



NO LONGER A VICTIM

A BEST PRACTICE MANUAL FOR ASSISTING
VICTIMS OF TRAFFICKING

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VICTIMS OF TRAFFICKING



Researched and authored by:
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Awareness Against Human Trafficking (HAART) is a Kenyan non-governmental organisation dedicated to fighting human trafficking in Eastern Africa. HAART was founded on the backdrop of the growing crisis of human trafficking that has seen Kenya becoming the main hub for trafficking in Eastern Africa. Founded in 2010, HAART is the only organisation in Kenya that works exclusively to eradicate human trafficking and has acquired extensive knowledge about the multi-dimensional nature of both cross border and internal human trafficking in Eastern Africa.

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Asanteni Sana!

Sophie and Yasmin.

PREFACE

This *No Longer a Victim: A Best Practice Manual for Assisting Victims of Trafficking* is one of the latest of HAART's responses to human trafficking – a crime that is tarnishing our society. Many now understand that human trafficking exists and is a serious challenge for safety and wellbeing, but the particular consequences of human trafficking on individuals, families and local communities is not always fully understood. This specifically applies to victims of human trafficking, their traumatic experiences and need for care and rehabilitation. Too often victims do not receive enough support and care and end up being re-trafficked or exploited in other ways. What is worse, some victims are not even identified as victims of a crime and must face their traumatic experiences without any assistance. In some extreme situations, victims can also be made responsible for various violations of the Law – and end up being punished rather than assisted.

This manual provides information on assisting victims of human trafficking. The seven chapters provide comprehensive information on how to conceptualize human trafficking, how to identify victims, conduct rescue operations, rehabilitate and reintegrate victims as well as coordinate the case management and lastly care for the practitioners who are exposed to vicarious trauma. The overall composition of this manual makes it practitioner – oriented, so each chapter provides case studies, practical tips and is based on HAART's experiences of assisting victims of human trafficking since 2012.

It is our hope that this manual will make protection for victims of human trafficking safer, better and more professional. Through this, we hope that victims become empowered, healthy and happy and no longer see themselves as victims, but rather as survivors.

Radoslaw Malinowski
HAART Founder and Director

ABBREVIATIONS

VoT	- Victim of trafficking
OB Number	- Occurrence Book Number
PRC Form	- Post-Rape Care Form
P3 Form	- Kenyan Police Medical Report Form
IOM	- International Organization for Migration
NGO	- Non- Governmental Organization

OVERVIEW OF PROTECTION SERVICES

The first three years of HAART's existence involved prevention and awareness building through workshops in the grassroots. Through these workshops victims were identified and referred to other organizations for help. The organization understood that it needed to grow its capacity and also understand the needs of the victim before engaging in protection services.

Since 2013 when HAART began working directly with VoTs, we have assisted more than 300 people. In the beginning, we could only offer basic assistance in the form of transporting victims back to their families, reporting cases to the police and referring victims for specialised psychological support. .

In 2014, HAART got its first big case involving 31 women trafficking victims rescued from Libya after the civil war. HAART had been following up on the case for more than six months before the Ministry of Foreign Affairs and International Organisation for Migration partnered to bring the women to Kenya. Our team gleaned a lot of valuable lessons from this experience. Since we were unable to refer all the cases, we focussed instead on rehabilitating and reintegrating the women with the help of International Organisation for Migration. As a result of this experience, it was decided that more focus would be directed towards the protection of victims. To this end, we hired more staff to specifically work on assisting victims in order to provide a wide range of services.

To be able to fully cater for VoTs, we had to develop structures that worked. Continuous learning and evolving has led to what we have today.

Our goal as an organization is to offer effective, trauma-informed care to VoTs to aid in the process of recovery from their experience. The organization also works on building the resilience of the community that victim's come from so that they can be able to care for the victims when they go back home. Currently, HAART assists children and adult VoTs and has an operational shelter for female VoTs, aged between six and seventeen years.

The organization works diligently as a team and with partners to identify, rescue, rehabilitate and reintegrate VoTs. This best practice manual has been written to document the experience of HAART in its experience in caring for VoTs. It should be noted that the term "best practice" is used in this manual to refer to practice tried and tested by the team in the four years of caring for VoTs.

HAART are practitioners offering services to people that have been abused by the experience of human trafficking. Our reference is a legal definition. The definition is to ensure that they receive the protection and services that they need. We understand that 'survivors' is used as an empowering term, but 'victim' still remains the working legal definition when offering services to someone who has undergone the horrific experience of human trafficking.

RATIONALE BEHIND THIS MANUAL

This manual was developed with the intention of creating a structure for organisations working directly with VoTs, to begin developing systems and processes when it comes to providing holistic, trauma-informed care to VoTs.

Additionally, the manual was written to document the processes followed by HAART Kenya and work as a living document that can be followed and changed based on the numerous lessons learned on the field and from experts, Kenyan laws and international best practice. This document aims to serve as the foundation for best practice for Victims Assistance, which takes into account trauma and individual needs that can sometimes be forgotten when providing care to a large number of victims.

OBJECTIVES OF THIS MANUAL

The main goal of this best practice manual is to provide a document to be used as a guide for practitioners giving care to VoTs in Kenya. This manual will be especially useful for people that are just starting to offer services to VoTs because our experience is based on starting small, developing the structures and learning from experiences. We hope that the manual can be used by anyone that is working with VoTs, even if the organization's focus is not specifically trafficking but they come across VoTs in the course of their work.

We have found that in most cases, VoTs find themselves grouped together with victims of other crimes such as Gender Based Violence. However, this is a different crime, and the victims have different needs. Therefore, this manual has been developed to ensure that trafficking victims receive the specific assistance that they require.

The objectives of this manual include:

1. To help practitioners realise that VoTs need special care because of their experience
2. To start a conversation on minimum standards of care for VoTs
3. Share the tools we have found and developed in the course of working with victims and our partners
4. Assist practitioners starting to work with VoTs with knowledge on setting up an assistance program.

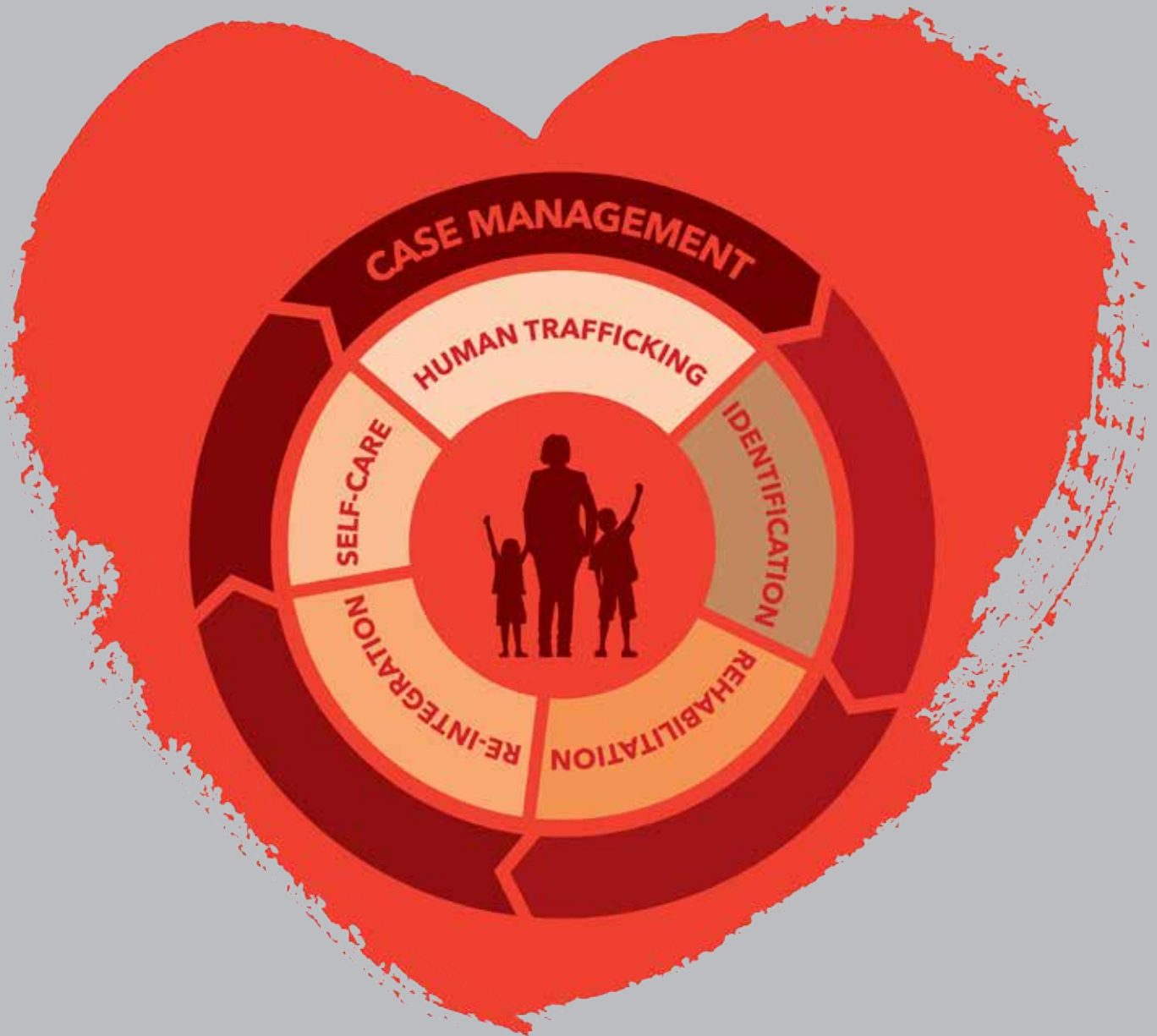
We identify that the capacity, needs and systems of each organization are different and we hope that users of this manual can draw lessons from it and contextualize the lessons in their own organization.

*" I thought no one would ever
understand me but here I have
found love and acceptance."*



HAART BEST PRACTICE MODEL FOR WORKING WITH VICTIMS

TRAUMA INFORMED CARE



The Best Practice Model for working with victims provides a simple, descriptive image to simplify the Victims Assistance process taking into account the key areas of work at HAART. This model has been developed from the work that we have done in the past four years with victims, detailing our every step from receiving the victim to case resolution.. The model also simplifies the services that we offer and the information contained in this manual in a simple, easy-to-understand diagram.

Trauma-Informed Care is the umbrella under which all services are afforded to VoTs. Each stage of Victim's Assistance requires an understanding of trauma, and its effects in providing appropriate services.

Under Victim's Assistance there are four key areas which will be discussed at length later in this manual;

- Identification & Screening - Victim focused
- Rehabilitation - Victim focused
- Reintegration - Victim focused
- Self-Care - Service-Provider focused

When looking at best practice for Victims Assistance, it is important to take into consideration both the victim and the service provider team, to ensure the efficient delivery of care and prevent compassion fatigue (which will be defined later in the manual).

Case management is a process that occurs in every step of victim assistance. Case managers need to be continually assessing and reassessing themselves, the situation and the goals for the victims.

A foundation of knowledge regarding human trafficking is integral for all work done in the field of victim's assistance. Contextual knowledge is important for providing informed, evidence-based and effective services.

"Thank you for giving me my voice back."



WHAT IS HUMAN TRAFFICKING

This chapter offers basic information on the definition of human trafficking and gives contextual knowledge of trafficking in Kenya.

Based on our model, the knowledge of human trafficking forms the backbone of the work that we do because we cannot identify VoTs without understanding what trafficking is.

The chapter will also look at the principles that guide the work that we do with VoTs.

WHAT IS HUMAN TRAFFICKING?

Human trafficking is also referred to as modern slavery. This is because stories of victims of human trafficking are very similar to stories of slavery and slave trade from history. Since the end of the last century, traffickers trafficked and exploited millions of people around the world, making human trafficking the third most profitable international crime, after illegal trade of weapons and narcotics. Today, human trafficking is present in nearly all countries across the world. The scale and danger of human trafficking became so evident that United Nations decided to craft a specific law that criminalises human trafficking internationally. The definition of human trafficking captured in this document, known as the Palermo Protocol, is also adopted into national laws in Kenya, Uganda and Tanzania. Check the Counter-Trafficking in Persons Law 2010 on Annex 1. Human trafficking has thus been termed a crime; the traffickers are the criminals, and the people trafficked are the victims.

KEY CHARACTERISTICS OF HUMAN TRAFFICKING:

1. A process

Human trafficking is usually (but not always) a process that can happen in different locations. A victim can be recruited in one location, transported to another location and exploited in a third location. Trafficking does not start in the place of exploitation; it starts when the victim is recruited.

2. Internationality

Human trafficking can be both internal and cross-border. Internal human trafficking involves victims being recruited and exploited without crossing any international border (e.g. a victim is recruited in Mombasa, then taken and exploited in Nairobi). When the victim is recruited and then moved from one country to another, he/she is subjected to cross-border (or international) trafficking.

3. Multipurpose and multi profile

Human trafficking always happens for the purpose of exploitation. However, the exploitation can present in different forms. Some of the ways in which exploitation can happen are through forced labour, sexual exploitation, and organ removal among others.

Victims of human trafficking come from all circles in the society, and can be men, women and/or children, rich and poor alike.

4. Movement

Most cases of trafficking involve movement, but in fact physical movement is not always the only indicator of human trafficking.

5. Consent

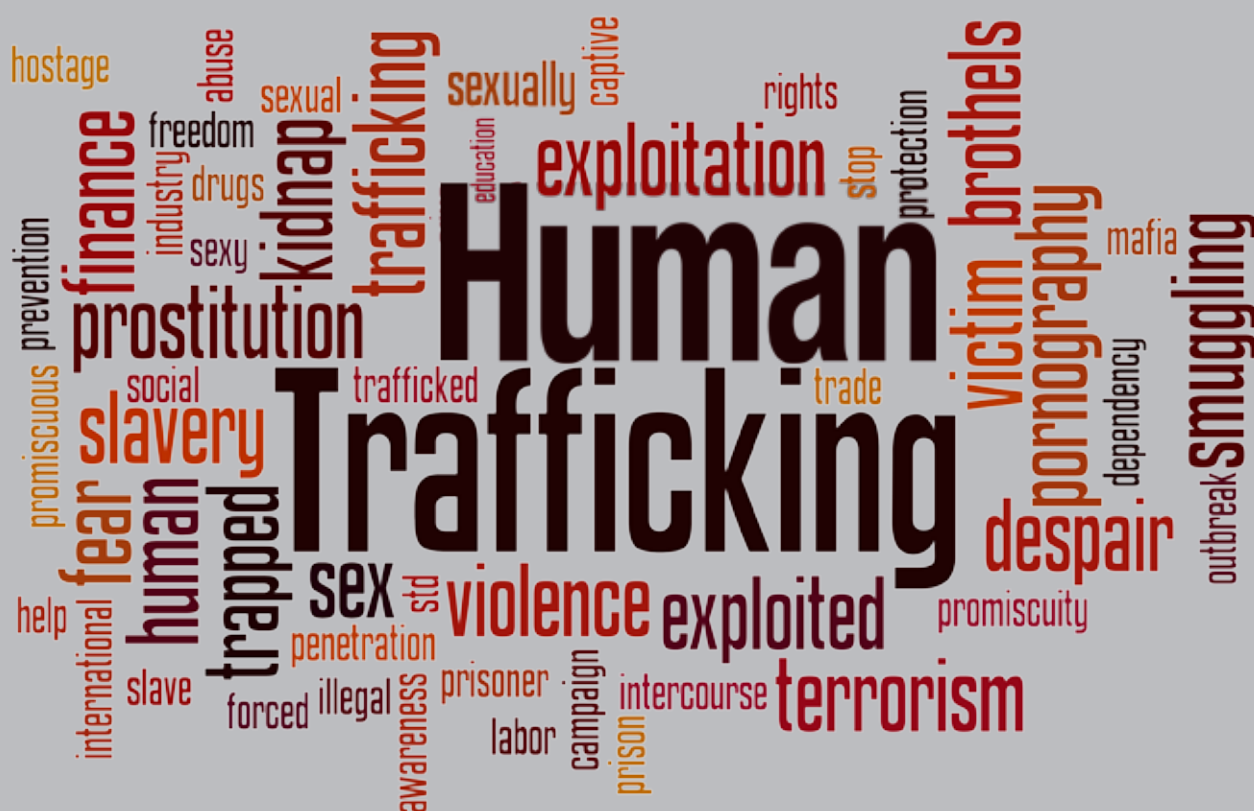
The consent of a victim plays a key role in identifying human trafficking. In some situations, an adult victim may 'consent' to human trafficking. However, the consent may be obtained through force, blackmail, deception, use of power or vulnerability of the victim. In such situations, victim's consent is nullified. The consent, in order to be valid, must be informed and expressed freely in all stages of trafficking.

6. Child trafficking

A child can never consent to human trafficking. It is irrelevant whether a child gives his/her consent to a trafficking situation.

7. VoTs as Criminals

In some situations, victims find themselves in conflict with the law eg. being in a foreign country without necessary documents such as passports and visas or arrested for violating the laws on prostitution. They are therefore termed illegal aliens in that country. However, the fact that they are VoTs gives them rights according to the Counter Trafficking in Persons Act of 2010 and should therefore be immune to prosecution from crimes they may have committed as a victim of trafficking.



DEFINING HUMAN TRAFFICKING

Palermo Protocol

As the name suggests, this is a protocol that was adapted by the United Nations General Assembly in Palermo in Italy in the year 2000. The purpose of the protocol as defined by its name was to **Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children**. It is through this protocol that the definition of human trafficking is adapted by most countries in the world.

Human trafficking as defined by the Palermo Protocol:

Trafficking in persons here means the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation includes, at a minimum, prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.



A common definition explains human trafficking as a movement (or trade) of people for the purpose of exploitation.

The definition on trafficking consists of three main stages:

1. The **action** of trafficking which means the recruitment, transportation, transfer, harbouring or receipt of persons.

This is the initial stage for human trafficking, where the trafficker recruits/gets access to the victim. Recruitment can be done face to face, through an institution or online. The

most common type of recruitment is by offering a false promise. Victims are promised:

- A good job
- Education opportunity
- Promising relationship
- Other benefits

In some situations, victims are recruited with the use of force such as kidnapping.

It is important to note that traffickers could be anyone that a victim can trust and that some people are more vulnerable to trafficking than others.

2. The means of trafficking which includes threat of or use of force, deception, coercion, abuse of power or position of vulnerability

Means are a crucial component for adult human trafficking. The general rule states that victims cannot consent to human trafficking (nobody can volunteer to be trafficked, and if someone consents to exploitation it is another crime rather than human trafficking). However, in some cases victim seem to give the consent to trafficker and cooperate with trafficker at the beginning. This is because the trafficker MANIPULATED the victim and the consent given then becomes irrelevant.

How traffickers manipulate the victim for consent:

- By threatening use of force, or actually using force: for example by threatening that the victim or the
- Victim's relative (e.g. child) will be killed.
- Coercion: By coercion, we mean to persuade someone who is unwilling to do something by using force, threat or similar methods. Coercion can be both physical and psychological, such as bullying, intimidating, ill treatment Forcing someone to staying in closed house, or closed compound, as well as confiscating their passport are all forms of coercion.
- Abduction: Some victims are abducted. This specifically applies to children.
- Deception and Fraud: This is one of the prevalent methods of manipulating victim's consent. Traffickers manage to deceit the victim, especially when the victim is hoping to get an attractive job. There are numerous methods of deceiving the victims with promising a good job opportunity or good education being the most common
- Abuse of power or vulnerability. Abuse of power is possible in a situation where someone is able to exercise powers attached to job relation (supervisor versus supervisee), family ties (e.g. parents, uncles versus sons, daughters, relatives) or cultural patterns (elderly vs young). Abuse of vulnerability happens where the victim had no other option but to accept the trafficking offer.
- The giving or receiving of payments or benefits: The last component of means apply to a situation where the trafficking involves a child (or a relative) and a parent. For example where traffickers are making payments to parents in the course of child trafficking. It can also be applied to a situation where control is exercised - e.g. in employer - employee relation.

- Debt bondage. Some victims are told to pay a debt that they owed the trafficker or a relative owed the trafficker. Other times they are told that they are paying off the debt accrued when the trafficker catered for their travel, visa fees or accommodation. The price is normally inflated or other times the victim will not even be informed how much they are paying off or how much they will be making every month so as to calculate how much time it will take to pay off the debt.
- Drug addiction - Some traffickers introduce drugs to the victims. Once the victims become addicted to the drug the trafficker becomes the supplier of the drug that the victim is now fully dependent on for normal functionality.

3. The **purpose** of trafficking which is always exploitation such as sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs

The purpose for human trafficking is ALWAYS exploitation. Exploitation is usually the last stage of trafficking process, and victims are in most cases unaware that they are going to be exploited. The tables in Chapter 4 will provide examples of the most common types of exploitation. Please note this list is not exhaustive as the various forms of exploitation that victims suffer is much broader, with traffickers devising new methods every so often. Below are some most common exploitation patterns:

1. Forced Labour

Forced labour happens where persons are coerced to work through the use of means explained above. Sometimes forced labour can also be merged with sexual exploitation, keeping in mind that the victim of forced labour may already be in a very vulnerable position.

- Victims of human trafficking exploited through forced labour are often found in the following sectors; Domestic work sector - cleaners, cooks, au pairs
- Agriculture - tea, coffee, flower industries
- Fishing - women are forced to offer sexual favours to complement their earnings
- Mines and quarries
- Construction industry

There are instances where forced labour exists outside of human trafficking. Such cases might be difficult to distinguish. Tables in Chapter Four will help create the distinction and determine whether a case of forced labour could actually be a form of exploitation meted out on a victim of human trafficking.

2. Child labour

According to the Convention on the Rights of the Child, a child is defined as every human being below the age of 18 years. State parties which are signatories to the Convention recognise that every child shall be protected from economic exploitation and any work

that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.

Child labour prevents children from attending school or caused them to perform in school poorly as a result of the engaging in work or service.

Some elements that define child labour include:

- it is of economic nature,
- it prevents the child from attending or performing in school,
- it is often a result of some cultural patterns

Not every work that child is engaged is child labour. Some are engaged in apprenticeship - work experience that is a part of education. There is also a possibility of children engaging in light work - work that does not compromise their wellbeing, health, morals and education. An example of this could be selling fruits on Saturday in order to make some pocket money or in order to support the family.

Please note that each country has an age limit for children to engage in light work. In Kenya, the Employment Act (Cap 266) declares that the minimum age for employment in an industrial undertaking is 16 years.

3. Sexual exploitation

Sexual exploitation of victims is one of the most common reasons why people are trafficked as there is huge demand for commercial sex and pornography.

Victims of human trafficking for the purpose of sexual exploitation are both adults and children.

Although most of the VoTs for sexual exploitation are women, men are also victims of this heinous act.. The number of male victims of human trafficking for sexual exploitation is in fact growing internationally.

Sexual exploitation is broader than engaging in commercial sex. It can be defined in a broader sense as the participation of a person in prostitution, sexual servitude, or the production of pornographic materials as a result of means mentioned above (for adult), or regardless of means where the person is below 18 years of age.

4. Trafficking for the purpose of Organ trade

Trafficking for the purpose of organ trade is the third common purpose for trafficking people and it could occur with persons of any age.

In the East African context, the most common reasons why people are trafficked for organ removal are:

- For medical purpose: where organs are used in transplantation or used to make drugs
- For Witchcraft purpose: Where organs are used for the purpose of magic.

Please note that human trafficking for the purpose of organ removal is different from trafficking organs. Trafficking organs and bodies is illegal activity but does not constitute trafficking human beings.

CASE STUDY 1: ALBINOS IN EAST AFRICA

The cases of kidnapping albinos in Tanzania and Kenya hit international news, as young children were forcefully taken from their families, then sold by traffickers to witchdoctors, who in turn killed the victims and removed their organs in order to perform magic. Such practice is based on false belief that albinos' organs and private parts have magical power that can advance once luck, wealth, political career and other benefits. The incidents of trafficking people with albinism tend to increase during the election time as politicians turn to rituals in a bid to increase their chances of winning over the electorate.

5. Early marriage

Early marriage means marriage or cohabitation with a child or any arrangement made for such marriage or cohabitation. Girls are often trafficked internally, typically within their own communities, or clans and families.

Sometimes early marriage is closely interlinked with Female Genital mutilation (FGM), as the FGM practice makes the girl child ready for marriage.

A forced marriage occurs when an individual is forced to enter into a marriage against their will and without their consent. A forced marriage differs from an arranged marriage, in which families arrange meetings between children in the hopes of fostering a voluntary relationship that will lead to marriage. However, there are times when arranged marriages can lead to human trafficking. This is when the parties involved do not have the free will to choose and they are culturally, socially or physically forced to get married. Forced marriage can resemble practice similar to slavery as subjected person is exploited through sexual exploitation and forced labour.

6. Child soldiers

Forcing children to become child soldiers is a form of internal trafficking and contravenes the Convention on the Rights of the Child which states that no child shall take part in hostilities or be recruited in armed conflicts in order to be a soldier, rebel or member of army support units.

7. Begging

There have been cases of disabled and elderly people as well as children being trafficked internally and externally for the purpose of begging in the streets to earn their traffickers money. Specific cases include children being trafficked from rural areas to Nairobi under the pretence of pursuing better education opportunities, but are then forced to beg for coins in the streets.

8. Illegal, unethical or undesirable adoption

Illegal adoption can also be a form of human trafficking if the person subjected to this adoption is subjected to practices similar to slavery such as servitude and forced labour. A child adopted in order to work in the new family home or farm is one example of such a scenario.

9. Trafficking for the purpose of extremism

Traffickers can also traffic their victims in order to make them join extremist groups such as terrorist group Al Shabaab. They usually use any of the aforementioned means to force individuals into violent extremism.

In the same light, not all people who join the extremist movement are VoTs. If an adult gives his unconditional consent without being coerced in any way, he or she is not considered a victim of trafficking. If his or her consent is acquired through manipulation, then he or she fits the definition of a victim.

CASE STUDY 2: STEFANO

Stefano was running his small carpentry business in a small town in Kenya. One day, a customer praised his work and proposed that Stefano could qualify to work for a US company that was recruiting carpenters. Since the pay promised by the foreign company was much more than what Stefano was making in his shop, he decided to try his luck. He went for an interview and met the recruiting panel. Soon after meeting the panel, he lost consciousness and woke up in unknown place. When he came to, he was informed that he had joined a terrorist group and was going to be taught how to be a fighter. He was shown surveillance pictures of his relatives, taken from a hidden camera and was warned that in case of any resistance or attempt to escape, his relatives would be killed. He had no choice but to stay and complete his training, despite his natural flight instinct.

10. Trafficking for the purpose of smuggling drugs

In some situations, victims are recruited through manipulation, coercion and blackmail and forced to smuggle drugs as per their traffickers' directives. Unfortunately, they are most likely unable to prove that they have been forced into the trade, so in the case that they get caught, they will be charged and imprisoned, leaving their traffickers roaming free.

11. Other forms of exploitation

The list above is by no means exhaustive, as traffickers are always looking for more innovative ways to identify, recruit and traffic their victims.

Exploitation of a victim is a necessary element of human trafficking. The international definition of human trafficking (see Appendix, legal definitions) can be better explained with the use of the table A and B in

HUMAN TRAFFICKING IN KENYA

Kenya is a signatory to the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, which is a protocol to the Convention against Transnational Organised Crime. This protocol has strict objectives regarding the protection and assistance of VoTs in persons with full respect for their human rights. Despite signing and ratifying this protocol, Kenya has remained a major source, transit point and destination for human trafficking victims, both internally and externally.

Internal trafficking:

Internally, VoTs find themselves in various situations without their express consent. Some of these situations include;

People recruited in rural areas/towns cities and exploited in towns, cities:

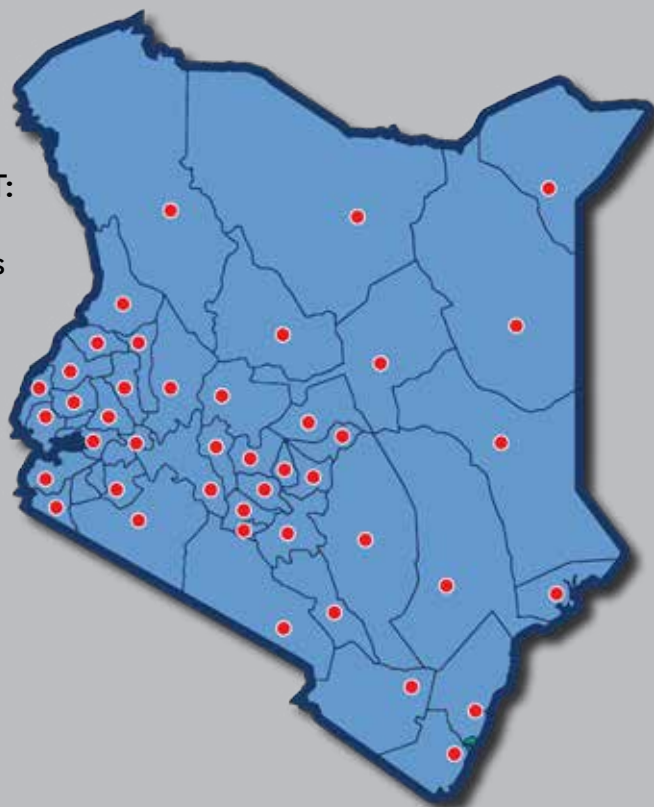
- In a domestic sector - as domestic workers
- In construction sector - mostly, but not only men
- In bars, restaurants, hotels - forced labour, often together with sexual exploitation
- In begging situations
- In brothels and nightclubs

People recruited in rural areas/ towns and cities exploited in rural area

- In fishing industry
- In flower farms, tea and coffee farms, gold mines, and other agriculture industries
- In quarries
- Underage girls from small towns and villages forced into marriage

MOST COMMON PLACES OF RECRUITMENT:

- Nairobi, Mombasa, Kisumu and other cities
- County capitals
- Environs of Nairobi and other cities
- Central and Western Kenya, the Coast
- Refugee and IDP camps/settlements



(Please note: Those are the most common places of recruitment, victims are also recruited in other places such as Rift Valley, trading centres alongside highways)

MOST COMMON PLACES OF EXPLOITATION:

- Nairobi, Mombasa, Kisumu and other cities
- The Coast
- Locations with flower farms, tea, coffee farms, quarries
- Main trading posts
- Environs of Nairobi and other cities



EXTERNAL TRAFFICKING

External trafficking occurs in two main ways;

1. *Kenyans recruited transported and exploited abroad*

MOST COMMON PLACES OF RECRUITMENT:

- Nairobi, Mombasa, Kisumu and other cities
- Environs of Nairobi and other cities
- County capitals
- Central and Western Kenya, the Coast
- Refugee and IDP camps/settlements
- Trading posts and places near the highways

MOST COMMON PLACES OF EXPLOITATION

- Gulf States (Middle East)
- Libya
- Somalia
- South Sudan
- Europe
- Neighbouring countries
- India



Please note that this list is not exhaustive. Kenyans are also trafficked to less common destinations such as USA, Namibia, Singapore etc.

2. Foreigners transiting through Kenya or exploited in Kenya

Foreign nationals exploited in Kenya:

- Somalis, Ethiopians and Eritreans exploited through forced labour and sexual exploitation
- Tanzanians, Ugandans, Congolese, South Sudanese, Burundians exploited through forced labour, sexual exploitation, begging and forced marriage and early child marriage

Foreigners in Transit

- Eritreans, Ethiopians, Somalis and South Sudanese in Transit to Tanzania and further towards South Africa
- People from the Eastern Africa Region (Uganda, Tanzania, Ethiopia, Eritrea, Somalia, South Sudan, Tanzania, Burundi, Rwanda, Eastern Congo on the way to Gulf States and other destinations abroad.

Note that there are also other, less popular transit routes such as North Africa to Europe.

Key Principles of working with victims of human trafficking

These are the values that guide the provision of assistance to VoTs. It is part of the foundation that guides how a victim is treated by the team when received.

1. Right to Information for the VoTs -

It is important when assisting VoTs to give them information about their state and the process involved in recovery. Right to information also means that throughout the whole process of recovery, the victim should be informed of the services offered, the goal and consequences of making certain decisions. Right to information ensures that victims take control of the process and make informed.

For example: When offering legal aid or seeking justice, a victim should be informed of what to expect during the court process. They should be made to understand that going through the legal process does not guarantee that the perpetrator will be jailed. They should also be informed of how the court works and what their participation in the legal process will involve.

2. **Non-discrimination:** All services provided to victims should be based on individual needs, regardless of sex, tribe, sexual orientation, age, disability, colour, social class, race, religion, language, political beliefs or any other status.
3. **Human rights approach-** Trafficking is a violation of human rights. With this in mind, the restoring the violated rights of the victim must take priority throughout the whole process of assisting a victim of trafficking..
4. **A trauma-informed approach** to care in every step of case management is vital, to ensure that appropriate care is afforded the victim.
5. **Informed consent:** Consent is at the heart of every interaction involving a victim of trafficking, especially adults. Before any action is taken to assist the victim, the service provider must ensure the victim understands the services offered, and the policies and procedures to be followed. The victim must be allowed to ask questions in order to give their consent from a point of knowledge.
6. **Confidentiality and right to privacy:** Victim information and communication must be treated with utmost respect and privacy. This needs to be upheld right from the initial meeting with the victim. The service providers must take appropriate steps to ensure personal information, as well as case details, are kept confidential. Sharing of information should only be done after obtaining the victim's informed consent, and only on a need-to-know basis. Victims should also be informed of the limits of confidentiality, so as to ensure informed consent.

However, there are limits to confidentiality that do not require the victim's consent. These include:

- When a victim discloses that they are a danger to themselves or others
- When a victim discloses that a child is in danger
- When a court officially demands for information regarding the case

7. **Victim-Centred and Participatory Approach:** Each victim retains their right to make their own choices and decisions, regardless of whether the service provider is in agreement or not. Service providers should equip the victim with important

information and options, and engage them in decision-making processes as much as possible. Services offered to the victim need to be constantly reviewed and adjusted depending on the response of the victim. This approach requires that the victim becomes involved in the process, giving feedback and also giving suggestions on their process of recovery.

8. **Individualized treatment and care:** Although victims can sometimes undergo common experiences and situations, it is important to acknowledge the individuality of each victim as well as their unique needs and circumstances. With this in mind, service providers should strive to provide individualised services as much as possible.
9. **Comprehensive approach to direct assistance:** In providing victim's assistance, one must address the need to have a holistic approach by cooperating with others and offering services that aim to meet their various needs.
10. **Best interest of the victim:** All services provided to victims should be based on the premise that the best interest of the victim always comes first. Therefore, all actions can only be taken when they benefit the victim, and without any other agenda.
11. **An in-depth understanding of human trafficking-** Awareness of the issue of trafficking is imperative in ensuring that victims get the right care. Experiences of VoTs, while similar to other forms of abuse, are also quite unique. It helps the recovery process if the victim understands exactly what they went through, to promote awareness and acceptance. Legally, there might also be certain protection mechanisms that apply specifically to VoTs, which the victim might be able to benefit from.
12. **Regular evaluation of case plan and outcomes-** The recovery of the victim is a long and difficult process. Each case is different and offers an opportunity for learning new ways of doing things. The people involved in the process should regularly assess the effectiveness of different interventions and outcomes. Notably, some interventions might work for some and not for others. Flexibility is important in ensuring that you maintain a victim-centred approach.
13. **Multi-disciplinary approach-** VoTs often suffer multiple forms of abuse. To be able to offer the right care, different approaches are required. This is why it is important to have a team, or work in partnerships, which encourage different points of view.
14. **Team Capacity -** The quality of service provided to the victim will depend on the capacity of the organization to offer those services. Victims sometimes require specialized services and it is important to ensure that the service provider's team has the skills required to assist. (Odera & Malinowski, 2011)

When these principles are understood, it becomes easier to deliver effective and appropriate victims assistance services.

*"Someone is willing to listen to me.
Someone actually thinks that
my opinion counts.*

My story is important."



TRAUMA INFORMED CARE

We strongly believe that a thorough understanding of the definition and forms of trauma is critical in empowering service providers to appropriately assist victims.

This chapter will therefore tackle the definition of trauma in our context, how to identify traumatised victims, and how to offer trauma-informed care.

WHAT IS TRAUMA?

A traumatic event is one that leaves a person feeling overwhelmed, they perceive the situation as threatening and often leaves the person feeling helpless, out of control and unable to assimilate the event. In the Diagnostic and Statistical manual of mental disorder (5th ed.; DSM-5; American Psychiatric Association, 2013), a traumatic experience is defined as exposure to actual or threatened death, serious injury or sexual violence, through one (or more) of the following; direct exposure, witnessing, learning about the occurrence of, or experiencing repeated or extreme exposure to traumatic events.

It is important to note that although trauma is a normal reaction to an abnormal situation, it has the potential to overwhelm a person to the point that they are unable to function in their everyday lives. Therefore, it is important to assist the person who underwent the trauma in restoring their emotional well-being.

Within the trauma-informed approach, trauma is defined broadly as; the prevalence of trauma within the community. The survivor's symptoms are interpreted within the context of their traumatic history and are viewed as adaptations that enable them to cope.

Symptoms of trauma

Trauma can manifest days, months or even years after the actual event.

The importance of service providers being knowledgeable about trauma symptoms cannot be overstated. People who have experienced traumatic situations are at a high risk of developing trauma, which needs to be identified and treated promptly.

Trauma presents itself in a variety of ways. Below are some basic symptoms to look out for;

- Irritability (especially for children)
- Difficulties sleeping- nightmares,
- Flashbacks
- Emotional distress after reminders of the traumatic event
- Physical distress after reminders of the traumatic event
- Avoidance of reminders of the event and trauma related thoughts or feelings
- Feelings of isolation
- Difficulty feeling positive emotions
- Exaggerated self-blame or blaming others for causing the trauma

- Heightened startle response
 - Difficulty concentrating
 - Hyper vigilance
 - Risky or destructive behaviour
- (American Psychiatric Association, 2013)

Trauma can impact and shape one's identity and can affect the various areas of functioning. Therefore, having a better understanding of trauma, its symptoms and effects, can help you as a service provider to provide care that is suitable for the individual.

All staff working in case management can use these 4 Rs to implement a trauma-informed approach;

- **Realise** the impact of trauma, and understanding paths to recovery
- **Recognise** the signs and symptoms of trauma
- **Respond** with effective techniques, knowledge and practices
- **Avoid re-traumatisation**- through providing appropriate and professional care

Once you notice that the victim you are handling may be experiencing symptoms of trauma, your first step is to ensure their safety and stability.

Once safety and stability has been established, it is important for the service provider to refer the client to more specialised mental health services and ensure that mental health goals are included in the victim's case management plan.

TRAUMA INFORMED CARE

Trauma-informed care involves those services that incorporate an understanding of the impact of violence and psychological trauma on the lives of the victims they work with. When applying trauma-informed care, the service providers acknowledge the psychological, emotional, physical and spiritual impact of trauma on the individual. Through acknowledging the impact of trauma, the service provider adjusts how they deliver care in order to accommodate what the victim needs, and for the care to be delivered in a way that the victim's sense of safety is prioritised (Clark, Classen, Fourn, & Shetty, 2015).

It is important that all service providers be trained in Psychological First Aid* an evidence-based approach built on the concept of human resilience. This will provide guidelines on how to ensure safety and stability for the victim.

* Psychological First Aid manual and trainings can be accessed online by anyone interested. (See <https://learn.nctsn.org/enrol/index.php?id=38>)

*"I was trafficked because I trusted
someone I knew.*

*Now I don't know if I can
trust people anymore."*



IDENTIFICATION AND SCREENING

This chapter focuses on identification, screening and the rescue process. These factors form the first step of victim's assistance.

The chapter highlights what tools to use and the limitations of the processes that we currently have.

Rescue remains a responsibility of the state and our involvement should be monitored to ensure that we protect ourselves and the work that we do.

IDENTIFICATION

Most of the time, cases of trafficking are referred to us in form of stories. It is extremely important that one should be able to use the information given to determine whether it is a trafficking case or not.

These two tables are normally used when defining human trafficking and they also become extremely important and the most practical tool to have when deciding that a case could potentially be a case of human trafficking.

The first thing that you have to think about when identifying VoTs is their age. This is because as noted above, the elements for defining human trafficking may change depending on the age of the person.

Identifying case of human trafficking

Step 1: Find out whether the victim is a child (Below 18 years) or an adult.

For an adult use TABLE A (with THREE columns)

For a child use TABLE B (with TWO columns)

Step 2: From the story (case) of potential human trafficking try to identify at least one component in each column.

Step 3: If in the story (case) of potential trafficking at least one (or more) component is present the story/case is human trafficking. IF the story/case do not have at least one element from all columns, it is not human trafficking (however it can still be another crime).

Remember: For adult human trafficking we need at least one element from the three columns: Activity + Means + Purpose

When the victim is a child, we need one element from the two tables: Activity+ Purpose (No Means required!)

TABLE A: ADULT TRAFFICKING TABLE

Activity	Means	+	Purpose
Recruitment	Threat or use of force		Exploitation
			Which may include:
Transport	Coercion		Prostitution of others
Transfer	Abduction		Sexual exploitation
Harbouring	Deception and Fraud		Forced labour
Receipt of Persons	Abuse of power or vulnerability		Slavery or similar practices
	Deception		Removal of organs
	Giving payments or benefits		

CASE STUDY 4: JAMES (32 YEARS)

James is offered a job as a receptionist in Saudi Arabia. He signs a contract and travels. However, after arrival he is taken to a farm where he is told to harvest vegetables and plant seeds. His passport is taken away and at night he is locked in a small room. When he protests, the farm owner threatens that he will call the police and have him arrested as a migrant with no documents. James works for one year and he never receives any money for his work.

Is James a victim of human trafficking?

Since James is above 18 years, table A applies

Elements in First Column (Act) from the James story: James is Recruited, transported and Harboured

Elements in the second column (Means): James is subjected to Threat, Deception, Abuse of Vulnerability

Elements in the third column (Purpose): Forced labour

James is therefore a victim of human trafficking.

TABLE B: CHILD TRAFFICKING TABLE (BELOW 18)

Activity	+	Purpose
Recruitment		Exploitation
		Which may include:
Transport		Prostitution of others
Transfer		Sexual exploitation
Harbouring		Forced labour
Receipt of Persons		Slavery or similar practices
		Removal of organs

CASE STUDY 5: MARY (16 YEARS)

Mary is an orphan, who often hustles for food and money on the streets of Nairobi. One day someone proposes her that she can go to Mombasa and work in a local bar. She will be a waitress, but also a dancer and will dance naked at night. She will also engage in prostitution with selected clients - something that will give her good money. Mary is hesitant but the expectation of big money makes her accept the offer. She travels to Mombasa, and works as agreed. She also receives money for sex as promised.

Is Mary a victim of human trafficking?

Since Mary is below 18, table B applies:

Elements in First Column (Act) from the story: Mary Is Recruited and Harboured

Elements in the third column (Purpose): Mary is exploited through prostitution

Conclusion: Mary is a victim of human trafficking

Note: Even though Mary "consented" to take the offer and all that was promised was delivered she is still a victim of human trafficking. Child can never consent!

Child Trafficking Versus Child Abuse

It is quite common to confuse general child abuse and child trafficking. The best way to differentiate the two is to look at the table above. Most child abuse cases only have an element of 'purpose' from the two columns.

We receive a lot of child abuse cases and they still have to be reported to the police and then referred to organizations that deal with child abuse.

SCREENING

What is Screening?

This is a general assessment of a victim's information to determine whether it is a case of human trafficking. The tools used in this assessment are based on the definition of human trafficking.

Who does the screening?

It is important that screening is done by a service provider who has an astute understanding of human trafficking and how to use the screening tool. Annex 2 provides the International Organization for Migration screening tool.

Screening can be quite engaging for the potential victim of trafficking because it involves retelling their story, a process that could lead to recurrence of trauma. The service provider conducting the screening should be calm and capable of handling an emotionally traumatised and fragile victim. It is also imperative that the service provider understands the various contexts within human trafficking so that victims do not have to repeat or explain themselves over again.

Purpose of Screening

The primary purpose of screening is to ensure that the person seeking assistance is indeed a victim of trafficking. Screening also helps the service providers to identify the specific needs of the victim so that they can be offered the most appropriate care.

In most cases, the type of care that victims need is dependent on the experience they went through. The type of exploitation usually gives a clue about the trauma experienced. For example, a victim forced to work in a chang'aa den can be an indicator of the type of trauma he/she may have experienced. Notably, VoTs often go through multiple forms of abuse, leading to physical, psychological or emotional trauma.

Human trafficking can also be considered a migration issue. In some cases, VoTs who have not been screened may be mistaken for illegal immigrants and may be persecuted.

Most countries including Kenya have protection procedures for identified VoTs. This means that they have access to services and might even be immune to prosecution for crimes committed during their trafficking experience. However, they can only access these benefits after going through the process of screening and identification.

HAART uses the International Organization for Migration tool for assessment and identification of victims of human trafficking. The tool's adaptation is based on the Palermo Protocol definition of human trafficking. The tool takes an average of 45 minutes to an hour to finish filling in. This tool was also adapted as the tool for identification of victims in the Kenyan National Referral Mechanism.

Important points for the service provider to note:

- Screening should be done as soon as possible to determine a way forward in assisting the victim.
- The timing should be convenient and agreed upon with advance notice for all parties involved.
- Screening should be done in a safe place for both the victim and the person interviewing them. Ideally it should be done at the organization's offices.
- Prepare to have an interpreter present when there is a language barrier
- Before screening, assess whether the VoT needs any immediate services; food, medical attention, water, etc. before beginning the screening process.
- Get an informed consent from the VoT before screening- Informed consent is defined as obtaining the permission from the victim, after them being made fully aware of the situation, the services, and knowing they are not under any obligation to agree.
- Inform and reassure the VoT on their rights, confidentiality and the choice of not answering any questions they do not want to answer.
- Have the interpreter sign a confidentiality agreement, requiring them to maintain confidentiality regarding the identity of the VoT and the information they will be privy to.
- Try and get as much information as you can from the victim regarding the incident
- There may be situations where multiple screenings may be necessary, e.g. when the story does not make sense or is not coherent. Although this may be due to the trauma the victim has undergone, it is important to take steps to try and understand the situation. Try not to make this an interrogation.
- Acknowledge that the screening form is long and can be emotionally exhausting for the victim. When conducting the screening process, take the victim's emotional and physical state into consideration; be slow and take breaks when you and the victim feel it is appropriate.

There are certain situations, for example, environmental or individual factors, where it may not be possible to conduct a full screening process. Below are some questions that can be asked to get a better idea of whether the person is a victim of trafficking, before a full screening can be done at a later point.

- 1) *Were you abducted and/or taken by force to another location within or outside your county?*
- 2) *What did the person promise you before you were taken and what did you receive when you reached your destination? (This question is not applicable in the case of child victims).*
- 3) *What kind of work or activity did you believe you were going to be doing when you reached your destination? (This question is not applicable in the case of child VoTs).*
- 4) *Were you transported from your place of residence to a different location?*
- 5) *Could you leave the place when you wanted?*

Limitations of the Screening Process

- It cannot guarantee that the victim will tell an accurate or true story.
- It is subjective. It does not guarantee that the assessor will not make mistakes in their judgement.
- It also does not account for the fact that a victim may not be in a position to give all the information needed for identification at the time of screening

It is important to note that in most cases, the screening process will depend on the experience of the person screening and the situation presented which is not always ideal.

CASE STUDY 6:

A case was referred to HAART by one of our partners. The case involved a young girl of 16 years who had a one year old baby. According to initial screening, the girl said that she ran away from home and while in the street, was approached by a woman who promised to help. However, instead of helping her, the woman took her to a brothel somewhere in Nairobi. She said that the brothel had girls as young as 14 years and when they got pregnant they disappeared. She discovered she was pregnant and knowing her fate, she ran away and was found on the streets then referred to our partner. Based on the facts at screening, this was a case of human trafficking. However, a year after working with her and giving the support that she needed, we found out that parts of her story were not true.

She did run away from home but was never in a brothel; she was in the streets and probably got sexually abused. This means that she was not a victim of trafficking. However, this could not be determined when the screening was done because the facts she had given presented this as a case of human trafficking. Deciding whether or not to believe a victim during screening is always a dilemma. At HAART, we believe that it is better to help one more than necessary than miss out on assisting a true case because we had doubts on the genuineness of the story.

RESCUE

The main goal of any rescue is to establish physical safety of the victim. A rescue is only complete once the victim is secure.

The importance of a proper screening and identification process cannot be overstated. This process will enable the service providers and rescuers to pinpoint genuine cases of trafficking.

Notably, rescues are quite common in child trafficking cases. Most adult cases are received after the victim has made their way out of a situation, which means that only screening for identification needs to be done.

Rescues remain the responsibility of the state and can only be done by the legal authorities, namely: the police and like children officers. Even though in most cases organizations are responsible for receiving information needed for conducting a rescue, direct involvement in rescues is highly discouraged.

As a grassroots organization, you need to maintain your credibility and reputation in the communities you work in and doing rescues might damage that reputation.

RESCUE PROTOCOL FOR VOTS

Questions to ask before engaging

1. How much information do you have about the situation?
2. Have you thought about your safety?
3. Have you involved the police?
4. Are you going alone?
5. Do you have a list of possible shelters that can be contacted in case one needs a place of safety?

NOTE: Never initiate rescue if you do not have all the information required to perform the rescue.

Information needed to report the case:

- Exact location of victim
- Details of the incident
- Who is the victim?
- What happened?
- Who is the perpetrator?
- What state is the victim in?

Best Practice for dealing with a rescue

1. Never go for a rescue alone, try as much as possible to go with a colleague.
2. Communication with the team before going for the rescue is extremely important.

Apart from the person that you are working with it is important to inform other team members. Ensure that you leave behind the following information:

- Exact location of rescue
 - Name of the police station and possibly the officer you are working with
 - Telephone number, other than yours that can be used to reach you.
 - Notify the team after the rescue to explain status
3. Involve the police as soon as you have enough information to make a report.
 4. The police are the only ones that can and should do rescues and when involved, you should remain at the police station to receive the victim. This is mainly because as an organization, you do not have the legal authority to conduct a rescue. It is also not safe for you to accompany the police in rescues because if anything goes wrong, you become an accessory and also limits the work that you can do in that community after conducting the rescue.
 5. Victim vs. Accused- A victim of trafficking regardless of age or nationality should never be treated as a criminal during this process. The Counter Trafficking Law has a provision that protects VoTs from prosecution of crimes committed while going through the experience of trafficking.
 6. Always confirm the safety of the victim before anything else when brought by the police. Check for physical harm and if possible check if there any visible signs of trauma.
 7. Confidentiality- always strive to protect the identity of the victim from the public or the media.

Dealing with the media in such a situation can be very complicated and it is advisable not to engage with the media in these situations. However, there are situations where creating attention in the media helps in ensuring that the rescue is done, and the victim will be able to receive care. It is important to weigh the situation and know when to engage media. An informed consent form is not only given in cases where you want to offer services, it is also given when victims are going to be used for a media story or research. It is ethical and good practice to ensure that you inform a victim as much as possible so that the decisions made are not based on fear but on facts. Most victims by the time they get to us already have issues of trust and it is important to ensure that we are honest about our interactions with them. Victims should not be made to feel like they do not have a choice in participating in media stories.

8. The victim has a right to information. Inform them of who you are, where they are and if they are adults it is important to get an informed consent in order to assist. If it is a child with a guardian then you should get an informed consent from the guardian of the child. When a child is committed to the NGO through the government children department, the NGO becomes the guardian for the child and can make decisions on the best interest of the child.
9. To ensure safety and avoid causing the victim additional trauma, refrain from forcing the victim to retell their stories. The story should have been heard during screening and therefore does not need to be heard in detail again.
10. Get all the documents for follow up of the case in court while at the police station: Occurrence Book (OB) number, charge sheet and Post-Rape Care (PRC) form. See Annex Three for a sample.

CASE STUDY 7:

HAART is called upon by the community many times when there is a child that needs to be rescued. As standard practice, we involve both the children's department and the police to assist us with rescues. We received a call one time about a girl who was being abused by the brother and was not going to school yet she had been promised to go to school when she left her rural home. Based on facts presented it sounded like a trafficking case and the case worker who got the case decided to follow up but a few mistakes were made:

First mistake- she decided to go for the rescue without involving other people from the office.

Second mistake- due to pressure from the authorities she went with the children's officer for the rescue and revealed her identity to the perpetrator.

The child was rescued and was placed under our care. We took her to a shelter and what followed was a series of threats from the perpetrators who were not apprehended and therefore felt that they were right and we were wrong. The perpetrators even came to our office and were issuing threats to our staff. Eventually, because of the pressure the children's officer released the child back to the family as quickly as possible to avoid the drama that the family was causing. This was quite unfortunate because a child was released back to an environment that is not safe because we could not handle the rescue process appropriately. We learned the importance of not getting involved in the rescue process because it endangers both our staff and the reputation of the organization and most importantly, the person that pays the price for these mistakes is the victim.

We are still trying to work with the government to get the child referred back to our care until we can establish safety.

Children Versus Adults

It is important to note that the way you handle children and adults is quite different because of their specific needs and also requirements of the law.

Children

1. Children have no right to consent but as a caregiver you should ensure that they are still well informed based on their understanding about what is going on.
2. Every child who has been rescued must undergo post rape care as part of their medical check up to ensure that they are checked for any sexual exploitation. The related forms and procedure can be found in the annex section.
3. Only the government has the right to place a child in your care, therefore before getting a shelter for a child ensure that you get a court order..

Adults

1. They should initially be told of informed consent (a copy of the HAART informed consent form can be found in Annex 3) and sign before you start offering care. This form was adapted from a similar IOM form on the same.
2. Only offer services that the client has agreed to.

Post Rescue

1. Draft an incident report detailing the rescue and the status of the case.
2. Ensure that you follow up on getting all the documents required for following up on the case.
3. The team should develop a care plan for the victim that has a short description of the services that the victim needs and their urgency. This makes it easier for the team engaging in rehabilitation to make decisions on what areas to give priority.

Making Referrals

It is possible that after rescue, you realise that you lack the capacity to be able to assist the victim that you have rescued.

This is because in most cases it is not always possible to determine the condition of the victim and their needs prior to doing the rescue. Victims have a variety of needs and it might be wise to partner with other organisations to ensure that the victim gets the best possible help.

Referrals can be made immediately after the rescue or during rehabilitation and reintegration. The principle for making referrals remains the same.

When making referrals it is important to consider a few things:

1. Purpose for referral.

This needs to be made clear right from the beginning. Why are you referring the case? Are you referring just a section of the case or the whole case?

2. Capacity of referring organization.

- What services does the referring organization offer and are they willing to assist?
- Can the referring organization handle the parts or the case you are referring?
- If you are dealing with children then a proper audit of their child protection systems is extremely important. Do they have a child protection policy? How do the children make complaints about services offered? Do they have people specialised in handling children?


3. Willingness of the victim to work with a different organization especially when dealing with adult victims.

- This will mostly matter when working with adult victims whose consent is extremely important in the whole process.
- It is advisable to discuss with the victim before referral the reasons why you are referring the case and whether they would be willing to commit to work with the other organization as they have worked with you

4. Handover of documentation - it is extremely important to have official documentation that indicates that all or part of your responsibility of the case has been handed over.

Best Practices for Referrals of Cases

- Identify reliable partners before you need them. When you start looking for partners during an emergency, it is difficult to be objective.
- It is important to be very clear about partner roles. What are you offering and what is the referring organization offering and does that meet all the needs of the victims.
- It is important at all times to specify who is the lead partner in the case
- Sharing of information and communication during the process of managing the case is extremely important and avoids misunderstandings between referring organisations.
- When receiving a case from another organisation, it is a show of goodwill to inform the partner on the status of the case periodically, even in situations when the case has been fully handed over to your organisation.
- It is advisable to form a memorandum of understanding with partners. It shows commitments and also show the responsibilities of each the partners. These boundaries become extremely important when managing cases.
- If you are referring cases involving children, it is always better to ensure that you see partner's child protection policy and see whether there are any conflicts with yours.
- Always get a referral letter or give an official referral letter to an organization to indicate referral process.

A high-contrast, artistic photograph. A person's face is the central focus, but it is completely obscured by a dense, chaotic grid of thin, bright orange lines. The person has dark, curly hair and is wearing a light-colored, possibly white, t-shirt. The background is dark and indistinct. The overall effect is one of digital distortion or a protective barrier.

*"Now I know that it is possible for
my children to have a different life."*

CASE MANAGEMENT

This chapter focuses on the process of case management. Case management is a process that starts from the moment you receive a case to the moment you close it.

It is the only way to effectively implement an approach that sees the needs of each victim as unique. This chapter looks at the definition, process, players involved in case management and some of the key lessons that we have learned while trying to offer individualized case management for each of our victims.

The chapter also looks at some of the tools that we have developed over the years for case management.

CASE MANAGEMENT

When discussing victim's assistance, it is extremely important to discuss case management because this determines the coordination of services that you offer a victim from the moment you get the case to when you officially close the case. Case management is the process that holds together all the services offered to one individual during their recovery.

Case management also ensures that responsibilities, both in rehabilitation and reintegration, are assigned to specific people. It is also through proper case management that real data on human trafficking victims can be collected if the system is properly managed.

PEOPLE INVOLVED IN CASE MANAGEMENT

Case Workers

The role of the case worker is of vital importance, working at both a macro and micro level. The caseworker is responsible for developing an overall case plan for each individual, developing priorities, continuous assessment of the case, setting goals and ensuring the victim is receiving the help that was outlined in the case plan. Additionally, the caseworker needs to evaluate whether the needs of the client are able to be met by the organisation, keeping in mind limitations, or whether a referral needs to be made.

Psychologists

The role of the psychologist is to do general mental health assessments during initial intake of the victim. After this point, their role is to offer mental health services according to their expertise and recommend referrals to psychiatrists or other resources when necessary. Psychologists may be asked to write expert reports for victim's court cases and potentially stand as expert witnesses.

Doctors

Including medical documents in the rehabilitation process is important to ensure the physical health of the victim.

Lawyers

The role of lawyers in the rehabilitation process is twofold; the first is to equip the victim with knowledge in regards to the law and how to seek justice is that is what they choose. Secondly, lawyers are able to help the VoT through the legal process, including both criminal and civil court proceedings.

Social Workers

The role of the social workers would be to work hand in hand with case managers, to carry out the case management plan. While the case manager develops a case plan, reviews the case initially and assigns the client to an appropriate social worker, the social worker is responsible for maintaining regular contact, reporting all occurrences pertaining to the client, attending court proceedings and makes court recommendations. The case manager determines what are the best services for the victim, while the social worker implements the case plan and works to meet the goals that have been laid out for the victim.

Informal participants

In the case management process, there may be other players who take on more of an informal role e.g. the children's officer, the chief, religious and community leaders. The players may provide additional support to the case management team and could possibly aid in the implementation of the case plans. However, it is important to involve people based on their competencies and skills rather than one's assumptions about what they may be able to do.

The key to effective rehabilitation is to have a strong, multidisciplinary team, with professional principals who will be able to execute the case plan with efficiency, limited conflict and in a professional manner.

TOOLS IN CASE MANAGEMENT

It is impossible to talk about case management and not talk about the tools that make the whole process easy.

Tools are basically documents that are used to capture specific information about the services that are offered to a victim during the case management process. Some of the tools have been mentioned in previous chapters, like the screening tool and the informed consent tool that are used initially when taking over a case.

Tools should be designed based on the context in which the organization works. Factors such as country, availability of resources and capacity of the team should be considered when designing.

HAART has developed several tools, attached in the annex section of this manual, which can be contextualised depending on the organization using them.

Here are some of the tools available:

1. **Informed Consent-** This is the first document that a victim should sign to allow you to offer the services that you want to offer them. One of the things that victims essentially lose when going through exploitation is a sense of control and informed consent allows the victim to see that the whole process of recovery is something that they control. The informed consent also has a confidentiality clause and the limitations. See in Annex 3
2. **Screening Tool-** As explained before the tool is used to interview victims to determine whether they are VoTs or not. See Annex 2.
3. **Medical Examination Tool-** Medical examination is an important component when establishing safety for victims. We have a general assessment form that we use to check whether a victim incurred any health problems that might not be visible and they might not be complaining about. HAART uses a general form that guides what tests can be done for a general assessment. See Annex 6
4. **Needs Assessment Tool-** Victim-based care should be based on individual assessment. The services offered should be based on the needs of each victim and an initial assessment will help identify the priority areas that should be the focus when doing a case plan. See Annex 7
5. **Case Plan Tool-** When offering services, it is important to develop case plan that addresses the issues identified during assessment. A case plan should also highlight what are the priority areas when offering services. The case plan should be constantly evaluated and adjusted depending on the response of the victim. See Annex 8
6. **General Well Being Tool-** This tool is used to monitor the ongoing progress of a victim when accessing the services. This tool helps us assess whether the victim is responding to services offered, if their situation has changed and if we need to readjust priorities. See Annex 9

Monitoring and Evaluation

It is important to incorporate monitoring and evaluation in the whole case management process. This is because the dynamic of a specific case can change very quickly and the care that we offer should change when the details of a case change.

This is why caseworkers and service providers are extremely important, because they interact with the details of the case regularly more than anybody else. They should always advise when the priorities of a case need to be adjusted.

CASE MANAGEMENT PROCESS



IMPORTANT LESSONS LEARNED FOR CASE MANAGEMENT

There are lessons that stand out for us as a team when managing cases for VoTs. These lessons are important in ensuring that mistakes are not made when assisting victims.

Managing Expectations

Victims come to service providers with expectations, whether those expectations are voiced out or not. It is important while providing services to identify from the beginning what those expectations are and whether you can be able to meet them. Victims get offended when expectations are not met and you might end up causing harm without knowing.

How do you manage expectations?

1. Communication plays an important role in managing expectations. It is important from the beginning to identify what the expectations of the victims are from the process. This should be part of the initial assessment done in the beginning.
2. Discuss the case plan with the victim. Ensure that they know at all times what you are capable of offering and what is not within your means.

3. Participation and feedback- The case plan should be evaluated with participation and feedback from the victim. This is because expectations change in the process of service provision and those changes need to be evaluated. Encouraging the victim's participation helps them feel that they are active actors in the process of rehabilitation.

Power Dynamics

As a service provider, one of the things that you have to acknowledge when doing case management is the power that you hold over the victim.

One of the things that we learned is that when assisting victims, they see us as their only hope at that moment and if you do not realise that you hold this power, it is very easy to abuse it without even knowing.

When doing case management it is important to note that because of these power dynamics, the following is likely to happen:

1. Victims may be careful about what they tell you. This means that they might not be completely honest. They will tell you what you want to hear rather than what they really think. Getting honest feedback about the services that you give them might be a big challenge.
2. Victims will say yes to almost everything that you ask them to do because of fear of losing the services that they are getting.

How to deal with power dynamics:

1. As a team, constantly acknowledge that the dynamic exists so that you can be careful about how you manage the case management.
2. Involve the adult victims in their case planning so that they feel that they are active participants in the process.
3. Avoid asking the victim to assist you with anything while their case is still active. This may include things like media engagement, research or any activity that is not connected to their recovery process.
4. Informed consent- Constantly remind and reassure the victim that they are in control of the process because of the principle of informed consent.

CASE STUDY 8:

HAART was working on survivor stories videos and we picked several victims who agreed and signed an informed consent to appear on these videos. The agreement was that their identity would not be revealed and that HAART would use the videos strictly for creating awareness. We shot the videos, and before releasing them to the public, we agreed that we would show the victims involved to see and approve. One of the victims, upon seeing the video, decided that they did not want the video to be used. Someone had convinced her that we were going to make money from the videos. We spoke to her and later she agreed that we could use the video, however when we thought about the power dynamics involved, we decided not to use the video anyway. It would have been easy to just use the video anyway because we had obtained informed consent and legally we were fine, but because we were not sure that was what she wanted, we decided it was not in her best interest to use the video.

Follow Up

It is very easy for service providers to find themselves not giving some of the more stabilised cases the attention they deserve. Following up on such cases takes time and should be done regularly to avoid victims feeling neglected. Dealing with numerous cases can be a bit overwhelming, which is why having a proper case management system is important because it ensures that none of the cases falls through the cracks.

CASE STUDY 9:

HAART got feedback from some victims that they felt neglected, and this became an issue for us. While searching for solutions that we could apply to change the situation, we met Liberty Asia who have a cloud-based case management system. The system works in such a way that it is possible to see and communicate with people working on the same case.

This new system is currently being implemented, making it easy to follow up on cases that could easily have been forgotten in the old system. The new system also collects reliable data from the case files and generates reports that can be used to look at the different issues concerning human trafficking in Kenya.

Reimbursement

When victims come to our office for training, they miss a day of work and may be unable to meet their basic needs for the day. It therefore falls upon us to provide a realistic remuneration to cover the day's monetary loss and enable them concentrate on the training. Additionally, whenever victims come to the office to access any services on their case plans, we are expected to reimburse their transport costs so that the victim does not have to choose between receiving the services and meeting their daily needs. However, it is important to keep the monetary amounts realistic and sustainable, in order to prevent dependency and allow for the organisation to continue offering services without fear of running out of funds.

For example: A victim commuting from anywhere within Nairobi to the office would be reimbursed Kshs 300, while a victim coming from the outskirts of the city would receive Kshs 400.

A close-up photograph of a person wearing a black and white horizontally striped shirt. The person's face is partially visible, covered by a dense, glowing orange and yellow grid-like texture that resembles a digital or biological mesh. The person's hands are raised near their face. The background is dark and indistinct.

*"I am independent and it is all
because someone cared."*

REHABILITATION

This chapter focuses on rehabilitation, one of the main components of recovery for victim. This is the bulk of our services as service providers, and is a huge determinant to the outcome of a case. The purpose of this chapter is to assist organisations with practical information on how to deliver a holistic rehabilitation experience in a safe, compassionate and informed manner to aid in the healing of VoTs.

WHAT DOES THE TERM REHABILITATION MEAN?

It is the action of helping to restore someone to health or normal life as much as it can be restored.

An integral part of the case management plan involves the rehabilitation of the victims.

Although this chapter outlines general procedures that would be considered effective for aiding in the rehabilitation of victims, as previously discussed, it is important to note that each case must be dealt with on its own merit, acknowledging the rights of the victim in having a say in the course of action.

Human trafficking is, in itself, a violation of one's human rights. Therefore, the rehabilitation process aims at re-equipping the victim with power and knowledge about their rights throughout the whole process.

Additionally, it is important to recognise that all organisations are limited to providing certain rehabilitation assistance by certain factors, e.g. financial, staff capacity etc. This would mean that the victim may be unable to receive all the assistance they require from one organisation. Having an understanding of the organisation's limitations as well as the work of other organisations is essential in providing victims with appropriate assistance and referrals when necessary.

The team needs to follow the key values stipulated earlier in the chapter to ensure they approach victims in a pragmatic and efficient way.

STEPS IN THE REHABILITATION PROCESS

Step One- Physical safety & Basic Needs investigation

Through the screening process, it has already been determined whether the person is a victim of trafficking or if a referral to a different organisation needs to be made.

The first step in the rehabilitation process is to ensure physical safety for the victim.

This is done through fact-finding in three areas;

- 1) Case manager and Social workers
- 2) Medical doctor
- 3) Psychologist

The initial step should be for the case manager and social worker to ensure the victim has a general medical check up to ensure their physical health.

During the trafficking experience, victims may acquire injuries, infections and illnesses that need to be addressed to ensure the VOTs physical health.

Step Two process - Mental Status Examination (MSE)

The second step involves having a trained professional, either a psychologist or a trained case worker ; to assess the victim, and take them through a general psychological assessment, and Mental Status Examination. This step will ensure that the victim receives appropriate mental health assessment treatment in a time sensitive manner depending on the presenting problem.

Step Three - Integration of information

The service provider is then able to combine the information received from the victim's medical assessment, psychological assessment, and basic needs assessment to develop a comprehensive case plan for the social worker to implement moving forward.

When writing a case plan, the service provider must list the things that need to be done according to priority.

When it comes to determining which need to address as a priority, keeping Maslow's hierarchy of needs in mind can be helpful in deciding a way forward.



For example, if a person does not have food the first priority on the victim case plan should address their basic needs and not a referral for psychotherapy.

If a person is experiencing suicidal ideation, thoughts of dying, the priority in the case management plan is to establish safety and a referral for psychotherapy. It would not be a referral to economic empowerment.

When one's basic needs and mental stability are not addressed, very little else can be done to assist the victim in that moment.

ESSENTIAL ELEMENTS OF SHORT-TERM PROTECTION AND REHABILITATION:

Food

This fundamental need may seem like something that goes without saying but it is a key area that needs to be addressed in ensuring physical safety. Ensuring the victim has food is both a short-term and long-term plan. It may be essential and appropriate to help the victim access food in the short-term, However in the long term, it is important to think about how to work with the victim on a way forward without creating dependency on the NGO.

Medical attention

An initial medical check up is essential in determining the physical well being of the victim. However, all medical testing for adults, is done after obtaining their informed and written consent to do so, except in cases of a life threatening emergency.

When it comes to children, although a child cannot consent, the voice of the child should be listened to as much as possible and all actions taken should be done in the best interest of the child. All individuals working with the child should acknowledge their roles of protecting the child from further harm.

In the Kenyan context, It is important to obtain a P3 form for the victim when there is suspicion of physical/sexual violence, for both children and adults. The P3 form is a Kenyan Police Medical Report Form that is used by the police and becomes evidence of a violent act in court. The P3 has two parts; the first is to be filled out by the Police Officer assigned to the case, who fills in details pertaining to the case and the suspect in question. The second section of the P3 form is to be filled by a Medical officer or Medical Practitioner. In Criminal cases,, a government doctor is responsible for filling the form (Shako, 2016). See P3 Form in Annex 4.

For victims who might have suffered sexual abuse, it is important to get a Post-Rape Care (PRC) form filled prior to the P3 form. See the PRC form in Annex 5. This is a time sensitive form and should be dealt with as such. The Post-Rape Care form is the clinical documentation form filled by the doctor that is considered acceptable for legal presentation for sexual violence in the Kenyan court system.

These forms will enable the victim to develop a case to get justice during legal proceedings.

It is also important to note that even if the victim does not show physical symptoms of abuse they might be suffering from something that they are not aware of. It is advisable to do general medical assessments if possible just to confirm their good health. HAART has a tool with some of the basic examinations that can be carried out especially when dealing with children.

Psychosocial support

After the initial mental health assessment, victims should have access to a professional psychologist who can help them address their experiences prior and during their trafficking experience, as well as after their rescue. Psychosocial care should involve evidence-based interventions for the victim, as well as being grounded in an understanding of the individual cultural context and the limitations in providing effective care e.g. language differences of client and therapist, time limitations etc.

When an interpreter is used because of language barriers, confidentiality forms need to be signed by the interpreter to ensure the contents of the therapeutic session remain confidential.

Psychosocial care can be given in both individual and group therapy formats depending on the number of victims, expertise of the psychologist and the safety of the environment.

Legal advice

Lawyers and paralegals should have a good understanding of Kenyan Laws and systems when working with victims. The lawyers need to inform the victims on legal proceedings as soon as possible. This will involve educating them on the importance of cooperating with law enforcement agencies, the possible risks and outcomes, their role as witness, why they should take the stand and the possibility of needing protection during the investigation and trial.

Victims that will be attending court may need additional support from their social workers and psychologist prior, during and after their testimony and/or any other court appearances. This care needs to be extended to the victims during this time.

Education

Majority of child VoTs are not in school or do not receive any form of education during their trafficking experience. With education being a basic human right, it is essential to put efforts into returning them to routine and normalcy, which often means taking steps to making sure the children are safe and getting some form of education.

In some cases, however, taking the child VoT to school might be difficult especially if they themselves have a young child. It is often seen that the priority for most child VoTs would be to take care of their child before anything else. This shifts the whole direction of the intervention as the case worker needs to consider both factors; the needs of both the VoT and their child.

Educating child VoTs is one of the most expensive, yet essential services that we can provide. This is especially so when re-integrating victims who do not have a safe home environment. It is also important to note that most child VoTs will have gone through untold trauma and will need special care and attention. Unfortunately, most schools are not willing or able to accommodate their recovery process.

HAART has found a reliable partner in an organisation that runs a primary boarding school and secondary school. They have background information about the children that we assist and they monitor them while in school beyond looking at their academics.

We have held discussions and trainings on what human trafficking is, trauma and the effects of trauma in the general well being of the child. They communicate with us regularly on the development of the children we have. We plan to continue empowering them on handling such cases and also getting a school counsellor to address the psychological and emotional needs of the children. It would otherwise be extremely difficult for us to offer education without this partnership.

Training

When dealing with children VoTs that do have young children, alternative forms of education, such as vocational training, may be a more viable option than formal education. Additionally, not all VoTs will have legal rights to work or school in the country they are rescued in. For this reason, it is important to provide trainings to ensure they are able to support themselves when they are reintegrated in the community. A good place to start with this intervention is to explore the VoT's current skills and interests. Based on this, the case manager can develop a plan of action to be implemented by the social worker. Some examples of trainings that can be undertaken by VoTs are; cooking, sewing, tailoring, carpet making, hairdressing etc.

Economic empowerment

One step in equipping the VoTs to become economically independent is providing training in skills that they can monetise. In this regard, a key skill that VoTs can be taught is how to start a business, how to develop a budget, and how to save money. Through this, the VoTs can be supported both in the short-term and long-term. When dealing with child VoTs, empowering their guardian, families or relatives (depending on who can offer the safest living situation) can aid in the prevention of re-trafficking of the child, and increase the standard of living for the VoT and the people caring for them.

Lesson Learned when undertaking economic empowerment;

Many of the victims may never have run a business. It is important to walk with them step by step to help them in the beginning. In a past feedback session with victims, they discussed the benefit of not being given money to buy the items needed for initial start-up of the business, but rather have the items bought for them e.g. a jiko (charcoal stove), cereals etc. The victims felt this was helpful and made them feel less overwhelmed in the beginning. In economic empowerment, as is important in every step of case man-

agement, assessing individual needs and case plans for each individual victim is vital for ensuring the success of the business and rehabilitation of the victim.

Housing

In terms of housing for VoTs, the goal should be safety and sustainability. However, when an adult VoT is first rescued, finding secure and affordable housing immediately may prove to be a challenge. This needs to be taken into consideration by the service provider when developing a case plan looking at both short and long term needs. This can be a particularly difficult aspect of rehabilitation, with many factors to take into consideration, including financial constraints.

There are very few homes or shelters for child VoTs in Kenya currently, that abide to minimum standards of care, which makes a complicated situation more complex. Additionally, there are even fewer safe homes or shelters that cater for boys, and none that are focused entirely on human trafficking. These factors add a challenging component to case management, leaving the service provider to develop ingenious and individual plans for each case that presents itself.

Minimum standards of care for shelters

Whether the organisation has its own shelter or home, or you are working with partner organisations that have their own shelters, there are minimum standards of care that need to be followed to ensure the safety of VoTs.

Let's take a look at these principles that all housing service providers should ensure;

- Residents have the right to be safe.
- Residents have the right to safe environment, adequate food, and sanitary conditions.
- All residents should be treated with dignity and respect.
- Residents should not be blamed for their situation or for attempting to meet their needs.
- Residents have the right to privacy and confidentiality within appropriate limits.
- Residents have the right to make certain choices and air opinions without fear.
- Residents have a right to be treated fairly and competently.
- All residents deserve the same quality service and no one should get special treatment for any reason (e.g. if they are liked or disliked or based on tribe, sexuality or nationality).
- Residents should be treated with warmth and friendliness to decrease alienation and despair, and to increase their chances of healing.

Special guidelines where an interpreter is involved

- The victim's consent is of utmost importance.
- The interpreter must sign a confidentiality form and child protection policy.
- Service provider must ensure that interpreter does not have any previous relationship with the, in order to prevent dual relationships that could be harmful to the victim. This will also assure the victim and make them feel safe to share sensitive information.

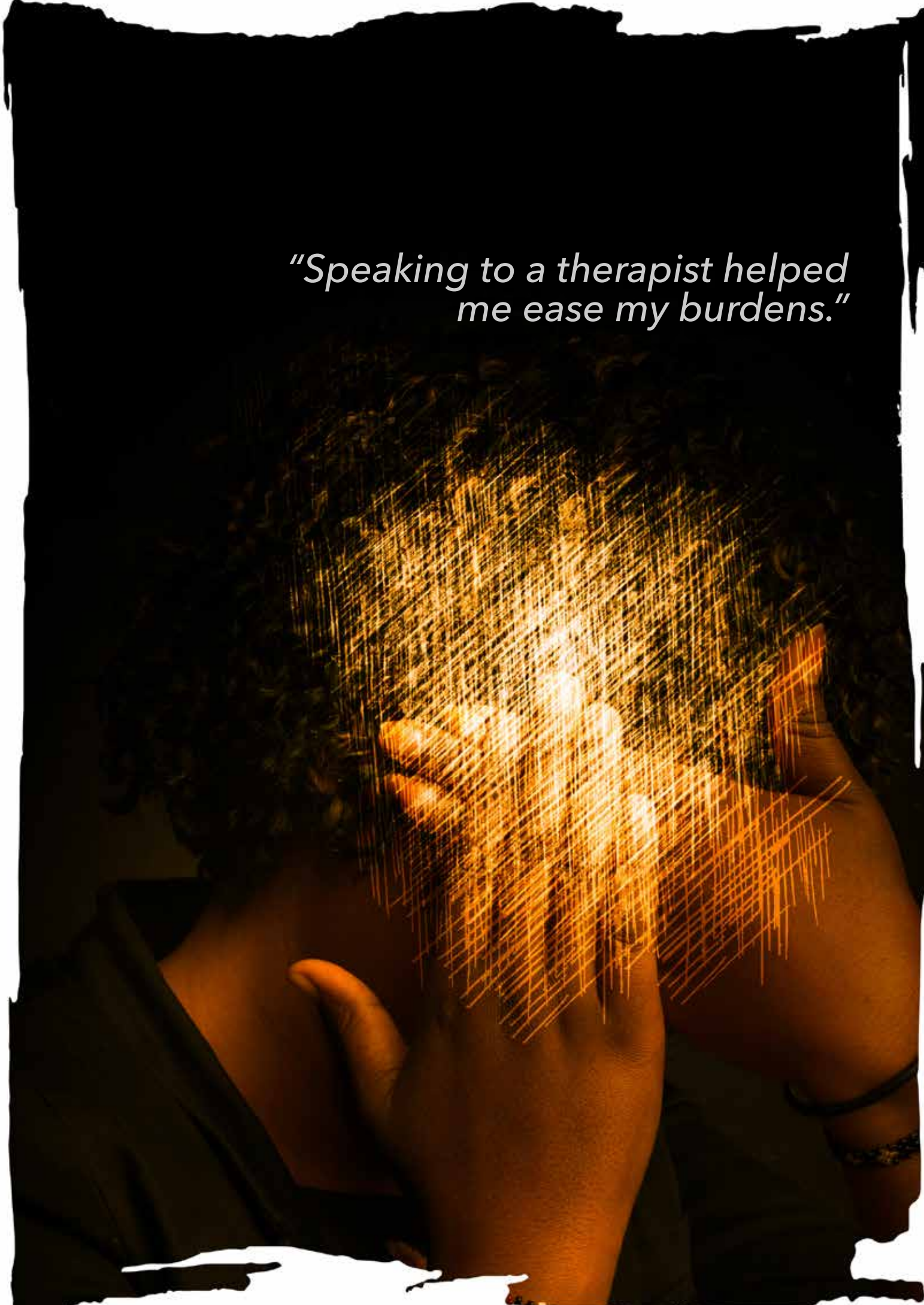
Special Guidelines when working with children

- Place of interviewing for fact finding needs to be safe and confidential.
- The number of people dealing with the child and the case should not be overwhelming.
- How to speak to children; tone, posture, language should inspire the child's confidence in the service provider, and encourage them to feel safe.

A key lesson to learn: We are stronger together!

Effective rehabilitation takes a team, which may include other organisations that can offer services that your organisation is not equipped to offer.

*"Speaking to a therapist helped
me ease my burdens."*



REINTEGRATION

This chapter focuses on reintegration. The goal of offering assistance to victims is always to enable them to be able to go back to the community and become productive citizens.

Successful reintegration depends on so many factors that might not be within the control of the organization offering the services. The family, community and willingness of the victim play a huge role.

This chapter explores some of the important points to note for successful reintegration.

REINTEGRATION

What is Reintegration?

Reintegration is not one step process; it requires continuous assessment and team work. A number of people with different expertise are needed to prepare the VoT to return to their communities as healthy, emotionally stable and productive individuals.

Although the primary focus of reintegration is empowerment of the individual, an integral part of reintegration involves the preparation of the community to accept people that have been affected by abuse and equipping them so they are able to protect and assist the victim to have a smooth transition into the community and resume normal life.

Community in this case may be the person's family, support system and also the area chief or other local leaders who can also be taught to help with any challenges the victim faces upon return to their home.

Successful reintegration would mean that the victim/survivor has received all the services required to empower them to go back into an accepting community after an experience of abuse and can now begin to live a productive and full life.

The first step of reintegration is to ask the question - what is the goal for this VoT? Through answering this question, the multidisciplinary team (social worker, lawyer, therapist, case manager) as well as the VoT can create a plan for the best and safest way forward.

Reintegration varies according to whether the VoT is a child or an adult.

REINTEGRATION FOR ADULTS

The first step for reintegration for adults is the need for information.

The VoT should have knowledge about what the case management plan stipulates, the goals and way forward. In an attempt to equip the VoT with skills that will help them

move forward with their lives, they could receive some of the services that were described in the above chapter; economic empowerment, and vocational training. All victims should receive education regarding what to expect in the community, have time to work on any difficulties they may be experiencing when thinking about reintegration and a training on safe migration so as to minimise the risks of re-trafficking.

When working with the victim's community, it may involve having a group meeting with the family (if this is what the victim desires). It may also involve family therapy especially in cases where there is a spouse and children.

REINTEGRATION FOR CHILDREN

Reintegration for children can prove to be trickier since children need guardians who are stable and willing to provide a safe haven for them to grow and thrive in.

Unfortunately, in the situation of children victims, many times the immediate family have been involved in their trafficking experience therefore the team needs to find alternative family members that can provide safety.

The first step in this process involves tracing and assessing the victim's family. Once family has been found, there is a need to ask the questions of who is willing, who is stable, who can provide both emotional and financial support and safety?

Sometimes families are willing to take their children back but have realistic concerns about financial support. In this case, it is important to assess what are the gaps for the family and how the team can teach and support the family so they are able to learn how to care for their child, while not becoming dependent on the NGO assistance.

Throughout this whole process it is important not to ignore the voice of the victim: listening is an important element of empowerment, and providing victim centred care. However, it is also important to manage victim expectations so they have an understanding of the team limitations and the way decisions are made.

In order to ensure successful reintegration, regular follow up is necessary. Despite all the planning, and effort that goes into developing and implementing a plan for reintegration it does not always continue smoothly. As for all of us, life can be unpredictable. Therefore it is important to have regular follow up sessions to ensure the physical and psychological safety of the VoT within our limitations.

*"I cannot start a business when
I am hungry and my children
have not gone to school."*



SELF - CARE

This chapter highlights the importance of self care for the team that is service provider team, and the victims themselves.

As stated in the previous chapters, trauma informed care is an involving process that affects both the people offering the care and those receiving it.

This chapter looks at the importance of taking care of ourselves to avoid burnout.

VICARIOUS TRAUMA

People are often motivated to work within the helping profession out of the desire to help others. However, continuously responding to the urgent needs of others, working in high stress situations, hearing about traumatic experiences and truly wanting to help and not always having the ability to, can be extremely taxing on the service provider. Through continuous exposure to victim's stories and their situations, service providers can feel an empathic connection to the victim and experience similar feelings of loss, betrayal and hurt. Empathy is what makes a service provider effective at their job, while simultaneously leaving them vulnerable to vicarious trauma and burnout.

Vicarious trauma can be defined as the "the transformation or change in a helper's inner experience as a result of responsibility for and empathic engagement with traumatised clients" (Saakvitne, Gamble, Pearlman & Lev, 2000, p. 157). It is a consequence of being connected to the victim and their experience of trauma.

Vicarious trauma is important to deal with as it affects the service provider's personal life, as well as their professional life. If left unaddressed, it can lead to 'burnout' and leave the victims at risk of harm due to service providers who are not able to function at their highest level. Burnout refers to emotional exhaustion, reduced work-related motivation, low esteem and sense of accomplishment.

Service providers have an ethical responsibility to take care of themselves, as well as the victims they work with.

Vicarious trauma can manifest itself in a variety of ways, including;

- Intrusive experiences such as dreams about the victims they work with, nightmares or recounting details of the victim's experiences
- Strong reactions such as grief, anger, sadness
- Emotional numbing, or a feeling of shutting down
- Feelings of helplessness and despair
- Feeling guilty regarding the privileges they have
- Loss of meaning in their work or in life
- Being easily overwhelmed by their feelings
- Sensitivity to and avoidance of violence e.g. in movies or the news

- Change in the service providers core beliefs e.g. no one can be trusted, all people are cruel.
- Avoidance of intimacy
- Decreased energy for themselves
- Withdrawing from others
- Pessimism or cynicism
- Loss of spirituality
- Loss of respect for the people they work with
- Loss of enjoyment of sexual activity
- Finding themselves talk about their work too much
- Increase sense of being in danger, and not feeling safe
- Increased illness, fatigue, aches and pain
- Reduced productivity
- Difficulty decision making
- Difficulty trusting others

A responsible service provider should explore vicarious trauma with their colleagues and find ways to address this in the workplace.

It is important to note that addressing vicarious trauma must occur at both an individual level as well as an organisational level.

Here are some suggestions that organisations can to address and prevent vicarious trauma are;

- Providing adequate supervision for all staff
- Creating a climate that encourages open conversation and a discussion of feelings
- Explicitly acknowledging the difficulty of the work
- Setting reasonable caseloads where possible
- Work with staff to notice and address signs of vicarious traumatisation
- Conduct trainings on trauma and stress management

On an individual level, service providers need to develop a self awareness of their internal state so they can address their emotional state and analyse the effect it may be having on their personal and professional lives, and therefore the quality of assistance they are able to offer.

A tool to help service providers check on their internal state can be found in Annex 9.

With this in mind, self- care for members of the team dealing directly with VoTs is extremely important, in improving one's quality of life and decreasing their stress.

Self-care includes any activity that a person undertakes for their own physical, emotional or spiritual well-being. Physical self-care includes getting enough sleep, exercise, and nutrition. For some people, involving themselves in spiritual activities can help them retain some balance in their lives.

There are two types of self-care; relational soothing and self-soothing. Relational soothing involves emotional care that is based on having a connection with others e.g. calling a friend or being held by a caring partner. Alternatively, self-soothing involves activities one does alone for themselves e.g. having a warm bath or taking some deep breaths.

It is important to identify both relational and self-soothing strategies that one can use to prevent vicarious trauma, burnout or resorting to less healthy self-care activities e.g. overeating, or alcohol use.

Although vicarious trauma is an inevitable part of working in the helping profession, the healthier a service provider is able to remain emotionally, the more likely they will be able to benefit the victims they serve.

*"Now I believe in myself
a little more."*



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1. Counter Trafficking Act 2010
2. Screening tool
3. Informed Consent
4. P3 Form
5. Post Rape Care Form
6. Sample Medical Assessment Tool
7. Needs Assessment Tool
8. Case Plan
9. BurnOut Tool

ANNEX 1

COUNTER-TRAFFICKING IN PERSONS ACT

No. 8 of 2010

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COUNTER-TRAFFICKING IN PERSONS ACT
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5. Promotion of trafficking in persons.
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-

[Issue 1]

SCHEDULES

**CONDUCT OF THE BUSINESS AND AFFAIRS OF THE
ADVISORY COMMITTEE CONSEQUENTIAL AMENDMENTS**

NO. 8 OF 2010

COUNTER-TRAFFICKING IN PERSONS ACT

[Date of assent: 13th September, 2010.]

[Date of commencement: By Notice.]

An Act of Parliament to implement Kenya's obligations under the United Nations Convention Against Transnational Organized Crime particularly its Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children; to provide for the offences relating to trafficking in persons and for connected purposes

[Act No. 12 of 2012.]

PART I - PRELIMINARY

1. Short title and commencement

This Act may be cited as the Counter-Trafficking in Persons Act, 2010 and shall come into operation on such date as the Minister may, by notice in the Gazette, appoint.

2. Interpretation

In this Act, unless the context otherwise requires—

"Advisory Committee" means the Counter-Trafficking in Persons Advisory Committee established under section 19;

"Board of Trustees" means the Board of Trustees of the Fund established by section 24;

"child" has the meaning assigned to it in the Children Act, 2001 (No. 8 of 2001);

"consent" in relation to a person means that the person agrees by choice, and has the freedom and capacity to make that choice;

"exploitation" includes but is not limited to—

- (a) keeping a person in a state of slavery;
- (b) subjecting a person to practices similar to slavery;
- (c) involuntary servitude;
- (d) forcible or fraudulent use of any human being for removal of organs or body parts;
- (e) forcible or fraudulent use of any human being to take part in armed conflict;
- (f) forced labour;
- (g) child labour;

- (h) sexual exploitation;
- (i) child marriage;
- (j) forced marriage.

“forced labour” means the extraction of work or services from any person for the purpose of exploitation;

“Fund” means the National Assistance Trust Fund for Victims of Trafficking in persons established by section 22;

“Minister” means the Minister for the time being responsible for matters relating to women and children;

“organized criminal group” means a structured group of three or more persons, acting in concert with the aim of committing one or more serious crimes or offences under this Act, in order to obtain directly or indirectly, a financial or other material benefit;

“proceeds of crime” means any property derived from or obtained, directly or indirectly, through the commission of an offence under this Act;

“publish” means to advertise, broadcast or distribute information by any means whatsoever so that the information is available to the public or any section thereof;

“slavery” is the status or condition of a person over whom any or all of the powers attaching to the right of ownership are exercised;

“trafficking for sexual exploitation” means trafficking–

- (a) with the intention of doing anything to or in respect of a particular person during or after a journey within Kenya or in any part of the world, which if done will involve the commission of an offence under the Sexual Offences Act, 2006; or
- (b) in the belief that another person is likely to do something to or in respect of the person trafficked, during or after the journey in any part of the world, which if done will involve the commission of an offence under the Sexual Offences Act, 2006 (No. 3 of 2006);

“trafficking in persons” has the meaning assigned to it by section 3; “victim of trafficking in persons” includes a person who is being or has been trafficked as defined in section 3.

PART II - TRAFFICKING IN PERSONS AND RELATED OFFENCES

3. Trafficking in persons

- (1) A person commits the offence of trafficking in persons when the person recruits, transports, transfers, harbours or receives another person for the purpose of exploitation by means of—
 - (a) threat or use of force or other forms of coercion;
 - (b) abduction;
 - (c) fraud;
 - (d) deception;
 - (e) abuse of power or of position of vulnerability;
 - (f) giving payments or benefits to obtain the consent of the victim of trafficking in persons; or
 - (g) giving or receiving payments or benefits to obtain the consent of a person having control over another person.
- (2) The consent of a victim of trafficking in persons to the intended exploitation shall not be relevant where any of the means set out in subsection

(1) have been used.

- (3) The recruitment, transportation, transfer, harbouring or receipt of a child for the purposes of exploitation shall be considered "trafficking in persons" even if this does not involve any of the means set out in subsection (1) of this Act.
- (4) An act of trafficking in persons may be committed internally within the borders of Kenya or internationally across the borders of Kenya.
- (5) A person who traffics another person, for the purpose of exploitation, commits an offence and is liable to imprisonment for a term of not less than thirty years or to a fine of not less than thirty million shillings or to both and upon subsequent conviction, to imprisonment for life.
- (6) A person who finances, controls, aids or abets the commission of an offence under subsection (1) shall be liable to imprisonment for a term of not less than thirty years or to a fine of not less than thirty million shillings or to both and upon subsequent conviction, to imprisonment for life.

4. Acts that promote child trafficking

(1) A person who for the purpose of trafficking in persons–

- (a) adopts a child or offers a child for adoption;
- (b) fosters a child or offers a child for fostering; or
- (c) offers guardianship to a child or offers a child for guardianship, commits an offence.

(2) A person who initiates or attempts to initiate adoption, fostering or guardianship proceedings for the purpose of subsection (1) commits an offence.

(3) A person who commits an offence under this section is liable to imprisonment for a term of not less than thirty years or to a fine of not less than twenty million shillings or to both and upon subsequent conviction, to imprisonment for life.

5. Promotion of trafficking in persons

A person who–

- (a) knowingly leases, or being the occupier thereof, permits to be used any house, building, or other premises for the purpose of promoting trafficking in persons;
- (b) publishes, exports or imports, any material for purposes of promoting trafficking in persons; or
- (c) manages, runs or finances any job recruitment agency for the purposes of promoting trafficking in persons;
- (d) by any other means promotes trafficking in persons,

commits an offence and is liable to imprisonment for a term of not less than twenty years or to a fine of not less than twenty million shillings or to both and upon subsequent conviction, to imprisonment for life.

6. Acquisition of travel documents by fraud or misrepresentation

A person who knowingly misrepresents any fact for purposes of facilitating the acquisition of travel documents or fraudulently obtains any document from Government agencies, in order to assist in the commission of an offence of trafficking in persons commits an offence and is liable to imprisonment for a term of not less than ten years or to a fine of not less than ten million shillings or to both and upon subsequent conviction, to imprisonment for a term of not less than ten years without the option of a fine.

7. Facilitating entry into or exit out of the country

A person who facilitates, aids or abets the exit or entry of persons from or to the country at international and local airports, territorial boundaries and seaports for the purpose of promoting trafficking in persons commits an offence and is liable to imprisonment for a term of not less than thirty years or to a fine of not less than thirty million shillings or to both and upon subsequent conviction, to imprisonment for a term of not less than thirty years without the option of a fine.

8. Interfering with travel documents and personal effects

A person who–

- (a) confiscates, conceals, alters, destroys or in any other manner deals with any identification or travel documents, of another person in furtherance of trafficking in persons or in order to prevent that other person from leaving the country or seeking redress from the Government or appropriate agencies; or
- (b) confiscates, conceals, destroys or in any other manner deals with personal effects of another person or threatens to do so in furtherance of trafficking in persons or in order to prevent that other person from leaving the country or seeking redress from the Government or appropriate agencies,

commits an offence and is liable to imprisonment for a term of not less than ten years or to a fine of not less than ten million shillings or to both and upon subsequent conviction, to imprisonment for a term of not less than ten years without the option of a fine.

9. Life threatening circumstances or death

Where in the course of commission of an offence under this Act–

- (a) a victim of trafficking in persons suffers any permanent or life-threatening bodily harm; or
- (b) by reason of the act of trafficking in persons, the victim of trafficking in persons dies, or is afflicted with any other life threatening or terminal health condition,

a person convicted of the act of trafficking in persons shall be liable to imprisonment for life.

10. Trafficking in persons for organized crime

Where in the course of the prosecution of a person under this Act it emerges that, the person being prosecuted engaged in trafficking in persons as part of the activities of an organized criminal group or that person organized or directed other persons to commit an offence as an activity of an organized group, that person is liable to imprisonment for life.

PART III - TRIAL OF OFFENDERS AND REMEDIES FOR VICTIMS OF TRAFFICKING IN PERSONS

11. Confidentiality

- (1) Law enforcement officers or the court and any other person involved in the investigation or trial of an offence under this Act, shall throughout the investigation or trial observe the right to privacy of the victim of trafficking in persons and of the witnesses.
- (2) The court dealing with the trial of an offence under this Act, may after considering all circumstances and for the best interest of the parties, order that the trial be held in camera.
- (3) A person who discloses the name and personal circumstances of the victim of trafficking in persons or any other information tending to establish the identity of a victim of trafficking in persons and the circumstances of trafficking in persons commits an offence.
- (4) Where a trial is conducted in camera, any person who publishes the proceedings of the court commits an offence.
- (5) A person who commits an offence under this section is liable to imprisonment for a term of not less than five years or to a fine of not less than five million shillings or to both, and in the case of a body corporate, a fine of not less than ten million shillings.

12. Victim impact statement

The prosecution in criminal proceedings relating to a trial of an offence under this Act, may adduce evidence relating to the circumstances surrounding the commission of an offence and the impact of the offence under this Act upon a victim of trafficking in persons–

- (a) in order to prove whether an offence was committed under this Act–
 - (i) towards or in connection with the person concerned; or
 - (ii) under coercive circumstances referred to in section 3;
- (b) for purposes of seeking the imposition by the Court of an appropriate sentence, that relates to the extent of the harm suffered by the victim of trafficking in persons.

13. Restitution

Where a person is convicted of an offence under this Act, the court may, in addition to any other punishment prescribed under this Act, order the person to make restitution or compensate the victim for–

- (a) the costs of any medical or psychological treatment;
- (b) the costs of necessary transportation, accommodation and other living expenses; or
- (c) any other relief that the court may consider just.

14. Victim immunity from prosecution

Notwithstanding the provisions of any other law, a victim of trafficking in persons shall not be criminally liable for any offence related to being in Kenya illegally or for any criminal act that was a direct result of being trafficked.

15. Support and protection of VoTs in persons

- (1) The Minister shall in consultation with the Advisory Committee formulate plans for the provision of appropriate services for VoTs in persons and children accompanying the victims, including–
 - (a) return to and from Kenya;
 - (b) resettlement;
 - (c) re-integration;
 - (d) appropriate shelter and other basic needs;
 - (e) psychosocial support;
 - (f) appropriate medical assistance;
 - (g) legal assistance or legal information, including information on the relevant judicial and administrative proceedings; or
 - (h) any other necessary assistance that a victim may require.
- (2) When developing the plans under subsection (1), the Minister shall consider the age, gender, and the special needs of children and persons with disabilities and the personal circumstances of each victim of trafficking in persons.

- (3) VoTs in persons may be eligible to work for gain for the duration of their necessary presence in Kenya.
- (4) Notwithstanding the provisions of any other law, the VoTs in persons shall be permitted to remain in Kenya until legal proceedings are concluded and may by order of court in such proceedings be allowed to bring their children.
- (5) In all dealings with a trafficked person, any Government officer dealing with the victim or any other person who by virtue of duty is dealing with the victim shall ensure that all communication with that person is in a language that the person understands.
- (6) The support services provided under this section shall be available to VoTs in persons regardless of their nationality.

16. Trafficked person exempt from paying fees in civil suits

Where a victim of a trafficking in persons offence institutes civil action for damages, the victim of trafficking in persons shall be exempt from the payment of court fees.

17. Confiscation and forfeiture of proceeds of crime

- (1) In addition to any other penalty prescribed for an offence under this Act and under any other written law, the Court may order the confiscation and forfeiture, of all the proceeds of crime in favour of the Fund.
- (2) All awards for damages shall be taken from the personal and separate property of the person who committed the offence and where the property is insufficient, the balance shall be taken from the Fund.
- (3) Where the proceeds of crime are destroyed, diminished in value or otherwise rendered worthless by any act or omission of the person who committed the offence, directly or indirectly, or have concealed, removed, converted or transferred to prevent them from being found or to avoid forfeiture or confiscation, the offender shall, in addition to any other penalty be ordered to pay the amount equal to the value of the proceeds of crime.

18. Repatriation of trafficked persons to and from Kenya

- (1) Subject to this Act the Minister responsible for immigration matters may arrange for the repatriation of the VoTs in persons to their place of origin.
- (2) Where a Kenyan victim of trafficking in persons across the borders does not have proper documentation, the Government shall issue the necessary travel documents to enable the victim of trafficking in persons to travel and re-enter the country.

- (3) Where, in the opinion of the Minister for the time being in charge of immigration, the repatriation of a victim of trafficking in persons from Kenya is likely to or would expose the trafficked person to danger, the Minister may permit the trafficked person to continue staying in Kenya for such period as the Minister may consider fit.

PART IV - THE COUNTER-TRAFFICKING IN PERSONS ADVISORY COMMITTEE

19. Establishment of the Advisory Committee

- (1) There is established a Committee to be known as the Counter Trafficking in Persons Advisory Committee.
- (2) The Counter Trafficking in Persons Advisory Committee shall consist of the following members–
- (a) the Permanent Secretary, in the Ministry responsible for matters relating to immigration;
 - (b) the Permanent Secretary, in the Ministry responsible for matters relating to foreign affairs;
 - (c) the Permanent Secretary, in the Ministry responsible for matters relating to gender and children;
 - (d) the Permanent Secretary, in the Ministry responsible for matters relating to labour;
 - (e) the Attorney General;
 - (f) the Commissioner of Police;
 - (g) a representative of the Kenya National Commission for Human Rights;
 - (h) two representatives from civil society nominated by the respective civil societies dealing with issues relating to women; and children with proven record of involvement in the prevention and suppression of trafficking in persons;
 - (i) one person nominated by the Central Organization of Trade Unions;
 - (j) one person nominated by the Federation of Kenya Employers;
 - (k) such other members as may be co-opted by the Advisory Committee.

- (3) The persons nominated under paragraph (2)(h), (i) and (j) shall be appointed by the Minister and shall hold office for a term of three years, which shall be renewable for a further one term.
- (4) The Secretariat of the Advisory Committee shall reside at the Ministry responsible for matters relating to gender affairs.
- (5) The conduct and regulation of the business and affairs of the Advisory Committee shall be as provided in the Schedule.
- (6) Except as provided in the First Schedule, the Advisory Committee may regulate its own procedure.

20. Functions of the Advisory Committee

- (1) The functions of the Advisory Committee shall be to advise the Minister on inter-agency activities aimed at combating trafficking and the implementation of preventive, protective and rehabilitative programmes for trafficked persons.
- (2) Without prejudice to the generality of subsection (1) the Advisory Committee shall advise the Minister on—
 - (a) formulation of a comprehensive and integrated program to prevent and suppress the trafficking in persons;
 - (b) coordination of policies and programmes of the agencies to effectively address the issues and problems attendant to trafficking in persons;
 - (c) coordination of the dissemination of information on the law and the issues relating to trafficking in persons through concerned agencies and non-governmental organizations;
 - (d) formulation of programmes for the reintegration of both locally and internationally trafficked persons;
 - (e) monitoring and evaluation of the progress of Kenya with respect to prevention, protection and prosecution efforts relating to trafficking in persons;
 - (f) consultation and advocacy with Government departments and agencies and non-governmental organizations, to advance the purposes of this Act;
 - (g) compilation and documentation of data and information on cases of trafficking in persons for purposes of policy formulation and program direction;

- (h) development of mechanisms to ensure the timely, coordinated, and effective response to cases of trafficking in persons;
- (i) measures to enhance cooperative efforts and mutual assistance between Kenya and other countries through bilateral and multilateral arrangements to prevent and suppress international trafficking in persons;
- (j) measures necessary to rehabilitate VoTs in persons and in particular the–
 - (i) implementation of rehabilitative programmes including education and protective programmes for the VoTs in persons;
 - (ii) provision of counselling services and temporary shelter to VoTs in persons; and
 - (iii) establishment of centres and programmes for intervention at various levels of the community;
- (k) mechanisms to screen persons entering or leaving Kenya to determine if they are VoTs in persons;
- (l) public information campaigns against trafficking in persons;
- (m) establishment of and support community based initiatives that address trafficking in persons;
- (n) implementation of effective pre-employment orientation seminars and pre-departure counselling programmes to applicants for overseas employment;
- (o) such other functions necessary for the implementation of this Act.

21. Reporting requirements

The Advisory Committee shall submit to the Minister and to the National Assembly, an annual report of the policies, programmes and activities relating to the implementation of this Act.

PART V - NATIONAL ASSISTANCE TRUST FUND FOR VICTIMS OF TRAFFICKING IN PERSONS

22. Establishment of Trust Fund

- (1) There is established a Fund to be known as the National Assistance Trust Fund for VoTs in persons which shall be administered by the Board of Trustees.
- (2) The Fund shall be used for the assistance of VoTs in persons.

23. Sources of the Fund

- (1) The sources of the Fund shall be–
 - (a) such monies as may be appropriated by Parliament for the purposes of the Fund;
 - (b) any proceeds of crime confiscated or forfeited under section 17;
 - (c) income generated by investments made by the Board of Trustees; and
 - (d) any donation received by the Board of Trustees for purposes of the Fund.
- (2) Without limiting the generality of section 22(2), the Board of Trustees may make payments out of the Fund for–
 - (a) the expenses arising out of assistance to the VoTs in persons in the manner referred to in section 15;
 - (b) the balance of damages under section 17(2); and
 - (c) such other purposes as the Advisory Committee may recommend.

24. Board of Trustees

- (1) The Fund shall be administered by a Board of Trustees which shall consist of–
 - (a) the Chairman of the Advisory Committee;
 - (b) the Permanent Secretary of the Ministry responsible for gender and children;
 - (c) a representative of the Ministry responsible for gender and children, appointed by the Minister, who shall be the Secretary;
 - (d) a representative of the Ministry responsible for finance, appointed by the Minister responsible for finance;
 - (e) one person conversant with issues relating to trafficking in persons; and
 - (f) one person with experience in financial management, who shall be the treasurer of the Board of Trustees.
- (2) The members of the Board of Trustees under subsection (1)(e) and (f) shall be appointed by the Minister, by notice in the Gazette, for a term of three years and shall be eligible for reappointment at the expiry of the term.

- (3) The Board of Trustees shall conduct its affairs in accordance with regulations prescribed by the Minister and subject to the law relating to trustees.

PART VI - MISCELLANEOUS PROVISIONS

25. Extra-territorial jurisdiction

- (1) A citizen of Kenya, or a person who permanently resides in Kenya, who commits an act outside Kenya that constitutes an offence under this Act if committed in Kenya, commits such an offence and is liable on conviction to the same penalty prescribed for such offence under this Act.
- (2) A person may not be convicted of an offence under subsection (1) if such a person has been acquitted or convicted in the country where that offence was committed.

26. Other penalties

- (1) Where a person who is not a citizen has been convicted of an offence under this Act, the person shall be deported immediately after serving the sentence and shall stand barred permanently from re-entering Kenya.
- (2) Any employee or official of a Government agency who knowingly issues or approves the issuance of travel documents or other documents to any person or who fails to observe the prescribed procedures and the requirement as provided for in any law, with the intention of assisting in the commission of an offence under this Act, commits an offence and is liable to imprisonment for a term of not less than - shillings or to both.
- (3) Where an offender had adopted, fostered or had a child in guardianship who is the subject of an offence under this Act, the court seized of the matter shall rescind the adoption, fostering or guardianship of the child and the child shall be dealt with in accordance with the provisions of the Children Act, 2001.

27. Consequential amendments

The Acts identified in the Second Schedule are amended in the manner set out in that Schedule.

28. Regulations

The Minister may, in consultation with the Advisory Committee, make Regulations regarding—

- (a) any matter which is required or permitted by this Act to be prescribed;

- (b) the inter-sectoral implementation of this Act;
- (c) the repatriation process;
- (d) the conduct of affairs of the Board of Trustees; and
- (e) any other matter, which is necessary or expedient to prescribe in order to achieve or promote the objects of this Act.

FIRST SCHEDULE [Section 19(6).] CONDUCT OF BUSINESS AND AFFAIRS OF THE ADVISORY COMMITTEE

1. Tenure of office

- (1) Any member of the Committee appointed under section 19(2) (1), (m) and (n) shall, subject to the provisions of this Schedule, hold office for a period of three years, on such terms as may be specified in the instrument of appointment, but shall be eligible for re-appointment for one further term of three years.

2. Vacation of office by member

A member appointed under section 19(2) (1), (m) and (n) may at any time resign from office by notice in writing to the Minister.

3. Removal of office by member

- (1) A member may be removed from office if the member–
 - (a) is adjudged bankrupt or enters into a composition scheme or arrangement with his creditors; or
 - (b) is convicted of an offence involving dishonesty or fraud; or
 - (c) is convicted of a criminal offence and sentenced to imprisonment for a term exceeding six months or to a fine exceeding ten thousand shillings; or
 - (d) is incapacitated by prolonged physical or mental illness or is becomes otherwise unfit to discharge his duties as a member of the Advisory Committee; or
 - (e) fails to comply with the provisions of this Act relating to disclosure.

4. Meetings of the Advisory Committee

- (1) The Advisory Committee shall meet not less than four times in every financial year and not more than three months shall elapse between the date of one meeting and the date of the next meeting.

- (2) Notwithstanding the provisions of subparagraph (1), the Chairperson may call a meeting at any time where it is considered expedient for the transaction of the business of the Advisory Committee, by giving to the members a written notice of not less than seven days.
- (3) The members of the Advisory Committee shall, at the first meeting of the Advisory Committee, elect from amongst their number, a Chairperson and Vice-Chairperson who shall not be of the same gender.
- (4) The quorum for the conduct of the business of the Advisory Committee shall be eight members.
- (5) The Chairperson shall preside at every meeting of the Advisory Committee at which he is present but, in his absence the Vice-Chairperson shall preside over the meeting.
- (6) Where both the Chairperson and the Vice-Chairperson are absent, the members present shall elect one of their number who shall, with respect to that meeting and the business transacted thereat, have all the powers of the Chairperson.
- (7) Unless a unanimous decision is reached, a decision on any matter before the Advisory Committee shall be by a majority of votes of the members present and, in the case of an equality of votes, the Chairperson or the person presiding shall have a casting vote.
- (8) Subject to sub-paragraph (4), no proceedings of the Advisory Committee shall be invalid by reason only of a vacancy among the members thereof.
- (9) Subject to the provisions of this Schedule, the Advisory Committee may determine its own procedures at meetings and the procedure for the attendance of any other persons at its meetings.

5. Minutes of the Advisory Committee

The Advisory Committee shall cause minutes of all resolutions and proceedings of meetings of the Advisory Committee to be entered in books kept for that purpose.

SECOND SCHEDULE CONSEQUENTIAL AMENDMENTS

1. Amendment of section 260 of the (Cap.63)

Section 260 of the Penal Code is amended by deleting the words "or slavery, or to the unnatural lust of any person".

2. Insertion of new section 266A into (Cap.63)

The Penal Code is amended by inserting a new section immediately after section 266 as follows–

266A. Where it appears that any of the offences specified under this Part is committed for the purpose of exploitation, the person committing the offence shall be charged with the appropriate offence as specified in the Counter Trafficking in Persons Act.

3. Repeal of section 264 of (Cap.63)

The Penal Code is amended by repealing section 264.

4. Repeal of section 265 of (Cap.63)

The Penal Code is amended by repealing section 265.

5. Repeal of section 13 of No 3 of 2006

The Sexual Offences Act, 2006 is amended by repealing section 13.

6. Repeal of section. 13 of No 3 of 2006

The Sexual Offences Act, 2006 is amended by repealing section 18.

7. Amendment of section 22 of No 8 of 2001

Section 22 of the Children Act, 2001 is amended by renumbering the existing provision as subsection (1) and inserting a new subsection (2) as follows–

(2) Where the infringement under subsection (1) constitutes an offence under the Counter Trafficking in Persons Act, the person committing the offence shall be charged with the appropriate offence as specified in that Act.

8. Amendment of section 76 of No 8 of 2001

Section 76 of the Children Act, 2001 is amended by deleting the words "not exceeding one hundred thousand shillings or imprisonment for a term not exceeding three months or to both" appearing in subsection (6) and substituting therefor the words "not less than one hundred thousand shillings or to imprisonment for a term not less than one year or to both, and in the case of a body corporate, a fine of not less than one million shillings"

VICTIM OF TRAFFICKING: SCREENING INTERVIEW FORM

Awareness Against Human Trafficking (HAART)

CONFIDENTIAL

Case no: _____

INFORMED CONSENT

Has the individual been informed that HAART and/ or (name of partnering organization) reserves the right to share her/ his individual case data for assistance purposes and only with HAART and partnering organizations involved in direct assistance?
(Yes/ No)

Has the individual further been informed that HAART reserves the right to make a limited disclosure of non-personal data based on the information collected at the interview to law enforcement for the purpose of rescuing other victims that remain under the control of traffickers or preventing other potential victims from being trafficked?
(Yes/ No)

Has the individual further been informed that HAART reserves the right to use (only anonymous, aggregate) data for research purposes?
(Yes/ No)

Has the individual's full and informed consent been obtained to conduct the screening interview based on information given regarding the role of the organization, the voluntary nature of the interview and the use of the information provided by the individual as outlined above ?

Note: Informed consent is necessary for all services, such as medical examination and procedure, health assessments, assisted voluntary returns and reintegration assistance.
(Yes/ No)

If the individual is a minor, has the consent of the parent(s)/ guardian(s) been obtained?
(Yes/ No)

Signature of interviewer: _____ Date: _____

REGISTRATION DATA

First name(s): _____

Country of birth: _____

Family name(s): _____ Place of birth: _____

Sex: _____ Last place of residence in country of origin: _____

Date of birth: _____

IDENTITY DOCUMENT

Type: _____ Country: _____

Number: _____ Expiry date: _____

Is date of birth an estimate? (Yes/ No) Age (In number of years): _____

CLIENT CONTACT INFORMATION: _____

Citizenship: _____ Ethnicity: _____

Next of Kin (name): _____

Relation (family, friend, etc.) _____

NEXT OF KIN CONTACT INFORMATION: _____

Highest education: _____

Latest Job/activity: _____

CASE AND INTERVIEW DATA

Type of referring organization/individual:(NGO/ International organization/ Law enforcement/ Immigration/ Government/ Embassy/IOM Mission/ Hotline/ Self-referral-walk-in/ Family/ Friend/ Client/ Other/ NA/ NK)

Specify - Name: _____

- Location: _____

Screening date: _____ Screening location: _____

First name and family name of Interviewer: _____

Name of Organization/ Institution: _____

Contact Details of interviewer: _____

Address and telephone number of referring organization: _____

Interviewee's language: _____

Interpreter?(Yes/ No)

First name and surname of interpreter: _____

If Minor, first name and family name(s) address(es) and telephone number of parent(s) or guardian(s):

PROCESS: ENTRY INTO TRAFFICKING

1.0. How did the individual enter the process (Indicate multiple options if necessary)?
(Kidnapping/ Sold by member of family/ Sold by non-family member/ Adoption/
Educational opportunity/ Family visit/ Friend visit/ Labor migration/ Marriage/
Tourism/ Other/ NA/ NK)

1.1. If OTHER, please specify: _____

2.0 Did entry in to the process involve recruitment? (Yes/ No)

2.1 If YES, how was contact initiated between the individual and her/his recruiter?
(Personal contact/ Employment agency/ Travel agency/ Internet advertisement/
Newspaper advertisement/ Radio advertisement/ Televisionadvertisement/ Other/
NA/ NK)

2.1.1. If OTHER, please specify: _____

3.0. If labour migration, what activity did the individual believe s/he was going to be
engaged in following arrival at the final destination (indicate multiple options
if necessary)? (Agricultural work/ Begging/ Child care/ Construction/ Domestic
work/ Factory work/ Fishing/ Low-level criminal activities/ Military service/Mining/
Prostitution/ Restaurants and hotel work/ Study/ Small street commerce/ Trade/
Transport sector/ Other/ NA/ NK)

3.1. If OTHER, please specify: _____

3.2. If FACTORY WORK, please specify manufacturing sector: _____

4.0. What was the individual told would be their benefits following arrival at final
destination?

4.1. Salary(Equivalent in USD per month) _____

4.2. Other benefits: _____

5.0. In which month/year did the individual enter into the process? _____

- 6.0. Minor at time of entry into the process: (Yes/ No) _____
- 7.0. From which place/country did the individual enter into the process? _____
- 8.0. What place/country is the last (or intended) destination _____
- 9.0. Did the individual travel alone? (Yes/ No)
- 9.1. If NO, who did the individual travel with (indicate multiple options if necessary)?
(Husband/ Wife/ Partner/ Relative/ Friend/ Recruiter/ Transporter/ Unknown
persons/ Other/ NA/ NK)
- _____
- 9.1.1. If OTHER, please specify: _____
- 10.0. Did the individual spend any time in transit place(s)/ country(ies)? (Yes/ No)
- 10.1. If YES, please specify in chronological order: _____
- _____
- 10.2. Did s/he engage in any activity in this place(s) country(ies)? (Yes/ No)
- 10.3. If YES, which activity in first/only transit place/ country: _____
(Agricultural work/ Begging/ Child care/ Construction/ Domestic work/ Factory
work/ Fishing/ Low-level criminal activities/ Marriage/ Military service/ Mining/
Prostitution/ Restaurants and hotel work/ Study/ Small street commerce/ Trade/
Transport sector/ Unemployed/ Other/ NA/ NK)
- _____
- 10.3.1. If OTHER, please specify: _____
- 10.3.2. If FACTORY WORK, please specify manufacturing sector: _____
- 10.4. If MORE PLACES/COUNTRIES in which individual engaged in activity, please
add respective places/country(ies)/activity(ies) below:
- _____
- _____
- 11.0 Were any of the following means used to control the individual?
- _____

Physical abuse	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/Harbored/Receiver/ Other-specify)
Psychological abuse	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harboured/ Receiver/ Other-specify)
Sexual abuse	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harboured/ Receiver/ Other-specify)
Threats to individual	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harboured/ Receiver/ Other-specify)
Threat of action by law enforcement	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harboured/ Receiver/ Other-specify)
Threats to family	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harboured/ Receiver/ Other-specify)
False promises/deception	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harboured/ Receiver/ Other-specify)
Denied freedom of movement	(Yes/Partial/No/NA/NK)	If YES, who by? (Recruiter/ Transporter/ Harboured/ Receiver/ Other-specify)
Giving of drugs	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harboured/ Receiver/ Other-specify)
Giving of alcohol	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harboured/ Receiver/ Other-specify)

Denied medical treatment	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Denied food/drink	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Withholding of wages	(Yes/Partial/No/NA/NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Withholding of identity documents	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Withholding of travel documents	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Debt bondage	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Excessive working hours	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
If OTHER means of control, specify: _____ _____ _____		

THE EXPLOITATION PHASE

12.0. What activity has the individual undertaken since her/his arrival in the last destination (Indicate multiple answers if necessary)?

(Agricultural work/ Begging/ Child care/ Construction/ Domestic work/ Factory work/ Fishing/ Low-level criminal activities/ Marriage/ Military service/ Mining/ Prostitution/ Restaurants and hotel work/ Study/ Small street commerce/ Trade/ Transport sector/ Unemployed/ Other/ NA/ NK)

12.1. If OTHER, please specify:

12.2. If FACTORY WORK, please specify manufacturing sector:

13.0. How old was the individual when the activity began?

13.1 How long did the only/ most significant activity occur? (Years/ Months/ Weeks/ Days and/or hours)

14.0. Were any of the following means used to control the individual during the activity?

Physical abuse	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Psychological abuse	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Sexual abuse	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Threats to individual	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Threat of action by law enforcement	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Threats to family	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
False promises/deception	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Denied freedom of movement	(Yes/ Partial/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Giving of drugs	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Giving of alcohol	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Denied medical treatment	(Yes/ Regular/ Occasional/ Only in emergency cases/ No/ NA/NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)

Denied food/drink	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Withholding of wages	(Yes/ Partial /No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Withholding of identity documents	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Withholding of travel documents	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Debt bondage	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Excessive working hours	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
If exploited for prostitution (sexual exploitation):		
Denial of freedom to refuse client	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Denial of freedom to refuse certain acts	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Denial of freedom to use a condom	(Yes/ Partial/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
If OTHER means of control, specify: _____ _____		

15.0. Did the individual experience exploitation? (If NO, proceed to 16.0) (Yes/ No)

16.0. If NO exploitation took place, was there any indication of a real and substantial threat of exploitation? (Yes/ No/ NA/ NK)

16.1. If YES, what were the reasons that exploitation never took place? (Rescue/ Escape/ Other/ NA/ NK)

16.1.1. If OTHER, please specify:

CORROBORATIVE MATERIALS

17.0. Additional corroborative materials

Police or other official reports
(Yes/ No/ NA/ NK)

Identity documents
(Yes/ No/ NA/ NK)

Travel documents
(Yes/ No/ NA/ NK)

Medical reports
(Yes/ No/ NA/ NK)

Copies of employment contract or recruitment offer
(Yes/ No/ NA/ NK)

Personal writings by the individual
(Yes/ No/ NA/ NK)

Hotline reports
(Yes/ No/ NA/ NK)

Other
(Yes/ No/ NA/ NK)

If OTHER, please specify:

DECISION

18.0. Is the individual a VICTIM of TRAFFICKING? (Yes/ No) _____

18.1. Please justify the decision made in 18.0: _____

19.0. Decision made by whom (Specify name(s)): _____

20.0. If the individual is a victim of trafficking, was the type of trafficking in-country or transnational? (In-country/ Transnational/ Both)

21.0. If the individual is a victim of trafficking, is s/he eligible for the HAART VoT assistance Programme?(Yes/ No)

21.1. If NO, why?(Does not meet project criteria/ Has deportation order/ Suspected infiltrator/ Other)

21.1.1. If OTHER, please specify:

22.0. If the individual is eligible for the HAART VoT assistance programme, is s/he willing and able to accept assistance? (Yes/ No)

22.1. If NO, what are the reasons? (Please specify all that apply)
(Does not trust HAART or partnering organization/ Is afraid/ Is self-sufficient/ Wants to apply for asylum/ Wants to stay in the country/ Other)

22.1.1. If OTHER, please specify:

23.0. If the individual is NOT a victim of trafficking, is s/he in need of assistance? (Yes/ No)

23.1. If YES, what is the individual's situation? (Please specify all that apply)
(In need of emergency medical assistance/ Irregular status/ Victim of sexual or
gender-based violence/ Other)

23.1.1. If OTHER, please specify: _____
If YES, please refer the individual to the appropriate service agency.

24.0. Additional Remarks:

ANNEX 3

VICTIMS VOLUNTARY ASSISTANCE FORM

ADULT

Name [Full Name]: _____

I.D. Number/ Passport Number: _____

Date of birth: _____

MINOR

Name of Parent/ Guardian [Full Name]: _____

I.D. Number/ Passport Number: _____

Date of birth: _____

I consent to receive the service(s) which are provided by Awareness Against Human Trafficking (HAART). I understand that this application does not guarantee I will receive all the services I desire. I also consent to having staff from HAART collect personal information about me necessary for the purpose of delivering these services. I understand that the personal information I provide is confidential. The release of any information regarding my involvement with the HAART may occur only with my written and signed consent subject to certain limited exceptions. These are:

- If agency staff have reason to believe that a child needs protection under Chapter 141 of the Child Act they are obligated (as are the general public) to inform the Children's Court;
- If agency staff have reason to believe that I am likely to cause serious physical harm to myself or another, they are obligated to inform the appropriate authorities;
- If agency staff is required by court order to disclose specific records or to attend court and give evidence.

I declare to have understood the above and therefore have voluntarily signed this form without any form of force or coercion.

Signed on [date]: _____ at [place]: _____

Applicant's signature: _____

Interpreter's signature [if applicable]: _____

Interviewer representing HAART/partner organization

Signed on [date]: _____ at [place]: _____

Interviewer's signature: _____

THE KENYA POLICE MEDICAL EXAMINATION REPORT

PART 1-(To be completed by the Police Officer Requesting Examination)

From _____ Ref _____

Date _____

To the _____

Hospital/Dispensary I have to request the favour of your examination of:-

Name _____ Age _____

(If known) Address _____

Date and Time of the alleged offence _____

Sent to you/Hospital on the _____ 20 _____

under escort of _____

and of your furnishing me with a report of the nature and extent of bodily injury sustained by him/her.

Date and time report to police _____

Brief details of the alleged offence _____

Name of Officer Commanding Station Signature of the Officer Commanding Station

PART 11-MEDICAL DETAILS -

(To be completed by Medical Officer or Practitioner carrying out examination)

(Please type fourcopies from the original manuscript)

SECTION "A"-THIS SECTION MUST BE COMPLETED IN ALL EXAMINATIONS

Medical Officer's Ref.NO _____

1. State of clothing including presence of tears, stains (wet or dry) blood,etc.

2. General medical history (including details relevant to offence)

3. Genaral physical examination (including general appearance, use of drugs or alcohol and demeanour)

This P3 Form is free of charge

SECTION "B"- TO BE COMPLETED IN ALL CASES OF ASSAULT, INCLUDING SEXUAL ASSAULTS, AFTER THE COMPLETION OF SECTION "A"

1. Details of site, situation, shape and depth of injures sustained:-

a) Head and neck_____

b) Thorax and Abdomen_____

c) Upper limbs_____

d) Lower limbs_____

2. Approximate age of injuries (hours, days, weeks)_____

3. Probable type of weapon(s) causing injury_____

4. Treatment, if any, received prior to examination_____

5. What were the immediate clinical results of the injury sustained and the assessed degree, i.e. "harm", or 'grievous harm'.*

DEFINITIONS:-

"Harm" Means any bodily hurt, disease or disorder whether permanent or temporary.

"Maim" means the destruction or permanent disabling of any external or organ, member or sense

"Grievous Harm" Means any harm which amounts to maim, or endangers life, or seriously or permanently injures health, or which is likely so to injure health, or which extends to permanent disfigurement, or to any permanent, or serious injury to external or organ.

Name & Signature of Medical Officer/Practitioner

Date_____

This P3 Form is free of charge

SECTION "C"-TO BE COMPLETED IN ALLEGED SEXUAL OFFENCES AFTER THE COMPLETION OF SECTIONS "A" AND "B"

1. Nature of offence_____

Estimated age of person examined_____

2. FEMALE COMPLAINANT

a) Describe in detail the physical state of and any injuries to genitalia with special reference to labia majora, labia minora, vagina, cervix and conclusion

b) Note presence of discharge, blood or venereal infection, from genitalia or on body externally_____

3. MALE COMPLAINANT

b) Describe in detail the physical state of and any injuries to genitalia

c) Describe in detail injuries to anus

d) Note presence of discharge around anus, or/ on thighs, etc.; whether recent or of longstanding

This P3 Form is free of charge

SECTION "D"

4. MALE ACCUSED OF ANY SEXUAL OFFENCE

a) Describe in detail the physical state of and any injuries to genitalia especially penis

b) Describe in detail any injuries around anus and whether recent or of long standing

5. Details of specimens or smears collected in examinations 2 ,3 or 4 of section "C" including pubic hairs and vaginal hairs

6. Any additional remarks by the doctor

Name & Signature of Medical Officer/Practitioner _____

Date _____ MOH 363

Ministry of Health National Rape Management Guidelines: Examination documentation form for survivors of rape/sexual assault (to be used as clinical notes to guide filling in of the P3 form)

P R C POST RAPE CARE FORM

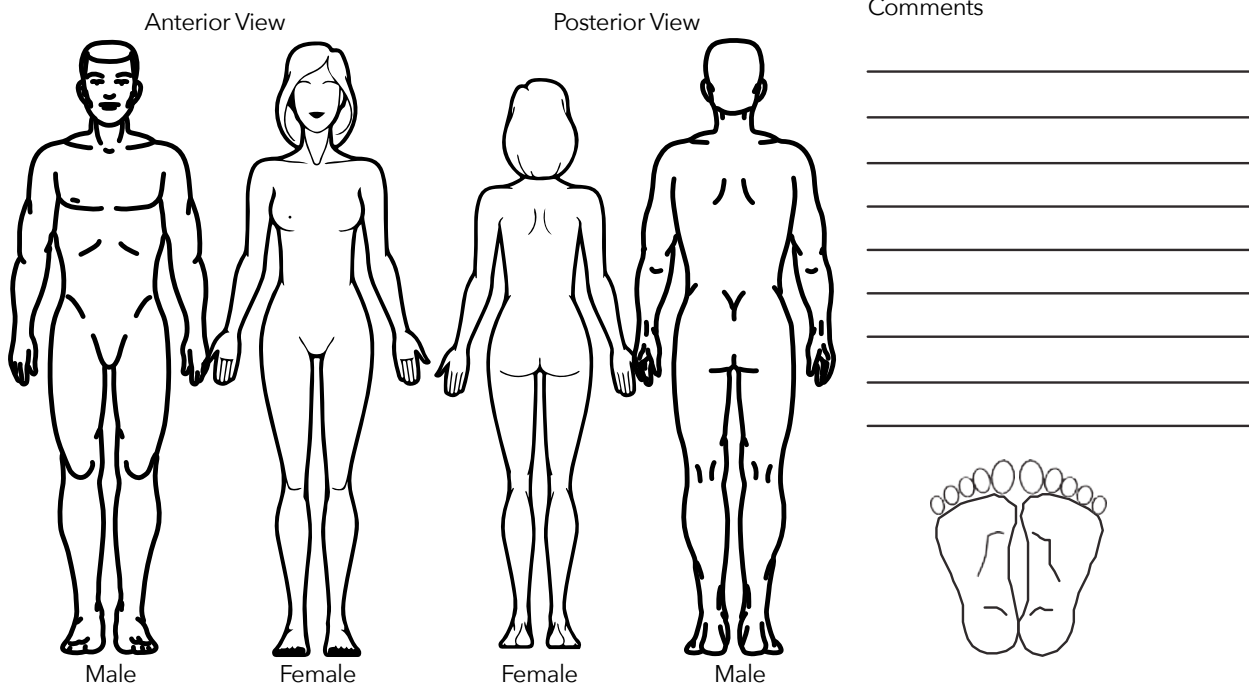
MOH 363

Date	Day	Month	Year	Province Code		District Code		OP/IP No.	
						Facility Name		PRC reg. No	
Last Name			First Name		Date of birth	Day	Month	Year	Male
									Female
Contacts (Residence and Phone number) _____									
Disabilities (Specify) _____					Marital Status (specify) _____				
Orphaned vulnerable child (OVC) _____					Citizenship _____				
Date and time of Examination				Date and Time of Assault				No. of perpetrators	
				<input type="checkbox"/> AM	Day	Month	Year	Hr	Min
				<input type="checkbox"/> PM					<input type="checkbox"/> PM
Alleged perpetrators (Indicate relation to victim)				Male	Female	Estimated Age			
Unknown				Known	Occupation of perpetrator				
Place Assault Occurred /Where incidence occurred _____									
Administrative location _____									
Chief complaints / Presenting Symptoms									
Circumstances surrounding the incident (survivor account) remember to record penetration (how, where, what was used? Indication of struggle?)									
Type of Assault	Use of condom?		Incident already reported to police?						
Oral	Yes		No						
	No		Yes (indicate which police station)						
			Date and time of report	Day	Month	Year	Hr	Min	<input type="checkbox"/> AM
									<input type="checkbox"/> PM
Vaginal	Attended a health facility before this one?					Were you treated?		Were you given referral notes?	
Anal	No					Yes		Yes	
Other (specify)	Date	Day	Month	Year	Hr	Min	<input type="checkbox"/> AM	No	
							<input type="checkbox"/> PM		
Comments									
Significant medical and/or surgical history									

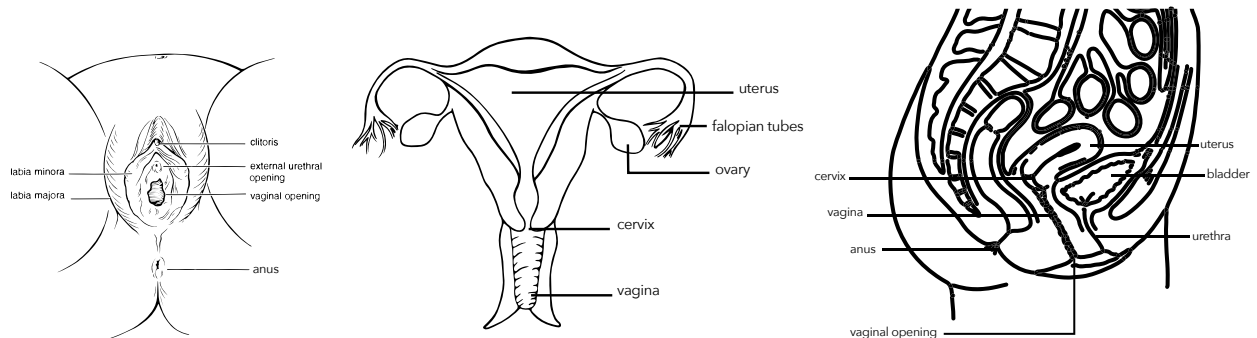
MOH 363

Physical examination (indicates sites and nature of injuries, bruises and marks outside the genitalia). Please use the sketches below to indicate injuries, inflammations, marks on various body parts of the survivor

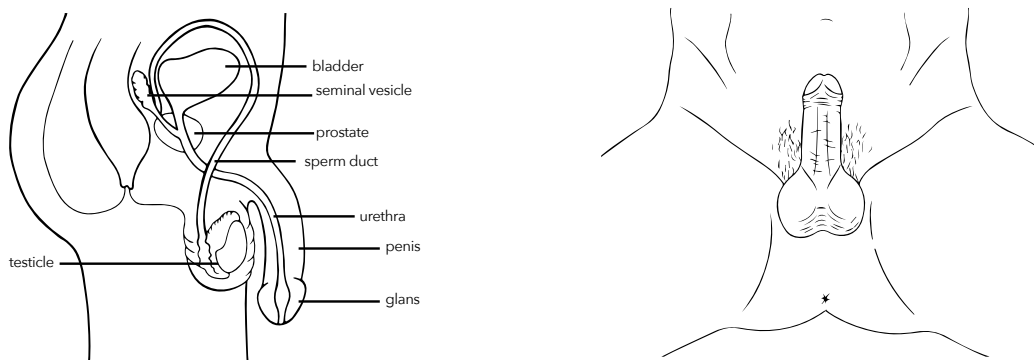
Human Figure



Female Genitalia



Male Genitalia



Any other treatment / Medication given /management?										
Referrals to										
Police Station			HIV Test		Laboratory					
Legal			Trauma Counseling		Safe Shelter					
OPD/CCC/HIV Clinic			Other (specify)							
Name of Examining Medical/clinical/Nursing Officer										
Signature of Examining Medical/clinical/Nursing Officer						D a t e	Day	Month	Year	
L A B O R A T O R Y S A M P L E S	Sample Type	Test	Please tick as is applicable		Comments					
			National government Lab	Health Facility Lab						
	Outer Genital swab	Wet Prep Microscopy								
	Anal swab	DNA								
	Skin swab	Culture and sensitivity								
	Oral swab									
	Specify									
	High vaginal swab	Wet Prep Microscopy								
	Urine	Pregnancy Test								
		Microscopy								
		Drugs and alcohol								
		Other								
	Blood	Haemoglobin								
		HIV Test								
		SGPT/GOT								
		VDRL								
		DNA								
	Pubic Hair	DNA								
Nail clippings	DNA									
Foreign bodies	DNA									
Other (specify)										
Chain of custody										
These /All / Some of the samples packed and issued (please specify)										
To	Police Officer's Name	Signature	Day	Month	Year					
By	Medical/clinical/Nursing Officer's Name	Signature	Day	Month	Year					

ANNEX 5

NEEDS ASSESSMENT FORM

DATE: _____

SECTION ONE: BASIC INFORMATION

Case file number _____

Minor _____ Adult _____

Name: _____

Sex: _____

Date of Birth: _____

Date of intake: _____

Police OB number (if available) _____

Education level: _____

Nationality: _____

Marital status: _____

Children (list the names and ages of the children if any):

1. _____

2. _____

3. _____

4. _____

5. _____

Name of the father: (minors only) _____ contact _____

Name of the mother: (minors only) _____ contact _____

Name of the guardian: (minors only) _____ contact _____

What language is the client comfortable with? _____

SECTION TWO: BRIEF CASE SUMMARY

1. What type of trafficking did the victim go through? _____

2. Give a general summary of the victim's case. _____

SECTION THREE: SAFETY AND HEALTH

1. What area does the victim live in? _____

2. Does the victim feel safe in the area? _____

3. Who does the victim live with?

4. Does the victim feel safe with the person(s) she is living with? _____

5. Does the victim have any pre-existing health conditions? _____

6. Does the victim have any special needs? _____

7. Is the victim in any physical pain at the moment? _____

8. When last did the victim eat and how many meals can she/he have in a day? _____

SECTION FOUR: MENTAL STATUS

1. How is the victim sleeping? _____

2. Does the victim have an appetite? _____

3. How does the victim describe their overall mood? _____

4. (Depending on the answer given in question 3) Has the victim thought of killing themselves? _____

5. (Depending on the answer given in question 4) When was the last time they had these thoughts? _____

6. (Depending on the answer given in question 5) Has the victim taken any measures to deal with these thoughts? _____

7. Would the client be open to the idea of counselling or therapy? _____

SECTION FIVE: EMPLOYMENT AND LEGAL SUPPORT

1. What is the victim currently doing to earn a living? _____

2. Is the victim content with their line of work? If not, what would the victim like to do?

3. Is the victim in need of legal advice or representation? If yes, give details. _____

4. Does the victim have any immediate needs that should be addressed? _____

Case worker name _____ Date _____

Signature _____

HAART KENYA'S MEDICAL ASSESSMENT FORM

Name of patient: Surname: _____

Date of birth: ID: _____

Phone: _____

Next of kin/guardian: _____

Consent given by _____ Patient _____

Guardian _____

Guardian's Name and Surname (organization/caseworker in charge):

Guardian's ID: _____

Guardian's Phone: _____

Date consent was given: _____

1. Diagnoses/problems

Principal Diagnoses	Other significant health problems
Immediate action	

Principal Diagnoses _____

Other significant health problems _____

Cardiovascular system	
Respiratory system	
Pain	
Physical function	
Psychological function	
Oral health	
Nutritious status	
Dietary needs	
Skin integrity	
Continence	
Other	

2. Medical Check

2.1 Cardiovascular system

Normal _____ Abnormal _____

Identified problems _____

2.3 Respiratory system

Normal _____ Abnormal _____

Identified problems _____

2.4 Pain

Acute Yes _____ No _____ Chronic Yes _____ No _____

If Yes, cause of pain _____

2.5 Physical function including activities of daily living, eg. Walking, eating, dressing, personal care (bathing, toilet). Identified problems.

2.6 Psychological functioning

2.7 Oral health problems identified:

Teeth _____

Dentures/Gums _____

2.8 Nutrition status identified problems

Weight _____ Height _____ BMI _____

Dietary needs _____

Identified problems _____

2.9 Immunisation status

(Include mandatory vaccines in Kenya) _____

3. Assault Recording

Date/time of assault(s): Location and physical surroundings of assault (bed, field, car, floor, etc.) Name(s) of assailant(s) Acts described by patient

Act		Yes	No	Attempted	Unsure	If more than one assailant, identify person.
Penetration of vagina by	Penis					
	Finger					
	Foreign object					
	Describe the object					
Penetration of rectum by	Penis					
	Finger					
	Foreign object					
	Describe the object					
Oral copulation of genitals	of victim by assailant					
	of assailant by victim					
Oral copulation of anus	of victim by assailant					
	of assailant by victim					
Masturbation	of victim by assailant					
	of assailant by victim					
	other					
Other contact	Fondling Licking Kissing Describe location					
Other acts						

Related physical injuries and/or pain described by patient:

Lapse of consciousness: _____

Vomited: _____

Pre-existing physical injuries:

If yes, describe: _____

Methods employed by perpetrator:

Method	Yes	No	Area of body
Weapon inflicted injuries			
Type of weapon(s)	Describe:		
Physical wounds by hands			
Physical wounds by feet			
Grabbing			
Grasping			
Holding			
Physical restraints			
Type(s) used	Describe:		
Bites			
Choking			
Burns			
Threat(s) of harm			N/A
To whom	Describe:		
Type of threat(s)	Describe:		
Other method(s) used	Describe:		

Post-assault hygiene/activity (non-applicable if over 72 hours):

Activity	Yes	No	
Urinated			
Defecated			
Genital wipe/wash			
Bath/shower			
Douche			
Removed/inserted tampon			
Removed/inserted sponge			
Removed/Inserted diaphragm			
Brushed teeth			
Oral gargle/swish			
Changed clothing			

Pertinent medical history: _____

Last menstrual period (if applicable): _____

Recent (60 days) anal-genital injuries, surgeries, diagnostic procedures or medical treatment which may affect physical findings?

If yes, describe:

Consenting intercourse within past 72 hours? If yes, approximate date/time:

4. Hospital and Examiner's data _____

Hospital identification information _____

Personnel involved during examination (include Name and Phone number):

Name of Examiner _____

License No of Examiner _____

Signature of Examiner _____

Arrange follow-up for STD, pregnancy, injuries, and provide referrals for psychological care, if applicable.

ANNEX 6B

VOT CASE PLAN

DATE_____

CASE FILE NO: _____

NAME: _____

DATE OF BIRTH: _____

AGE: _____

a) BRIEF CASE SUMMARY

b) WHAT ARE THE NEEDS OF THE VICTIM? (in order of priority)

c) WHAT DOES THE VICTIM THINK ARE HIS/HER STRENGTHS?

d) WHAT GOALS DOES THE VICTIM WANT TO ACHIEVE?

1. Short-term_____

2. Long-term_____

e) WHAT ARE THE ACTIONS NEEDED TO ACHIEVE THESE GOALS?

f) TIMELINE _____

VICTIMS SIGNATURE_____

CASE WORKER SIGNATURE_____

GENERAL WELL-BEING FORM

DATE: _____

CASE NUMBER: _____

NAME: _____

FEMALE _____ MALE _____

BIRTH DATE: _____

MINOR _____ ADULT _____

MARITAL STATUS: _____

CHILDREN: _____

1.How are you today? _____

2.How is your job/business if any? _____

3.How are your children/ husband? (if any) _____

4.When was the last time you ate? _____

5.Have you been sleeping well? _____

6.How did you come to the offices _____

7. Is there anything regarding your needs that you would like to tell me about? _____

8. Do you have any concerns or questions about the progress of your case? _____

BURNOUT TOOL

Are you Burning Out?

Review your life over the last six months, both at work and away from work. Then read each of the following items and rate how often the symptom is true for you.

1 = Rarely 2 = Sometimes true 3 = Often true 4 = Frequently true 5 = Usually true

- | | |
|--|--------------------------|
| 1. I feel tired even when I've had enough sleep | <input type="checkbox"/> |
| 2. I often feel dissatisfied | <input type="checkbox"/> |
| 3. I feel sad for no apparent reason | <input type="checkbox"/> |
| 4. I am forgetful | <input type="checkbox"/> |
| 5. I am irritable and snap at people | <input type="checkbox"/> |
| 6. I am withdrawn and keep to myself | <input type="checkbox"/> |
| 7. I have trouble sleeping, I wake up frequently during the night or too early | <input type="checkbox"/> |
| 8. I get sick a lot. I've used most or all of my sick time | <input type="checkbox"/> |
| 9. My attitude about work is, "why bother" | <input type="checkbox"/> |
| 10. I get into conflicts with others | <input type="checkbox"/> |
| 11. My job performance is not its best | <input type="checkbox"/> |
| 12. I use alcohol or drugs to feel better | <input type="checkbox"/> |
| 13. Communicating with other is a strain | <input type="checkbox"/> |
| 14. I can't concentrate like I once could | <input type="checkbox"/> |
| 15. I am easily bored | <input type="checkbox"/> |
| 16. I work hard but accomplish little | <input type="checkbox"/> |
| 17. I feel frustrated | <input type="checkbox"/> |
| 18. I don't like going to work | <input type="checkbox"/> |
| 19. Social activities are draining | <input type="checkbox"/> |
| 20. Sex is not worth the effort | <input type="checkbox"/> |

SCORING:

- 20-40 You're doing well.
- 41-60 You're OK—if you take preventative action.
- 61-80 You're a candidate for burnout.
- 81-100 You're burning out.

(Potter, 2005)



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www.haartkenya.org