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Assessment of Shelter versus Community Based Services Report

Robin Mauney and Rachana Srun

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Assessment of Shelter versus Community Services for Survivors of Trafficking in Persons in Cambodia

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DISCLAIMER: This study is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Winrock International and do not necessarily reflect the views of USAID or the United States Government.

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ABBREVIATIONS

CTIP	Counter Trafficking in Persons
CCWC	Commune Committee for Women and Children
DoSVY	Department of Social Affairs, Veterans and Youth Rehabilitation
GBV	Gender-based violence
ILO	International Labor Organization
IOM	International Office of Migration
MoH	Ministry of Health
Mol	Ministry of Interior
MoLVT	Ministry of Labor and Vocational Training
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoWA	Ministry of Women Affairs
TIP	Trafficking in Persons
USAID	United States Agency for International Development
UNIAP	United Nations Interagency Project on Human Trafficking
UNICEF	United Nations Children’s Fund
WCCC	Women’s and Children’s Consultative Committee

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EXECUTIVE SUMMARY

In Cambodia, Winrock International is now implementing phase two of the Counter Trafficking in Persons (CTIP II) Program, funded by US Agency for International Development (USAID). As part of CTIP II, Winrock commissioned this study to assess and compare the shelter and community-based care models in order to inform the development of a specialized approach to care for victims of trafficking in person (TIP). This assessment explores the best practices of service providers and opportunities for improvement in shelter and community-based care models in order to inform specialized approaches to support the victims of trafficking, including males. The objectives of the assessment are following:

1. Assess availability, use and cost (how much it costs for the shelter to provide, and what, if any, costs victims need to pay) of services in shelters and communities where trafficking victims are currently cared for.
2. Identify and compare strengths, weaknesses, constraints and accessibility of shelter and community based care for girls, boys, women and men victims of sex and labor trafficking.
3. Understand victims' opinions of shelters versus community-based care, victims' satisfaction with services and how the approaches meet the needs of rescued victims.
4. Recommend a specialized model of care for the Cambodian context, with particular emphasis on girl, boy, woman and man victims of trafficking and if appropriate, any issues that must be addressed to ensure sustainability

Key informants including government, community service organizations, development partners, and trafficking in persons survivors were asked to describe the needs of survivors, the services available, gaps and challenges in those services and recommendations for improvements to the service responses.

In Cambodia, a variety of services have been developed to respond to the needs of survivors of trafficking in persons. Some service providers target identification and crisis intervention to rescue victims of trafficking in persons. Their model of services prioritizes identification of TIP survivors in high risk locations and cooperates with the police to rescue victims.

Other service providers prioritize aftercare services and are typically shelter based and located in destination areas for victims of trafficking. These services are typically provided by community service organizations in cooperation or with the authority of the Ministry of Social Affairs, Veterans and Youth Rehabilitation. They provide a range of services from health care, psycho-social support, education, life skills and vocational trainings, to legal support and representation. Aftercare services are more available for women and girl survivors of trafficking for sexual exploitation.

Re-integration and integration programs are services designed to help the survivor of TIP to either integrate into a new community or re-integrate back into their home community after the trafficking experience. Integration/reintegration services for survivors of TIP for labor exploitation are less well developed. Service providers and survivors noted in the key informant interviews that person who have experienced labor trafficking do not want to stay in a shelter and want to return to the community quickly. Consequently, labor trafficking survivors are returning to the community quickly

but lacking some community supports or the comprehensive services that have been received by TIP survivors in shelter. This disparity results in increased vulnerability to re-trafficking.

Gaps and Challenges in Services to Survivors of TIP

- Clear identification of victims is lacking
- Services are not accessible in survivors' home communities.
- Services are not successful at stabilizing the economic security of the survivor
- Integration and re-integration programs lack sufficient resources
- Prosecution is not consistent
- Quality of services is not consistent
- Organizational capacity is sometimes limited
- Smaller numbers of services to men and boys even though the numbers of men and boys TIP survivors is significant, particularly related to TIP for labor exploitation
- There is a lack of service providers for persons experiencing TIP with disabilities, persons with mental health or substance abuse issues

Recommendations

The goal of interventions for persons that have experienced trafficking for exploitative purposes is to remove the person from the exploitative situation and return them safely to either their home community or another community of their choosing. However, it is not enough just to return the person to the community. An obligation exists to protect the person and equip the person with the skills and resources necessary to prevent re-exploitation.

Every person that experiences trafficking in persons has unique needs, strengths and challenges. The best response is to provide a continuum of care - crisis intervention services to identify and rescue victims, aftercare that provides safety and meets basic needs, emotional support and counseling, legal support and support to develop life skills and build income security for the family to prevent re-victimization. Each person will not need all the services, and some will need them for varying lengths of time. The persons' journey through the service network should be of his/her choosing, and based on the individual situation of the person, their family and their community.

The continuum of services that should be available is crisis intervention, aftercare and integration/re-integration into the community. The goal from the first contact should be helping the survivor to assess their skills, strengths and needs to develop an individual plan based on their own personal goals. Any plan should be driven by the survivor dependent upon their age.

In Cambodia in order to continue to improve services to survivors of trafficking in persons, general principles for improving interventions are as follows:

- At every point in the service delivery system participation of survivors of TIP should be promoted. Examples are participation in the assessment and development of case plans and delivery of services in ways that protect basic human rights. Survivors should also be empowered to participate in the design and delivery of service responses.

- Victim/survivors should be treated with respect and provided all information possible from the first moment of contact. He/she should be provided with basic necessities, safe shelter and support to return or stay in to their home community or another community as soon as is safe.
- Assessment and re-assessment of needs and safety should be continual in all interventions and be the basis for all case plans.
- A continuum of services should be available that includes crisis intervention, aftercare (housing, food, psycho-social support, income stability and generation, vocational training, legal support) and integration and re-integration in community to trafficking in persons victims' of all ages, genders and include support for persons with disabilities.
- Alternative care (when required) services should be provided in a way that promotes the least restrictive and most family like environment.
- The quality of care should be improved at temporary shelters.
- Community based services should be made more accessible and expanded.
- Survivors should be integrated or re-integrated into a community as soon as it is assessed to be safe or whenever they choose a community. If a shelter placement is made it should be re-assessed periodically to determine if it is still a necessary placement.
- Interventions should when possible address one of the root causes of trafficking –poverty and access to income for survivors of TIP. Income stabilization mechanisms should be considered to support families while longer term skills are developed.
- When possible and safe for the survivor, vocational training should be provided in the survivor's home community or if residential should be separated from the crisis services. Vocational training should be also based on an assessment of market options – matching training provided to survivors of TIP to market needs.
- A focus should be on improving the quality of services at all levels.
 - Increase professional skills of the staff providing direct services particularly around identification and crisis intervention, psycho-social support and income generation activities.
 - Increase capacity, resources and partnerships with government authorities to respond to TIP including crisis intervention, aftercare and re-integration.
- All services provided should meet or exceed the **Policy and Minimum Standards for Protection of the Rights of Victim of Human Trafficking Victims**; the **Minimum Standards for the Alternative Care of Children**; and the **Prakas on Minimum Standards of Residential Care for Victims of Human Trafficking and Sexual Exploitation**.
- Evaluation of services should occur regularly to determine if the services are meeting the needs of survivors of TIP.

1. INTRODUCTION

Project Background

In Cambodia, Winrock International is now implementing phase two of the Counter Trafficking in Persons (CTIP II) Program, funded by US Agency for International Development (USAID). CTIP II is a four-year (October 2011 – September 2015) comprehensive anti-trafficking program designed to improve the ability and readiness of Cambodian institutions to combat all forms of trafficking in persons (TIP). The program's primary focus is to support the Royal Government of Cambodia to combat all forms of TIP, including labor.

CTIP II interventions are targeted and responsive to specific gaps in policy, prevention, prosecution, and protection and build on the knowledge and expertise of local NGOs to bring about sustainable and lasting change. The CTIP II program will directly benefit at least 8,500 people with training and survivor services in one capital city and six provinces in Cambodia (Phnom Penh, Svay Rieng, Prey Veng, Kampong Cham, Siem Reap, Banteay Meanchey, and Koh Kong) and estimated that an additional 12,000 people will benefit from prevention activities.

Currently, there is an increase in Cambodian community service organizations provision of community based care for victims of exploitation and abuse, including victims of trafficking, sexual exploitation, rape, and other forms of violence. Regarding long term care for the victims of trafficking, some organizations have applied the shelter-based approach and others have applied a more community based approach. Some organizations use both approaches. Most shelters provide services primarily to children and women victims. This disparity represents a challenge for male victims who are not able to access services from shelters, and leads to their re-victimization into labor trafficking/exploitation.

What is Trafficking in Persons?

For the purposes of this study, the United Nations definition of human trafficking is used. The United Nations in 2000 set the definition that identifies three critical components to human trafficking: the **act**, the **means** and the **purpose**. This has come to be known as the Palermo Protocol. The Protocol further defines trafficking as: An **act** includes actions such as "recruitment, transportation, transfer, harbouring or receipt of persons". The **means** include using "threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or giving payments or benefits". The **purpose** is predominantly one of exploitation including "prostitution of others, sexual exploitation, forced labour, slavery or similar practices, removal of organs or other types of exploitation".¹

What are Shelter Care and Community Based Care for Survivors of Trafficking in Persons?

Shelter care is defined as group residential care. No two shelters are alike: location, size, cost, length of stay, and the exact population of TIP survivors that the shelter serves differ from place to place and from shelter to shelter.² Types of shelters include emergency shelters, transit shelters, short- and long-term shelters. Shelters provide a variety of services including safety from the

¹(United Nations, 2000)

² (Chemonics, 2007)

perpetrator, health care, psycho-social support, education and vocational training, legal information and representation, and integration or reintegration into a community.

Community Based Care has been defined as non-residential care. Community based care is care as close to family life as possible. Community based care might even be inside a shelter but involves the community in recovery.³Community based care can take a variety of forms. Some examples of community based care are living in the home and receiving services, kinship care, temporary foster care, pagoda care and independent living homes. ⁴Services received can be the same services received in shelter including health care, psycho-social support, education and vocational training, legal information and representation, and integration or reintegration into a community.

Objectives of the Study:

The overall objective of the study is to assess and compare the shelter and community-based care models in order to inform the development of a specialized approach to victim care. This assessment will explore the best practices of service providers and opportunities for improvement in shelter and community-based care models in order to inform specialized approaches to support the victims of trafficking, including males. The objectives of the assessment are following:

1. Assess availability, use and cost (how much it costs for the shelter to provide, and what, if any, costs victims need to pay) of services in shelters and communities where trafficking victims are currently cared for. Examples of such services are:
 - a. Psycho-social support
 - b. Physical health care
 - c. Nutrition
 - d. Life skills and vocational training
 - e. Economic security
 - f. Education
 - g. Identity documents
 - h. Legal information
 - i. Legal proceedings
 - j. Others
2. Identify and compare strengths, weaknesses, constraints and accessibility of shelter and community based care for girls, boys, women and men victims of sex and labor trafficking.
3. Understand victims' opinions of shelters versus community-based care, victims' satisfaction with services and how the approaches meet the needs of rescued victims.
4. Recommend a specialized model of care for the Cambodian context, with particular emphasis on girl, boy, woman and man victims of trafficking and if appropriate, any issues that must be addressed to ensure sustainability.

³(ILO, 2006)

⁴(Tsugami, 2012)

2. RESEARCH STUDY DESIGN

To evaluate whether model of service (or a combination of services) are appropriate and timely in the Cambodian context a qualitative methodology was employed. The data collection methodologies included a desk review of existing data and reports, key informant interviews with government authorities, community service organizations (including leadership and direct service staff), development partners, and survivors of various types of trafficking.

2.1 Key Research Questions

The research questions were defined in the Terms of Reference as follows:

1. What shelter- and community-based services are available to the victims of TIP and labor trafficking and what percentage of TIP victims actually access the services available to them? Who else accesses these services other than TIP victims?
2. What are the strengths and weakness of each type of service provider?
3. What are the main differences between how the two types of service providers address victims' needs?
4. What are the TIP victims' opinions of shelters versus community based care, and how do the approaches meet the needs of rescued victims?
5. What is the level of satisfaction victims have with services received?
6. Based on the research findings, what are the recommendations to be carried forward for supporting TIP victims, especially males?

2.2 Sampling Strategy

A purposeful sampling strategy was used to illicit the needed information. Study participants were selected that were most appropriate to answer the research questions. The participants were selected based on their expected knowledge and contribution to answering the research questions.

Study participants were selected from sectors that bear responsibility for laws, policies or services to victims of trafficking and as well as victims of trafficking themselves. Participants were identified based through service mappings and directories, and through a review and identification process of key persons that would have significant knowledge of services for trafficking survivors. These included:

- Victims of trafficking including boys, girls, women and men who are receiving or received services from shelters and community based services
- Shelter and community services staff
- Government social workers
- Local authorities
- NGOs, IOs, UN Agencies

There is no pre-set number of participants that were identified for interviews, however in this type of sampling strategy the best results are when at least 20-30 individuals are interviewed. This study far exceeded that minimum number with over 130 individuals being interviewed.

In addition to the various sectors, consideration was given to location of study participants. Government ministries and development partners are highly concentrated in Phnom Penh. As a result a large number of key informants were interviewed in Phnom Penh. However, we also visited provinces outside of Phnom Penh. Based on the number of service providers and the number of trafficking victims 3 provinces in addition to Phnom Penh were visited to collect data. As per the Terms of Reference these included:

- Phnom Penh
- Siem Reap
- BanteayMeanchey
- Battambang

Additionally, to the planned provinces for site visits, the researchers visited Kampong Thom and Svay Rieng provinces to interview targeted populations of survivors of TIP. A complete key informant list is included in Appendix A.

2.3 Data Collection

Data collection methods included a desk review, interviews with key informants including relevant government authorities, service providers and survivors of TIP, and focus groups with survivors of TIP and also service providers. Interview guides were designed to illicit responses to provide the basis for answering various aspects of the key research question.

2.3.1 Desk Review

A wealth of information currently exists about the situation of and current interventions for victims of TIP in Cambodia. The purpose of the desk review was understand the current laws and policies, current interventions, gaps, future trends and good practices or approaches (in Cambodia and/or the region). Relevant documents that were reviewed are included in Appendix A. Data sources were primarily policy documents, annual reports, program evaluations, relevant studies, and reports on good practices in the region.

2.3.2 In-Depth Interviews with Key Informants:

Key informant interviews were completed with Government authorities at the national and sub-national level, development partners, and service providers.

Representatives from 5 Government ministries were interviewed. These were Ministry of Health, Ministry of Social Affairs, Veterans and Youth Rehabilitation, Ministry of Interior, and Ministry of Labor and Vocational Training, and Ministry of Women's Affairs.

Additionally 33 Government representatives at the Provincial, District and Commune Level were interviewed. These included Provincial Departments of Social Affairs, Veterans and Youth Rehabilitation, Women's Affairs, and District Offices of Social Affairs, Veterans and Youth Rehabilitation, Women's Affairs, and members of the Consultative Committee on Women and Children, and Commune Chiefs and representatives of Commune Committee on Women and Children.

Seven (7) representatives from 4 development partners were interviewed. These were UNICEF, UNIAP, IOM and ILO.

Seventy-two (72) representatives from 29 separate community services organizations representing 42 offices (many organizations have projects in more than one province) providing direct services were interviewed.

A listing of key informants is available in Appendix B. The key informant interviews were completed using a semi-structured in-depth interview format. The semi-structured interview method was selected as it is flexible, allowing new questions to be used during an interview as a result of what the interviewee says.

An interview guide for each sector was created to collect specific data on types of services provided, cost of service, gaps and challenges, quality and accessibility of service, number of victims identified. The key informant interview guides are available in Appendix C.

2.3.3 Focus Group Discussions:

The focus group model was selected as one model of interviewing both survivors and service providers as it is best used with groups that are similar in more ways than one and have a clearly defined topic. The process is designed to gather the opinions of the group members. Because a group is asked to respond to the questions rather than individuals, the conversation tends to be richer as participants tend to “piggy-back” on each other’s comments.

Focus Groups Discussions with Service Providers:

In addition to key informant interviews with service providers a focus groups was held with direct service staff of key service providers. All service providers interviewed were invited to the discussion and 8 organizations participated. At the meeting summary findings were shared and a discussion held about strengths and weaknesses service types, gaps and recommendations for future service directions. This methodology also provided an opportunity for service providers to talk together.

Focus Groups Discussions with Trafficking Victims:

Focus groups were held with victims of TIP. A total of 9 focus groups were held with survivors of trafficking with a total of 58 participants. The research team worked with direct service providers to identify victims for participation that included victims in the community, as well as shelter, both male and female victims and victims of TIP for sexual and labor exploitation.

2.4 Limitations of Study

The study is necessarily limited by the type of data collected. All data is self-reported and cannot be independently verified. It is necessary to take what people say at face value. The impact of this data was limited by interviewing a significant number of people, asking the same or similar questions to different categories of key informants to permit triangulation of data. Additionally in the data analysis we looked for trends for example using more than one source for challenges, or ideas for service models.

2.5 Ethical Considerations

As part of this study, focus groups and individual interviews were held with survivors of trafficking in persons. This direct communication required a review of the ethical considerations. The International Research Network on Violence Against Women and the World Health Organization stipulate the prime importance of confidentiality and safety; the need to ensure the research does not cause the participant to undergo further harm (including not causing further traumatization); the importance of ensuring that the participant is informed of available sources of help; and the need for interviewers to respect the interviewee's decisions and choices. The following safeguards were used:

No Discussion of the Victims' Trafficking Experience: The purpose of the research was to learn about the survivor's experience with services, not their experience with trafficking. All questions were related to services, therefore reducing the likelihood of further traumatization by discussing the trafficking experience.

Individual Consent: At the start of the focus groups and individual interviews with TIP victims, participants were informed orally of the purpose and nature of the study. Because of low levels of literacy in Cambodia, and the fear people might have of recording their names, the interviewer requested verbal consent of the participants to conduct the interview. As part of the consent procedure, the participants were informed that data collected will be held in strict confidence. Participants were asked if they had any questions and told they could refuse to answer any questions or leave at any time.

Confidentiality:

Victims of Trafficking in Persons: Participants in the focus group discussions or survivor satisfaction interviews were not asked their full names. Participants were told that no identifying information would be shared about them specifically.

Service providers and other key informants: Names were collected of the respondents, however, all data has been aggregated and no comments tied specifically to a name. This was explained in the interview process.

2.6 Literature Review

The US Department of States *Trafficking in Persons Report*, reports that Cambodia is a source, transit, and destination country for men, women, and children who are subjected to forced labor and sex trafficking. The report says that Cambodian men, women, and children migrate to countries within the region – primarily Thailand and Malaysia – for work, and many are subsequently subjected to sex trafficking, domestic servitude, debt bondage, or forced labor within the fishing, construction, and agricultural industries.⁵

In recent years the government of Cambodia has developed laws and policies and identified best practices. These include the *Law on the Suppression of Human Trafficking and Sexual Exploitation*, *Policy and Minimum Standards for Protection of the Rights of Victims of Human Trafficking*; the

⁵(US Department of State, 2012)

Minimum Standards for the Alternative Care of Children; and the Prakas on Minimum Standards of Residential Care for Victims of Human Trafficking and Sexual Exploitation, the Commune and Village Safety Policy, the NPA (2011-2013). Additionally other policies are under development such as the Guidelines on Identification of Victims of Human Trafficking.

Trafficking in persons affects women, men, boys and girls. However in Cambodia the most services are targeted to women and girls. The situation for boys is less well understood. In Hilton's study, *I Never Thought it Could Happen to Boys*, he reports that statistics reveal very little about the sexual abuse and exploitation of boys. He says that predominant beliefs among many adults interviewed in his study are that foreigners and/or gay men are primarily responsible for the abuse on boys and that it is a relatively recent problem. However, his study does not support that view, and reveals that that significant numbers of boys are sexually abused by Cambodian and foreign adults in a variety of settings. Boys are also abused by other children, adolescents and in some cases women.⁶

Experts have identified that a large majority of survivors of various types of human trafficking require access to safe, long-term housing and multiple support services including direct cash, transportation, trauma counseling, support groups, document collection, life skills training, medical care (including dental and vision care), clothing, telephone services, formal education, and volunteer programs for trafficking survivors.⁷

The primary response to providing these supports in Cambodia has been through residential shelter programs primarily targeted to women and girls survivors of TIP for sexual exploitation. One study supported by USAID identified several types of shelters designed to meet the range of trafficking victim needs and circumstances. These included emergency shelters, transit shelters, short-term shelters, long-term shelters, transition homes and reintegration centers.⁸ Cambodia has all these models represented.

In recent years, service providers have been evaluating if these are the best options for aftercare for TIP survivors. According to a vast number of researchers, institutional care should be the last option for alternative care particularly for children. As early as 1953 John Bowlby identified the negative consequences of institutional care on children.⁹

Research suggests that residential institutions for children do not provide adequate conditions to promote positive development. Children's and adult's rights are often violated in institutional care. While institutions may be necessary in some circumstances for protection, they can lead to segregation from the community, discrimination and stigma and loss of contact with families.

According to Fabiola, care facilities in Cambodia are often isolated from the community in many aspects. She reports that sometimes institutional providers consider children "saved" just by the

⁶(Hilton, 2008)

⁷(Maney, 2011)

⁸(Chemonics, 2007)

⁹(Sam McLeod, 2007)

fact that they have been removed from an exploitative situation and placed in a safe facility. Apart from attending a primary school, often nothing much else is organized for the residents.¹⁰

In April 2006 the Royal Government of Cambodia through the Ministry of Social Affairs, Veterans and Youth Rehabilitation, released the Policy on Alternative Care for Children and identified that “family and community care are the best options for alternative care and that institutional care should be the last resort and a temporary solution for children”.¹¹

According to Toffree, in his report *Community Based Care for Separated Children* the best programs are preventive efforts to keep children out of institutions. These efforts are in the form of material supports to families, possibly coupled with vocational training, provision of day care facilities, children’s clubs or other support groups, prevention education programs and resources targeted to single mothers, advocacy and legal support.¹²

A variety of researchers have looked at the service methodologies for care for trafficking survivors internationally and specifically in Cambodia. According to a recent study by Devine, *Psychosocial and Mental Health Services for Survivors of Trafficking* supported by IOM – “the assessment methodology is well defined in Cambodia however, the level of competency and qualifications of the agencies assisting trafficked persons in Cambodia are quite varied. A number of highly qualified agencies are doing extremely good work with trafficked persons.” They also report noting a growing network that results in facilitating the transfer of knowledge, training and skills among some agencies.¹³

Reintegration is another that has been examined. According to the ILO’s *Child Friendly Guidelines for the Recovery and Reintegration of Trafficked Children* report, the reintegration of trafficking victims often is a difficult, complex, and long-term process. Its complexity lies in the fact that it is different for each individual victim and that it involves not only the victim but also the environment and culture within which thereintegration is to take place.

Critical factors in rehabilitation, recovery, and reintegration include the individuals’ age; physical and psychological health; background; family life; culture; duration of their exploitation; and their perceptions of the damage done to their person and their future as a result of having been trafficked, especially if they have been victims of commercial sexual exploitation.

Vulnerable before they were trafficked, after the abuse and exploitation, victims are often even more vulnerable. Re-trafficking of victims can be a real danger. The long-term recovery, rehabilitation, and reintegration of trafficking victims require meaningful educational and economic opportunities, as well as extended psycho-social care. A concern to all shelters serving all populations of trafficking victims is the need to find ways to achieve long-term sustainability.¹⁴

¹⁰(Tsugami, 2012)

¹¹(MoSVY, 2006)

¹²(Toffree, 2003)

¹³(Devine, 2009)

¹⁴(ILO, 2006)

According to Brown in *The Ties That Bind, Migration and Trafficking of Women and Girls for Sexual Exploitation in Cambodia* in terms of re-integration, it is clear that many former and current victims of trafficking are not being reached by re-integration activities.¹⁵

In the Hagar and World Vision's recent report *The Road Home* it was identified that in addition to the identified challenges and additional note with regard to reintegration there are several economic and social currents outside the influence of the individual or organization which are mixed with personal factors of capability, choice, and responsibility and as such create a complex context for reintegration. Only with great sensitivity to each case can success be achieved. Programmatic answers that do not take all these factors into consideration are bound to be unsuccessful.

Failure to address pre-disposing conditions – simply placing a child back in the setting from where she originated without doing anything to improve upon the conditions that precipitated her exploitation is irresponsible, both morally and practically.¹⁶

This study attempts to examine the current service system and make recommendations to move services in a positive direction that fits with international good practices for the care of survivors of various types of trafficking in persons.

¹⁵(Brown, 2007)

¹⁶(Hagar and World Vision, 2007)

3. KEY FINDINGS

3.1 Basic Needs of Victims of Trafficking in Persons

Key informants were asked to describe the basic needs of survivors of trafficking in persons leaving the trafficking situation. The needs identified were summarized then categorized. Various key informants identified that all survivors' needs are not the same and that some survivors need some services and not others. Additionally, many key informants mentioned that survivors should have the right to refuse services.

Crisis Intervention	After Care and Rehabilitation	Integration Re-integration
<ul style="list-style-type: none"> • Identification internal and cross-border • Repatriation (when appropriate) • Immediate protection, security • Acceptance • Safe accommodation (shelter, foster care, community) • Basics such as food, clothing • Emergency health care and/or first aid • Legal Information <ul style="list-style-type: none"> • Knowledge of rights, laws and opportunities 	<ul style="list-style-type: none"> • Case Management <ul style="list-style-type: none"> • Assessment (individual, family and community) and individual case planning, with goal of re-integration • Safety planning • Psycho-Social Support and/or Therapy • Legal Representation • Life skills • Literacy & Basic Education • Vocational Training • Income Generation 	<ul style="list-style-type: none"> • Return to home community or another community based on safety, and needs/desires of the individual • Family stabilization • Income generation (Capital to support business) • Follow-up after re-integration • Connection with local resources

Differences or Gaps based on Gender and Age

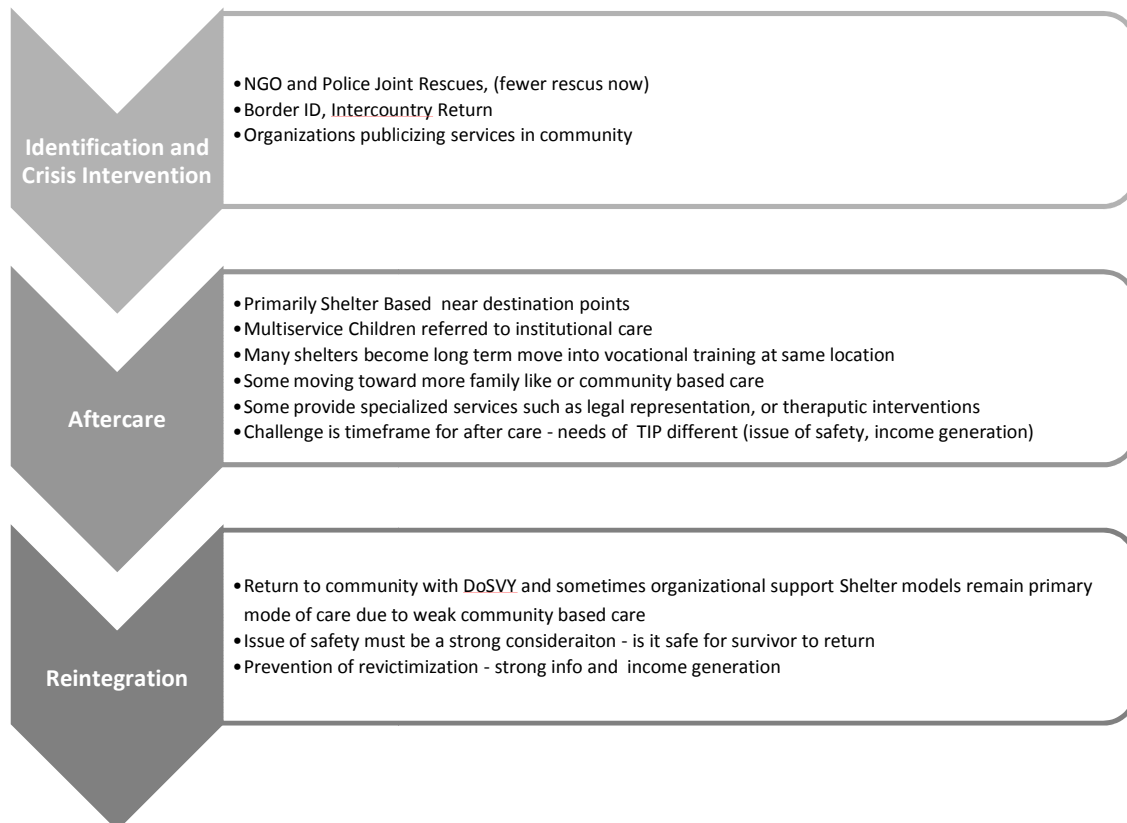
All key informants were also asked to describe the different needs of TIP survivors based on gender or age. The following is a summary of the differences identified by the respondents:

- Women survivors of TIP sometimes have less education and need to learn income generation skills and literacy to be able to work in business
- Children survivors of TIP need basic education, computer skills, literacy in English, and continue studying at the university when possible.
- Youth 15 to 18 year olds sometimes reject vocational training programs because they need to generate an income quickly
- Men survivors of TIP for labor exploitation want to go back to work immediately to generate income for their family

3.2 Services Available to Trafficking in Persons Survivors

Service Providers including Government and community service organizations were asked to describe the services provided to various categories of survivors of TIP.

In Cambodia, a variety of services have been developed in Cambodia to respond to the needs of survivors of trafficking in persons. For the purposes of this report these have been categorized into three areas: Rescue or Identification, Aftercare, Re-integration.



In addition to direct services, there are coalitions that work to coordinate and improve services. These networks include NGO Coalition to Address Child Trafficking in Cambodia (COSECAM), End Child Prostitution Abuse and Trafficking in Cambodia (ECPAT), Chab Dai Coalition. These organizations provide coordination of activities, training and other supports to organizations providing service to trafficking survivors.

3.2.1 Identification and Crisis Intervention

In the identification and crisis intervention to victims of trafficking in persons' model of response have emerged related to the type of trafficking the survivor has experienced.

Over the past decade one model led by civil society organizations working in partnership with the government is to carry out raids on brothels and/or other venues where sex is sold to "identify" and "rescue" victims of trafficking in persons for sexual exploitation. This identification and rescue happens in cooperation with the police. Once rescued, the police and rescue organization work in cooperation with the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) to refer (particularly minors) to a safe shelter or return to their community and/or family. In the last couple of

years, this method has decreased in its effectiveness as new laws have closed the brothels and prostitution has gone underground. Some rescue organizations are now responding to other populations of TIP and others are assessing different ways to reach persons trafficked for sexual exploitation.

Another method of survivor identification is through identification as victims return from other countries such as Malaysia, Thailand or Vietnam. Usually returnees have been victims of TIP for labor exploitation (or sometimes unsafe or illegal migration). These identifications occur through formal repatriation from authorities in other countries, or from identification of survivors at border points as the survivor re-enters on their own. Some organizations have programs at the border points to try to identify children or other victims of TIP.

In addition sometimes victims or their families seek services directly from community service organizations such as legal programs or shelter programs.

3.2.2 Aftercare

A variety of aftercare services for victims of trafficking have developed in Cambodia. The services are primarily operated by civil society organizations in cooperation with the government. The services are most commonly shelter based and located in destination areas for victims of trafficking. There are a range of types of shelter. The types of services include short-term assessment and referral shelters, longer-term shelters, health care, psycho-social support, education, life skills and vocational trainings, legal support and representation (see Services Available below for more detail). Some organizations provide a comprehensive range of services and others target one category of services. For example, some organizations operated shelter program providing counseling, education and vocational training and other organizations provide only legal services, or psycho-social support.

Aftercare services are more available for women and girl survivors of trafficking for sexual exploitation. A network or informal referral system has developed between some organizations with similar missions. Rescue organizations commonly refer minors to a short-term assessment shelter that provides an in-depth assessment of the girls' entire situation and either re-integrates the survivor to their family or community or refer the girl to longer-term care based on individual needs of the survivor. Adult women are referred to shelters also or returned to their community. Adult women can refuse service or are referred to shelters that provide services for adult survivors of trafficking.

Aftercare services for boys under 18 are more limited, however some services are available. A few organizations have developed shelter care specifically for boys and others provide shelter particularly for younger boys or in a residential setting for both boys and girls.

After care services for men are even more limited for men than for boys. Some organizations are starting to provide aftercare for men particularly men who have experience TIP for labor exploitation. The services are community based and provide case management and follow-up services including emergency support, psycho-social counseling and support as well as income generation.

3.2.3 Re-integration and/or Integration

Re-integration and integration programs are services designed to help the survivor of TIP to either integrate into a new community or re-integrate back into their home community after the trafficking experience.

In Cambodia, the most common model of integration/re-integration services is operated by community service organizations for survivors of TIP for sexual exploitation. The model is integration/re-integration into the community from shelter care – often an extended stay in a shelter. During the shelter stay the survivor has likely received vocational training, life skills and other services. When completing the shelter program, the survivor returns to the community. As part of the re-integration process some organizations complete assessment of the family and community strengths and supports and provide some support for the survivor to start a small business based on their vocational training upon integration or re-integration.

Integration/reintegration services for survivors of TIP for labor exploitation are less well developed. Service providers and survivors noted in the key informant interviews that person who have experienced labor trafficking do not want to stay in a shelter and want to return to the community quickly. Consequently, labor trafficking survivors are returning to the community quickly but lacking some community supports or the comprehensive services that have been received by TIP survivors that received service in shelter. This disparity results in increased vulnerability to re-trafficking.

Integration/re-integration programs most commonly provide these services in cooperation with the Department of Social Affairs Veterans and Youth Rehabilitation (DoSVY) at the District Level. The MoSVY through its District Offices (DoSVY) holds the responsibility from the Government to carry out integration/re-integration services for a variety of populations. MoSVY has an organized re-integration system with standardized forms for assessment and follow-up visits for each population for whom it is responsible for re-integration. However DoSVY has limited resources to carry out this mandate and services are commonly supported by the community service organization that has been providing service to the survivor. Some efforts are underway by MoSVY to examine the overlap in its various integration re-integration responsibilities.

During the study process, survivors of TIP, MoSVY and service providers all identified challenges with re-integration services. Challenges included the distance from the organizations providing service and the low resources of DoSVY to help carry out their mandate for re-integration. As a result some community service organizations are working to improve this area of their service by developing transitional programs for survivors of TIP integrating/re-integrating.

3.2.4 Partnerships

Services are regularly provided in partnership with or through the authority of the Royal Government of Cambodia through its various ministries and responsible authorities. Organizations operating identification and rescue services work in cooperation with the police. Organizations receive survivors into shelter most commonly as a referral from MoSVY or with the approval of MoSVY, and re-integration occurs in cooperation with the DoSVY at the district level in the re-integration/integration location.

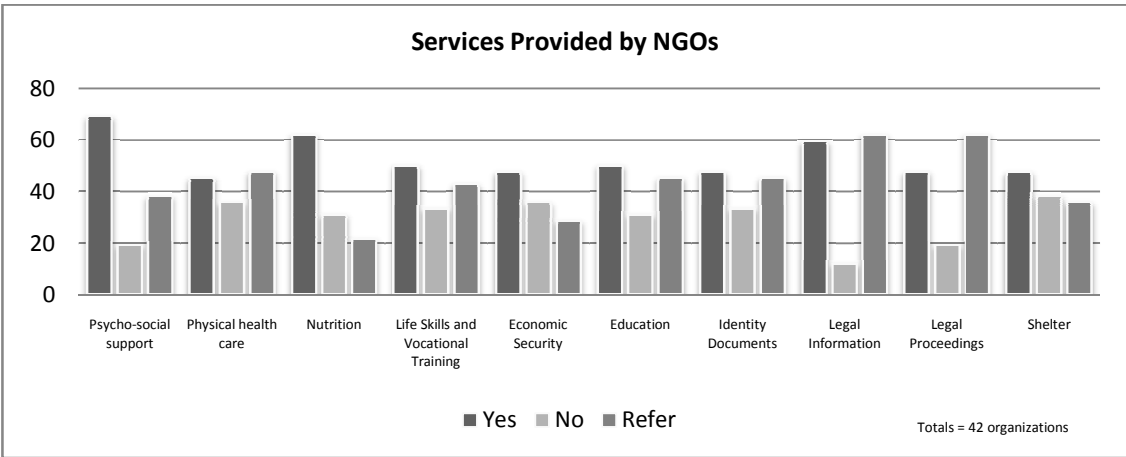
The Ministry of Interior's Commune and Village Safety Policy launched in 2010 also has as its priority to reduce human trafficking. This policy encourages the reduction of crime and provides priorities

for the Commune Committee for Women and Children to work on these issues in their home community. This is likely a partnership that could be built upon for prevention and community based services.

Service providers also describe referral networks between civil society organizations. Organizations that have specialized in a particular service have developed referral networks for survivors to receive the services they do not provide. For example, some organizations do not provide identification and rescue and only accept referrals from survivors already identified by another organization. Some organizations do not provide legal support or representation and refer to legal organizations for these services.

3.2.5 Services Provided

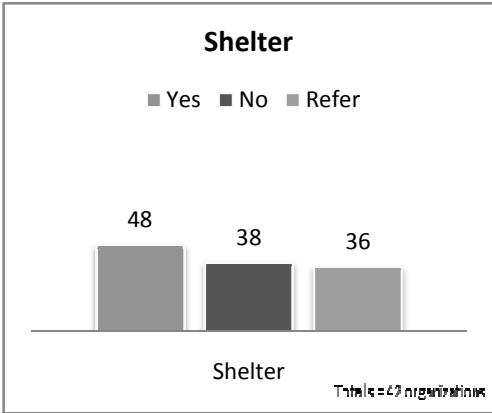
In the key informant interviews service providers were asked if they provided a list of specific services. They responded with yes, no or refer. Organizations could provide more than one response – for example they could say yes we provide the service and we also refer to other organizations for the service. Respondents were also asked about any other services they provided not on the list. Following is a summary chart that describes all services provided and the services provided are described in more detail by category.



3.2.5.1 Safe Shelter

Provision of safe shelter has been a central service in the response to trafficking in persons for sexual exploitation in Cambodia. Shelters are primarily located in high destination areas for trafficking victims. Safe shelter was provided by 48% of the service providers interviewed. Organizations that do not provide shelter commonly refer to shelter organizations for these services.

Shelter models range from very short term transit shelters to longer term rehabilitation facilities. The various models are described below.



A variety of shelter models are available in Cambodia with different target populations. The majority of shelters serve girls or women that had experienced TIP for sexual exploitation. A few organizations provided shelter for boys under 18. No organization interviewed provided shelter for men except the Poipet Transit Center and only on a very short term basis.

Due to a reduction in the number of new sex trafficking cases, most shelters for survivors TIP for sexual exploitation had open beds and some were examining new options for service. All shelters also provided service to rape and/or domestic violence victims.

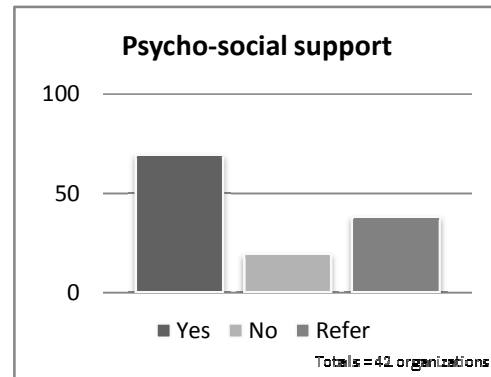
A variety of shelter model exist. A common referral pattern between at least some of the shelters also exists. Following are examples of service models.

- *Short term transit center:* A short term transit center is operated at the border with Thailand in Poipet. This program provides basic shelter for 1 or 2 days, brief assessment and referral either back to the home community or to a community service organization for longer term shelter and services.
- *Assessment center for minor female sex trafficking victims:* In Phnom Penh and Siem Reap at least one program operates as a comprehensive assessment center for minor girls that have experienced trafficking (or rape). Residents can stay up to 2 months and the centers act as “emergency rooms” for girls that have experience trafficking. The residents are provided with basic care (food, shelter, acceptance) and mental health, family and community assessments are completed to determine the best placement options (family, or longer-term residential facility)
- *Residential care for minor female sex trafficking victims:* Some programs offer residential care for female sex trafficking victims only. Models have similar components that include safe shelter with housing, food and clothing, psycho-social counseling and support, education, vocational training and re-integration services. However, the priority of each organization varies. Some offer very distinct phased programs for each level of recovery and others provide a focus on one area such as vocational training. Some programs are operated by international and national community service organizations.
- *Residential care for boys and girls that have experienced trafficking:* Some programs offer residential care for minor children that have experienced trafficking. These services occur in at least 2 ways. Programs have recently opened shelters for boys to respond to the lack of service for boys. Other programs have offered residential care for boys and girls for many years in a facility along with other children that are not able to be in family care due to many reasons (not just TIP).
- *Emergency foster care for trafficking victims (male and female) under age 18:* Recently, programs are beginning (or planning) to start emergency foster care for TIP survivors. These models are based on an assessment of safety, and a determination that the minor does not need protective care. Organizations are identifying families that can be trained and act as temporary foster parents so a child does not have to reside in an institutional setting.
- *Independent Living Homes:* Recently, programs are also beginning to develop independent living homes for shelter residents to transition to a from a protective shelter environment into a community setting. This situation is common when the child/adult cannot be re-

integrated into their home community. It is a step between protective shelter and living independently. The living situations are for small groups and have at least partial support from the community service organization while the residents work toward complete independence.

3.2.5.2 Psycho-social support

Psycho-social support is provided by 69% of the organizations interviewed. Types of psycho-social support range from directive counseling or advice giving – “you should go to XX program for services” to a formal therapeutic model. Of the 29 organizations interviewed, 24 programs provided psycho-social support with locally trained staff. Five (5) programs had locally trained staff supported by internationally trained advisors.



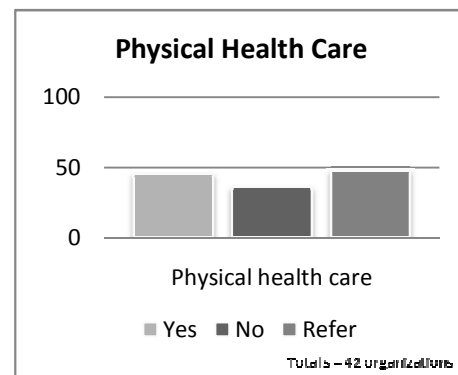
The target population for most available psycho-social support is women and girls survivors of TIP. In shelter programs that served both boys and girls under 18 psycho-social supports is available to boys. Only one organization interviewed provided distinct psycho-social support to men.

A growing trend in international organizations is a model of intervention called trauma informed care. Another trend is to separate the case management function and counseling function with a different person responsible for each activity.

3.2.5.3 Physical Health Care

Physical health care was provided by 45% of the organizations surveyed. Shelter organizations and rescue organizations provide first aid and emergency health care. Shelters also provide regular health check-ups either on site or a referral to local health services.

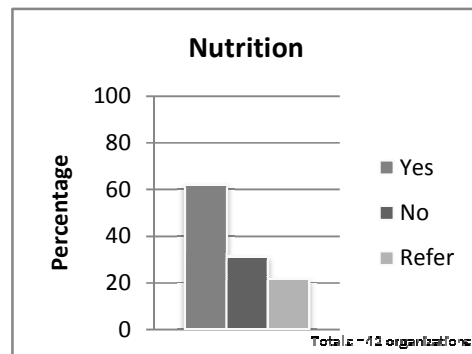
Organizations that did not provide health care were organizations that provided legal services, or some other non-shelter based group.



In 2012, ECPAT initiated a health care project which provided grants to 3 shelter programs to improve their health care services to TIP victims. As part of this initiative ECPAT also provided awareness raising materials on the health care needs of trafficking victims to government health care providers.

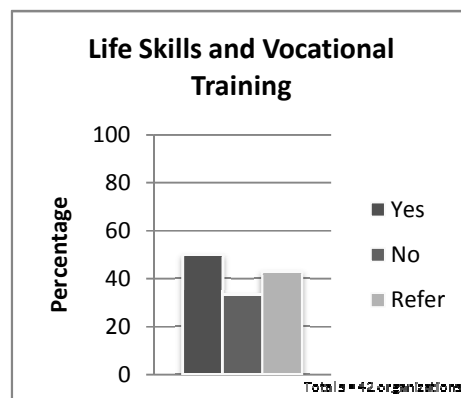
3.2.5.4 Nutrition

Nutrition was provided in the form of meals at shelter facilities or when victims were rescued or first came for service. Over 60% of organizations provide some type of nutritional support. Two organizations identified that providing food was challenging because donors did not want to pay for food. One organization said they were only able to provide one meal per day for residents.



3.2.5.5 Life Skills and Vocational Training

Life skills and vocational training was provided on site at 50% of the organizations interviewed. When provided on-site the programs were typically for female victims of trafficking. Life skills training covered a variety of topics including life planning, financial management as well as safety and protection to prevent future trafficking. A variety of vocational training is provided including hairdressing, sewing, wedding dresser, office administration and some agriculture.

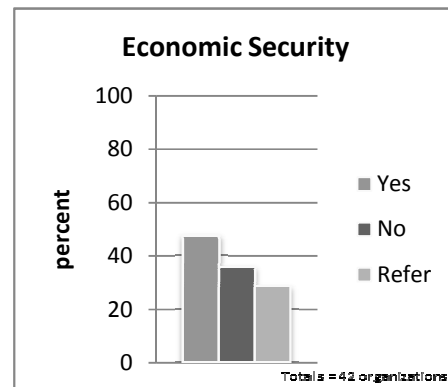


Organizations also commonly referred residents to other organizations for vocational training. Referral common if the resident wanted some type of training not available at the shelter facility where she resided. Referral was common in some shelters for residents to stay for extended periods of time at the shelter facility in order to complete a vocational training course.

In two organizations once safety was established and a resident reached a certain point in her recovery she was able to move into another level of the program where the focus was more on building skills for income generation. However, in the majority of programs there was no distinction between emergency safe shelter and longer term residential vocational training. The residents lived together in the same housing quarters.

3.2.5.6Economic Security

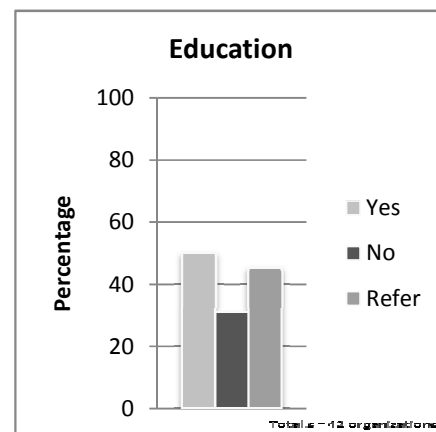
Forty-seven (47%) of organizations stated they provide economic security. When asked what type of economic security they provided, organizations would describe the provision of shelter, support for living costs. Some would describe emergency food, or longer-term vocational training or income generation programs. No one described any type of emergency financial assistance. Few organizations appeared to understand many options for this service.



3.2.5.7Education

Fifty percent (50%) of organizations provide education programs. Education was sometimes “informal” remediation which helped residents return to their appropriate grade level.

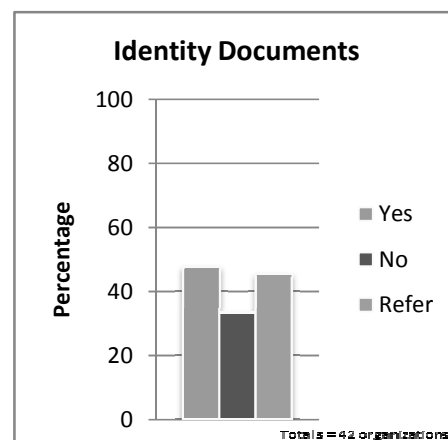
Other programs have formal classes and the authority from the Ministry of Education to provide them. Most organizations also worked with the public education system when safe for the survivor. One program is trying to get authorization for a high school equivalency program. Many organizations also provide special classes in English literacy.



3.2.5.8Identity Documents

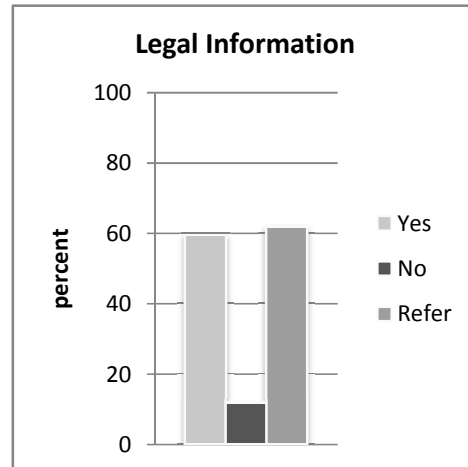
Forty-eight percent (48%) of organizations provide some support to help with identity documents. Organizations provide assistance to survivors in obtaining paperwork such as identity cards, passports or other documentation.

All programs that provided this service worked in collaboration with the government authorities on accomplishing this task. Many organizations refer survivor to other organizations for help with this process.



3.2.5.9 Legal Information

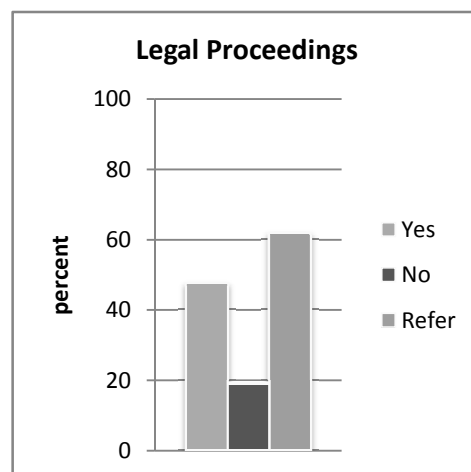
Fifty-nine percent (59%) of organizations interviewed provided legal information to survivors. Information is provided to victims about their rights and legal options as a result of their victimization. Also legal information is provided during prevention activities – for example on the laws on human trafficking or preparing migrant workers for departure. Survivors are also often referred to legal organizations for this type of information. Just over 60% of organizations refer victims to another place for legal information.



3.2.5.10 Legal Proceedings

Less than 50% of organizations interviewed provide some type of support during legal proceedings. Some organizations focus entirely on the legal aspects of trafficking and only provide legal services. Sometimes the shelter program has an attorney on staff and provides support for legal proceedings.

Organizations providing legal services report there are various costs related to legal proceedings. These include costs for filing documents and police reports. -. Transportation also becomes a cost particularly when the survivor returns to the community but then is required to return to an urban center for court.



3.2.6 Who else accesses these services?

The majority of current services are targeted towards women and girl survivors of sex trafficking. However in these programs most survivors currently receiving service are victims of rape and or domestic violence or persons that are vulnerable to trafficking.

As a result of the closure of brothels in Cambodia, few new victims are currently being identified in this way resulting in fewer numbers of survivors accessing services after a “rescue”. Most service providers report a lower numbers of new cases compared to past years. One assessment shelter said only 20% of its new clients this year are trafficking victims. One rescue organization reported only 3 new victims of sex trafficking this year.

Some community service organizations are considering accepting other populations of survivors. One organization serving women and girls has expanded its program to serve male victims of labor trafficking. One assessment shelter is developing a new program model to rapidly assess survivors of TIP returning from other countries. Other organizations are examining new ways to reach sex trafficking victims as they report that the problem still persists, it is just more difficult to identify.

3.2.7 What is the cost for services?

In the key informant survey to government authorities and service providers, respondents were asked to describe the cost of providing services and if there are any cost that the survivor had to pay themselves for services. During the key informant interview, little data was gathered provided during the interview as key informants did not have budget information readily available.

Another brief budget survey was sent by email to shelter providers requesting budget information. Five organizations responded. Four were shelter based and one provided services to rape survivors in a community setting. Organizations represented both national and international community service organizations.

Annual Cost for One Person Receiving Service		
	Lowest Cost Per Year	Highest Cost Per Year
Shelter	\$420	\$4,699
Psycho-social Counseling	\$60	\$1,755
Vocational Training	\$240	\$1,380
Education	\$65	\$660
Re-integration	\$100	\$1,270

Costs for services varied widely. Organizations with higher costs in some categories were related to the priority and expertise of the program. The same organization did not always have the highest cost for services. For example the program with the highest psycho-social counseling costs had a focus on therapeutic interventions and had international advisors. The program with the highest cost for re-integration had a significant re-integration program.

- Shelter costs ranged from \$420 per person per year to \$4,699 per person per year. The shelter program with lower costs was in a facility outside the urban area with lower facility and staff costs. The only staff cost included in the cost was house mothers. The lower cost shelter while having adequate land and shelter, lacked adequate kitchen and toilet facilities. At the other end of the range the shelter was located in Phnom Penh and was a high end facility meeting and exceeding all minimum and international standards. The shelter had expatriate advisors (included in costs), a 24 hour video surveillance system, adequate furnishings, and facilities such as toilets, showers and sleeping facilities.
- Psycho-social counseling ranged from \$60 per person per year to \$1,755 per person per year. The lower cost was in facilities that had national staff only and not full time counselors. The higher cost program had trained local staff with international advisors and supervisors
- Vocational training costs ranged from \$240 per person per year to \$1,360 per person per year. At the lower end the programs provided funding for survivors to attend vocational training or had some limited vocational training on site. At the higher end programs had comprehensive residential vocational training with a variety of training options.
- Re-integration costs ranged from \$100 to \$1,270 per year. At the lower end, programs provided some limited support for survivors to be able to return to their home community. This was usually some transportation, or some limited budget to help with income

generation. At the higher end programs provided staff to support the survivor in re-integrating, costs for the survivor to return to their community, follow-up visits and costs for business start-up.

No organizations charged survivors for receipt of services, however there are costs related to some services. These are in particular related to costs for legal services. There are sometimes informal fees at the police, filing fees at the courts and regular costs for transportation.

Some additional costs to consider when developing quality services in the community are:

- Transportation for staff (to visit survivors at their homes for assessment, counseling and case management and family counseling, as well as a making community safety plan for survivors who will stay home, and or to meet with teachers to help them to support the clients when they go back to school etc.)
- Transportation for survivors (to meet lawyers, to go to medical services for treatment, to come to organization for counseling or other meetings, for family members to visit them at shelter, for them to go home to visit family)
- Initial and ongoing capacity building of staff
- Ongoing high quality supervision. Few national staff are qualified to provide social work supervision. Social work is new in the country and few people have had enough time to build the capacity for this type of specialized supervision. This servicesometimes requires international advisors
- Health services for illnesses and injuries related to their victimization
- Legal expenses related to going to court
- Monitoring and evaluation built in to evaluate progress

3.3 Gaps and Challenges

Clear identification of victims is lacking

A lack of consistency in identification of victims of trafficking exists. In our key informant interviews 80% of organizations said they used some type of protocol or screening tool to identify survivors of trafficking. These organizations identified using the Palermo Protocol ¹⁷ either by name or mentioning the elements in the protocol that identify a victim of trafficking. However, even using this methodology, there continues to be inconsistency in operationalizing this protocol for use in identifying survivors of trafficking in persons.

¹⁷Palermo Protocol: In 2000 the United Nations reached an agreement on a definition that identifies three critical components to human trafficking: the **act**, the **means** and the **purpose**. An act includes actions such as “recruitment, transportation, transfer, harbouring or receipt of persons”. The means include using “threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or giving payments or benefits”. The purpose is predominantly one of exploitation including “prostitution of others, sexual exploitation, forced labour, slavery or similar practices, removal of organs or other types of exploitation”.

<http://www.palermoprotocol.com/general/the-palermo-protocol>

Services are not accessible in survivors' home communities.

Currently the majority services for survivors of trafficking in persons in Cambodia have been established in destination cities for trafficking. Services are concentrated in areas like Phnom Penh, Banteay, Meanchey, Battambang, Koh Kong, and Siem Reap. Victims' hometowns, however, are often far away from these services.

This service concentration in destination areas supports the rescue, identification, and assessment services to survivors, but presents challenges for longer term services such as rehabilitation and re-integration. Service providers offering residential care report it is difficult to complete assessment of extended family, support efforts of re-integration, or for survivors to visit family during residential care due to distance to home towns and poor infrastructure like roads. Survivors of TIP report a strong satisfaction for services, but in focus groups identify that they would prefer to receive services in their community instead of in a residential setting.

Services are not successful at stabilizing the economic security of the survivor

Poverty increases a persons' vulnerability to trafficking and can lead to re-victimization. In the key informant interviews service providers and survivors of TIP identified the need to generate income fast as a major challenge or need. Both also identified a push from family to go and earn money quickly. This results in some survivors refusing shelter services or participation in vocational training programs.

Survivors in both focus groups and interviews identified a concern for the usability of the vocational training they were receiving. They raised concerns if training received would enable them to generate income in their home community and also if they would have enough resources to start a small business with their skills. Some identified training courses as too difficult as well.

Integration and re-integration programs lack sufficient resources

Provision of re-integration services for survivors back into the community was described by many organizations as a weakness. As mentioned, services are concentrated in destination centers for trafficking victims and not in the victims' home community. This results in community service organizations trying to provide support for re-integration from long distances. This results in increased cost both in staff time and in cost for transportation. Organizations lacked staff with these skills and resources to support the needed community services.

Additionally little work was occurring with the survivors' family so it was not uncommon to be returning the survivors into the same vulnerable situation that resulted in their vulnerability to trafficking. Also for survivors that had lived in shelters for extended periods of time, they were disconnected from the supports in their community and found it hard to return.

The Ministry of Social Affairs, through its District Offices (DoSVY) holds primary responsibility for re-integration of various types of people back into their community. Actually they have multiple protocols on re-integration. Currently with the support of UNICEF this has been identified as an area for examination and a committee is under development to review and coordinate the various re-integration protocols.

DoSVY offices have developed quality procedures but lack the resources to effectively carry out this task. At the same time community service organizations that partner with them on this service are

not located nearby. As a result several organizations are developing new program models to extend to the community and are examining ways to fill this gap.

Prosecution is not consistent

Service providers also identified challenges within the legal system that hinder prosecution. It was described that court cases are dropped regularly and often evidence is bad. Additionally fees or costs related to prosecution were often a hindrance to the victim being able to prosecute. This report is not focused on this aspect of interventions, but since this was identified it was included.

Quality of services is not consistent

One gap repeatedly identified was the quality of services provided. Organizations are aware of the minimum standards and are working to meet these. However it is important to note that the minimum standards are 'minimum' and do not always measure the quality of services provided. Service providers regularly stated their concern for the level of quality of other service providers.

Some organizations are not able to provide basics for all residents such as food, clothing and bedding due to budget limitations. Another example that was regularly identified is in the quality of psycho-social counseling or support. The social work profession is new to Cambodia and few national staff has the capacity to successfully supervise social work services. There is no clear agreement of the best model of counseling that should be provided, however, there is a range in the quality of services provided. Good models of this kind of service could be replicated through partnerships and training.

Organizational capacity is sometimes limited

Some organizations also identified the lack of capacity of staff. They identified not having enough staff, staff not adequately trained and staff being expected to work long hours without time off. It was also identified that staff needed more professional training in intervention methodologies.

Gaps for some populations

Service providers and government authorities also identified gaps in places to refer some populations. Issue that were noted were

- Smaller numbers of services to men and boys even though the numbers of men and boys TIP survivors is significant, particularly related to TIP for labor exploitation
- There is a lack of service providers for persons experiencing TIP with disabilities, persons with mental health or substance abuse issues

3.4 Shelter VS Community Services Strengths and Weaknesses

In the key informant interviews service providers and government authorities were asked about their program models (shelter or community) and asked to describe their strengths and weaknesses. Most organizations did not see the appropriate service model as either shelter or community.

The need for services was most often describe as a continuum: Identification and Crisis Intervention, After care including Assessment, Return to Community or Referral to Shelter (based on safety and resource assessment), provision of supportive services and Integration/Re-integration into

community when safe and/or a plan is in place. Clearly, all service providers agreed survivors of TIP need services based on their individual situation including safety and resources and that survivors' should be reintegrated into a community when it is safe and appropriate for the individual.

A summary of the strengths and weaknesses of each model follows:

	Shelter	Community
Strengths	Shelter provides a safe place for the girl/woman to stay and she is protected from the abuse	Survivors most often want to be with their family or in the community
	For minors it is not uncommon for the family to be complicit in the abuse. A thorough assessment of the family situation must occur before the child can be returned to the family. A shelter provides a safe place for the survivor to stay while this occurs. The child cannot be returned to the family until all risk factors are responded to appropriately.	Community Based Services support successful integration into the community
	It is easier to provide a range of services (legal, therapy, etc.) in a group living situation as barriers such as transportation are removed	Survivors of labor trafficking want to return to their home community immediately as the need to generate income is high and the trauma is different from sex trafficking survivors
Weaknesses	Shelter programs in addition to providing safe shelter often provide long term rehabilitation services like counseling, vocational training.	International good practices has identified that institutional care should be the last option for alternative care as it can violate human rights at worst and at best provide unnatural living circumstances
	Sometimes when survivors stay in a shelter for a long time they lose contact with their family and community and have a greater challenge re-integrating	In many communities there is a lack of supportive services to support successful re-integration
	Shelter services are primarily based in destination areas for trafficking, not the home community for victims making a connection to family challenging and costly Labor trafficking victims do not want to stay in shelter and sex trafficking victims want to return when it is safe	It is not safe for all children or women to return to their communities as the perpetrator can be part of the family or community.
	Shelters are unable to give the level of individual care that a family can provide	Most organizations providing community based re-integration services are not based near the home of the trafficking victims

Various research studies have identified high rates of abuse in shelters and in fact residents can be re-victimized

Victims can be vulnerable to re-trafficking in the community if they do not have successful income generation or other supports

3.5 Survivor Satisfaction with Services

Survivors were asked in focus groups and in an individual survivor satisfaction survey if they were satisfied with the services they had received. The Survivor Satisfaction Survey results are available in complete form in the Baseline Indicators Report 2012.

In general survivors that were interviewed are very satisfied with services they had received. Even when accounting for positive response bias satisfaction was very high. There is some dissatisfaction with some basic services by a small number of respondents. In some locations clothing provided, food, education and vocational training were mentioned as items with somewhat satisfied or somewhat dissatisfied for a small number of respondents. Some also identified issues with building conditions or sleeping conditions.

Another area that some respondents reported being only somewhat satisfied was in the area of participation. Most survivors felt they could make choices about their future, but some feel they could not refuse services, and some felt they had little control over living environment and ability to leave the facility even for adults.

Survivors described being only somewhat satisfied with the discipline in the facility. None identified corporal punishment, but many identified a lower level of satisfaction with the type of discipline used in the facility.

In focus groups survivors identified missing family or being away from their community as the most difficult thing about being in shelter. When asked directly would you rather live in the shelter or community - the majority said they would prefer to live in the community if they are safe.

4. RECOMMENDATIONS

The goal of interventions for persons that have experienced trafficking for exploitative purposes is to remove the person from the situation and return them safely to either their home community or another community of their choosing. However, it is not enough just to return the person to the community. An obligation exists to protect the person and equip them with the skills and resources necessary to prevent re-exploitation.

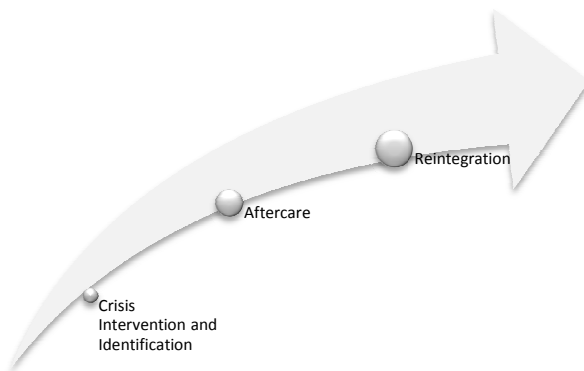
4.1 Guiding Principles for Improving Interventions:

In Cambodia in order to continue to improve services to survivors of trafficking in persons, general principles for improving interventions are as follows:

- At every point in the service delivery system participation of survivors of TIP should be promoted. Examples are participation in their assessment and development of case plans and delivery of services in ways that protect basic human rights. Survivors should also be empowered to participate in the design and delivery of service responses.
- Victim/survivors should be treated with respect and provided all information possible from the first moment of contact. He/she should be provided with basic necessities, safe shelter and support to return or stay in to their home community or another community as soon as is safe.
- Assessment and re-assessment of needs and safety should be continual in all interventions and be the basis for all case plans.
- A continuum of services should be available that includes crisis intervention, aftercare (housing, food, psycho-social support, income stability and generation, vocational training, legal support) and integration and re-integration in community to trafficking in persons victims' of all ages, genders and include support for persons with disabilities.
- Alternative care (when required) services should be provided in a way that promotes the least restrictive and most family-like environment.
- Temporary shelter programs should continue to improve the quality of care by appropriate crisis and identification services including adequate facilities, food and clothing, and case management, psycho-social support, and aftercare to and longer term support to stabilize the survivor of TIPs livelihood.
- Community based services should be made more accessible and expanded.
- Survivors should be integrated or re-integrated into a community as soon as it is assessed to be safe or whenever they choose a community. If a shelter placement is made it should be re-assessed periodically to determine if it is still a necessary placement.
- Interventions should when possible address one of the root causes of trafficking –poverty and access to income for survivors of TIP. Income stabilization mechanisms should be considered to support families while longer term skills are developed.
- When possible and safe for the survivor, vocational training should be provided in the community or if residential should be separated from the crisis services. Vocational training should be also based on an assessment of market options – matching training provided to survivors of TIP to market needs.
- A focus should be on improving the quality of services at all levels.

- Increase professional skills of the staff providing direct services particularly around identification and crisis intervention, psycho-social support and income generation activities.
- Increase capacity, resources and partnerships with government authorities to respond to TIP including crisis intervention, aftercare and re-integration.
- All services provided should meet or exceed the **Policy and Minimum Standards for the Protection of Human Trafficking Victims**; the **Minimum Standards for the Alternative Care of Children**; and the **Prakas on Minimum Standards of Residential Care for Victims of Human Trafficking**.
- Evaluation of services should occur regularly to determine if the services are meeting the needs of survivors of TIP.

4.2 Continuum of Services



The continuum of services that should be available is crisis intervention and identification, aftercare and integration/re-integration into the community. The goal from the first contact should be helping the survivor to assess their skills, strengths and needs to develop an individual plan based on their own personal goals. Any plan should be driven by the survivor dependent upon their age and the right to refuse services respected.

Every person that experiences trafficking in persons has unique needs, strengths and challenges. The best response is to provide a continuum of care - crisis intervention services to identify and rescue victims, aftercare that provides safety and meets basic needs, emotional support and counseling, legal information and representation and support to develop life skills and build income security for the family to prevent re-victimization and integration and/or reintegration services to help the person live in the community if they have left the community. Each person will not need all the services, and some will need them for varying lengths of time. The persons' journey through the service network should be of his/her choosing, and based on the individual situation of the person, their family and their community.

4.2.1 Identification and Crisis Intervention

The coercive nature of trafficking and the victims fear sometimes make identification of trafficking in persons' victims a challenge. Victims rarely share all information in the initial contact and in fact deny the abuse or lie about their situation. Victim identification is a process that may take more than one contact to clearly identify the abuse as the victim is provided information and begins to trust the service provider.

Most organizations have adopted the Palermo Protocol¹⁸ for defining trafficking, but some do not know how to operationalize the protocol for identification of victims for services. Additionally most

¹⁸(United Nations, 2000)

organizations also serve other vulnerable groups such as rape victims, domestic violence victims or others deemed vulnerable. Some also consider non-coerced adult sex workers as a target population. This lack of distinction between groups sometimes results in unclear reporting of numbers of TIP survivors.

Until recent years the methodologies used in Cambodia for victim identification and rescue were primarily through raids on brothels, during victims return from another country or self-identification through a victim seeking help directly to a government authority or community service organization. Due to recent changes in Cambodia, raids are rarely carried out now and organizations are struggling with other methods for victim identification. One organization is mapping possible sex worker establishments, and others are focusing on new populations such as persons trafficked for labor exploitation. This is an area that new program models will likely develop over the coming months.

As a result of these challenges it is important that any new identification efforts:

- Provide information quickly to possible victims defining trafficking in persons, explaining what is happening in the rescue and/or intervention and why. Information should be provided orally and in written form that can be taken away. The information should include information about trafficking and available services so that if a victim does not choose services initially they have information for later consideration
- Provide training for service providers and first responders on appropriate interview techniques and use of protocols for clear identification. The focus should be on displaying a non-judgmental attitude showing acceptance and understanding of the victims' situation. This process will serve to educate the victim and help them access resources if needed.
- Although this project did not address this issue, it was difficult to get a clear understanding of the dimension of the trafficking issue, both in terms of types of trafficking in persons occurring and the size of the problem. Efforts to identify and clarify the problem should also be supported.

Notable Existing Program Strategies

- Service providers working closely with border authorities to identify victims as they voluntarily return from another country. Many victims of TIP do not identify as victims and therefore are unaware of help that can be provided. Some organizations are sending staff to border areas to talk to people as they return to Cambodia.
- Rescue organizations mapping of probable sex worker establishments or sex referral services for identification of victims of TIP.
- Transit Centers for returning TIP survivors at border areas.

4.2.2 Aftercare

4.2.2.1 Assessment and Care Planning

The assessment and care planning system is an area that is rather well developed in aftercare services in Cambodia. If identified by the Police, survivors are referred for service to a community service organization through the Ministry of Social Affairs, Veterans and Youth Rehabilitation. Upon referral, some organizations provide survivors with a comprehensive assessment of their strengths

and needs and develop individualized plans and others accept referrals into a standardized program of service delivery which is most likely shelter based.

In order to improve assessment and care planning the first step with a survivor of trafficking in persons is to understand the survivors' individual situation (identification), provide information and assess the individuals' strengths and needs. A quality assessment can determine what kind of intervention is required and what type of placement (if any) is appropriate for the survivor. Placement should not automatically be residential care.

For quality assessment the following principles should be followed:

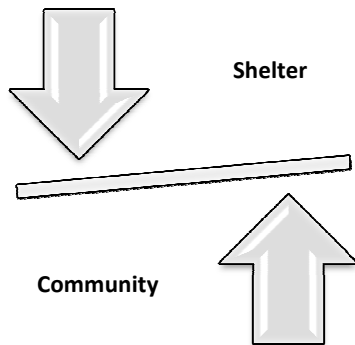
- Assessment of the survivor's individual needs should begin during the crisis intervention and identification phase and continue throughout aftercare and re-integration services. The different assessments required and time frames will be different based on the age of the survivor and the persons' individual needs. Possible types of assessment that should occur quickly are:
 - Identification of the individual history of the person
 - Family and community assessment to identify protective factors and risk factors
 - Health assessment
 - Psycho-social assessment
 - Safety and threat assessment from the perpetrator to the victim, their family and to service providers
- For minors, the assessment and case planning phase likely requires alternative care placement for a period of time while the individual, family and safety of the survivor is assessed. This process might take some time as many survivors do not live near the rescue site, and it requires travel and time to understand the situation.
- Information from these assessments should be integrated in the case management plan to develop a plan with goals and objectives based on the individuals' needs, their strengths, and personal desires. The plan should regularly be re-evaluated and updated based on progress toward goals and new information.
- Services should be available to meet the immediate and longer term needs of survivors. These services might include emergency health care, temporary housing, emergency support such as food and clothing, legal information and support, vocational training, income generation. A survivor should not have to reside in a shelter to receive services.
- The survivor should have the right to choose and refuse services if he/she is an adult and minors' should have input into the services they receive.
- In order to meet these standards it is likely that training needs to occur on various assessment and case planning methodologies.

Notable Current Program Strategies:

- Transit Center: The transit center is located strategically at a border point and meets immediate needs for food and shelter (very short term) and completes an identification protocol, rapid assessment of needs, information and referral to home or other services.
- Short-term Residential Assessment Centers where rapid (and thorough) assessment, information provision and appropriate referral can occur.

- Intake Assessment Social Workers trained to assess survivors of TIP requesting services in a rapid manner. Assessment of safety occurs immediately and if the assessment of danger is low, the survivor is referred to a community placement option instead of a residential option.

4.2.2.2 Alternative Care



Residential shelter care is widely seen as the least favorable option for alternative care however the majority of alternative care for survivors of TIP in Cambodia is based on a residential care model.

Residential alternative care has been widely used for providing protection to victims of trafficking in persons after identification and/or rescue. Residential alternative care has been a particularly common mode of service with women and girls that have experienced trafficking

for sexual exploitation and for both boys and girls that have experienced trafficking for labor exploitation. Shelter beds are currently available for women and girls however fewer shelter beds are available for men and boys.

As services models have matured and stabilized, community service organizations are experimenting with ways to provide community based or “family like” alternative care. It is likely there will always be a need for emergency residential care for safety and protection, but other options should also be available for survivors that do not need residential protective care or prefer support in the community.

Residential Alternative Care

Residential care will continue to be an appropriate and necessary aftercare service for some survivors of trafficking in persons needing protection. Residential care can provide a protective environment for a survivor of trafficking in persons to reside, receive various rehabilitation services including health, nutrition, psycho-social counseling, legal support and information and sometimes education and vocational training.

However residential care is overused in Cambodia and residential care should decrease as better community based options are developed. Also residential care options should be varied. The needs of a person that has just left a trafficking situation are not the same as a person that has been away from the trafficking situation for a significant amount of time and is preparing to return to the community.

- Residential care should be provided in progressively less restrictive phases of care based on the safety and other needs of the TIP survivor. When safe and ready, survivors should be moved to less restrictive accommodations or community based care.
- The time in shelter care (if at all) will be different for each survivor and cannot be based on a set time frame. The placement should be re-assessed at least every 6 months to determine if

a community placement is possible. This should include assessment of the family and community.

- Some residential care programs also provide longer term services such as vocational training and other life skills training. Vocational training should be provided in a community setting or in a less restrictive residential setting when possible. Residential vocational training programs should assess the safety of residents and permit freedom of movement.
- Gaps in quality of residential care should be addressed to improve basic services (food, facility, clothing), provide staff training on various service delivery models (case management, safety assessment and planning), or professional skills (social work) and policies for managing residents. Good practice training should occur so service providers have resources to improve their service delivery skills.
- Emergency residential care options should be made available for all categories of survivors including boys.

Community Based Care

The Royal Government of Cambodia, through the Ministry of Social Affairs, Veterans and Youth Rehabilitation, has developed the Policy on Alternative Care for Children and has identified family care and community care as the best options for alternative care¹⁹. In this assessment survivors of TIP also reported their preference to live in the community. Service providers also report some survivors will return to the community and refuse shelter based services. Also in a recent evaluation by a community-based program for survivors of rape 81% of survivors said they preferred receiving services in their community.²⁰ Clearly, community based care is the most appropriate care when a survivor is safe and what many survivors prefer.

In response to the growing understanding of the preference for community care for TIP survivors, some community service organizations are developing alternative care options that are not shelter based or if so are small facilities based in the community. These new programs provide an appropriate movement toward more community based care in Cambodia. Efforts should be promoted that continue to increase community based care options. This movement toward community based care is likely to occur incrementally as strong community services are developed hopefully the need for shelter care will be reduced.

- Best practices say that alternative care for children should first be in the family (if safe), then kinship care through the extended family, and finally foster care or adoption for children. Alternative care for all persons should be provided in the most family-like environment possible.
- However, safety must be the first consideration when moving a child or adult into a family-like or community based care situation. Survivors' safety must be assessed to determine if a family or community placement affords a safe environment for the survivor.

¹⁹(MoSVY, May 2008)

²⁰(SSC, 2011)

- Training should be provided to organizations on assessment of safety in trafficking situations to improve the safety assessment skills of the service providers.
- Support for other costs such as transportation for survivors back to attend legal proceedings or other services would be necessary as well for community placements.

Notable Current Program Strategies

- Kinship care provided with relatives of the survivor that have been identified as able to care for the survivor in a safe, non-exploitative manner.
- Temporary foster care provided by trained families that can provide a family like environment for survivors that do not have protection concerns.
- Small group homes with less than 25 residents instead of large residential campuses.
- Independent living homes for persons not ready for independence.

4.2.3 Integration and Re-integration into Community

Integration into a community or re-integration into their home community is the goal of all case plans with survivors of TIP. Most survivors of TIP have been separated from their home community through the TIP victimization. The primary model of services in Cambodia has been to provide shelter care and a variety of supportive services. Once the survivor has completed the shelter program the organization works to place the survivor back into a community.

Integration and re-integration efforts have been carried out by community service organizations with the support of MoSVY through its District offices (DoSVY). In this assessment, service providers and DoSVY regularly identified the lack of community resources as a challenge for TIP survivors re-integrating into the community and sometimes the reason for extended stays in residential care facilities.

Survivors of TIP also identify the desire to return to the community or be served in the community if possible. Survivors are satisfied with the services they receive in shelter, but would prefer that service to be in the community when safe. The challenge is the lack of community support structures in the community to support safe and successful return and re-integration.

Currently, some service providers are expanding to provide more service options in the home community of the survivor of trafficking in persons, but face challenges because survivors come from all over the country and services have been concentrated in destination areas for trafficking.

Integration into the community is a process, not an event. It is likely to take some time and appropriate supports must be in place for success. It is not enough just to return the survivor to the community. The vulnerabilities must be reduced and the family or individual situation stabilized. Sometimes this might mean moving to a new community where more opportunities are available.

Strategies for promoting timely return to the community or to prevent residential placement are:

- Support for vocational training that matches market needs and individual skills and abilities.
- Income stabilization programs such as Conditional Cash Transfer or Emergency Assistance so families' emergency needs are met until successful income generation can be established.

- Support for survivors to integrate (migrate) safety to areas with increased income generation potential. Programs such as independent living homes or limited support until the person is established could prevent re-victimization.
- Strengthening of support options for survivors in their home communities through development of services in high source areas. Services should include prevention services such as information on safe migration, income generation and other family strengthening services.
- Collaboration with community service organizations based in the home community of the survivor to provide supportive services upon re-integration.
- Development of mobile service options to follow the survivor back to their home community to strengthen integration/reintegration process and reduce the time that survivors need residential care.
- Partnerships with the MoSVY, the DoSVY and the CCWC to provide improve their ability and provide resources so they can provide services for successful integration and re-integration.
- Create Peer Support Groups in the community so that TIP survivors can meet together to provide support to each other and share resources.

Notable Current Program Strategies

- Safety assessment process to assess the individual, family and community for vulnerability and safety factors. Development of a safety plan for the survivor that includes education about risk factors and resources.
- Case Management or intervention teams to go to the survivors' community to coordinate assessment and re-integration services.

4.3 Special Considerations for Different Populations

The most common types of TIP responded to in Cambodia currently are labor and sexual exploitation. While these victimizations share many commonalities, the aftercare responses require some different methodologies. Also different methodologies are required for different age groups and genders.

- For survivors of TIP for sexual exploitation, great care should be taken to assess the individual, family and community for safety before re-integration. Family culpability and community rejection can be high for a survivor of trafficking. Risk factors should be removed and a safety plan developed before the survivor returns.
- For survivors of TIP for labor exploitation, there is a high desire to return home quickly. As many survivors are adults, this desire has to be respected and speedy return services provided. However, the opportunity of contact should be used as an opportunity to provide information on available resources and services. Written materials (for low literacy) should be provided to take away if the person does not stay for services.
- For survivors of TIP for labor exploitation, there is a high need for crisis support until the family income can be stabilized or re-migration (unsafe) can occur very quickly in an attempt

to generate income. Programs should take this into consideration and develop family income stabilization mechanisms quickly.

- For adults services should be provided in the community when at all possible and whenever safe. These services should include basic assessment, case planning, emergency assistance, psycho-social counseling, legal information and support, income stabilization and generation and referral to community resources.
- For children the family situation should be assessed prior to returning the child to the family as it is common for families to have sent the child to work, been complicit in the sexual exploitation or not be stable enough to care for the child. It is not uncommon for children to need an alternative care situation until the family can be stabilized.

4.4 Prevention

While the focus of this study was not on prevention strategies, it is important to note the various preventive efforts that are required to reduce TIP. Strategies that were identified by the key informants were:

- Support services that reduce vulnerabilities of people to trafficking including addressing poverty and/or gender based role perceptions of boys and girls.
- Support efforts that prepare workers for the migration experience including having appropriate legal documentation, emergency contacts, and clear understanding of labor agreements.

5. CONCLUSION

This assessment of shelter versus community based care models for survivors of trafficking in persons explored the best practices of service providers and opportunities for improvement in order to inform a specialized approach to support victims of trafficking, including males.

The study process was qualitative in nature and included a review of recent research, key informant interviews with Government authorities at the national, provincial, district and commune levels, community service organizations providing direct service, survivors of TIP and development partners prioritizing TIP interventions.

In Cambodia, the primary model of service provision for survivors of TIP has been shelter based and targeted to women and girl survivors of TIP for sexual exploitation. Shelters are located in destinations areas for trafficking resulting in protection and aftercare being provided primarily in urban areas.

Studies on best practices in alternative care have long shown that institutional care is the least preferred model of care as it does not meet individual needs and can in fact be detrimental to development and well-being. Survivors of TIP themselves when asked report they would prefer to have services in the community if they are safe. Survivors of TIP for labor exploitation rarely will stay in a shelter and commonly want to return back to their home community quickly. However, the

need for immediate safety and protection makes the shelter model a necessary option, particularly for children or survivors in danger, while situation is assessed and a longer-term plan developed.

Shelter programs being located in urban areas or destination areas for trafficking also presents challenges with re-integrating persons back into their community as the organizations are often long distances from the home community of the survivor. Programs have begun to examine better ways to meet the needs of survivors in their home community (if the survivor is safe). Organizations are providing more family like alternative care through emergency foster care for children or small group homes in the community for survivors. Some are reaching into the community to provide services back in survivors' home communities. Others are responding with short term assessment and referral centers that provide information on resources prior to the survivor returning to the community.

The reality is a continuum of care options that should be available for survivors of TIP for both labor and sexual exploitation. Options should be available for both males and females taking into consideration their unique needs. Survivors of TIP that are in danger or do not have a safe family or community to live in will need shelter options, others can return to their community quickly but will need rapid information and services to prevent re-victimization. Interventions should also address poverty and access to income for survivors of TIP.

Alternative or shelter care (when required) services should be provided in a way that promotes the least restrictive and most family-like environment. A factor in long shelter stays is the lack of community based support options. As more and stronger community options for care become available, the need for shelter should decrease. And the reality is that some persons will not be able to return to their home community but will need to migrate to a new community to work.

At every point in the service delivery system participation of survivors of TIP should be promoted. Victim/survivors should be treated with respect and provided all information possible from the first moment of contact. Assessment and re-assessment of needs and safety should be continual in all interventions and be the basis for all case plans.

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Appendix B: Key Informant List

PHNOM PENH AND NATIONAL LEVEL	Position of Interviewee
Government Ministries	
Ministry of Women Affairs (MoWA)	Secretary of State in Charge of GBV Under-secretary of State in Charge of GBV Director General of Social Development Social Development Deputy Director
Ministry of Interior (MoI)	Secretary of State Police Headquarters
Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY)	Under Secretary of State Staff in Charge of Trafficking and Re-integration Services
Ministry of Labor and Vocational Training (MLVT)	Secretary of State
Ministry of Health (MoH)	Secretary of State
Development Partners	
United Nations Interagency Project on Human Trafficking (UNIAP)	National Project Coordinator
United Nations Children's Fund (UNICEF)	Child Protection Specialist
International Labor Organization (ILO)	Technical Officer
International Office of Migration (IOM)	Acting Director
Civil Society Organizations	
Cambodia Women's Development Agency	Acting Executive Director
Women Organization for Modern Economy and Nursing (WOMEN)	Program Manager
Women's Development Association (WDA)	Executive Director
LICADHO	Monitoring Coordinator
DamnokToek	Technical Advisor
Strey Khmer Organization	Program Manager
Gender and Development Cambodia	Director
World Vision	Child Protection Manager
Transitions Global	Country Director Clinic Director Founders (2)
SISHA	Executive Director
Cambodian Children Against Starvation and Violence (CCASVA)	Director
Legal Support for Women and Children (LSCW)	Program Manager
Hagar	Case Management Operation Technical Advisor Shelter Managers
Cambodia Women's Crisis Center (CWCC)	Executive Director
Chab Dai Coalition	Prevention Program Director
Legal Aid of Cambodia (LAC)	Program Manager

Cambodia Defenders Project (CDP)	Program Manager
Acting for Women in Distressing Situations (AFESIP)	Center Manager
Social Services of Cambodia (SSC)	Executive Director
Transcultural Psycho-social Organization (TPO)	Project Manager
End Child and Prostitution Child Pornography and Trafficking (ECPAT)	Executive Director
Cambodia Center for the Protection of Children's Rights (CCPCR)	Shelter in SvayRieng Province
World Hope International	Anti-Trafficking Program Director Counselor Social Affairs/Social Worker
International Justice Mission (IJM)	Field Office Director
BATTAMBANG	
Government	
Provincial Level	
Department of Social Affairs Veterans and Youth Rehabilitation (DoSVY)	Chief of Department
Department of Women's Affairs	Director Director, Legal Protection Deputy, Legal Protection
Department of Labour and Vocational Training	Director
Women and Children's Consultative Committee (WCCC)	WCCC Director
MoungRuessei District	
Office of Social Affairs, Veterans and Youth Rehabilitation	Office Director, Social Worker
Office of Women's Affairs	Director
Prey Svay Commune	
Commune Committee for Women and Children	CCWC Officer
Commune Chief	Commune Staff
ThmaKoul District	
Office of Women's Affairs	DoWA Officer
Office of Social Affairs, Veterans and Youth Rehabilitation	Director
Women and Children's Consultative Committee	CCWC Representative Deputy District Governor
BoengPring Commune	
Commune Committee for Women and Children	CCWC Representative
Commune Chief	Commune Chief
Phnom Proek District	
Office of Social Affairs, Veterans and Youth Rehabilitation	District Social Worker

Women and Children's Consultative Committee (Deputy District Governor?)	Director Women affair officer Deputy District Governor
Chakrei/Bour Commune	
Commune Chief	Commune Chief
Civil Society Organizations	
ADHOC	Coordinator
BanteaySrey	Director Shelter Staff
Legal Aid of Cambodia	Assistant Lawyer
LICHADO	Provincial Coordinator
COSECAM	Field Case Manager
World Vision	Project Manager
KOMAR RIKREAY (KMR)	Executive Director Shelter Director
Children and Poor Communities Development Organization	
BanteaySrey	Deputy CCWC
National Employment Agency (NEA)	Team Leader
BANTEAY MEANCHEY	
Government	
Provincial Level	
Department of Social Affairs Veterans and Youth Rehabilitation	Deputy Director
Ministry of Labor and Vocational Training	Deputy Director
Department of Women's Affairs	Director
Women and Children's Consultative Committee	Director
Malai District	
Department of Social Affairs, Veterans and Youth Rehabilitation	Officer
Department of Women's Affairs	Director
Women and Children's Consultative Committee	Director CCWC Deputy District Governor
OuSralau Commune	
Commune Committee for Women and Children	CCWC Focal Point
Commune Council	Chief
PoiPet District	
Department of Social Affairs, Veterans and Youth Rehabilitation	DoSVY-OuChreu District (No DoSVY in Poi Pet)
Department of Women's Affairs	Director DoWA
PoiPet Transit Center	Director
CIVIL SOCIETY ORGANIZATIONS	
LICADHO	Human Rights Monitor

Legal Aid of Cambodia	Director
CAMBODIAN HOPE ORGANIZATION (CHO)	Director
CAMBODIAN WOMEN'S CRISIS CENTER (CWCC)	Shelter Manager Deputy Shelter Manager Counselor
SIEM REAP	
Government	
Provincial Level	
Department of Social Affairs Veterans and Youth Rehabilitation	Deputy
Department of Women's Affairs	Director
Anti-Human Trafficking Police	Lieutenant Colonel Deputy of Police Commissioner
Women and Children's Consultative Committee	Director
SoutrNikom District	
Office of Social Affairs, Veterans and Youth Rehabilitation	Deputy
Office of Women's Affairs	Director
Women and Children's Consultative Committee (Deputy District Governor?)	Director
Anti-Human Trafficking Police	District Police
BanteaySrei District	
Office of Social Affairs, Veterans and Youth Rehabilitation	Officer
Women and Children's Consultative Committee	Director
SvayLeu District	
Office of Social Affairs, Veterans and Youth Rehabilitation	Officer
Office of Women's Affairs	
Anti-Human Trafficking Police	Deputy District Police Commissioner
Women and Children's Consultative Committee	Director
BoengMealea Commune	
Commune Committee for Women and Children	Focal Point
Civil Society Organizations	
AFESIP	Center Manager Head of AID Program in Region 1
Cambodian Centre for Protection of Children's Rights (CCPCR)	Project Manager (Lotus House)
Legal Aid of Cambodia (LAC)	Lawyer
World Hope International	Field Operation Manager
ADHOC	Provincial Coordinator
Cambodia Women's Crisis Center Center (CWCC)	Siem Reap Regional Manager Shelter Officer
Focus Groups with Survivors of TIP	
Cambodian Center for the Protection of Children's	Siem Reap

Rights (CCPCR) Lotus House	
Cambodian Women's Crisis Center – Services to Male Survivors of TIP	Kampong Thom
World Hope International	Siem Reap
OuSlor Lao Commune Community Grop	BanteayMeanchey
AFESIP	Siem Reap
Cambodian Women's Crisis Center	BanteayMeanchey
AFESIP	Phnom Penh
Cambodian Women's Crisis Center	Siem Reap
Cambodian Center for the Protection of Children's Rights (CCPCR)	SvayRieng
Focus Group with Service Providers	
DamnokToek	
Cambodian Center for the Protection of Children's Rights (CCPCR)	
Transitions	
Cambodian Women's Crisis Center	
WOMEN	
World Hope International	
Hagar	

Appendix C: Interview Guides

Winrock International

Assessment of Shelter VS Community Based Care Approach
to Develop a Specialized Approach to Victim Care

Key Informant Interview Guide Direct Service Providers, Development Partners and Government

COLLECT ORGANIZATIONAL BROCHURES, ANNUAL REPORTS, PUBLICATIONS

A. INTERVIEW INFORMATION:		
1. Name of Interviewer:		2. Date of Interview:
3. Circle One: A. National Level B. Provincial Level C. District Level		4. Province Interviewed Occurred in: Circle One A. Phnom Penh B. Banteay Meanchey C. Siem Reap D. Battambang
B. ORGANIZATIONAL INFORMATION		
1. Name of Person:		2. Position:
3. Name of Organization:		4. Year Organization Founded:
5. Mission/Vision of Organization:		
6. Annual Budget	7. Primary Funding Source	
8. Target Service Area (Provinces and Districts)		9. Target Populations of Victims
		10. Services provided to (check all that apply) <input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Children (under 18)
C. SERVICES TO Trafficking in Persons (TIP) VICTIMS:		
1. What are the basic needs of victims of TIP? <i>Any particular different needs for <u>male or female</u> victims or children?</i>		
2. What is your organizations <u>approach</u> to meeting the needs (providing services) to victims of trafficking in persons? (Shelter, Community). <i>Why is this approach used?</i> <i>What are its strengths and/or challenges?</i>		
3. How do you identify a person as a victim of trafficking? <i>Do you have a written protocol in place or criteria for identifying victims?</i> <i>How are victims of trafficking referred to your organization?</i>		

4. Types of Victims Seeking Services and Successfully Referred for Service (if available)				
a. Category of Victim	b. Number of Victims that Sought Service	c. Number of Victims Referred for Service	d. Number of Victims that Declined Service	e. Comments or Notes

5. Trafficking in Persons Victims Served

a. Location Site	b. Category of Victim	c. TOTAL Males		d. FEMALES	
		1.Under 18	2.Over 18	1.Under 18	2.Over 18

Please collect any statistical reports, annual reports or other available reports or brochures for the past fiscal year of the organization.

6. What types of services/activities does your organization provide/support to TIP Victims?

	YES	NO	Refer	Cost to Victim	Org Budget or Cost per Victim*	M	F	Age Limits?	Please list who refer to or other comments
1.Psycho-social support									
2. Physical health care									
3. Nutrition									
4. Life skills and vocational training									
5. Economic security									
6. Education									
7.Identity documents									
8.Legal information									
9.Legal proceedings									
10. Shelter									
11. Others									
12.									
13.									

* Data on cost of services will be difficult to obtain. Try to collect any available information on costs for services the organization can provide.

D. Effectiveness of Services

1. Do these services your organization provides (or that are available) meet the needs of your target population?
If so why? If not why not?
What evidence (if any) do you have to support your model?
Has your organization completed any evaluations?
2. Who are the primary organizations/service providers to whom you refer TIP victims for assistance?
How do you make the referral? When (for what reason or service) do you make a referral? Are the referrals successful?
3. What are the gaps (challenges) in service to victims of Trafficking in Persons?
Are victims appropriately or easily identified?
What types or categories of victims are underserved (male, female, labor, etc.)
What types of services are lacking or not available?
What other gaps exist?
4. What types of services/strategies do you recommend fill the gaps in services to TIP victims?
Do you have any plans or are you aware of any plans to develop services to fill the gaps?
5. Does your organization keep records on client satisfaction? If so what are the results?
6. Other info to share we have not asked about you think we should be aware of related to service delivery to Trafficking in Persons Victims?

7. Other Notes:

8. Interviewer Notes After Interview: *Items to follow up or for further data collection or clarification*

Winrock International

Assessment of Shelter VS Community Based Care Approach
to Develop a Specialized Approach to Victim Care

FGD Guideline – Survivors of Trafficking in Persons

This is the guideline for discussion with survivors of trafficking in persons. This process has been designed to be a guided discussion led by an experienced facilitator. The goal of the discussion is for the members to talk freely, and we guide them to discuss a set of topics. Sometimes this means the discussion will not be orderly. That is ok!

There are three topics we want to discuss. After each topic is listed a set of probing questions.

Instructions to Read to Group:

My name is _____. Thank you for joining our group today. I am here on behalf of Winrock International to talk with you about your experiences in receiving services. Our focus is to learn about your ideas for how helpful the services were and ways that services could have been improved. We will also want to talk briefly about the type of services you received and the reasons you sought them.

The information we gather will be used to help us evaluate our work and develop future priorities. Your participation in this group is voluntary and at any time if you do not want to answer a question or you want to stop participating it is ok to leave.

Our discussion should take about 1 and ½ hours. I have some specific topics to discuss. I will bring up the topic and I would like for everyone to share their ideas. It does not need to be formal or in any particular order. But we would like for everyone to be able to talk, so sometimes I might have to share with you it is time to move to the next person or topic. My job is to make sure we can talk about all topics in the time!

We would like to use the responses we gather to help Winrock understand services are needed for persons that have experience trafficking. If it is ok, we would like to quote some of the things you tell us in our report. However, even though we might quote some of your comments, we will not use your names. Is this ok? Do you have any questions?

Recording. The recorder should fill out the basic information about the participants. The recorder should take notes as closely to the exact words of people as possible. Please use more sheets if necessary for notes.

Province: Organization:

Date: Facilitator:

List of Participants:

No	Name (not required)	Sex	Age	Type of TIP
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please ask and probe by using why, how, when, where, how many.

1. Introductions

- Name (Not required)
- Age (if ok)

2. Assistance Received

- What kinds of help (services) did you receive? Were you in a shelter or community?
- When you sought help where did you first seek help? How did you seek help?
- What was the trigger that made you seek help? Was the decision to seek help yours? Or were you directed to specific services?
- What were barriers to seeking help?
- Would you prefer to receive services in a shelter or in your home community?

3. Effectiveness of Assistance Received

- Did the help you received meet your needs?(Safety, Shelter, Legal, Medical, others?)
- What about the assistance you received was helpful? Not helpful?
- Did you feel understood?
- What did you need that was not available?
- Was your information kept confidential?

4. Collaboration/Referral

- Were you referred to other organizations? Who?
- How did that work? How many times were your referred?
- Was the referral successful? Were you able to access the services?
- What were the barriers to accessing service?
 - Distance or transportation
 - Cost
 - Fear, etc.



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