 If necessary, external support (such as doctors and nurses) should be enlisted from an established Register of External Medical Support Personnel, and a designated staff member or peer should be continually present to support the Victim.

5.6.3 There must be guidelines for immediate medical response.

5.6.4 Qualified staff shall be trained in the activities described in those guidelines. This includes first aid and emergency care.

5.6.5 A professional medical person (such as a nurse or doctor) must be on call 24 hours a day, 7 days a week for each Shelter. If unavoidable, professional medical persons in the public health care system should be used.

5.6.6 There must be a contact system with local hospitals and medical persons, and the Shelter must have appropriate first aid equipment.

5.6.7 The Shelter shall have a designated clinic room and a staff member shall be trained and designated as a support person.

5.7 Psychological response

5.7.1 The Victim may arrive at the Shelter with severe psychological disturbance. He must therefore be assessed regarding severe psychological disturbance, and steps should be taken to address the issue.

5.7.2 If necessary, external support (such as a psychologist, psychiatrist and /or doctor) should be enlisted from an established Register of External Psychological Support Personnel.

5.7.3 A designated staff member or peer shall be continually present to support the Victim.

5.7.4 There must be guidelines for immediate psychological response and qualified staff must be trained in the activities described in those guidelines. These should include the following:

(a) assessment of severe, psychological disturbance

(b) basic counseling skills

(c) emotional crisis management

(d) critical incident stress debriefing

5.7.5 A professional person (such as a psychologist, psychiatrist or doctor trained in dealing with psychological emergencies) must *be* on call 24 hours a day, 7 days a week.

5.7.6 There must be a contact system with local hospital, psychiatric wards or other such facilities.

5.7.7 The Shelter must have a designated room for immediate response cases.

5.8 First Response Reporting Form

5.8.1 It is necessary to document all activities of immediate response. Therefore, a First Response Form must be completed (see Annex III), appropriately filed and provided to the Victim and others (for example, central office, police) as deemed necessary, and staff must be trained in the use of this Form.

5.8.2 There are guidelines at Annex III for conducting first response interviews.

5.9 **Police Documentation**

5.9.1 The Shelter works in coordination with local police. In some situations, Victims are referred by police to the Shelters. In other cases, the Shelter reports the cases to the police to solicit protection for the Victims and/or to initiate legal action against the perpetrator. Often, the Victim must present his case before the police at the police station, so that the police can make a First Information Report (FIR) as the first step in intercession.

5.9.2 The Shelter shall make contact with the police regarding the case, and provide them with appropriate information. Referral to the police should be documented in the First Response Form.

5.9.3 The Shelter should provide documentation for the police, and the police may conduct one or more interviews with the Victim (usually at the police station).

5.9.4 A designated staff member or member of CDA or Victim Support Unit shall be continually present to support the Victim.

5.9.5 There must be guidelines for police facility interaction regarding cases, and police and designated staff members must be trained in those guidelines.

5.9.6 The Security Form at Annex IV should be completed.

5.10 Family contact (first contact)

5.10.1 The Victim's family, guardian, friends or other persons who have responsibility and/or can provide protection and support should be contacted as soon as possible. However, care must be taken that the family or friends are not the sources of the trafficking.

5.10.2 It is the responsibility of the Case Management Director and the police to ensure that the Victim is not returned to a situation in which he will be re-victimized. If such a situation is identified, legal action must be taken to protect the Victim and, if necessary, to prevent the Victim's reunification with the family.

The following measures must be taken:

(a) The Case Management Director contacts the family.

(b) When possible, the Case Management Director contacts the police, field workers or other relevant persons to ascertain whether or not the Victim

is at risk of subsequent trafficking if he is returned to his family or friends.

(c) Designated staff members interview the family.

(d) The Victim and his family arc allowed to discuss their concerns both privately and with support of the staff.

(e) If the Victim is to be reunited with the family and he has legal or medical concerns, he is provided contacts with police, lawyers, doctors and other relevant personnel as appropriate.

(f) If the Victim is to stay in the Shelter and he is a minor, a Residency Agreement Form is signed by the family, Victim and staff and copies provided to all. The Residency Agreement Form is at **Annex VII**.

(g) The family contact is recorded.

5.10.3 There must be guidelines for first family contact, which should include tools for assessing possible trafficking by the family, friends or other persons.

5.10.4 Qualified staff or peers must be trained in the activities described in those guidelines and there is a Family Contact Form at Annex VI, which must be completed.

5.10.5 A comfortable, private space must be provided for contact between the Victim and his family.

6 INTAKE

The process of intake into the Shelter must be conducted carefully and thoroughly, as this provides the basis for all subsequent intervention, including legal/police response to the Victim's problems, treatment of the Victim, and family reunification/ reintegration.

6.1 Intake interview

6.I.I In order to respond to the Victim's needs, appropriately detailed information should be collected from the Victim. At the same time, the Victim's rights to privacy, confidentiality and mental health must be taken into consideration.

6.1.2 The intake interview must be conducted as soon as possible with considerations of:

(a) not re-traumatizing the Victim;

(b) collecting adequate and truthful information; and

(c) ensuring privacy and confidentiality of information.

6.1.3 There must be Guidelines for conducting the intake interview. Qualified staff must be trained in the activities described in those guidelines, including:

(a) interviewing skills for Victims; and

(b) training in issues such as privacy and confidentiality.

6.1.4 The Intake Interview Form at Annex V must be completed. It covers the following areas:

(a) history, reason for referral, medical history and previous record

(b) demographic data, including information for family tracing

(c) information about the alleged maltreatment

6.2 Initiating the case management process

6.2.1 Each individual in the Shelter shall be provided with care, protection and reintegration according to a routine case management process. A case file must be kept for each resident throughout and following his stay in the Shelter. As the first step in case management, a case file must be opened for the new resident.

6.2.2 There must be guidelines for case management and all staff are responsible for any aspect of Victim's Care as well as all out-shelter persons involved in their care (for example, doctors, lawyers, psychologists and police) must be trained in case management.

6.2.3 One or more persons on the staff who are trained in case management shall be designated as Case Manager(s), and must undertake the responsibilities of case management for individual residents.

6.2.4 There are forms that must be completed in the case management process. These forms arc kept in individual case files and arc as follows:-

(a) **First response and intake:**

...J First Response Form: **Annex III**

...J Security Form: **Annex IV**

...J Family Contact Form: **Annex VI**

...J Residency Agreement Form: **Annex VII**

...J Intake Interview Form: **Annex V**

(b) **Assessment:**

...J Assessment Summary Form: **Annex VII**

...J Protection Assessment Form: **Annex IX**

...J Medical Assessment Form: **Annex X**

...J Psychological Assessment Form: **Annex XI**

...J Literacy/Skills Assessment Form: **Annex XII**

...J Participatory Future Plan Assessment Form: **Annex XIII**

...J Family and Community Assessment Form: **Annex XIV**

(c) **Planning:**

...J Protection Plan Form: **Annex XV**

...J Treatment Plan Form: **Annex XVI**

-'./Reintegration Plan Form: **Annex XVII**

(d) **Referral and discharge**:

...J Referral Form: **Annex XVIII**

...J Discharge Form: **Annex XIX**

6.3. Orientation to the residents

6.3.1 When entering care by the Shelter, the Victim should be provided orientation to help him understand how his needs will be met in the short term and, if necessary in the long term, to inform him of his rights and responsibilities within the Shelter, and to make him feel comfortable and secure in his new environment.

6.3.2 The new resident should be provided with orientation by staff, peer, or both and a peer should be designated to act as 'big brother/ sister' in order to assist the person (such as answering questions) during the first week.

6.3.3 There must be guidelines for intake orientation and qualified staff or peers must be trained in the activities described in those guidelines.

6.3.4 There must be materials for orientation, which should include the following:

(a) policies, rules and regulations of the Shelter (the General Rights of Shelter Residents and the General Shelter Rules are at **Annex XXII and Annex XXIII** respectively)

(b) staff personnel names, designations and roles

(c) a video, illustrated or other orientation presentation

6.3.5 The Victim muse also be provided with a Basic Material Needs Package, which shall include the following:

(a) hygiene supplies; and

(b) seasonable clothing.

6.3.6 The Victim muse be assigned a sleeping area and should be allowed to go there early to rest.

6.3.7 Where possible, Victims should be allowed to share sleeping quarters, as they may feel safer to do so. However, gender separation must be ensured, unless it is an instance of an adult sharing sleeping quarters with his child.

6.3.8 Due to the sensitive nature of the circumstances surrounding a Victim's case, he should be allowed a few days to adjust to the Shelter's schedule and rules and regulations.

7. ASSESSMENT

7.1 *Assessment Summary (Problem List)*

7.1.1 In the case management process, the assessments are summarized, identifying the Victim's specific problems and needs.

7.1.2 The Assessment Summary Form includes the following components:

(a) physical health needs

(b) psychological needs

(c) social needs

(d) legal service needs

(e) education/skills needs

(f) as far as practicable, needs related to the Victim's plans for the future.

7.2 Protection assessment

7.2.1 The Victim's risks and vulnerabilities (if any) must be assessed within 7 days after intake, and the assessment is taken into account when planning activities to ensure the protection of the Victim and his/her children (if any).

7.2.2 The Protection Assessment Form must be completed and placed in the Victim's case file, and his protection problems/needs (if any) must be recorded in the Assessment summary.

7.2.3 There must be guidelines for protection assessment, and a staff member (usually Case Manager or Counselor) must be trained in this area and designated to conduct the assessment.

7.3 Family and community assessment

7.3.1 A family and community assessment **must be** conducted within 30 days of the Victims' arrival at the Shelter. This is done to clarify the Victim's home living situation, the needs of his family and possible risks from either family or community members.

7.3.2 The assessment should be done on site, at the family and community location, and should be conducted by persons trained in social work methodologies.

7.3.3 A family and community Assessment Form must *be* completed and placed in the Victim's case file. His problems/needs (if any) along with those of his family and community must be recorded in the assessment summary.

7.3.4 There must be guidelines and tools for family and community assessment and designated staff must be trained in family and community assessment. This training must include basic social work skills and privacy and confidentiality issues.

7.4 Medical assessment

7.4.1 The Victim must be given a thorough medical examination within 3-5 days after arriving at the Shelter; except where immediate care is required, in which case an immediate medical examination is to be conducted. However, HIV/AIDS or STI testing **must only** be conducted at the Victim's request, and according to international rules of permission, privacy and confidentiality. In such cases, the Victim must be provided with appropriate pre and past test counseling according to established Voluntary Counseling and Testing (VCT) methods.

7.4.2 The Victim must be given a dental examination within 1 month of arriving at the Shelter.

7.4.3 Both medical and dental examinations are to be conducted by professional medical doctors and dentists and if possible, medical examinations for females are to be conducted by female medical practitioners.

7.4.4 A Medical Assessment Form is to be completed and placed in the Victim's case file. A copy may also be kept in the doctor's files, if required.

7.4.5 During medical and dental examinations, a designated staff member must be with the Victim to provide support.

7.4.6 The Victim's medical problems/needs (if any) must be recorded in the Assessment summary.

7.4.7 A Register of appropriate doctors, dentists and medical centres are to be identified to provide medical assessments.

7.4.8 The doctors, dentists and contact staff of medical centres are to be appropriately trained in matters including the following:

(a) medical assessment (including forensic examination for human trafficking victims)

(b) the needs and circumstances of victims of human trafficking

(c) issues such as permission, privacy and confidentiality

(d) case management, as practiced by the Shelter, including the use of the Medical Assessment Form

(e) VCT methods (if HIV/AIDS and STI testing arc conducted)

7.5 Psychological assessment

7.5.1 The Victim must be given a thorough psychological examination within 5 days of arriving at the Shelter. Particular focus should be paid to acute depression, Post Traumatic Stress Disorder (PTSD) and self-injury/suicidal tendencies.

7.5.2 A Psychological Assessment Form is to be completed and placed in the Victim's case files. A copy may be kept in the psychologist's/psychiatrist's files, if required.

7.5.3 The Victim's psychological problems/needs (if any) must be recorded in the Assessment Summary.

7.5.4 A designated staff member must be with the Victim during the assessment, in order to provide support.

7.5.5 The assessment must be conducted by one of the following persons:

(a) a professional psychologist;
(b) a professional psychiatrist; or
(c) a doctor with additional training in psychology

7.5.6 A Register of appropriate psychologists/ psychiatrists is to be maintained. The psychologists/ psychiatrists and the contact staff at their facilities are to be appropriately trained in matters, such as the following:

(a) psychological assessment (including forensic examination) for human trafficking victims

(b) the needs and circumstances of victims of human trafficking

(c) issues such as permission, privacy and confidentiality

(d) case management, as practiced by the Shelter, including the use of the Psychological Assessment Form

7.6 Legal Assessment

7.6.1 Measures are to be put in place to allow Victims to access legal counseling via a Register of legal aid attorneys-at-law or preferably by the Office of Children's Advocate (OCA) if the victim is a child.

7.6.2 Victims are to be made available for development of the State's prosecution of the alleged trafficker(s), through the office of the Director of Public Prosecutions ('the DPP').

7.6.3 Where legal counseling and/or case preparation takes place a staff member is to be present with the Victim in order to provide support, along with a representative from the Office of the Children Advocate (where a minor is involved).

7.6.4 A Legal Assessment Form, which is at Annex XX, is to be completed for each Victim within 5 days of arrival at the Shelter.

7.7 Social Assessment

7.7.1 The Victim is to be provided with a social assessment within 14 days of arrival at the Shelter, in order to plan his/her treatment and rehabilitation.

7.7.2 A Social Assessment Form, which is at **Annex XXI**, is to be completed and placed in the Victim's case file. This Form will contain information regarding the Victim's social needs, problems, advantages and general situation including family situation and trafficking history. The social problems/needs (if any) of the Victim are to then be recorded in the Assessment Summary.

7.7.3 In order to avoid re-traumatization, the social assessment is only to be conducted by a trained counselor, social worker, psychologist or psychiatrist. This may be a staff member who has received adequate clinical based counseling training.

7.7.4 There must be Guidelines for social assessment and persons conducting the assessment are to be trained in matters such as the following:

(a) social assessment for human trafficking victims, in accordance with the Guidelines

(b) the needs and circumstances of victims of human trafficking

(c) issues such as permission, privacy and confidentiality

(d) case management, as practiced by the Shelter including the use of the Social Assessment Form.

7.8 Literacy/skills assessment

7.8.1 A literacy/skills assessment of each Victim is to be conducted within 21 days after arriving at the Shelter, in order to plan the provision of his education, life skills and occupational training.

7.8.2 A Literacy/Skills Assessment Form is to be completed and placed in the Victim's case file. His literacy/skills problems/ needs are to be recorded in the Assessment Summary.

7.8.3 There must be Guidelines for literacy/skills assessment and tools such as oral/written literacy tests.

7.8.4 Designated staff must be trained in the activities described in the Guidelines, and in the use of the tools.

7.8.5 The assessment must be conducted in a language that the Victim can understand.

7.9 Participatory future plan assessment

7.9.1 A Participatory Future Plan Assessment is to be conducted of each Victim within 30 days after arriving at the Shelter. It should contain conclusions garnered from consultation with the Victim on matters such as his occupational training, education and reintegration. It may be done in collaboration with international agencies, departments of the Government of Jamaica and/or Foreign Embassies, Missions or Consulates.

7.9.2 The assessment is to be done on a regular basis with periodic updates made during the Victim's stay at the Shelter.

7.9.3 A Participatory Future Plan Assessment Form is to be completed and placed in the Victim's case file. His problems/needs (if any) are to be recorded in the Assessment Summary and updated throughout his stay at the Shelter.

7.9.4 There must be Guidelines for participatory future plan assessment and tools such as career planning.

7.9.5 Designated staff must be trained in the activities described in the Guidelines and in the use of the tools.

8. CASE PLANNING AND REFERRAL

8.1. Case Meetings

8.1.1 A case meeting must be held with each Victim within 15 days after intake, and further periodic case meetings should be conducted at 60 day intervals for the duration of the Victim's stay at the Shelter.

8.1.2 The case meetings are to be chaired by a designated Case Manager, and attended by staff members responsible for the Victim's care (such as a counselor) and, as necessary, out-shelter professionals who are responsible for their care.

8.1.3 There must be Guidelines for the conduct of case meetings and all relevant staff members and out-shelter personnel are to be trained in those Guidelines. These out-shelter personnel should include doctors, lawyers, psychologists and police.

8.1.4 The Guidelines must include provisions relating to the ongoing care of Victims while at the Shelter, and the development of Protection, Treatment and Re-integration Plans. In subsequent case meetings, the progress of the Victim according to these plans should be reviewed, and modifications/ additions to the plans should be made. Prior to discharge or referral, a final evaluation meeting should be conducted.

8.1.5 Emergency case meetings may be scheduled from time to time for Victims with special problems/ needs.

8.1.6 Case meetings are to be conducted according to case meeting guidelines, and the output of meetings is to be recorded and placed in the Victim's Case File.

8.2. Protection Planning

8.2.1 A Protection Plan is to be created within 15 days after intake for each Victim and his children (if any). It should then be reviewed every 30 days until it is determined that the Victim or children are no longer in need of protection.

8.2.2 The Protection Plan is part of the case meeting process referred to in 8.1 and must be developed and reviewed in accordance with established Guidelines.

8.2.3 All relevant staff and out-shelter personnel are to be trained in the Guidelines.

8.2.4 A Protection Plan Form must be completed. It should include the following:

(a) areas of protection

(b) goals, actions, responsibilities and timeframe

8.2.5 The Case Manager (in collaboration with the police and the victim support unit) will determine whether or not the threat to the Victim or risk of harm to him is so great as to require witness protection. If such a determination is made, appropriate steps are to be taken to place the Victim in a witness protection programme. In these cases, contact should also be made with the OPP, the CDA, the Office of the Child Advocate and the relevant Foreign Embassy, Mission or Consulate (if it involves a foreign Victim) as the circumstances require.

8.2.6 In making a determination as to whether or not the Victim requires witness protection, the initial assessment of the Victim must be taken into account.

8.3 Treatment (Rehabilitation) Planning

8.3.I A Treatment Plan is to be developed for the Victim within 30 days after intake, and reviewed every 60 days or less thereafter for as long as the Victim is in the Shelter. In the case of a minor, the Treatment Plan is to be conducted in collaboration with a representative of the CDA.

8.3.2 The Treatment Plan is to be developed according to the Assessment Summary (Problem List) and must be developed and reviewed at case meetings.

8.3.3 There must be Guidelines for the development of the Treatment Plan and all relevant staff and out-shelter personnel are to be trained in the Guidelines.

8.3.4 A Treatment Plan Form must be completed, and should include the following:

(a) Short-term plan

(b) Long-term plan (if necessary)

(c) Plan content, which includes:

goals, matched to Assessment Summary (Problem list)

actions

responsibility

timeframe

(d) Plan Focus, which includes:

health

emotional and behavioural development

legal

education and skills

legal identity (ID card, citizenship, marriage certificate, birth registration, and other forms of identification)

family unification and social relationships

8.4 Reintegration Planning and Exit Strategy

8.4.1 A Reintegration Plan is to be developed for the Victim within 60 days after intake, and reviewed not later than every 60 days thereafter for the Victim's duration at the Shelter.

8.4.2 The Reintegration Plan is to be developed in accordance with the Assessment Summary (Problem List) and should be developed and reviewed at case meetings, in consultation with the Victim.

8.4.3 Output of the meetings is to be recorded and placed in the Victim's case file.

8.4.4 The Reintegration Plan should also be developed pursuant to established Guidelines, which should include provisions to ensure rapid and effective reintegration of the Victim.

8.4.5 All relevant staff and out-shelter personnel are to be trained in the Guidelines.

8.4.6 A Reintegration Plan Form is to be completed and should include the following:

(a) A short-term plan and long-term plan (if necessary)

(b) Plan Content, which includes:

goals, marched to the Assessment Summary (problem list)

actions

responsibility

timeframe

(c) Plan Focus, which includes:

pre-reintegration occupational activities

activities to prepare for reintegration (such as family contact, pre-integration assessment of the family or community. trial living situation and referral)

(d) Planning decisions based upon:

Social, Literacy/skills, Participatory Future Plan, and Family and Community Assessment

discussion with the Victim

outcomes of life-planning activities conducted with the Victim

85 **Referral to other agencies/non-governmental organizations**

85.1 The Victim may be referred to other agencies or non-governmental organizations, based upon a decision being made in a case meeting after consultation with the Victim.

85.2 Referral means that the Victim can be sent to the receiving agency or organization, or that pre-approved agents of the agency/organization may confer with the Victim at the Shelter and conduct their assessment of the Victim there.

8.5.3 There are several reasons why a referral may take place. Some examples are:

(a) the Victim requires constant professional medical care that exceed the capabilities of the Shelter

(b) the Victim is dying and cannot be cared for by the Shelter

(c) the Victim has disabilities for which the Shelter cannot provide care/assistance

(d) The Victim has psychological problems chat are outside the scope of capabilities of the Shelter's professional staff

(e) The Victim has severe discipline or criminal problems

8.5.4 In making referrals, the Shelter has a duty to ensure the following:

(a) that the referral is appropriate and beneficial to the Victim:

(b) that the receiving agency/organization provides quality care;

(c) that a pre-check of the agency/organization is undertaken if it has not received referrals in the last I2 months;

(d) that prior to referral, meetings are conducted between staff and relevant professionals/ staff at the receiving agency/organization in order to discuss the Victim's case; and

(e) that the Victim is provided with orientation of the rece1vmg agency/organization

8.5.5 After referral, staff must conduct follow-up meetings with the Victim and the receiving agency/organization within 30 days and every 90 days thereafter for 180 days.

8.5.6 A Referral Form muse be completed and given to the rece1vmg agency/organization, along with relevant documents from the Victim's case file.

8.5.7 The referral process *is* to be documented and placed in the Victim's case file.

8.5.8 There must be Guidelines for the referral process, which must include the following:

(a) the Victim's participation in decisions

(b) dear reasons for the referral decision

(c) pre-check of the receiving agency/organization for level of care

(d) follow-up with the Victim after referral to the agency/organization

(e) appropriate documentation of the referral process

8.5.9 All relevant staff and out-shelter personnel are to be trained in the Guidelines.

8.5.10 A list of agencies/organizations to which the Victim may be referred should include the following:

(a) Hospitals

(b) Psychiatric Care Facilities

(c) Juvenile Detention Centers

(d) Child Care Facilities

(e) Woman's Inc.

(f) Victims Support Unit

9. SHELTER ENVIRONMENT

- The Victim is to have a clear understanding of the daily operations, rules and regulations and disciplinary rules of the Shelter.

- The Victim must be provided with the basic rights of confidentiality, privacy and access to family.

9.1 Daily Activities

9.1.1 Shelters should plan a sufficient amount of daily recreational activities for residents who are willing and able to participate.

9.I.2 A daily activities schedule should be created in consultation with the Victims resident at the Shelter, and should be posted on a Notice Board that is located in an easily identifiable area of the Shelter and explained to illiterate residents.

9.I.3 The residents should conduct routine maintenance activities such as cleaning and cooking.

9.2. Rules and regulations for residents and staff

9.2.1 There must be Care Shelter rules and regulations for residents and staff. These should be embodied in a single document, a copy of which should be posted in an easily identifiable area of the Shelter and explained to illiterate residents.

9.2.2 The Care Shelter rules and regulations should include the following:

(a) general conduct

(b) required activities

(c) relationships between residents and staff

(d) permitted and forbidden activities

(e) visitors

(f) conduct of residents and children

9.2.3 The residents must sign an agreement stating that they understand and agree to abide by the rules and regulations. This should be done within 5 days after arriving at the Shelter.

9.2.4 Each staff member must also sign an agreement stating that he understands and agrees to abide by the rules and regulations of the Shelter.

9.2.5 Supervisory staff should be trained in the content and enforcement of rules and regulations, the breach of which should be regulated by established Guidelines.

9.2.6 The Central Organization has responsibility for dealing with the enforcement of the rules and regulations as it relates to Supervisory staff.

Please see the forms at **Annex I, XXII and XXIII.**

9.3 Discipline

9.3.1 The Central Organization must have a clear policy on discipline, which should include provisions regarding the disciplinary procedures and participatory methods of enforcing discipline (that is, the participation of residents in enforcing discipline).

9.3.2 Staff should be trained in discipline, including the following:

(a) the psychological and social background of disciplinary problems

(b) the Shelter's policies and procedures on discipline

(c) Positive discipline theory and techniques

(d) Prohibited disciplinary activities (such as corporal punishment, humiliation, deprivation, confinement and demeaning or degrading actions)

(e) Therapeutic Crisis Intervention (safety and containment of violent or uncontrolled persons)

9.3.3 Residents must be advised of disciplinary policies and procedures.

9.4. Reporting of complaints and problems

9.4.1 There should be a system in place for reporting complaints and problems, which should ensure that there is no occurrence of reprisal.

9.4.2 Staff members who are not involved in the direct supervision of residents should be designated to respond to the personal concerns of residents.

IO. HEALTH CARE AND NUTRITION

IO.1 The Shelter must provide basic health care, as required by the circumstances of each case. Required medication is to be stored in a secured cabinet and dispensed by designated staff accordingly.

I0. 2 Daily meals are to be provided by a cook, who is part of the Shelter's staff. Meals are to be provided based on basic nutritional requirements and the particular dietary needs of particular residents are to be taken into account.

I0. 3 HIV/AIDS and STD testing shall be conducted only by request, and all results shall be kept within the confidentiality of selected members of staff.

I0.4 All necessary medical and dental care shall be provided, including special care for the disabled.

I0.5 Each Shelter must provide for the routine presence of a professional person from outside the Shelter, and the Victim must receive a medical assessment within 5 days of arrival at the Shelter. Health records are to be maintained and kept current.

A copy of the health record must accompany the Victim when he leaves the Shelter.

10.6 Any specific therapeutic technique, diet, medication and other personalized plan shall be used only upon a physician's recommendation, and only as part of the established Case Management Plan of each Victim.

3. CARE FOR CHILDREN

II.I *Housing of Child Victims*

Child victims of trafficking arc to be housed with others of their same age and gender, where possible.

II.2 Vulnerable and Unaccompanied Children

Designated staff must be trained to work with vulnerable children and the Shelter staff should consult local, regional and international standards regarding accommodation for victimized minors. Please note, however, that unaccompanied minors are wards of the State and that the MOJ must be consulted regarding the intake of such Victims.

I13 Best Interests of Child

In all circumstances, Shelter staff must consider the circumstances and best interests of each child.

II.4 Child-Friendly Orientation

Children must receive child-friendly orientation upon intake and the purpose and operation of the Shelter and conditions of their residence are to be explained to them.

115 Consultation with CDA

The CDA is to be consulted with regard to each child Victim's case, and the Office of the Child Advocate is also to be consulted, when required.

II.6 Children's Rights

I 1.6. I The child's privacy and confidentiality arc to be ensured, in accordance with the Shelter's written policies on privacy and confidentiality. Areas of privacy and confidentiality include the following:

(a) unrequested entry into their 'private space' and access to their personal possessions

(b) personal matters, including hygiene and bathroom facilities

(c) meetings and conversations with parents and family

1.1.6.2 Children have the right of complaint according to written policy and guidelines. Their complaints shall be attended to without delay.

I 1.6.3 Children are also to be allowed physical assets of personal identity and belongings, in relation to which there should be no interference.

I 1.6. 4 Subject to welfare considerations and the confidentiality requirements of the Shelter, children have the right to maintain regular and personal contact with parents and family. Staff should assist the children in contacting and writing to their parents or family, in accordance with risk assessment considerations.

1.1.6. 5 Children have a right to keep and use their given names, and to keep possession of/or have access to personal legal documents.

I 1.6. 6 Children are to be provided with access to spiritual services, books, objects, teachers and religious holidays of their own religious convictions, and are to be free from obligation to engage in religious practices that are not their own.

1.1.6. 7 Support must be made available through designated staff, to enable disabled children to enjoy a range of activities, including recreation, education and occupational training.

I 1.7 Child Protection

I 1.7.1 The Shelter must have a system in place to ensure that children are protected from abuse, and vetting of staff and visitors is to be done in order to prevent exposure to potential abusers.

II.7.2 There must be guidelines and procedures in place to deal with a child's absence without authority, including notification of families and authorities, and appropriate action.

II.7.3 The Shelter must have procedures and referral and notification systems for emergency situations. There must be sufficiently trained staff and accessible external personnel to attend co children's needs and emergency medical and psychological situations at any time of day or night.

11.8 Discipline

11.8.1 Through positive responses, staff shall support the acceptable behaviour of children. In cases where a child's behaviour is unacceptable, staff shall provide constructive, acceptable and known discipline according to dear written procedures. These procedures shall be made available to staff, children and parents.

II.8.2 Designated staff should be trained in disciplinary procedures, including the safety/containment of children with violent or ocher unacceptable behaviour.

II.8.3 Hitting, slapping or any form of corporal discipline is strictly prohibited.

II.8.4 Children shall not be punished or disciplined in a manner that demeans or degrades them, including verbal abuse or embarrassment in front of other children.

II.8.5 Children shall not be locked in small confined areas, or denied food, warmth, bathing, toilet or sleeping facilities.

II.9 Children's Staff

11.9.1 There shall be designated staff members who are selected because of their capacity to relate to and interact with children.

II.9.2 All staff working directly with children shall receive training in child development, appropriate responses to sexualized behaviour, de-escalation of anger, and group dynamics.

II.9.3 All staff of each Shelter, including drivers and guards shall receive orientation on child abuse and exploitation, confidentiality, and supportive modes of interaction with the children.

II.9.4 The Shelter shall maintain a ratio of one staff member for every 2 children (1:2), and a ratio of caregivers such as another counsellor, 'house mothers', and recreational persons of one caregiver to every 4 children (1:4).

II.9.5 Good faith efforts shall be made to provide each child with a volunteer mentor who shall visit the child at least once per week. Mentors shall not be permitted to take the child on trips away from the Shelter.

11.10 Physical Surroundings

II.IO. I Except in extreme cases and with the direction of the MOJ, no Shelter shall have a capacity of more than 12 children.

II.10.2 Each child shall be ensured a reasonable square footage of the total indoor 'child- active' area of the Shelter. This includes bedrooms, recreation rooms, dining rooms, bathrooms and medical and counseling rooms. It shall not, however, include staff quarters, kitchen areas and other non-child-active areas.

II.10.3 Adequate space shall be provided for both group and individual play, both indoors and outdoors.

I 1.10. 4 All bedrooms in which children are resident shall be decorated in bright colours pleasing to children. They should also be provided with suitable and homelike decoration to make them comfortable.

11.10.5 Children shall be provided with a designated place to have meals, and shall not take meals to their sleeping area.

11.10.6 As far as possible, each child shall be provided with his own bed. However, in no case shall more than 2 children share the same bed. Where 2 children share the same bed, they shall be of the same sex and age group.

11.10.7 Each child shall be provided with a sleeping/personal area of adequate square footage, and shall be provided with secure, private storage space for clothing and other personal items.

II.II Health Care and Nutrition

II.II.I Immunizations shall be kept current.

11.II.2 Children should be provided with varied and nutritious foods, including adequate amounts of protein and foods rich in essential vitamins.

II.I1.3 Children should be provided with adequate physical exercise and adequate time for rest and sleep.

11.12 Education

11.12.1 All children should be provided with formal education to the level of their ability and as far as practicable, according to their wishes.

11.12.2 Illiterate children shall be provided with non-formal literacy education to the level necessary for enrolling in formal education. Attention shall be given to the parent language of each child.

11.12.3 School records shall be formally kept and proper documents shall be provided to the child when he leaves the Shelter.

11.12.4 Children should be provided space, privacy and time to pursue studies, assistance by staff outside classroom time, and relevant and sufficient library material, news material and other related materials.

11.12.5 In addition to the general curriculum, all children are to be taught health, hygiene, reproductive health, age-appropriate expressions of sexuality, and appropriate ways of relating to men and to women.

11.12.6 Children should also be provided with functional Life Skills Training, which will include basic living skills Training, which will include basic living skills, managing money, caring for a home and corresponding with family and friends and the wider community at large.

11.13 Recreation and Culture

11.13.1 Children shall be provided with adequate time for leisure, recreation and cultural pursuits such as art and craft.

11.13.2 All children should, as far as practicable, be taught the songs, dances, stories and other expressions of their own culture.

11.13.3 Under the direction of staff, all children shall have opportunities to participate in organized games and play activity.

11.13.4 All children shall have opportunities for child-directed individual or group play, without the intervention of staff except for safety purposes.

11.13.5 Each Shelter shall have a recreational policy, developed in consultation with children, and shall have a full or part-time staff member dedicated to providing varied and interesting recreation for the children.

II.13.6 The interests and abilities of individual children shall be assessed, and each child will be encouraged to engage in creative expression according to his own wishes.

11.13.7 Individual children shall be supported to celebrate personal occasions such as birthdays, and cultural and religious festivals.

11.13.8 All children should have opportunities for excursions, picnics and other outdoor leisure activities within the healthy recreational external environs of the Shelter.

11.13.9 Toys, games and other playthings appropriate to the age of the child in care should be provided and made available for use by the children. Safe and age-appropriate outside play equipment should be provided.

11.14 Case Management

11.14.1 Individual case management shall be conducted on standardized case management guidelines for each child, beginning at intake, and ending on completed reintegration.

11.14.2 The case management team, which shall include a minimum of one professional psychologist, counselor, or social worker from outside the Shelter, shall review the case of each child within 15 days after intake and each 60 days or less thereafter for as long as the child is in the Shelter. A case management plan shall be developed with full participation of the child and if possible, his family.

11.14.3 There must be written policies and standards for conducting the case management of children, and the primary care-giving staff of each Shelter is to be trained in these policies and standards.

11.14.4 The Case Management Plan shall include a Reintegration Plan (see clause II.IS below). This Plan shall be developed with full participation of the child and, if possible his family.

II.14.5 The Reintegration Plan shall be developed within 60 days after admission and reviewed every 60 days thereafter.

II.14.6 A Child Protection Plan, if needed for the welfare of the child, shall be developed within 5 days after admission, and reviewed every 30 days thereafter until the child no longer needs special protection.

I1.14.7 In relation to unaccompanied children, good faith and diligent efforts are to be made to locate parents within 30 days of admission and, unless there are

overwhelming reasons to the contrary, to encourage parental involvement with the child. Any reasons for discouraging or not permitting parental involvement shall be discussed with both parents and the child, noted in writing in the child's records, and approved by the case management team.

II.I5 **Reintegration**

II.I5.I Each child's Reintegration Plan shall be created with participation of the child and must be based upon an assessment of the child's skills and inclinations conducted by a trained counselor or guidance specialist.

II.I5.2 The child and his family (if possible) shall participate in all decisions regarding reintegration activities conducted on his behalf.

I I.I5.3 The Reintegration Plan for each child shall include life planning activities, occupational development and pre-reintegration orientation.

I I.I5.4 In developing the Reintegration Plan, the case management team shall conduct an assessment of the target community/ family situation, and the Reintegration Plan shall be reviewed by the case management team prior to the child's discharge from the Shelter.

I I.I5.5 Life planning activities shall be conducted to assist the child in determining goals, wishes and strategies for his future life. These shall be integrated into the child's reintegration plan.

II.I5.6 Occupational development shall include career planning with the child's participation and, if possible, that of his family.

I I.I5.7 Each Shelter shall provide training only in occupations that are suitable for proper, protected and viable employment of the child.

II.I5.8 Occupational training shall be accompanied by education in basic business management, household savings and fiscal management, and networking with community banking and other monetary institutions.

II.I5.9 Occupational training shall not interfere with the child's basic education, recreation or leisure time.

II.I5.10 The Shelter shall not utilize the child's labour from training activities for monetary purposes.

II.I5.II The Shelter shall provide pre-integration orientation to each child, prior to his reintegration. The orientation shall include awareness of social and economic opportunities and an explanation of the Shelter's outreach/support mechanisms.

II.I5.I2 Upon reintegration, the Shelter shall conduct outreach or support activities, or shall oversee the delegation of those activities to other organizations or individuals in accordance with the reintegration plan.

II.I5.I3 Outreach/support activities shall only be conducted with the child's consent. These activities include occupational support visits to assist in economic reintegration and crisis intervention in the case of trauma or other related relapse.

II.I5.I4 Upon leaving the Shelter, each child shall be provided with school records, medical records, legal documents, savings and all personal belongings.

II.I5.I5 The Shelter shall make all efforts to ensure the dignity, self-confidence and well-being of the child at the time of reintegration. If lacking, each child shall be provided with new and appropriate clothing, shoes and luggage.

I2. LEGAL SUPPORT

I2.I This issue is not covered by the Guidelines.

I2.2 If legal representation is required, the Victim should be referred to the Legal Aid Clinic or the Office of the Child Advocate (OCA) as deemed appropriate. In such instances, the legal representative must conduct the interview at the Shelter and must sign the Third Party Confidentiality Agreement.

I3. PSYCHOSOCIAL CARE

I3.I Policies on psychosocial care

I3.I.I Psychosocial care involves care of Victims to prevent re-traumatization. It is to be conducted by appropriately trained persons according to universal standards and guidelines.

I3.I.2 There shall be policies on psychosocial care, which should include the following:

(a) Use of psychosocial interventions is to be decided only by a professional psychologist or counselor of the case management team, and psychological

interventions are only to be conducted according to the resident's case management plan.

(b) With the exception of emergency and crisis situations, the resident should participate in all decisions regarding psychosocial interventions on his behalf

(c) Counseling for sensitive problems, crisis situations, severe emotional states or severe psychological disorders is only to be conducted by appropriately trained and experienced persons, in accordance with the training standards and competencies guidelines of the organization.

(d) Counseling is to be conducted in a safe, comfortable and private environment.

(e) All principles of confidentiality are to be applied to counseling activities.

(f) Appropriate referral procedures are to be conducted in accordance with the provision on referral to other facilities.

(g) All staff working directly with residents is to be oriented on the policies for psychosocial care, and on the roles of para-counselors and professional counselors.

13.2 Counseling activities conducted *by* professionals

13.2.1 Victims are to be provided with counseling by professional counselors, psychologists or psychiatrists for sensitive problems, crisis situations, severe emotional states or severe psychological disorders.

13.2.2 Professional counselors, psychologists or psychiatrists are to be hired or made available. These persons should have been trained in several matters, including the following:

(a) general person-centered counseling

(b) crisis counseling

(c) trauma counseling (PTSD and Critical Incident Stress debriefing)

(d) group counseling for critical concerns

133 Counseling activities conducted by para-counselors

1331 Victims are to be provided with counseling by trained staff and professionals for non-critical emotional concerns and for situational concerns such as pregnancy and drug abuse.

1332 Victims are to be provided with activities to promote mental health and well-

being. **13.3.3** Staff is to be provided with counseling and care-for-caregivers support.

1334 Selected staff is to be trained and designated as para-counselors, or para-counselors are to be hired.

1335 Professional counselors, psychologists or psychiatrists are to be hired or made available. These persons should have training in several matters, including the following:

(a) preliminary assessment ('warning signals') of severe psychological problems

(b) general psychological well-being (such as communication skills, emotional management, relaxation, anxiety-reduction, confidence-building and trust building)

(c) experimental psychosocial activities (such as therapy, art therapy. dance therapy)

(d) group counseling for general concerns

(e) pregnancy and drug counseling

(f) conflict mediation

134 VCT for HIV/AIDS and STIs

1341 If requested by the Victim, Voluntary Counseling and Testing (VCT) for HIV/AIDS and STIs is to be provided by a trained person in a confidential setting.

1342 VCT services are also to be provided with trained VCT counselors, if required.

13.4.3 If not readily available, designated staff members are to be trained by the Epidemiology Research and Training Unit in Jamaica. Training should be done in several areas, including the following:

(a) hands-on interaction with patients

(b) contact investigation (CI)

(c) VCT

(d) PMTCT (prevention of mother-to-child transmission)

13.5 Peer Counseling activities

13.5.1 With training and guidance, designated residents can provide non-critical counseling and support to their peers.

13.5.2 The designated residents are to be trained in peer counseling and 'buddy' support activities, and para-counselors and/or professionals are to be trained in training and guiding peer-counselors.

14 EDUCATION AND RECREATION

14.1 *Education*

14.1.1 The Shelter shall provide all residents with access to education. Victims should therefore be consulted regarding their wishes and needs regarding education, and these should be addressed, *as* far *as* practicable.

14.1.2 All residents are to be provided with supplementary education and should be given time to pursue education with the staffs assistance.

14.1.3 School records of all Victims should be formally kept, and provided to the Victim upon leaving the Shelter.

14.1.4 There should be Guidelines for provision of education according to the literacy/skills assessment, including activities to ensure the participation of Victims in decisions regarding their education.

14.1.5 Staff members who provide education are to be appropriately trained and experienced.

14.1.6 Appropriate access to supplementary education should include health, hygiene, nutrition, reproductive health and parenting skills.

I4.I.7 The Shelter should have adequate quiet space for Victims to study, and should have sufficient books, news and education materials for Victim's needs.

I4.2. Recreation

I4.2.I All residents arc to be provided with routine, scheduled recreational activities, both indoors and outdoors the Shelter.

I4.2.2 There should be Guidelines for recreational activities inside and outside the Shelter. These should include the following:

(a) provision of a schedule of organized recreational activities

(b) provision of a wide and appropriate range of rccreat1onal activities chat develop the physical, social and inter-personal strengths of the Victim's, including athletic activities, creative/artistic activities and cultural activities

(c) 'one-on-one' support of Victims by staff to encourage individual creative expression and physical development

(d) 'one-on-one' support of Victim; by staff to personalize their experience through, for example, the celebration of birthdays and cultural and religious occasions

(e) Recreational activities include expressions of the local culture, including songs, dances and stories

I4.2.3 Designated staff members are to be trained in recreational activities.

I4.24 Recreational equipment and materials are to be provided, and the Shelter should have adequate space indoors and outdoors for recreational activities.

I4.2.5 There should be a recreation plan, including daily scheduled recreational activities and routine outside excursions.

I5. OCCUPATIONAL TRAINING AND PLACEMENT

I5.I In order to prepare them for reintegration, the Shelter should ensure that occupational training is provided for each Victim who indicates such an interest.

I.5.2 Occupational training should involve training in income-generating activities m preparation for work that is readily available, safe, and sufficiently remunerative. It is to be accompanied by training in basic household savings and domestic financial management and other fiscal-related matters.

15. 3 The Victim should be provided with occupational training based on his literacy/skills assessment, on his life planning and career planning activities (provided as part of life skills activities), and on the realistic appraisal of work availability.

15. 4 There should be Guidelines for occupational training and placement.

15.5 The Shelter should conduct activities, such as informal surveys, co identify work for Victims that is readily available, safe and sufficiently remunerative.

15. 6 Staff conducting occupational training is to be appropriately trained.

15. 7 Either the Shelter or training institutions/ organizations should conduce the occupational training. In either case, the requisite training space, equipment and materials are to be made available.

15. 8 If the Shelter collaborates with a training institution/ organization, the latter must sign a Confidentiality Agreement with regard to the Shelter's existence, location, residents and purpose.

16. SOCIAL REINTEGRATION (LIFE SKILLS) TRAINING

16.1 Life skills training should be provided to strengthen the Victim to live as an assertive, responsible person in a challenging society. It is part of the Shelter's Exit Policy/Strategy.

16.2 All residents are to be provided with comprehensive life skills training for the duration of their stay in the Shelter.

16.3 There should be Guidelines for social reintegration (life skills) training.

16.4 There should be a comprehensive life skills curriculum that includes skills in several areas, including the following:

(a) goal identification, life planning and career planning

(b) interpersonal communication

(c) assertiveness and conflict resolution

(d) emotional management

(e) dealing with stigma and discrimination

(f) self-protection from abuse, violence, harassment and other such threats

(g) general health, nutrition and hygiene

16.5 Designated staff should be trained in conducting life skills training.

16.6 The Shelter should provide appropriate learning space and materials for life skills training.

17. PRE-REINTEGRATION ACTIVITIES

- Pre-reintegration activities should form part of the Shelter's Exit Policy/Strategy.

17.1 Pre-reintegration family/community assessment

17.1.1 Prior to reintegration, the Shelter should conduct an assessment of the Victim's destination family, community and/or spouse. This is done in order to ensure that the Victims are not returned to families, communities or spouses who have previously abused or trafficked them without being provided with adequate protection.

17.1.2 The assessment is to be recorded, placed in the Victim's file, and taken into consideration during the final Case Review meeting in which the Victim's Reintegration Plan is reviewed.

17.1.3 If the assessment indicates the probability of harm to the Victim, the Case Manager should ensure that protection mechanisms are established in the family and community, or that an alternative living environment is determined for the Victim.

17.1.3 Before discharge from the Shelter the Victim and her family, community and/or spouse are to be prepared for reintegration by the trained social/para-social worker. This pre-reintegration family/community assessment is geared towards ascertaining whether or not the Victim will require economic support after reintegration.

17.1.5 If the pre-reintegration family/community assessment reveals that post-reintegration economic support is required, then post-reintegration actions should be planned.

17.1.6 Post-reintegration actions should include identifying persons and/or organizations that can provide social, economic and protective support to the Victim following reintegration.

17.1.7 There must be Guidelines and tools for pre-reintegration assessment.

17.1.8 Staff designated to conduct the pre-reintegration assessment must include either a professional social worker or persons adequately trained as para-social workers.

17.2 Planning of post-reintegration activities

17.2.1 For approximately 6 months following discharge from the Shelter, the Victim should receive follow-up support activities as required, in order to ensure successful reintegration.

17.2.2 Activities to support the Victim after discharge and reintegration are to be planned and attached to the Victim's reintegration plan.

17.2.3 There must be Guidelines for pose-reintegration planning, including the Victim's participation.

17.3 Preparation of Victim, family, community, spouse

17.3.1 Prior to reintegration, the Victim must be provided with counseling and final economic preparation, and should be given contact details for persons and/or organizations in his destination.

17.3.2 The Victim's destination family, community and/or spouse must be provided with counseling in order to alleviate conflicts upon return. They are also to be provided with information necessary to support the Victim's return and activities to reduce stigma and discrimination against the Victim.

17.3.3 Individuals and organizations in the Victim's community (teachers, police, and women's groups) are to be contacted and enlisted to provide support for the Victim.

17.3.4 If deemed necessary, preparatory meetings between the Victim and family members and/or short term trial living situations are to be conducted before the Victim leaves the Shelter.

17.3.5 There must be Guidelines for preparation of Victim, family, community and spouse. They should include the following:

(a) psychosocial/ counselling preparation to obviate conflict, stigma and discrimination

(b) economic preparation

(c) networking to provide a support system for the Victim

17.3.6 Staff designated to conduce the preparatory measures must include either a professional social worker or persons adequately trained as para-social workers. This staff is to be trained in the preparation of Victim, family, community and spouse.

17.4 Departure from Shelter

17.4.1 Final Evaluation of the Victim is to be conducted at the end of the processes of treatment and preparation for reintegration, and prior to the Victim's discharge from the Shelter. The Final Evaluation must include evaluation assessments regarding the following:

(a) physical health needs

(b) psychological and social needs

(c) legal service needs

(d) education/skills needs

17.4.2 A Final Case Review Meeting is to be conducted, with participation by all members of the Victim's case management team (including the Victim). It must include the following:

(a) review of the progress of the treatment and protection plans towards goals

(b) review of the Reintegration Plan, including planned post-reintegration activities

(c) assessment of Victim's preparation for return to community

(d) input and feedback from the Victim regarding his stay in the Shelter

17.4.3 Upon discharge from the Shelter, the Victim's case management files are to be stored in a protected manner to ensure privacy and confidentiality of information.

17.4.4. There should be Guidelines for Final Evaluation, and staff should be trained in the discharge process. Staff Responsibilities for Shelter Departures are outlined at **Annex XXIV.**

17.4.4 There is a Discharge Form, which is to be completed by the Shelter Manager.

17.5 Activities prior to departure from the Shelter

17.5.1 The Victim should be provided with orientation regarding his destination, and attempts should be made by the Shelter to ensure that the Victim leaves the Shelter with dignity and self-confidence.

17.5.2 The Victim is to be provided with contacts and referrals for support at his destination.

17.5.3 If lacking, the Victim is to be provided with new and appropriate clothing, shoes and other necessities, and must be provided with school records, medical records, legal documents, savings and personal belongings.

17.5.4 There must be Guidelines for pre-reintegration activities and orientation.

17.5.5 Staff must be trained in conducting activities with Victims prior to reintegration.

17.6 Identity and Travel Documents and Assisted Voluntary Return of Residents

17.6.1 Designated staff at the Shelter shall be responsible for securing necessary identification documents, travel documents and return assistance for residents in transit and destination countries. However, the voluntary return of foreign residents is the primary responsibility of the GOJ. In all voluntary return cases, the role of the designated staff is to:

(a) Coordinate the relevant procedures with the person in charge of return of Victims.

(b) Obtain the relevant information from the resident.

(c) Keep the residents informed about the progress of the paperwork involved and the likely time required for completion.

(d) Ensure that individual case service plans are developed in accordance with the timeframe of assistance and overall well-being of the resident.

(e) Provide pre-departure planning and assistance, including referrals for follow-up services.

17.6.2 Contact should also be made with the relevant Immigration Department of the GOJ and the relevant Foreign Embassy, Mission or Consulate and/or OCA to conduct the voluntary return process.

18. POST REINTEGRATION ACTIVITIES

18.1 Post reintegration may be conducted up to 6 months after the Victim leaves the Shelter, with the aid of non-governmental organizations and from international organizations such as the International Organization for Migration (IOM) [if required]. These activities should include the following:

- economic support or training
- assistance in getting education or training
- protection from abuse or trafficking
- counseling or mediation for problems with family, spouse or community
- intervention in the case of trauma, abuse or other crises

18.2 Post reintegration contact with the Victim is only to be conducted with his consent and under the conditions that he identifies (for example, meeting the social worker or counselor away from the spouse's home).

18.3 When contact is made with the Victim for post reintegration activities and trafficking is suspected, suitable response (including police intervention, if necessary) for protection of the Victim should be made.

18.4 Post reintegration activities are to be documented and placed in the Victim's case file.

18.5 There should be Guidelines for post reintegration activities.

18.6 Staff designated to conduct field visits should include either a professional social worker or persons adequately trained as para-social workers, as well as professional counselors or persons trained as para-counselors.

18.7 Designated staff and support persons (such as volunteers, supporting non--governmental organization members, and teachers) are to be adequately trained in post-reintegration activities.

19. PHYSICAL FACILITIES

19.1 The Care Shelter shall be a facility that meets the required building code standards of Jamaica, including sanitary and safety requirements. It shall be located in an area that will not raise any questions and should be as inconspicuous as possible. It should be in accordance with the following requirements:

i. It must be inconspicuous and devoid of markings identifying it as a shelter of any kind.

(b) The capacity of the Shelter shall be based on its function, size and number of staff, and shall correspond to the potential needs of the area with additional space for unexpected cases.

(c) With the exception of Shelters for children, no Shelter is to have a capacity of more than 20 persons.

(d) The physical plant of the Shelter shall be kept clean, well maintained, and free of debris, well ventilated and well lighted.

(e) The Shelter shall have appropriate protection and mechanisms in case of fire and earthquake, and staff shall be trained on safety responses in case of natural disaster.

(f) Security shall be provided by appropriate personnel. Care should be taken to avoid bars and other prison-like forms of physical security.

(g) As far as practicable, each resident is to have his own bed, a place to store his personal belongings and a place (such as a wall or shelf) to personalize his private space with his own belongings (such as photographs and mementos).

19.2 The Shelter shall provide the following:

a. sleeping rooms

b. personal/sleeping space for staff

c. staff work space and meeting space

(d) private and quiet counseling and family meeting space

(e) learning and activities space

(f) recreation space

(g) occupational skills training space

(h) a room for medical treatment

(i) a communal kitchen

(j) dining area

(k) separate shower and toilet areas

(l) emergency equipment (such as fire extinguishers and first aid kits)

(m) a bulletin board

(n) adequate security mechanisms

(o) a telephone and computer

(p) video conference equipment

(q) a nondescript place of worship (to be neutral and unidentifiable with any religion)

(r) radio and television

(s) water tank

(t) generator

19.3 The surrounding property shall have the following:

(a) external walls or fence around the Shelter for privacy and security

(b) recreation area

(c) laundry area

(d) quarters and bathing/toilet area for security persons

(e) adequate gates and security mechanisms

19.4 General security measures shall include the following:

(a) external security of the building, including patrol of the perimeter

(b) security on duty inside the building

(c) ability to lock the Shelter from inside

(d) an alarm system with direct connection to security services

(e) electronic surveillance

(f) a roster or other document identifying the names and contact numbers of nearby police stations

20. SHELTER INSURANCE

- The Central Organization must ensure that each Shelter has appropriate property and public liability insurance.

21. MAINTENANCE

21.1 The Central Organization shall ensure that all Shelters have a service agreement with a reputable service agency/ company for the provision of routine and emergency maintenance and repairs to the Shelters.

21.2 Due to the confidential nature of the Shelter, the service agency/company is required to sign an advance agreement for maintenance services and the Third Party Confidentiality Agreement.

21.3 Service Agreements should include provisions for maintenance and repairs concerning:

(a) physical structure of the Shelter

(b) utilities

(c) furniture

(d) equipment

22. SANITARY CONDITIONS AND SERVICES

22.1 Each Shelter must maintain standards of cleanliness and hygiene in accordance with local health regulations and practices.

22.2 Residents should cooperate and participate in the maintenance of the Shelter and should be responsible for keeping their sleeping area clean. In order to achieve this, each Shelter should post and maintain Duty Rosters that contain assigned daily cleaning responsibilities for staff and residents. However, staff is responsible for ensuring that the requisite standards of cleanliness and hygiene are observed throughout the Shelter.

22.3 Notwithstanding the preceding, ancillary staff should be hired to ensure the general cleanliness of the Shelter.

23. MISCELLANEOUS

23.1 Amendment of Guidelines

23.1.1 The Guidelines may be amended at any time by the Minister responsible for Justice, upon consultation with the Central Organization.

23.1.2 The Central Organization may make representations to the Minister responsible for Justice concerning amendment of the Guidelines.

23.2 Effective Date of Guidelines
The Guidelines shall take effect in 2008

- This Revised Guidelines shall take effect on the 1st day of February, 2015.

REFERENCES

Articles

1. Caliber Associates Inc. (2003). **Needs Assessment for Service Providers and Trafficking Victims.**

2. Coalition Against Trafficking in Women. (2001). **Sex Trafficking of Women in the United States: International and Domestic Trends**.

3. International Organization for Migration. (2007). **The Victims Assistance Handbook.**

4. Planete Enfants, Kathmandu, Nepal. (2005). Guidelines For The Operation of Care Facilities For Victims of Trafficking and Violence Against Women and Girl: Rationale, Basic Procedure and Requirements for Capacity Building

5. United States Department of Justice. (2001): **First Response to Victims of Crime: A Handbook for Law Enforcement Officers on How To Approach and Help Elderly Victims, Victims of Sexual Assault, Child Victims, Victims of Domestic Violence, Victims of Alcohol-Related Driving Crashes and Survivors of Homicide Victims**

6. Websites

   www.protcctionprojcct. org/docs/Shelter Guidelines. doc: '**Shelter Operation Guidelines'**

ANNEX I: GUIDELINES FOR STAFF STANDARDS OF CONDUCT

Conflict of interest

Staff members should not place themselves in a position in which there could be a potential conflict of interest. If in doubt, staff members shall seek the advice of the Central Organization and obtain permission to engage in or maintain the dubious activity or position.

The following may constitute a conflict of interest:

(a) Being a near or other relation of a Victim or alleged trafficker

(b) Using information and/or any material gained from Care Shelter position for private gain. Exploiting status and privilege of one's position for private gain

(d) Soliciting and/or accepting payment and/or any other consideration for performance of or neglect of assigned duties.

(e) Conducting private business during work hours and/or on Shelter property

(f) Engaging in private or personal transactions with relatives or family members of a Victim or an organization associated with a Victim

(g) Acting as auditors, directors or some other official capacity of a company or organization associated with the media

(h) Direct or indirect ownership of shares or some other financial interest in a company, organization or enterprise with which the Shelter has dealings

Use of property and assets

Use of alcohol or any illegal substance is strictly prohibited at the Shelter, as well as arriving there under the influence of alcohol or any illegal substance.

Staff members shall be responsible for the safekeeping and proper maintenance of Shelter property in their charge. They are entrusted with the responsibility of preserving the Shelter's resources and using those resources in a prudent manner for their designated purposes, as prescribed by policies, laws, regulations and rules, and contracts, grants and donor restrictions. The following are strict prohibitions in relation to the Shelter's property:

(a) Mutilating, defacing or misusing Shelter materials, equipment, or property

(b) Removing or attempting to remove Shelter materials or property from the Shelter without proper authorization

(c) Tampering with emergency mechanisms (fire alarms, opening emergency exits in non-emergency situations)

(d) Using the Shelter's property and resources for an unauthorized purpose

The Central Organization shall establish and maintain adequate procedures for inventory control of Shelter property, and all staff members shall adhere to these procedures.

The Central Organization shall be held responsible for any and all loss, accident, neglect, injury, or damage to person, life, or property which may *be* the result of, or may be caused by the Organization's negligence or that of the lawful and authorized acts of its staff.

The Central Organization shall protect and indemnify its members and staff from all suits or actions at law for damage or injury to persons, life, or property that may arise or be occasioned in any way because of their lawful and authorized acts.

Staff management relations

The Central Organization is to treat its staff with courtesy, respect, fairness and objectivity. Staff members are also to maintain an environment of courtesy and respect within the Shelter.

There must be Guidelines provided for settlement of disputes. In establishing such guidelines, all parties should adopt an approach that does the following:

(a) States grievances in writing;

(b) States the level at which issues should first be raised; and

(c) Sets time limits for each stage of agreement and provides for extension by agreement.

Due to the confidential nature of the Shelter, its services and target group, disputes should be settled internally without recourse to external dispute resolution mechanisms.

Contact with the media

No member of staff or employee of the Central Organization shall issue any statement, documentation or other form of communication for publication in any media without

approval of the Director of the Central Organization.

The Director of the Central Organization shall not provide the preceding authorization without first consulting with the Minister responsible for Justice.

No member of staff or employee of the Central Organization shall speak to the media or participate in interviews without the prior approval of the Director of the Central Organization. The Director of the Central Organization shall not give such approval without first consulting with the Minister responsible for Justice.

Use and protection of information

Staff shall keep as confidential all information and documents obtained in their official capacity as employees at the Shelter.

No member of staff or employee of the Central Organization shall reveal to the media or unauthorized individuals documents, papers or information that comes into his possession because of his official capacity, without written approval from the Director of the Central Organization. The Director of the Central Organization shall not give such approval without first consulting with the Minister responsible for Justice.

Personal conduct of staff

Staff shall at all times conduce themselves in a professional manner, and shall observe all the rules, procedures and guidelines of the Shelter.

The confidentiality requirements of the Shelter must be strictly adhered to, and under no circumstance must any staff member be affiliated with any person suspected of being involved in an activity that violates national or international laws or human rights standards (in particular trafficking in persons).

Outside employment and activities

- Due to the confidential nature of the Shelter, its services and target group, staff members are prohibited from engaging in external employment or activities, such as teaching, speaking engagements or producing books or articles for publication or political activities. Upon being retained by the Central Organization, any such prior engagement shall be disclosed to the Central Organization.

ANNEX II: **STAFF** CONFIDENTIALITY **AGREEMENT**

I understand the importance of maintaining confidentiality in order to protect the safety of the Shelter, its residents and the Shelter staff.

I am required to keep a resident's information confidential, and will not disclose personal information without the permission of the resident or the Shelter Manager in case of an emergency.

I will not discuss resident or Shelter operational matters with the media or any other third party unless I request and receive express written permission from the Director of the Central Organization regarding the nature, purpose and limits of any communication with such third party.

I will not discuss resident matters in public areas.

I will not discuss matters related to staff or the operation of the Shelter in public areas.

I will direct any questions or concerns regarding confidentiality to the Shelter Manager.

I understand that a willful violation of the confidentiality policy can entail disciplinary action against me, including suspension or termination of my employment.

…… ……

Staff Signature **Shelter Manager Signature**

ANNEX IP: THIRD PARTY CONFIDENTIALITY AGREEMENT

I understand the importance of maintaining confidentiality in order to protect the safety of the Shelter, its residents and the Shelter staff.

I am required to keep a resident's information confidential, and will not disclose personal information.

I will not discuss resident or Shelter operational matters with the media or any other third party.

I will not discuss resident matters or matters related to staff or the operation of the Shelter.

I will direct any questions or concerns regarding confidentiality for the Shelter Manager.

I understand that a willful violation of the confidentiality policy can entail civil action against me, including suspension or termination of me or my company's/organization's services.

.....

Signature of Agent/Servant

……..

Signed by Director/Secretary on behalf of the Shelter Manager Signature

ANNEX III: GUIDELINES FOR CONDUCTING FIRST RESPONSE

Please read these guidelines before completing the form that follows.

I. Basic Guidelines on Conducting First Response Interviews

I.I Speak with Victims as individuals. Do not just "cake a report." Sit down and place your notepad aside momentarily. Ask Victims how they are feeling now and listen.

I.2 Say to Victims, "l wane to hear the whole story, everything you can remember, even if you don't think it's important."

1.3 Ask open-ended questions (usually questions that begins with the 5WHs). Avoid questions that can be answered by "yes" or "no." Ask questions such as "Can you tell me what happened?" or "Is there anything else you can tell me?"

I.4 Show that you are actively listening to Victims through your facial expressions, body language, and comments such as 'Take your time; I'm listening" and "We can take a break if you like, I'm in no hurry."

I.5 Avoid interrupting Victims while they are telling their story.

I.6 Repeat or rephrase what you think you heard the Victims say. For example, "Let's see if I understood you correctly. Did you say . . . ?"; "So, as I understand it . . ." or are you saying ''

2. Responding to the Victims Three (3) Major Needs

2.1 Victims' Need To Feel Safe

- Victims often feel helpless, vulnerable, and frightened by the trauma of their victimization. As the first response staff member, you can respond to Victims' need to feel safe by following these guidelines:

  (a) Introduce yourself to Victims by name and title. Briefly explain your role and purpose.

  (b) Reassure Victims of their safety and your concern by paying close attention to your own words, posture, mannerisms, and tone of voice. However, do **not** make any promises. Use body language to show concern, such as nodding your head, using natural eye contact, placing yourself at the Victims' level rather than standing over seated Victim.Keep an open stance rather than crossing your arms. Speak in a calm, sympathetic voice.

(c) Ask Victims to tell you in just a sentence or two what happened. Ask if they have any physical injuries. Take care of their medical needs first.

(d) Ask simple questions chat allows Victims to make decisions, assert themselves, and regain control over their lives. For example, "Would you like anything to drink?" and "How would you like me to address you, Ms. Jones?"

(e) Assure Victims of the confidentiality of their comments whenever possible.

(f) Ask Victims about any special concerns or needs they may have.

(g) Explain the purpose of the Shelter and ask Victims if they would like to utilize the services of the Shelter. **Do not** coerce Victims into accepting residence at the Shelter.

(h) If adult Victims refuse residence at the Shelter, make telephone calls and pull together personal or professional support for them. Give them a pamphlet listing resources available for help or information. This pamphlet should include contact information for local crisis intervention centres and support groups, the Office of the OPP and other nationwide services, including toll-free hotlines. Give Victims (in writing) your name and information on how to reach you (confidentiality requirements must, however, be taken into account). Encourage them to contact you if they have any questions or if you can be of further help.

2.2 Victims' Need To Express Their Emotions

- Victims need to air their emotions and tell their story after the trauma of the crime. They need to have their feelings accepted and have their story heard by a nonjudgmental listener. In addition to fear, they may have feelings of self-blame, anger, shame, sadness, or denial. Their most common response is: "I don't believe this happened to me." Emotional distress may surface in seemingly peculiar ways, such as laughter. Sometimes Victims feel rage at the sudden, unpredictable, and uncontrollable threat to their safety or lives. This rage can even be directed at the people who are trying to help them, perhaps even at law enforcement officers. You can respond to Victims' need to express their emotions by following these guidelines:

(a) Avoid cutting off Victims' expression of their emotions.

(b) Notice Victims' body language, such as their posture, facial expression, tone of voice, gestures, eye contact, and general appearance. This can help you

understand and respond to what they are feeling as well as what they are saying.

(c) Assure Victims that their emotional reactions to the crime are not uncommon. Sympathize with the Victims by saying things such as: "You've been through something very frightening. I'm sorry"; "What you're feeling is completely normal"; and "This was a terrible crime. I'm sorry it happened to you." However, **do not** form any personal emotional attachment to the Victim.

(d) Counter any self-blame by Victims by saying things such as, "You didn't do anything wrong. This was not your fault."

2.3 Victims' Need To Know "What Comes Next' After Their Victimization

Victims often have concerns about their role in the investigation of the crime and in the legal proceedings. They may also be concerned about issues such as media attention or payment for health care or property damage. You can help relieve some of their anxiety by telling Victims what to expect in the aftermath of the crime. This will also help prepare them for upcoming stressful events and changes in their lives. You can respond to Victims' need to know about what comes next after their victimization by following these guidelines:

(a) Briefly explain law enforcement procedures for tasks such as the filing of your report, the investigation of the crime, and the arrest and prosecution of a suspect.

(b) Tell Victims about subsequent law enforcement interviews or other kinds of interviews they can expect.

(c) Discuss the general nature of medical forensic examinations the Victim will be asked to undergo and the importance of these examinations for law enforcement.

(d) Explain what specific information from the crime report will be available to news organizations. Discuss the likelihood of the media releasing any of this information.

(e) Counsel Victims that lapses of concentration, memory losses, depression, and physical ailments are normal reactions for crime victims. Encourage them to consult Shelter staff when undergoing any of these reactions.

(f) Ask Victims whether or not they have any questions. Encourage them to contact you if you can be of further assistance.

3. Responding to Elderly Victims

When elderly people are victimized, they usually suffer greater physical, mental, and financial injuries than other age groups. Elderly Victims are twice more likely to suffer serious physical injury and to require hospitalization than any other age group. Furthermore, the physiological process of aging brings with it a decreasing ability to heal after injury-both physically and mentally. Thus, elderly Victims may never fully recover from the trauma of their victimization. It is understandable why the elderly arc the most fearful of crime. Elderly people, in fact, face a number of additional worries and fears when victimized. First, they may doubt their ability to meet the expectations of law enforcement and worry that officers will think they are incompetent. They may worry that a family member, upon learning of their victimization, will also think that they are incompetent. Further, they may fear retaliation by the offender for reporting the crime. Finally, elderly people may experience feelings of guilt for "allowing" themselves to be victimized. Depending on your approach as a first responder, you can do much to restore confidence in and maintain the dignity of elderly Victims, by observing the following guidelines:

(a) Be attentive to whether Victims are tired or not feeling well.

(b) Allow Victims to collect their thoughts before your interview.

(c) Ask Victims if they are having any difficulty understanding you. Be sensitive to the possibility that they may have difficulty hearing or seeing, but do not assume such impairments. Ask Victims if they have any special needs, such as spectacles or hearing aids.

(d) Give Victims time to hear and understand your words during the interview.

(e) Ask questions one at a time, waiting for a response before proceeding to the next question. Avoid interrupting Victims.

(f) Repeat key words and phrases. Ask open-ended questions to ensure that you are being understood.

(g) Avoid unnecessary pressure. Be patient and give Victims frequent breaks during your interview.

(h) Protect the dignity of Victims by including them in all decision-making conversations caking place in their presence.

(i) For hearing-impaired Victims, choose a location free of distractions, interference, and background noise, and:

- Face the Victim so that your eyes and mouth are clearly visible.
- Stand or sit at a distance of no more than 6 feet and no fewer than 3 feet from the Victim.
- Begin speaking only after you have the Victim's attention and have established eye contact.
- Never speak directly into the victim's ear.
- Speak clearly, distinctly, and slightly slower than usual.
- Keep your questions and instructions short and simple.
- Do not over-articulate your words.
- If necessary, talk slightly louder than usual, but do not shout (extremely loud tones are not transmitted as well as normal tones by hearing aids).
- Be prepared to repeat your questions and instructions frequently.
- Use different words to restate your questions and instructions.

(j) Provide enhanced lighting if Victims are required to read.

(k) Ensure that all print in written materials is both large enough and dark enough for Victims to read.

(1) Provide Victims witl1 written information that summarizes the important points that you communicated verbally so that they can refer to this information later.

(m) Remember that elderly Victims' recollections may surface slowly. Do not pressure them to recollect events or details; rather,ask them to contact you if they remember anything later.

(n) In all your comments and interactions with elderly Victims, their families, and other professionals involved in the case, focus on the goals of restoring confidence to and maintaining the dignity of the elderly Victims you work with.

4. Responding to Victims of Sexual Assault

4.1 Sexual assault is one of the most traumatic types of trafficking in persons. Whereas most Victims find it difficult to discuss their victimization, sexual assault victims find it especially painful. One obvious reason for this is the difficulty that many people have in talking about sex. A more important reason, however, is that many victims of sexual assault are internally traumatized not only by the humiliation of their physical violation but by the fear of being severely injured or killed.

4.2 Your approach as a first responder to sexual assault victims can significantly affect whether the Victims begin the road to recovery or suffer years of trauma and anguish. Please observe the following guidelines:

(a) Be prepared for virtually any type of emotional reaction by Victims. Be unconditionally supportive and permit Victims to express their emotions, which may include crying, angry outbursts, and screaming.

(b) Approach Victims calmly. Showing your outrage at the crime may cause Victims even more trauma.

(c) Be careful not to appear overprotective or patronizing.

(d) Remember that it is normal for Victims to want to forget, or to actually forget, details of the crime that are difficult for them to accept.

(e) Encourage Victims to accept medical attention, especially to check for possible internal injuries. In addition, a medical examination can provide evidence for the apprehension and prosecution of the Victim's assailant. Keep in mind, however, that Victims may feel humiliated and embarrassed that their bodies were exposed during the sexual assault and must be exposed again during a medical examination. Explain what will take place forensically during the examination and why these procedures are important.

(f) Be mindful of the personal, interpersonal, and privacy concerns of Victims. They may have a number of concerns, including the possibility of having been impregnated or contracting sexually transmitted diseases such as the AIDS virus; and the reactions or criticism of their loved ones.

(g) Interview Victims with extreme sensitivity. Minimize the number of rimes Victims must recount details of the crime to strangers.

(h) Offer to answer any further questions that Victims may have and provide any further assistance that they may need.

(i) Explain to Victims that they may experience posttraumatic stress symptoms in the next few months.

5. Responding to Child Victims

All interviews with child Victims must be conducted with the aid of a representative from the CDA. Child Victims suffer not only physical and emotional traumas from their victimization. When their victimization is reported, children are forced to enter the stressful "adult" world of the criminal justice system. Adults-perhaps the same adults who were unable to provide protection in the first place-are responsible for restoring the children's sense that there are safe places where they can go and safe people to whom they can turn. You therefore play a key role in this process and lessen the likelihood of long-term trauma for child Victims, by observing the following guidelines:

(a) Choose a secure, comfortable setting for interviewing child Victims. Take the time to establish trust and rapport.

(b) Realize that children tend to regress emotionally during times of stress, acting younger than their age. For example, 8year-olds may suck their thumb.

(c) Use language appropriate to the Victim's age. Remember your own childhood and try to think like the Victim. Avoid "baby talk."

(d) Since young children often feel that they may be blamed for problems, assure preschool and elementary/primary school-age children that they have not done anything wrong and that they are not "in trouble."

(e) Be consistent with the teams you use and repeat important information often.

(f) Ask open-ended questions to make sure Victims understand you.

(g) Use care in discussing sexual matters with preadolescent and adolescent children, as their embarrassment and limited vocabulary can make conversation difficult for them. At the same time, do not assume that Victims, including elementary/primary school-age children, are as knowledgeable about sexual matters as their language or apparent sophistication might indicate. First maintain a nonjudgmental attitude and empathize with Victims, without becoming emotionally involved. As elementary/primary school-age children are especially affected by praise, compliment them frequently on their behavior and thank them for their help.

(h) Remember the limited attention span of children. Be alert to signs that Victims are feeling tired, restless, or cranky. When interviewing preschool children, consider conducting a series of short interviews rather than a single, lengthy one. Also, consider postponing the interview until the Victim has had a night's sleep. However, in this case, be sure not to wait too long before interviewing preschool children because Victims at this age may have difficulty separating the events of the victimization from later experiences.

(i) Encourage preschool children to play, as it is a common mode of communication for them. You may find that as children play, they become more relaxed and thus more talkative.

G) Limit the number of times that Victims must be interviewed.

(k) Include Victims, whenever possible, in decision-making and problem-solving discussions. Identify and patiently answer all of their questions. You can reduce Victims' insecurity and anxiety by explaining the purpose of your interview and by preparing them, especially elementary/primary school-age children, for what will happen next.

(1) Show compassion to Victims. Children's natural abilities to cope are aided immensely by caring adults.

After reading the preceding guideline, the following First Response Reporting Form may be completed

FIRST RESPONSE REPORTING FORM

I. Name of Shelter: _____

2. Date of Report: _____

3. Interviewer's Name: _____

4. Interviewer's Job Title: _____

5. Name of CDA Representative: _____

6. Victim's Name: _____

7. Marital Status: _____

8. Name by which Victim chooses to be referred: _____

9. Date of Victim's Arrival at Shelter: _____

10. Referring Authority/ Organization: _____

I1. Is Victim a Minor? _____

I2. If yes, state parent's/guardian's name(s): _____

I3. If no, is Victim accompanied by a minor? _____

I4. If yes, state Minor(s)'Names: _____

I5. State location of Minor(s): _____

16. Reason(s) for referral: _____

_____

17. Docs Victim have any physical injuries? _____

I 8. If yes, provide brief detail of injuries: _____

_____

_____

_____

_____

19. Details of steps taken to address injuries: _____

_____

_____

_____

20. Does Victim have any urgent medical needs? _____

21. If yes, provide brief detail of medical needs: _____

_____

_____

_____

_____

22. Derails of steps taken to address medical needs: _____

_____

_____

_____

_____

23. Does Victim have any urgent psychological needs?

_____

24. If yes, provide brief detail of psychological needs :

25. Details of steps taken to address psychological needs:

26. Victim's other special needs/concerns:

27. State any other matters that may be relevant:

ANNEX IV: SECURITY **FORM**

1. Name of Shelter: _____

2. Name of Victim: _____

3. Is Victim a Minor? _____

4. If yes, state age: _____

5. Does Victim require police protection? _____

6. If not, does Shelter recommend police protection for Victim? _____

7. State reasons for request: _____

_____

_____

_____

_____

8. State nature of threat (that is, fear of physical or psychological harm):

_____

9. State source of threat: _____

10. Is Victim's location known by source of threat?

_____

I I. Has Victim previously received police protection?

_____

12. If so when and under what circumstances? _____

_____

_____

_____

13. Is there need for immediate placement in police custody?

_____

14. If so, name of police station to which referred:

_____

15. Name of Police Officer co whom custody given:

_____

ANNEX V: INTAKE INTERVIEW FORM

1. Name of Shelter: _____

2. Date of interview: _____

3. Interviewer's Name: _____

4. Interviewer's Job Title: _____

5. Resident's Name: _____

6. Marital Status: _____

7. Nationality: _____

8. Country of Residence: _____

9. Passport No. /Other Identification No: _____

10. Date of Birth: _____

11. Occupation: _____

12. Religion: _____

13. Current Employer _____

14. Past Employer: _____

15. Educational Background: _____

_____

_____

_____

16. Number and ages of Dependents: _____

17. Next of Kin: _____

18. Relation to Resident: _____

19. Address: _____

20. Telephone Numbers: _____

21. Mother's Maiden Name: _____

22. Father's Name: _____

23. Date of Victim's Arrival at Shelter: _____

24. Referring Authority/ Organization: _____

25. Reason(s) for referral: _____

_____

26. Details of Resident's Trafficking History: _____

27. Details of Resident's Medical History: _____

28. Physician's Name & Address: _____

29. Emergency Contact's Name & Address: _____

30. Does Resident have a criminal record? _____

3I. If so, provide details: _____

32. Provide details of Resident's Alleged Trafficking:

33. State any other matters that may be relevant: _____

ANNEX VI: FAMILY CONTACT FORM

I. Name of Shelter: _____

2. Name of Resident: _____

3. Next of Kin: _____

4. Relation to Resident: _____

5. Home Address: _____

6. Mailing Address: _____

7. E-mail Address: _____

8. Contact Telephone Numbers: _____

9. Name of Parent/Guardian (if Resident is Minor)

_____

10. Address: _____

_____

11. Contact Telephone Numbers: _____

ANNEX VII: RESIDENCE AGREEMENT FORM

THE SHELTER RESIDENCE AGREEMENT

This AGREEMENT is made between the (NAME OF CARE SHELTER] CARE SHELTER (hereafter referred to as 'the Shelter') and (NAME OF RF.SIDENT) (hereafter referred to as 'the Resident') on the day of

This agreement serves as a statement of understanding between the Shelter and the Resident. In this agreement, it *is* understood that references to the Shelter include its staff. ***The Guidelines for the Operation of Care Shelters for the Victims of Trafficking*** *('the* Guidelines'), issued separately, contains policies, procedures, rules and regulations governing the operation of the Shelter and staff and residence requirements. The parties mutually agree as follows:

I. ACCEPTANCE OF RESIDENCE

I. The Resident accepts accommodation at the Shelter for a period not exceeding six (6) months from the date of intake at the Shelter, or other such extended period as may be required.

2. Upon acceptance of residence, the Resident and staff at the Shelter agree to be bound by the rules and regulations governing the operation of the Shelter and the conduct of its staff and residents.

3. Both staff and Resident also agree to keep confidential the existence of the Shelter, its purpose, its affairs and the identity and whereabouts of its residents.

II. SHELTER RESPONSIBILITIES

I. In accordance with the Guidelines, the Shelter shall provide the Resident with accommodation, protection and services geared towards the Resident's reintegration into society.

2. The Shelter, pursuant to the Guidelines, may refer the Resident to agencies or non-governmental organizations, based upon issues arising from the Resident's Case Management meeting.

3. In accordance with the Guidelines, the Shelter shall provide the Resident with meals, sleeping quarters, education and basic training in areas such as life skills.

4. The Shelter shall keep the Resident's identity, whereabouts and case file strictly confidential.

III. RESIDENT RESPONSIBILITIES

1. The Resident shall keep the Shelter's existence, its purpose and activities strictly confidential.

2. The Resident shall not contact any external persons without prior approval of the Shelter Manager.

3. The Resident agrees to cooperate with the Shelter in training activities, case management and other activities conducted by the Shelter in accordance with the Guidelines.

IV. TERMINATION OF AGREEMENT

1. This agreement may be terminated either unilaterally by the Shelter or the Resident or by mutual consent; provided, however, that the parties confer with one another before unilateral termination.

2. Unilateral termination by the Resident refers to a voluntary decision made by him to terminate his residence with the Shelter for whatever reason.

3. Unilateral termination by the Shelter may be done for one or more of the following reasons:

   (i) Breach of the Guidelines and/or Shelter Rules

   (ii) Severe Discipline problems

   (iii) Referral to an agency or to a non-governmental organization

4. A Resident may be allowed re-intake at the Shelter following termination of the agreement. However, in such circumstances, the Resident will be subject to reassessment for intake and will have to sign a new Residence Agreement.

_____ _____

Resident **Shelter Manager**