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Caring for those who care: Supporting refugee and migrant survivors of human trafficking with parenting responsibilities

Facilitator's manual

A training for first line responders

Created by the International Rescue Committee as part of the DIRECT project

2025

Co-funded by the European Union. The views and opinions expressed are, however, those of the authors only and do not necessarily reflect those of the European Union or the European Commission. Neither the European Union nor the granting authority can be held responsible for them.

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INTRODUCTION

Welcome to the facilitator's manual for the "Caring for those who care: Supporting refugee and migrant survivors of human trafficking with parenting responsibilities" training! This training was created by the International Rescue Committee as part of the EU-funded[1] project DIRECT (***D***evelop coord***I***nation with mig***R***ants to ***E***nhance in***C***lusion of ***T***rafficked persons). This manual is the second updated version of its kind and is intended for facilitators to prepare and deliver this training to first line responders working with refugees and migrants with parenting responsibilities who have survived exploitation and human trafficking.

The International Rescue Committee

The International Rescue Committee (IRC) is a non-governmental organization that supports people affected by war and other crises to ensure their survival and help them rebuild their lives. Since its founding in 1933, the IRC has been providing life-saving aid, particularly to refugees and people on the move. Today, the IRC works in more than 50 countries around the world and is playing a major role in developing new, evidence-based approaches to protecting and empowering vulnerable people, including those at risk and survivors of human trafficking.

How did this training come about?

The DIRECT project aims to prevent human trafficking through solid cooperation with migrants and refugees and to promote the integration of third-country nationals who have been trafficked. The project is based on a partnership that brings together organizations from Germany, Greece, Italy, the Netherlands and Spain. Given the existing gaps in the field of trafficking prevention and access to protection, rights and support services for trafficked persons in the EU Member States where the consortium organizations operate, the project aims to promote the early identification of trafficked persons and, at the same time, their socio-economic integration into the host societies. The project ran from April 2023 to May 2025.

This training was developed by the IRC based on its experience in implementing parenting skills interventions as part of its *Families Make the Difference* (FMD) program and its learnings within the anti-trafficking program. Parenting skills interventions aim to promote the wellbeing of children and young people from forced migration backgrounds by improving their parents' stress management skills, parent-child relationships and positive parenting practices. As part of DIRECT, the FMD approach has been adapted to meet the unique needs of third-country survivors of exploitation and human trafficking with parenting responsibilities. The adaptation was informed by a needs assessment of caregivers who have survived trafficking conducted by the IRC in August 2023 in Munich, Germany.

Contact

If you have any questions about this training, please contact the German office of the International Rescue Committee at schutzundrechtsberatung@rescue.org.

Suggested citation

International Rescue Committee (IRC). (2025). *Caring for those who care: Supporting refugee and migrant survivors of human trafficking with parenting responsibilities. Facilitator's manual: A training for first line responders*. 2nd ed. Edited by Y. Snigirev. DIRECT Project.

[1] AMIF-2022-TF1-AG-THB.

INFORMATION FOR THE FACILITATOR ABOUT THE TRAINING

Who is the training for?

The target group of this training are first line responders who work directly with refugee and migrant survivors of trafficking with parenting responsibilities. In this training, the umbrella term "first line responders" refers to people who are in direct contact with refugee and migrant survivors of trafficking, and can include different professional profiles such as social workers, psychologists, community shelter workers, volunteers, etc. First line responders may have different educational and professional backgrounds and different levels of knowledge about the topics covered in the training. Therefore, this training is designed for participants with little or no prior knowledge of the topics addressed.

What are the objectives of the training?

It is expected that by the end of this training the participants will be able to:

→ demonstrate basic knowledge about human trafficking and the specific vulnerabilities of refugee and migrant survivors of trafficking with parenting responsibilities.
→ support the overall wellbeing of refugee and migrant survivors of trafficking and apply practical tools to assess stress-reactions and provide empowering, trauma-informed stress management support.
→ strengthen parenting behaviors of refugee and migrant caregivers who survived human trafficking, applying a survivor-centered approach.
→ understand the importance of a nurturing child-caregiver relationship and design and set up a support group for caregivers.

Who can facilitate the training?

The training facilitator should have at least a sound basic knowledge of the topics covered. At the beginning of each module, it is stated what background knowledge the facilitator needs in order to be able to conduct the module and from which sources this knowledge can be obtained. It is expected that the facilitator will at least be familiar with the sources provided and themes covered in the training.

How is this training manual structured?

This training consists of the following parts:

→ **Information sheet and collection of resources "Mental health of first line responders"**
This section provides a collection of training materials designed to support different profiles of first responders working in high-stress environments to maintain their own wellbeing. Regardless of the professional and educational background, current position and experience of the participants, the facilitator is highly encouraged to include time for reflection on self-care and resilience-building strategies during the training. Some of the topics covered in this training may cause distress or discomfort for first line responders. In some cases, they could even trigger more severe stress responses. Therefore, it is important for all first line responders participating in this training to prioritize their own mental wellbeing to be able to support others. The resources provided in this section can be used to prepare and conduct such a reflection session, tailored to the needs of the participants.

→ **Module 1 "Human trafficking and the specific vulnerabilities of survivors who are caregivers"**
This module provides an overview of what trafficking is, the most common forms of exploitation and recruitment, and encourages reflection on the factors that make the situation of caregivers who have survived trafficking particularly vulnerable.

→ **Module 2 "Supporting wellbeing and stress management in migrant caregivers who have survived human trafficking"**
This module explores the impacts of human trafficking on the overall wellbeing of survivors and outlines practical approaches to support. Moreover, the module provides a basic understanding of stress and stress reactions commonly faced by migrant caregivers who have survived trafficking and introduces effective methods for supporting stress management.

→ **Module 3 "Supporting parenting behaviors in survivors of human trafficking"**
This module examines the effects of human trafficking on parenting behaviors and outlines strategies to strengthen caregiving, self-care, and support-seeking behaviors in caregivers who have survived trafficking. It also incorporates the practical application of a survivor-centered approach, offering strategies to foster agency and provide relief of caregivers in both group and individual support sessions.

→ **Module 4 "Understanding caregiver-child relationships and IRC's *Families Make the Difference* parenting interventions"**
This module focuses on increasing understanding of how children can be affected by caregiver stress and the importance of a nurturing relationship between caregiver and child. Moreover, based on IRC's *Families Make the Difference* approach, this module introduces IRC's concept of parenting intervention and provides information on how to set up a support group for caregivers.

How to use the training materials?

These training materials are intended to provide facilitators with the training structure, information and resources needed to prepare and deliver training that gives participants a comprehensive understanding of the topics. However, the facilitator is expected to adapt these materials to the local context in which the participants are working, and to their specific training needs in relation to the topics presented. Although the modules are linked together, they can be used independently of each other. For example, the facilitator can omit modules on which participants may already have existing knowledge or teach the modules in the most relevant order.

What materials does this training consist of?

The key document of this training is the present manual for the facilitator. Each module provides a summary of the key aspects of the respective topic and the possible structure of the training. The manual also indicates the time required to complete each module and each part of each module, the materials and equipment needed to prepare and conduct each module, and exercises. In addition, the manual provides ideas for assessing the knowledge that the participants have gained. At the end of each module, the facilitator will find a list of further reading and resources that they can use to gain or deepen their knowledge of different aspects of the topic; if necessary, the facilitator can select reading and resources from this list to recommend to the training participants.

In the Appendices section, the facilitator will find handouts for exercises to be given to participants, and additional documents for the facilitator and/or participants that are necessary for understanding the training content. The facilitator can access the accompanying PowerPoint presentation for each module using the links on the right. These presentations can be customized by the facilitator to meet the training needs of the participants.

Presentation Module 1	Presentation Module 2
Presentation Module 3	Presentation Module 4

How long does the whole training take?

To deliver all the modules of this training (including an optional exercise in Module 4) will take approximately 15 hours 20 minutes. Breaks are not included, but it is recommended that the facilitator provides a break for training participants approximately every 60-90 minutes.

What formats can this training be delivered in?

At the beginning of each module, the materials and equipment needed to prepare and deliver the module in both an in-person and online setting are indicated. Instructions are also provided for each exercise on how it can be carried out both online and in-person. The ideal group size for both in-person and online sessions is between 10 and 15 participants.

How to get started: Establishing effective group dynamics

To create a productive working atmosphere and positive group dynamics at the beginning of the training, the facilitator should create an environment in which participants feel safe, respected, and ready to engage. Whether participants know each other or not, and whether the training takes place in person or online, the facilitator can begin with a group icebreaker or introduction that builds trust from the start, such as asking participants to share something personal but not overly intimate.

The facilitator should also offer the group the opportunity to agree on group rules for working together, especially for group discussions. These rules should be clear and respectful. The facilitator can offer some examples, such as active listening, speaking one at a time and not interrupting each other, and respecting the personal boundaries of others, and then invite participants to suggest additional rules.[2]

To ensure that the space remains sensitive to personal boundaries, a "safe word" or a signal can be introduced so that participants have a way to indicate when a topic becomes too personal and difficult for them to discuss.

[2] To get additional ideas and inspiration on fostering a positive and effective group dynamic, the facilitator can refer to resources such as: Hunter, 2009; Kanes, 2014.

GLOSSARY

Caregiver: A person who takes legal or customary care of a child or a group of children. In this training, the term "caregiver" is used in preference to "parent" to acknowledge that caregiving responsibilities may fall on people who are not biological parents. In the context of trafficking, the distinction between "caregiver" and "parent" can be important, as biological ties can be the very thing that is abused, for example, when parents are themselves perpetrators, trafficking their children for the purposes of forced marriage, sexual or labor exploitation, illegal adoption, etc.

Client: In these training materials, the term "client" is used to refer to individuals or groups who receive direct support, services and interventions designed to meet their basic needs and improve their social functioning and overall wellbeing.

Human trafficking: 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 (cf.: Palermo Protocol 2000, Art 3).

Parenting: A process, activity and interaction relating to the upbringing and education of a child, carried out by parents or other caregivers in everyday life, with the aim of promoting the child's growth, development and wellbeing (cf.: Virasiri et al., 2011, p. 1111).

Safe space: A physical or digital space where people experiencing discrimination and marginalization feel safer than in the everyday world, where they feel valued and comfortable to share their experiences, and where they can empower each other.

Survivor of trafficking: A person who has experienced human trafficking and whose exploitation has ended. This training uses the term "survivor" rather than "victim" to emphasize the resilience and agency of people who have experienced trafficking and to adapt the empowering and survivor-centered perspective.

Third-country national: A person who is a national of a country outside the European Union and the European Economic Area.

Victim of trafficking: A person whose experience of exploitation qualifies as human trafficking and has not yet ended. This training uses the term "survivor" rather than "victim" to emphasize the resilience and agency of people who have experienced trafficking and to adapt the empowering and survivor-centered perspective. Therefore, the term "victim" is used only when explicitly referring to an ongoing trafficking situation. Additionally, among professionals the term "victim" is used in a legal context, such as when referring to the rights to which survivors of human trafficking are entitled.

ABBREVIATIONS

DSM: American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders.

IOM: International Organization for Migration.

IRC: International Rescue Committee.

FMD: IRC's Families Make the Difference Program.

Palermo Protocol: United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, 2000.

PTSD: Post Traumatic Stress Disorder.

UN: United Nations.

ACKNOWLEDGEMENTS

This training manual was developed thanks to the contributions of (in alphabetical order by surname): Micol Alberizzi, Dr. Sabine Bauer-Amin, Stefanie Gaumert, Yury Snigirev, Marina Solecki.

We acknowledge the invaluable technical support and inspiration of (in alphabetical order by surname): Israa Alassi, Nina Aleric, Camilla Fabozzi, Marina Gysin, Eva Herrmann, Majdi Laktinah, Anna Lumma, Jian Mohamad, Mona Palm, Charlotte Prokop, Marleen Schreier, Tassilo Schuster.

Special thanks to the team of the specialized counseling center Jadwiga (Munich, Germany) and especially to its director Dr. Adina Schwartz for their great support in organizing and conducting a needs assessment with survivors of human trafficking on which this training is based.

Editor: Yury Snigirev.

MENTAL HEALTH OF FIRST LINE RESPONDERS

Research has shown that first line responders who work with vulnerable populations in high-stress environments – both professionals and volunteers – are at increased risk for mental health challenges (cf.: Knihs de Camargo et al., 2024; Straussner et al., 2018; Thormar et al., 2010; Vallières et al., 2025; Wieclaw et al., 2006; Wirth et al., 2019). People who are supported by first line responders, including survivors of human trafficking, have often experienced violence, abuse, and other traumatic events, precarious situations, and crises. Exposure to these experiences can be distressing for first line responders or even trigger severe reactions, especially when they resonate with first line responders' own personal experiences (cf.: Leung et al., 2023; Michalopoulos & Aparicio, 2010; Wirth et al., 2019). If first line responders do not take care of their own wellbeing, this exposure to the suffering of others can have a negative impact on their own mental health, and thus on their professional and personal lives (cf. Mette et al., 2020; Wirth et al., 2019).

It is not only the emotional demands of first line responders' work that can lead to mental health challenges. Structural deficiencies in their working environment can also have a negative impact on their psychological wellbeing. Heavy workloads, administrative barriers, limited resources due to lack of funding, the need to perform tasks for which they are not trained, or the lack of spaces for (self-)reflection such as guided or peer supervision can all negatively affect their mental health (cf. Wirth et al., 2019; Thormar et al., 2013). In addition, the experiences of first line responders may vary according to their age, race, gender and other characteristics, which may influence their health-seeking behaviors and thus lead to different health outcomes (cf. Straussner et al., 2018).

It is therefore crucial to prioritize and keep the mental wellbeing of first line responders in focus. This is a paramount task not only for leaders of the organizations in which they work, but also for first line responders themselves. By identifying self-care strategies that work well and incorporating them into their daily routines, first line responders can prevent the neglect and deterioration of their own mental wellbeing and thus maintain the quality and sustainability of the critical assistance they provide (cf. Mette et al., 2020; Wirth et al., 2019).

Facilitators of this training are therefore encouraged to provide an opportunity and space for participants to reflect on their own mental health challenges that they may encounter while working with refugee and migrant survivors of trafficking, and on self-care practices that would equip them in maintaining their wellbeing and building resilience. The list of resources below suggests some materials that the facilitator can use to prepare and guide such a reflection, based on the professional profiles and needs of the training participants.

Resource	**QR Code and Link**
Novak, A.D. (2020). *Self-care manual for humanitarian aid and development workers*. Plan International. **Who for?**: *Humanitarian and developmental workers* **Languages?**: *Arabic*, *English* *This tool is designed to foster a self-care culture among practitioners in the humanitarian and developmental sector. It offers actionable strategies to alleviate stress and improve wellbeing and resilience.*	Link [Accessed on 15 May 2025]

The National Mental Health Programme (NMHP) at the Ministry of Public Health (MOPH) & ABAAD. (2018). *Self-care manual for front-line workers*.

Who for?	**Languages?**
Child protection and gender-based violence professionals	*English*

This tool aims to provide child protection and gender-based violence professionals with evidence-based techniques to help them cope with the psychological challenges of the high-stress environments in which they work. The manual provides practical tools to promote self-care, resilience and wellbeing.

Link
[Accessed on 15 May 2025]

Spyridou, A., Dakroub, K., Lopez Charles, L., Adele Salem, M., Hedar, M., Ataya, O., Hassoun, T., Kotait, W. (2017). *The mental health manual (MHPSS training pack).*

Who for?	**Languages?**
Humanitarian workers	*English*

Chapter Five of this manual aims to promote effective self-care among humanitarian workers by describing common sources of stress, helping them to recognize signs of stress, and providing recommendations and tips for stress management and self-care.

Link
[Accessed on 15 May 2025]

World Health Organization, War Trauma Foundation and World Vision International. (2011). *Psychological first aid: Guide for field workers*. WHO: Geneva.

Who for?	**Languages?**
Field workers – people in a position to help others (teachers, health care workers, volunteers, etc.)	*Arabic* *Chinese* *English* *French* *Portuguese* *Russian* *and other languages*

This guide is intended for people who are in a position to help those who have experienced stressful events, such as teachers, health care workers, volunteers, etc. Chapter 4 of this guide discusses the importance of self-care and suggests strategies for coping with stress.

Link
[Accessed on 15 May 2025]

World Health Organization, War Trauma Foundation and World Vision International. (2011). *Psychological first aid: Facilitator's manual for orienting field workers*. WHO: Geneva.

Who for?	**Languages?**
Facilitators orienting field workers – people in a position to help others – to offer psychological first aid	*Afrikaans* *Chinese* *English* *Ukrainian* *and other languages*

This manual is designed to assist facilitators in training field workers to provide psychological first aid. It accompanies the resource "Psychological First Aid: Facilitator's Manual for Orienting Field Workers". The "Self and Team Care" section of this manual provides guidance on how facilitators can facilitate a session on self and team care and strategies for self-care before, during, and after helping in crisis situations.

Link
[Accessed on 15 May 2025]

IFRC Reference Centre for Psychosocial Support. (2018). *A guide to psychological first aid for Red Cross and Red Crescent Societies*. Copenhagen: IFRC Reference Centre for Psychosocial Support.

Who for?	**Languages?**
Humanitarian workers and volunteers	*Arabic* *Chinese* *English* *French* *Japanese* *Polish* *Ukrainian*

This guide provides general information on psychological first aid. The section "Self-care: Look, Listen, Link" (pp. 89-96) describes how humanitarian workers affected by providing assistance in a crisis can manage their own wellbeing and cope with stress.

Link
[Accessed on 15 May 2025]

International Federation of Red Cross and Red Crescent Societies. (2009). *Managing stress in the field* (4th ed). Geneva: International Federation of Red Cross and Red Crescent Societies.

Who for?	**Languages?**
Humanitarian workers	*English*

This practical handbook provides an overview of the different types of stress to which humanitarian workers are exposed and the symptoms associated with them. It outlines strategies that humanitarian workers can use to manage their own stress and avoid potential risks to their mental and physical health.

Link
[Accessed on 15 May 2025]

International Organization for Migration (IOM), the Mental Health & Psychosocial Support Network (MHPSS.NET), Regional Psychosocial Support Initiative (REPSSI), Save the Children, United Nations Children's Fund (UNICEF), and WHO. (2020). *Basic psychosocial support skills: A guide for service providers at points of entry in Eastern and Southern Africa*. Nairobi.

Who for?	**Languages?**
Different profiles of service providers at international points of entry as well as volunteers and community workers	*English*

The second section of this guide provides information and techniques on how the target group can support their own wellbeing in a challenging work environment, with a focus on the COVID-19 pandemic situation.

Link
[Accessed on 15 May 2025]

Inter-Agency Standing Committee (IASC). (2020). *Basic psychosocial skills: A guide for COVID-19 responders*.

Who for?	**Languages?**
Different profiles of COVID-19 responders	*Available in more than 40 languages*

This guide aims to equip responders with essential psychosocial skills as they perform critical functions during the COVID-19 pandemic. Module 1 provides basic knowledge on how the target group can support their own wellbeing.

Link
[Accessed on 15 May 2025]

World Health Organization (WHO). (2020). *Doing what matters in times of stress: An illustrated guide*. WHO: Geneva.

Who for?	**Languages?**
Anyone who experiences stress	*Available in more than 40 languages*

This illustrated guide gives readers the practical skills they need to manage stress and can be used by anyone, regardless of profession or background, on a daily basis.

Link
[Accessed on 15 May 2025]

Yemen Red Crescent Society. (2021). *Community-based psychosocial support training manual for staff and volunteers*. Sanaa: Yemen Red Crescent Society.

Who for?	**Languages?**
Professionals and volunteers providing community-based psychosocial support	*Arabic* *English*

This training manual provides a basic introduction to community-based psychosocial support. Module 10 "Peer support and self-care" teaches participants to identify work-related stressors, understand the basic principles of peer support, and enhance their self-care strategies.

Link
[Accessed on 15 May 2025]

MODULE 1

HUMAN TRAFFICKING AND THE SPECIFIC VULNERABILITIES OF SURVIVORS WHO ARE CAREGIVERS

BACKGROUND INFORMATION

Total time required to complete this module: ca. 2 hours 40 minutes.

Materials and equipment needed to prepare for and deliver this module

To deliver this module in an in-person setting, the facilitator needs a large room for participants to move around, a flipchart, markers, facilitation cards or sticky notes, and a rope (if available). There should also be a pinboard or wall space available for posting cards. If the facilitator wants to use a PowerPoint presentation, a projector will also be needed. The facilitator should ensure that the room is quiet, accessible to all participants, and conducive to confidentiality.

To deliver this module online, the facilitator needs a video communication software platform that allows for interaction, chat, and breakout groups, as well as a stable internet connection. Participants need a smartphone or computer with a functioning microphone and camera.

The PowerPoint presentation for this module is available at the QR code in the Introduction section. The handout for Exercise 2 can be found in Appendix 1a. The List of further reading and resources for the facilitator can be found at the end of this module.

How to teach this module? Useful information for the facilitator

In order to facilitate this module, the facilitator needs to have a general knowledge of what human trafficking is and what forms of exploitation and recruitment methods exist. Knowledge of how to recognize human trafficking, why it is difficult to detect (and why the number of unreported cases is therefore estimated to be high), and prevention strategies is an advantage. To acquire this general knowledge, the facilitator can consult the list of further reading and resources.

Since this module is based on the international perspective on human trafficking and does not take into account any specific national context, knowledge of anti-trafficking legislation and the survivor support system in the country where participants work is essential. In addition, the facilitator should know how the participants can best proceed if they suspect human trafficking in their daily work. Please note that this module does not aim to provide comprehensive knowledge about human trafficking and train participants on how to recognize and prevent it. The aim of this module is to create a general understanding of the topic and to stimulate reflection on why the situation of caregivers who have survived trafficking is particularly vulnerable, what interventions are possible, and what attitude of participants is key to best support this target group.

Module structure

This module consists of an introduction, two info blocks, two exercises, and a final evaluation of what the participants have learned. The introduction includes the objectives of the module and the exercise 1 aimed at initial reflection on human trafficking. The first info block provides a basic knowledge about human trafficking. The second info block focuses on trafficking as an abuse of vulnerabilities. The exercise 2, which is part of the second info block, aims to stimulate reflection on why the situation of caregivers with refugee backgrounds who have survived trafficking is particularly vulnerable and how the factors that contribute to their vulnerability can be addressed. The final knowledge evaluation contains questions that can be used both before and after the module to assess knowledge gain.

INTRODUCTION

Time: ca. 30 minutes.
Aim: The aim of this section is to present the objectives and the agenda of the module and the group rules (or to repeat them if they have already been introduced). The aim of the exercise 1 is to get participants to start reflecting about the topic and to understand how the concept of human trafficking can be differentiated from related key concepts.

Module objectives

By the end of this module the participants will be able to:

→ define human trafficking in terms of the Palermo Protocol and distinguish it from related key concepts.
→ demonstrate knowledge of the most common forms of exploitation and methods of recruitment.
→ indicate why the situation of caregivers from third countries who have survived trafficking is particularly vulnerable.

EXERCISE 1: Exploring the boundaries of the concept "human trafficking"

Materials/Equipment:

In-person setting: A spacious room where participants can move around and position themselves on the line, two cards labeled with "AGREE" and "DO NOT AGREE", a rope (if available).

Online setting: Each participant has their own camera that can be turned on and off.

Instruction:

In-person setting: A line is marked on the floor (e.g., with a rope); one side of the line is labeled "AGREE" and the other is labeled "DO NOT AGREE". Participants position themselves according to their agreement with the facilitator's statements (listed below). The facilitator then encourages discussion by asking participants to explain their choices, fostering contrasting opinions. The facilitator should make sure that everyone feels valued and that all opinions are acknowledged.

Online setting: Participants are asked to turn on their cameras. They express agreement by leaving their cameras on and disagreement by turning them off. The facilitator then asks participants to turn their cameras back on and give reasons for their positions, encouraging contrasting opinions and stimulating discussion. The facilitator should make sure that everyone feels valued and that all opinions are acknowledged.

Statements to be asked by the facilitator:

→ Human trafficking always involves physical violence (the answer is NO)

Background information: Violence – both physical and psychological – is present in many trafficking cases. However, there are cases that involve no physical violence at all, and trafficked persons are subjected to more subtle forms of control and coercion. For example, traffickers may use the "lover boy method" to emotionally manipulate their victims by pretending to be in a romantic relationship with them. By taking advantage of their trust, perpetrators create a bond or dependency and ultimately coerce them into sexual or labor exploitation. Victims of the "lover boy method" are often unaware that they are being exploited. Human trafficking can also occur within family environments, with the perpetrator often being a family member. In these cases, the family ties between the trafficker(s) and the victim(s) enable the exploitation. Sometimes people are born into exploitative relationships that become normalized, so they do not realize the situation is abusive. From a global perspective, perpetrators usually use subtle means to recruit victims

but become increasingly violent during the exploitation: Only in a small number of cases is physical violence used as a means of recruitment.

→ Human trafficking and human smuggling are the same thing (the answer is NO)

Background information: According to international legal definitions, the terms "smuggling of migrants"[3] and "trafficking in persons" refer to different phenomena. The main difference lies in the ultimate goal. The goal of traffickers is to exploit their victims, not necessarily for financial profit, while the goal of smugglers is to obtain financial or other material benefits by facilitating irregular entry into a country. At the same time, smuggling and human trafficking are often intersecting in the reality of people on the move.

→ A begging child, a drug dealer, a sex worker in a brothel: all three persons can be victims of human trafficking (the answer is YES)

Background information: Human trafficking encompasses a wide range of forms and contexts of exploitation and methods of recruitment. Official UN statistics show that sexual and labor exploitation are among the most identified forms of exploitation worldwide (cf.: UNODC, 2024). Other less common (or less discovered) but globally widespread forms of exploitation include domestic servitude, forced begging and forced criminality (cf.: UNODC, 2024). Both children and adults can be trafficked. According to global statistics, children account for up to approximately one-third of all identified trafficking cases (UNODC, 2022, p. 25).

INFO BOX
What is exploitation?
There is no legal definition of what exploitation is in international law. The Palermo Protocol only lists some examples of what exploitation can be without defining the term (Jovanovic, 2020). It is indeed difficult to define what counts as exploitation. Forced labor is undoubtedly exploitation, but what if the worker receives a salary, but the employer could pay them more considering the worker's qualifications and compared to the salary the worker could receive from other employers? Or is it exploitation when a person is forced into prostitution by economic hardship and takes a conscious decision to take the job? Regardless of how exploitation is defined in different contexts, the abuse of a position of vulnerability can be seen as a key aspect to understand it.

National laws have some provisions against exploitation, for example in their labor laws, criminal laws, or tenancy laws. However, these laws do not apply to everyone. An irregular migrant can only enjoy a lower level of protection by the standards of national law, which exacerbates their position of vulnerability.

INFO BLOCK 1: Human trafficking: Basics

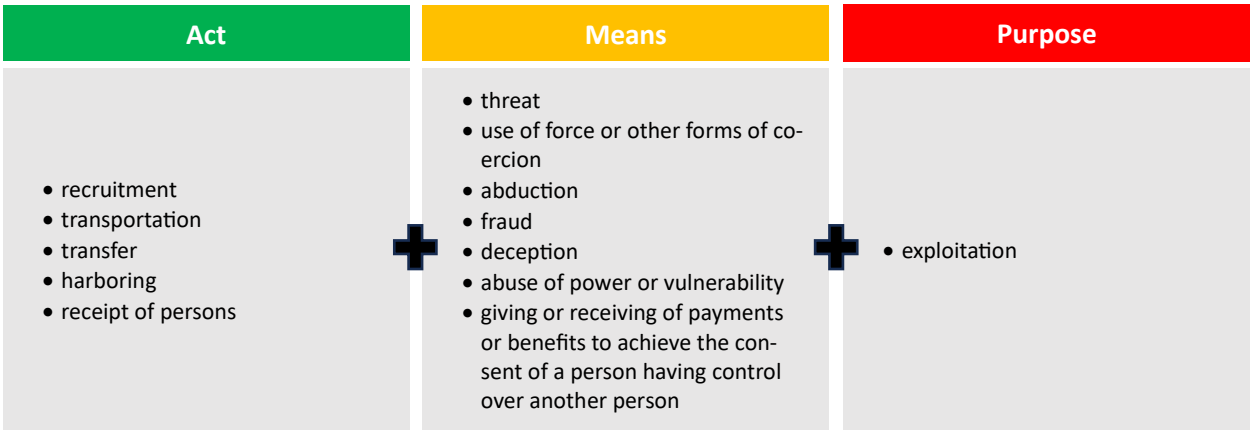
Time: ca. 30 minutes.
Aim: The aim of this info block is to provide participants with a basic understanding of the phenomenon of human trafficking, focusing on its definition under international law and the common forms of exploitation.

INPUT: What is human trafficking?

The term "human trafficking" (which may be used interchangeably with the terms "trafficking in persons" and "trafficking in human beings") has an internationally recognized definition. This was laid down in the *Protocol to prevent, suppress and punish trafficking in persons, especially women and children*, which was adopted as part of the UN Convention against transnational organized crime. As the Protocol was opened for signature in Palermo in 2000, it is often referred to as the Palermo Protocol.

According to the Palermo Protocol, an offense can be classified as "human trafficking" if the following three elements can be identified: ACT, MEANS and PURPOSE.

[3] The legal definition of the term "smuggling of migrants" can be found in Art. 3 of the 2000 Protocol against the smuggling of migrants by land, sea and air, supplementing the United Nations Convention against transnational organized crime (UN, 2000a).



If a situation is characterized by one of the actions that constitute the ACT and one that constitutes the MEANS and by exploitation as the PURPOSE, the situation can be classified as human trafficking. If the offense is committed against a child, it is irrelevant whether any of the listed MEANS were used.

The Palermo Protocol has been ratified by almost all countries[4]. At the same time, each country that has ratified it sets its own priorities when defining human trafficking. Therefore, the national definitions of this term may be further adapted to the national contexts.

INPUT: What are the common forms of exploitation in human trafficking?

According to the UN, the majority of human trafficking cases identified worldwide are for the purposes of sexual and labor exploitation. Currently, the majority of survivors of sexual exploitation identified globally are female while the majority of survivors of labor exploitation are male (UNODC, 2022, pp. 33,36).

Sexual exploitation can take various forms, such as forced prostitution or depictions of sexual abuse. It can take place in different locations: in public (e.g. bars, clubs or brothels), in private (homes, hotels, etc.) and online. Labor exploitation can also take various forms and take place in different sectors, e.g. in agriculture, fishing, domestic work, construction, food processing etc.

INFO BOX
How many people get into human trafficking?
Statistics on human trafficking are unreliable. This is in part due to an assumed large dark figure. Official government statistics for 2020-2021 report only around 46.000 identified cases worldwide (see UNODC 2022 Global Report on Trafficking in Persons). At the same time, the "Global Slavery Index" estimates that approximately 50 million people were living in "modern slavery" on any given day in 2021.

Besides sexual and labour exploitation, there are other forms. As of 2025, the European Union officially recognizes by explicitly naming in its so called Anti-Trafficking Directive such other forms of exploitation as exploitative begging, slavery or practices similar to it, servitude, forced criminality, organ removal, the exploitation of surrogacy, of forced marriage, and of the illegal adoption (EU, 2024). It is possible that the officially recognized forms of exploitation will change in the future, as new forms always emerge. It is also important to note that a person may experience two or more forms of exploitation simultaneously (UNODC, 2022, p. 37).

[4] To access the list of countries that have signed and ratified the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, see: UN, n.d.

INFO BLOCK 2: Human trafficking as an abuse of vulnerabilities

Time: ca. 1 hour 30 minutes.
Aim: The aim of this info block is to give participants an understanding of why human trafficking can be understood primarily as an abuse of vulnerability. The aim of exercise 2 is to reflect on factors that contribute to the particular vulnerability of refugee caregivers who are survivors of trafficking. In addition, the exercise aims to explore the range of possible interventions, their limitations depending on the position, knowledge and skills of the training participants, as well as their attitudes when supporting survivors of trafficking.

INPUT: Who gets into trafficking?

Contrary to the stereotype that a trafficked person is usually poor and with little education, people of any gender, education, ethnicity, and economic background can be affected by trafficking. Furthermore, both migrants and citizens of the respective country can get into trafficking: For human trafficking, it is irrelevant whether an international border has been crossed, and statistics show that most human trafficking takes place within national borders (UNODC, 2024, p. 59).

However, the decisive factor is how *vulnerable* a person is to human trafficking. Vulnerabilities can be, for example, economic hardship, belonging to a marginalized group, uncertain residence status, barriers to accessing the labor market, previous experience with exploitation or overstepped boundaries, negative childhood experiences, missing access to support systems or substance dependence. A person who has just arrived in a country, does not know the language or their rights, has no support network such as relatives or friends, and cannot obtain legal employment because they do not have a work permit has greater needs and is therefore more likely to be targeted by traffickers than someone who was born in that country, speaks the language, knows their rights and have access to the labor market regularly. Or, to take another example, a young non-heterosexual man born into a dysfunctional family is at greater risk of being trafficked than a heterosexual young man from a loving family where there is no abuse or neglect and where members respect each other. As these examples show, different vulnerabilities often overlap deteriorating a person's situation. Overlapping vulnerabilities are referred to as *intersecting vulnerabilities*.

It is crucial to see vulnerability not as a "deficit" of the individual, but rather as a deficit of the society in which people are structurally discriminated against and have unequal access to rights. Exclusionary practices, discriminatory biases, and racism embedded in the norms, structures, and institutions of a society leave those who do not belong to privileged groups marginalized and socioeconomically and politically vulnerable. People from marginalized communities are disproportionately at risk of being targeted by traffickers who exploit systemic inequalities, as abuse and exploitation of such communities is often widely accepted, allowing perpetrators to go unpunished (OSCE, 2024, p. 18). Discriminatory biases and lack of understanding of human trafficking also lead to exclusion from protection (OSCE, 2024, p. 17; U.S. Department of State, 2025). For instance, law enforcement authorities may perceive trafficked persons as perpetrators or charge victims for crimes they were forced to commit while being trafficked (OSCE, 2024, p. 27). Failure to identify trafficked persons as such not only prevents them from accessing their rights, but can also lead to forced return, prosecution, family separation, etc. (OHCHR, 2021; U.S. Department of State, 2025). In addition, structural discrimination, such as systemic racism, can affect whether trafficked persons recognize what they are experiencing as exploitation (U.S. Department of State, 2025). But even if they do, they may not seek support because of, for example, mistrust in authorities, especially the police, or fear of retaliation or exclusion from their communities, especially if the trafficker is a family or community member (OSCE, 2024, p. 27-28).

INPUT: How does trafficking begin?

Traffickers target vulnerable people by promising to address their needs. For example, when recruiting for sexual exploitation, perpetrators may offer material support such as quick money or a place to live. Sometimes it is enough to make the prospective victim feel like they belong, are loved and allegedly protected by the trafficker. Labor exploitation often begins with the offer of a job, which then turns into exploitation because the job is not paid at all or not adequately, the working conditions are abusive, and the victim is deterred from leaving the job by physical or psychological violence. In general, perpetrators use subtle means to recruit victims (UNODC, 2022, p. 26), but become increasingly violent during the exploitation. Only in a small number of cases is physical violence used as a means of recruitment (UNODC, 2020, p. 52).

INFO BOX

How to recognize human trafficking?

Various indicators or "red flags" can indicate human trafficking. The standard indicators can be useful for different actors, such as police, social workers or teachers. The indicators help to assess whether further action is required: If several indicators are present, a suspicion should be raised, and a specialized anti-trafficking agency should be contacted. A list of basic indicators can be found, for example, on the UNODC website (see QR code).

The fewer social and societal "safety nets" a person has, the greater the risk of getting into trafficking. For example, if a migrant has no or limited social network in their new country, such as relatives or friends, they may be more likely to turn to unverified contacts to find accommodation or a way to generate income, which increases the risk of being recruited by traffickers. Generally speaking, the more isolated a person is, the more dependent they are on the perpetrator. Therefore, isolation is one of the main reasons for getting into trafficking, and it is a method widely used by traffickers to recruit victims and maintain situations of exploitation.

Trafficking can occur at any point in a person's biography. People on the move can be approached by traffickers in countries of origin, while they are in transit, or when they arrive in a new country. The initial period after arrival, which is typically characterized by uncertainty, can be particularly difficult and new arrivals are particularly vulnerable to exploitation.

INPUT: What are the survivors' vulnerabilities after trafficking?

The end of trafficking does not mean the end of the survivor's vulnerable situation. Studies show that the risk of revictimization, i.e. falling back into trafficking, is highest in the first two years after exiting the trafficking situation (cf.: IOM, 2010, p. 11). Therefore, survivors of trafficking need long-term and continuous support in order to rebuild their lives, to act freely and to be able to make decisions about their future.

Survivors are often unable to find secure employment (e.g. due to legal barriers to accessing the labor market). Due to the associated financial hardship, they are unable to afford their own safe and long-term accommodation. Sometimes survivors decide to return to the perpetrator rather than to be homeless (Human Trafficking Foundation, 2015, p. 21). Financial obligations to the family at home, coupled with the absence of stable and secure employment, may also encourage revictimization (Anti-Slavery Commissioner & Rights Lab, 2021, p. 16). Migrants who have survived trafficking may also lack knowledge of the language, support services and their rights in the host country (Anti-Slavery Commissioner & Rights Lab, 2021, p. 22).

The vulnerabilities that existed prior to exploitation and might have deepened during the trafficking situation can still influence a survivor's life. For example, enormous psychological stress, including trauma, can aggravate the situation after trafficking. Moreover, there are cases where trafficked persons experience years of psychological manipulation by the perpetrator, leading to a sense of emotional connection that is fueled by abuse and reinforcement. This bond can result in a conflicting sense of loyalty to the trafficker making it extremely difficult for the survivor to break free and can lead to a desire to return to the trafficker.

This phenomenon is known as trauma bonding.[5] Also, the sense of loneliness that some survivors may experience should not be underestimated: Studies show that in some known cases, victims return to their exploiters because they cannot bear to be alone and lonely (Anti-Slavery Commissioner & Rights Lab, 2021, p. 18).

Survivors may also feel judged and ashamed because of the social stigma that may surround their exploitation. For example, in a society based on patriarchal gender norms, for men who have experienced sexual exploitation this may be one of the barriers preventing them from disclosing and seeking support (cf.: Mercera et al., 2024). As a result, these survivors may choose to return to their trafficker to avoid being stigmatized.

The situation of caregivers who have survived trafficking is usually characterized by several intersecting vulnerabilities. The recovery process after exploitation can slow down and the risk of revictimization can increase if these intersecting vulnerabilities of caregivers are not addressed in a timely manner.

EXERCISE 2: Case study Mary

Materials/Equipment:

In-person setting: A spacious room where participants can move around and form groups, the handout with the case study (see Appendix 1a).

Online setting: A video communication software platform with a breakout room function, the handout with the case study (see Appendix 1a).

Instruction: Participants form small groups (in-person setting) or are divided into breakout rooms (online setting). Each group is given a handout with the case study, which is first read and then discussed in the group. The results are then presented in plenary. The group discussion can be guided by the following questions:

1. Have you ever encountered a person in a similar situation in your work? If this person came to you for support, how did you respond? What was challenging and what went well?
2. If you were in Mary's situation, what would you need from the person you are asking for support to feel more secure and empowered?
3. What factors make Mary's current situation particularly vulnerable? How would you address these factors and support Mary in a solution-oriented and empowering way?
4. What issues are beyond your qualifications and need to be referred to other (more specialized) professionals?
5. What knowledge and skills do you need to support Mary?

Information for facilitators: the key points the discussion is intended to touch upon:

Mary is in a particularly vulnerable situation for several reasons. She has no support network like family or friends, which means she does not have alternatives for childcare and no time to process her recent experience of exploitation. Not having trusted contacts increases her risk of being revictimized: dealing with risks and problems is easier when you are not alone. One solution could be to set up a group where Mary and other women in similar situations can share their experiences and learn how to cope with challenges, eventually forming a supportive network (see Module 4).

Mary also seems mentally stressed and describes herself as "mentally disturbed". Referring her to specialized support services and providing information about mental health and stress responses can be

[5] For more on trauma bonding in the context of human trafficking: Office to Monitor and Combat Trafficking in Persons, 2020.

crucial (see Module 2). Another important way to support Mary is to help her structure her daily life: without a job or apprenticeship, her day lacks structure, adding to her stress.

Moreover, Mary is unaware of her rights and responsibilities as a mother in this country, and what the authorities can and cannot do. Providing her with this information can be an important part of the intervention. She may also not know the available support services, so it is crucial to inform her about these services and help her understand how she can seek the support she needs herself.

Even by describing her struggles, Mary shows she has a lot of expertise and her own unique way of dealing with problems. For example, she has her own way of talking to her son about negative emotions, which strengthens their relationship. An empowering approach would be to explore Mary's expertise and support her in tailoring her own response to her current situation.

When someone leaves an exploitative situation, they are not just a survivor but an expert in their own life. The role of a supporter, whether a social worker or a volunteer, is not to "rescue" them or tell them what to do, but to create a space for them to think about their own solutions and support them in achieving those solutions.

KNOWLEDGE EVALUATION

Time: ca. 10 minutes.

The following final knowledge evaluation questions can be asked both before undertaking the module to assess participants' prior knowledge and after the module to evaluate the knowledge gain:

1. *Must an offense involve physical or psychological violence in order to be classified as human trafficking?*
   ANSWER: No.
2. *Does human trafficking always involve an element of sexual abuse or exploitation?*
   ANSWER: No.
3. *Can only migrants get into human trafficking?*
   ANSWER: No.
4. *Is the risk of being trafficked higher if a person lives in a country in which they do not have a regular residence permit and have a poorer command of the language than in a country in which they regularly reside and whose language they speak?*
   ANSWER: Yes.
5. *Once the person has left the situation of exploitation, they are not vulnerable anymore?*
   ANSWER: No.
6. *Is the task of a professional working with survivors of human trafficking is to teach them how to cope with the current situation and to minimize their vulnerability?*
   ANSWER: No.

FURTHER READING AND FURTHER RESOURCES

Human trafficking: Global trends, regional analyses and country profiles

United Nations Office on Drugs and Crime (UNODC). (2024). *Global report on trafficking in persons 2024*. Retrieved from: https://www.unodc.org/documents/data-and-analysis/glotip/2024/GLOTIP2024_BOOK.pdf [Accessed on 15 May 2025].

United Nations Office on Drugs and Crime (UNODC). (2022). *Global report on trafficking in persons 2022*. Retrieved from: https://www.unodc.org/documents/data-and-analysis/glotip/2022/GLOTiP_2022_web.pdf [Accessed on 15 May 2025].

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U.S. Department of State. (2023). *Trafficking in persons report 2023*. U.S. Department of State. Retrieved from: https://www.state.gov/wp-content/uploads/2023/06/2023-TIP-Report.pdf [Accessed on 15 May 2025].

International and European legal framework on human trafficking

United Nations (UN). (2000). *Protocol to prevent, suppress and punish trafficking in persons, especially women and children, supplementing the United Nations Convention against transnational organized crime*. Retrieved from: https://www.ohchr.org/en/instruments-mechanisms/instruments/protocol-prevent-suppress-and-punish-trafficking-persons [Accessed on 15 May 2025].

Directive 2011/36/EU of the European Parliament and of the Council of 5 April 2011 on preventing and combating trafficking in human beings and protecting its victims, and replacing Council Framework Decision 2002/629/JHA. (2011). Official Journal of the European Union, L 101, 1-11. Retrieved from: https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX%3A32011L0036 [Accessed on 15 May 2025].

Council of Europe. (2005). *Council of Europe Convention on action against trafficking in human beings*. Retrieved from: https://rm.coe.int/168008371d [Accessed on 15 May 2025].

Understanding exploitation

Howard, N. (Ed.), Quirk, J., & Thibos, C. (Ed.). (2020). What is exploitation? Palermo Protocol 20th anniversary special edition. *Open Democracy*, pp. 1-45. https://www.opendemocracy.net/en/beyond-trafficking-and-slavery/twenty-years-trafficking-taking-stock-world-palermo-protocol-built/ [Accessed on 15 May 2025].

Protection of survivors: Political response

Organization for Security and Co-operation in Europe (OSCE). (2022). *National referral mechanisms - joining efforts to protect the rights of trafficked persons: A practical handbook*. (2nd ed.). Retrieved from: https://www.osce.org/odihr/510551 [Accessed on 15 May 2025].

Organization for Security and Co-operation in Europe (OSCE). (2023). *Putting victims first: The 'social path' to identification and assistance.* Retrieved from: https://www.osce.org/cthb/538452 [Accessed on 15 May 2025].

Understanding vulnerability

Arsenijević, J., Burtscher, D., Ponthieu, A., Severy, N., Contenta, A., Moissaing, S., Argenziano, S., Zamatto, F., Zachariah, R., Ali, E., Venables, E. (2018). "I feel like I am less than other people": Health-related vulnerabilities of male migrants travelling alone on their journey to Europe. *Social Science & Medicine* 209:86-94. DOI: 10.1016/j.socscimed.2018.05.038.

Baines, E.K. (2004). *Vulnerable bodies: Gender, the UN and the global refugee crisis*. Aldershot, Hants; Burlington, VT: Ashgate. DOI: 10.4324/9781315234458.

Bankoff, G. (2007). Comparing vulnerabilities: Toward charting an historical trajectory of disasters. *Historical Social Research 21*(3):103-114. Retrieved from: http://www.jstor.org/stable/20762224 [Accessed on 15 May 2025].

Brown, K., Ecclestone, K., & Emmel, N. (2017). The many faces of vulnerability. *Social Policy & Society* 16(3):497-510. DOI: 10.1017/S1474746416000610.

Gray, H., & Franck, A.K. (2019). Refugees as/at risk: The gendered and racialized underpinnings of securitization in British media narratives. *Security Dialogue* 50(3):275-291. DOI: 10.1177/0967010619830590.

Hruschka, C., & Leboeuf, L. (2019). Vulnerability: A buzzword or a standard for migration governance? *Population & Policy Compact, Policy Brief, 20*.

Keul, H. (2022). Resilience out of vulnerability: Perspectives from systematic theology in the discourse on vulnerability, vulnerance, and resilience. In: Schmidt, U. & Geiger, M. (Eds.), *Vulnerability, trauma, and resilience: Psalms and prophets as sources and resources* (Trauma Bible Series). Sheffield, UK: Sheffield Phoenix Press.

Kohlbacher, J. & Six-Hohenbalken, M. (2021). Vulnerability in contexts of flight: A critical analysis of multiple aspects of vulnerability among refugees. *ROR-N Blog*. Retrieved from: http://www.ror-n.org/-blog/vulnerability-in-contexts-of-flight-a-critical-analysis-of-multiple-aspects-of-vulnerability-among-refugees [Accessed on 15 May 2025].

Pervou, I. (2017). Refugees and vulnerability: The crisis and the shift in human rights protection. *QMHRR,* 4(11). Retrieved from: https://www.qmul.ac.uk/law/humanrights/media/humanrights/news/hrlr/2018/Ioanna-Pervou-FINAL-.pdf [Accessed on 15 May 2025].

Human trafficking as abuse of vulnerabilities

David, F., Byrant, K., & Larsen, J. J. (2019). *Migrants and their vulnerability to human trafficking, modern slavery and forced labour*. International Organization for Migration.

Organization for Security and Co-operation in Europe (OSCE). (2024). *Out of the shadows: Addressing the dynamics of trafficking in persons belonging to minorities, including national minorities*. Organization for Security and Co-operation in Europe. Retrieved from: https://www.osce.org/files/f/documents/1/6/574475_1.pdf [Accessed on 15 May 2025].

The Inter-Agency Coordination Group against Trafficking in Persons. (2022). *Addressing vulnerability to trafficking in persons*. Issue Brief 12. Retrieved from: https://www.icmpd.org/file/download/57956/file/icat_issue_brief_12_vulnerability_to_tip_published.pdf [Accessed on 15 May 2025].

United Nations Office on Drugs and Crime (UNODC). (2008). *An introduction to human trafficking: Vulnerability, impact and action*. New York: United Nations. Retrieved from: https://www.unodc.org/documents/human-trafficking/An_Introduction_to_Human_Trafficking_-_Background_Paper.pdf [Accessed on 15 May 2025].

U.S. Department of State. (2025). *Acknowledging historical and ongoing harm: The connections between systemic racism and human trafficking*. U.S. Department of State. Retrieved from: https://www.state.gov/acknowledging-historical-and-ongoing-harm-the-connections-between-systemic-racism-and-human-trafficking/ [Accessed on 15 May 2025].

Further resources for first line responders

AMELIE project: E-course on human trafficking for healthcare professionals: https://www.project-amelie.eu/courses/e-course-3/ [Accessed on 15 May 2025].

ACTIVATE project: E-Learning for professionals on the prevention of trafficking and identification of trafficked persons: https://www.activateproject.eu/e-learning/ [Accessed on 15 May 2025].

POLARIS movement to end human trafficking operating in North America: Various resources on human trafficking: https://polarisproject.org/ [Accessed on 15 May 2025].

SOCIAL HUT knowledge and information hub library: Tools for the prevention of (gender-based) violence, including in the context of trafficking, and for the protection and support of survivors: https://socialhut.eu/library/ [Accessed on 15 May 2025].

TIATAS project: Different resources for various groups of first line responders on prevention of human trafficking, identification and support of survivors: https://tiatas.net/ [Accessed on 15 May 2025].

MODULE 2

SUPPORTING WELLBEING AND STRESS MANAGEMENT IN MIGRANT CAREGIVERS WHO HAVE SURVIVED HUMAN TRAFFICKING

BACKGROUND INFORMATION

Total time required to complete this module: ca. 5 hours 10 minutes.

Materials and equipment needed to prepare for and deliver this module

To deliver this module in an in-person setting, the facilitator needs a large room for participants to move around, a flipchart, markers, facilitation cards or sticky notes, a sticky tape, pens, and notepads for participants. There should also be a pinboard or wall space available for posting cards. If the facilitator wants to use a PowerPoint presentation, a projector will also be needed. The facilitator should ensure that the room is quiet, accessible to all participants, and conducive to confidentiality.

To deliver this module online, the facilitator needs a video communication software platform that allows for interaction, chat, and breakout groups, as well as a stable internet connection. The facilitator also needs the visual collaboration platform Padlet and an interactive whiteboard, such as Miro. They can use the chat function of the video communication software to share Padlet and Miro links with participants. Participants need a smartphone or computer with a functioning microphone and camera.

The PowerPoint presentation for this module is available at the QR code in the Introduction section. The list of further reading and resources for the facilitator can be found at the end of this module. The handouts for the exercises can be found in Appendices 1 to 9b.

How to teach this module? Useful information for the facilitator

The facilitator should be familiar with the topics of this module. Further reading is provided to equip the facilitator with additional resources and information to better understand the topics covered in this module. It is recommended that the facilitator (as well as the training participants) be familiar with or trained in Module 1 of this training as an introduction/background to what will be discussed in this module.

Module structure

This module consists of an introduction, two info blocks, seven exercises, and a final evaluation of what the participants have learned. The introduction presents the objectives of the module and offers an overview of the key themes, including the impact of human trafficking on the wellbeing of migrant caregivers, typical stressors and stress reactions among survivors, and practical tools for assessing stress and identifying support needs.

The first info block, which includes Exercises 2 to 4, focuses on the human wellbeing of survivors of human trafficking. It introduces the "Flower of Wellbeing" model and explores the impacts of human trafficking on seven interrelated dimensions of wellbeing. Participants analyze case studies and reflect on practical approaches to support.

The second info block, which includes Exercises 5 to 7, provides a basic understanding of stress and stress reactions faced by migrant caregivers who have survived human trafficking. The "Stress Bucket" model is presented as a practical tool to assess stress reactions and identify key entry points for support.

The final knowledge evaluation contains five questions and can be used both before and after the module to assess participants' knowledge gain on core themes such as wellbeing, stress, and stress reactions.

INTRODUCTION

Time: ca. 30 minutes.
Aim: The aim of this section is to present the objectives and the agenda of the module and the group rules (or to repeat them if they have already been introduced). The aim of the exercise is to stimulate a first reflection on the empowering approach and on positive qualities of first line responders that can be helpful in interacting with the target group.

Module objectives

By the end of this module the participants will be able to:

→ recognize the impact of human trafficking on the various dimensions of wellbeing and identify appropriate measures to provide multidimensional support to affected individuals.
→ demonstrate basic knowledge of stress and common stress reactions in migrant caregivers who have survived human trafficking.
→ apply a practical tool to assess stress and identify suitable support strategies.
→ recognize warning signs that indicate the need for professional referral.

EXERCISE 1: Strengths from our names

Materials/Equipment:

In-person setting: Pinboard or flipchart, moderation cards, sticky tape, pens.

Online setting: Padlet.

Instruction:

In-person setting: The facilitator asks the participants to pick a moderation card and write their name vertically on it. Participants are then asked to choose three letters from their name and write on their moderation card three positive qualities they have that begin with each of these letters. An example for the name EMA:

E - mpathic
M - indful
A - ctive

Participants attach the moderation card with their name and positive qualities to their chest and move around the room reading the cards of the other participants. The facilitator then invites the participants to come together in a circle and discuss the following questions:

→ Which of the positive qualities in this room can help protect us from adversity and how?
→ Which of the positive qualities in this room can help us to assist others in situations of adversity? In what way and how?

The facilitator collects and structures the answers on a pinboard or flipchart.

Online setting: The facilitator creates a Padlet board, preferably using the "wall" or "grid" layout, and titles it "Strengths from our names". Each participant creates a new post on the board. They choose three letters from their name. For each letter, they write a positive quality they have that starts with that letter. After everyone has written, participants take a few minutes to read through each other's posts. Then, the facilitator brings the group together (e.g., via Zoom or MS Teams), shares the Padlet screen, and starts a guided discussion using the same reflection questions as in the in-person version. Participants can unmute to share or write in the chat.

Background information: Each person possesses a unique set of qualities that can support them in coping with challenges and managing stress in healthy ways. When working with survivors of human trafficking, first line responders play a vital role in helping clients recognize and build on these strengths to support their recovery. By drawing on their own positive qualities, first line responders can also foster a constructive and supportive relationship with the individuals they assist.

INFO BLOCK 1: Effects of human trafficking and (forced) migration on human wellbeing

Time: ca. 2 hours.
Aim: The aim of this section is to provide training participants with an understanding of the multidimensional and interconnected nature of wellbeing, which forms the basis of the first line responder's approach to supporting the holistic wellbeing of their clients. Participants will explore how trafficking-related experiences can affect the wellbeing of caregivers in order to identify appropriate support strategies. At the end of this section, participants will be equipped with a practical tool to map community resources that support the holistic wellbeing of migrant caregivers who have survived trafficking. The tool can be used directly with caregivers, families and partners to identify available resources, strengthen local support systems and remove barriers to access.

EXERCISE 2: Joint reflection on wellbeing

Materials/Equipment:

In-person setting: Pens, flipchart, handout "The Flower of Wellbeing" (see Appendix 2).

Online setting: Padlet, handout "The Flower of Wellbeing" (see Appendix 2).

Instruction:

The facilitator discusses with the participants the following questions:

→ Do you remember a moment when you felt particularly good? What did it feel like? What made you feel that way?
→ What does wellbeing mean to you? How would you define it?
→ What do you associate with wellbeing (a place, a person, a state of mind)?
→ What or who do you need to achieve wellbeing?

The facilitator captures and structures the results on a flipchart (in-person setting) or Padlet (online setting) and stimulates a joint reflection on the results. The following questions might guide the reflection process:

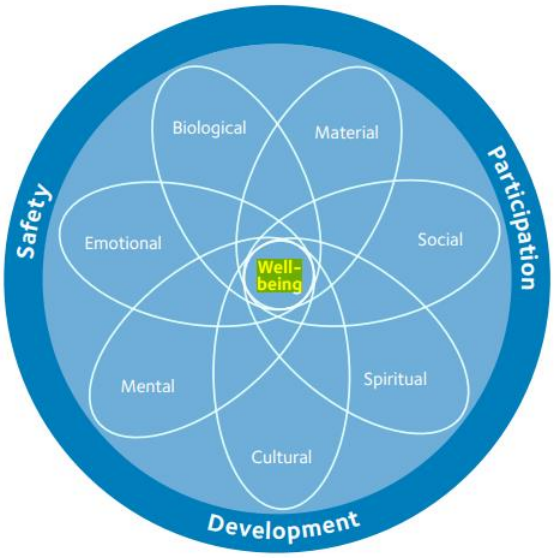
→ What aspects constitute wellbeing?
→ Do these different factors depend on other factors?

At the end of the discussion, the facilitator distributes the handout "The Flower of Wellbeing" and discusses the content of the following paragraph.

INPUT: Dimensions of human wellbeing

The wellbeing of individuals, families and communities depends on the extent to which their needs are met. Human wellbeing is made up of several dimensions that are strongly interrelated. For example, a person suffering from mental health issues may also find it difficult to focus on a healthy diet and to develop social relationships. On the other hand, physical health conditions can cause mental distress and negatively affect a person's ability to generate an income. Lack of material resources can limit participation

in social activities, cause mental and emotional distress, and affect biological wellbeing, e.g. through limited access to medical care and healthy nutrition, etc.



The model of wellbeing
proposed by Williamson and Robinson (2006)

Safety, participation and development are three key issues that need to be addressed to promote human wellbeing. Within these issues, there are seven aspects that are highly interrelated:

Biological aspects of wellbeing. These can include breathing, hydration, nutritional intake, physical health and the overall functioning of the body.

Material aspects of wellbeing. These can include the availability of financial and material resources, such as money, clothing, access to the labour markets, transport, etc.

Social aspects of wellbeing**.** Social relationships, including well-functioning family and social support structures, are integral to people's identity and daily functioning. Disruption of social functioning typically undermines wellbeing. Enabling affected persons to regain as much of their usual social functioning as possible, including rebuilding healthy family relationships and social support structures, is essential to improving wellbeing.

Spiritual aspects of wellbeing**.** It is important for aid workers to have some understanding of their clients' beliefs and religious practices, as these have a direct bearing on their emotional wellbeing, normal social functioning and the restoration of cultural integrity. Personal beliefs and religious practices can help make sense of negative experiences, past or present, and provide hope and tranquility.

Cultural aspects of wellbeing**.** Culture includes learned patterns of belief, thought and behavior. It defines how things should be. Culture makes life and its stages more predictable. It defines standards of beauty, both for things and people, and prescribes acceptable and unacceptable ways of expressing emotions. It defines what behavior is considered normal or abnormal. A sense of cultural belonging can promote wellbeing by fostering a strong connection to one's heritage, providing emotional support through shared belief systems and traditions, enhancing self-esteem and resilience through a collective identity and community, providing a framework for individuals to understand their experiences and navigate life's challenges in a supportive and meaningful way.

Emotional aspects of wellbeing**.** One have to feel good in order to be good. This can include the feelings of happiness, contentment, calm, inspiration, relaxation, etc. What stimulates emotional wellbeing varies from person to person.

Mental aspects of wellbeing. These relate to the healthy functioning of the mind, the absence of mental distress and opportunities for continuous learning.

EXERCISE 3: The "Flower of Wellbeing" in my every-day work

Materials/Equipment:

In-person setting: Pens, flipchart, handout "The Flower of Wellbeing" (see Appendix 2).

Online setting: Padlet board, handout "The Flower of Wellbeing" (see Appendix 2).

Instruction:

The facilitator invites the participants to mark on their handout the dimensions of wellbeing that they feel they can influence directly or indirectly (e.g. through referrals) through their work. The facilitator then stimulates a group discussion and records the results on the flipchart (in-person setting) or Padlet board (online setting).

Background information:

The "Flower of Wellbeing" serves as a participatory tool to assess the multidimensional nature of wellbeing at the individual, family, and community levels. It also helps to identify priority areas and guide concrete actions to improve overall wellbeing. When working with migrant caregivers who have survived human trafficking, it's critical to recognize that social wellbeing and healthy family dynamics – including caregiver-child relationships – are strongly influenced by the caregiver's overall wellbeing, including their mental and physical health. Therefore, first line responders should adopt a holistic approach that goes beyond a narrow focus on caregiver-child interactions to address the full spectrum of caregiver needs. In this context, the establishment of an effective referral system is of great importance.

EXERCISE 4: The impacts of forced displacement and human trafficking on psychosocial wellbeing

Material/Equipment:

In-person setting: Flipchart, handout "The Flower of Wellbeing" (see Appendix 2), Case Studies Mary, Sarah, Faith (see Appendices 1a-c).

Online setting: Handout "The Flower of Wellbeing" (see Appendix 2), Case Studies Mary, Sarah, Faith (see Appendices 1a-c), Padlet board.

Instruction:

In an in-person setting, the facilitator divides the participants into three groups. In an online setting, the facilitator assigns the participants to three breakout rooms. Each group is given a case study. The facilitator asks each group to read its case study and discuss the following questions:

→ How might Mary's/Faith's/Sarah's experiences have affected the different dimensions of their well-being? If the dimension you are working on is not explicitly mentioned in the case study, try to put yourself in their shoes and suggest possible implications.
→ Can you see any connections or interactions between the different aspects of Mary's/Faith's/Sarah's wellbeing?
→ As a first line responder, how would you proceed to identify priority fields for support?
→ In which areas do you feel confident and well-equipped to offer support? In which areas do you feel you need external support or referral to other professionals or services?

Participants should use their handout to group their thoughts and responses. After the exercise, each group presents the results of their work to the whole group. The facilitator should record the key findings on a flipchart or Padlet. The following chart may be used to supplement the responses:

Dimension	Effects on Wellbeing Dimension	Possible Response
Social Wellbeing	• Social isolation; no family, relatives or friends in the new country. • Distrust in other people; people who want to help are perceived as enemies. • Concerns that one's own experience will have a negative impact on the child. • Uncertain about how and whether to discuss personal history with the child. • Not able to share one's own experience with others; stopped talking to people to avoid negative responses that would stress them out. • Loneliness. • Main and almost only social focus is the child. • Lack of mutual support and social cohesion among the diaspora in the refugee camp.	• Facilitate gentle introductions to local peer support groups, women's circles, or mother-child groups (e.g., in partnership with NGOs or community centers). • Encourage participation in low-threshold, non-threatening community activities (e.g., language cafes, cooking classes, or art-based workshops) and ensure that child-care is available. • Offer safe spaces for informal connection where women can spend time together without pressure to talk about their past. • Build trust slowly and consistently; maintain reliability, boundaries, and transparency in communication. • Connect with the diaspora. • Offer access to trauma-informed parenting support, such as family counseling, parenting groups, or one-on-one guidance. • Encourage peer mentoring, especially among women of the same cultural background who have had similar experiences. • Promote mom-focused support spaces (e.g., women-only spaces, wellness programs, empowerment workshops). • Collaborate with camp or center management to explore ways of building positive social spaces or activities within the community.
Spiritual Wellbeing	Not mentioned in the case studies. Possible effects can be: • Shattered believe systems. • Lack of access to spiritual community in the host country.	• Support in facilitating spiritual practice. • Connect with churches or other religious or spiritual communities.
Cultural Wellbeing	• Experiences of racism and rejection. • Difficulty understanding the culture of the new country, including its approach to parenting. • Strong differences between the culture of the home country and that of the new country. • Difficulties to integrate. • Positive experiences when attempting to interact with mothers in the new country.	• Promote cultural activities, music, dance. • Research and connect with the diaspora community. • Refer to community spaces that promote social interaction with the host community through activities of common interest. • Provide information on existing grievance mechanisms in the face of racism.
Mental Wellbeing	• "Mentally disturbed". • Extremely stressed. • Signs of depression. • Observation of suicidal and self-harming tendencies in other mothers. • Spinning thoughts.	• Access to relevant information about the circumstances of the affected populations and available support structures (including clinical support centers). • Psychotherapy. • Group counseling. • Activities that build resilience and support coping (e.g. relaxation techniques).

	• Inability to calm down. • "Crushed under the pressure".	• Basic emotional and practical support.
Emotional Well-being	• Sadness. • Negative feelings. • "Dying inside". • Fear (of deportation / not being a good mother / being deprived of her children / falling back into the hands of traffickers). • Shattered hopes. • Strong emotions related to giving birth. • Pain in the heart. • Strong love her child. • Frustration. • Suppression of emotional pain	• Support groups. • Gatherings for mothers of young children. • Recreation for all ages. • Meditation and relaxation. • Assistance in normalizing, accepting, channeling and regulating emotions.
Biological Wellbeing	• Observed substance abuse and self-harming behaviors in others that have gone through similar experiences. • Possibly: Injuries or infections, resulting from physical and/or sexual abuse.	• Information and referral to public health and medical services, if desired. • Healthy nutrition education.
Material Wellbeing	• Material insecurity. • No working permit. • At risk to engage in illegal activities in order to get money.	• Support integration into labour market (if residency status allows to). • Provide information on charity offers. • Provide information on financial entitlements that migrant mothers can claim from authorities (depending on their residency status).
Safety	• Constant risk of deportation and being found by traffickers.	• Constant assessment of safety and security risks. • Education and awareness raising to protect individuals from falling back into the hands of human traffickers; referral for legal advice.
Participation	• Elimination of decision-making power during trafficking stage. • Strong dependency on decisions made by authorities.	• Maximize participation and self-control in finding solutions to needs and problems. • Assistance in restoring control over life choices.
Development	• A strong desire to move forward is being hindered by obstacles such as residency status, time constraints, and parenting responsibilities, among others.	• Assist in identifying opportunities for personal development, analyze barriers, and devise practical approaches to address them.

Exercise key message: The experience of potentially traumatic trafficking-related events can have a profound impact on every single dimension of human wellbeing. It is essential that first line responders work with their clients to identify which areas of their wellbeing have been most affected and where support is most needed. The key principle is to maintain an ongoing, open dialogue with the client. It's important to always ask, never assume or suggest, and to let the client's voice guide the process.

INPUT: Community Mapping

Community mapping (see the "Community Mapping" handout, Appendix 3) is a participatory tool that can help first line responders identify the available resources within the communities they serve. The tool supports the development of effective referral pathways for caregivers in need of additional care and assistance. It can also help to strengthen connections between services and marginalized families who may face barriers to access or have been previously excluded. In addition, by identifying gaps in existing referral networks, first line responders – with the support of their supervisors – can collaborate with public services and nonprofit organizations to improve service delivery with the goal of promoting the holistic well-being of caregivers. To encourage greater participation by caregivers, first line responders should develop the community map with them through a collaborative, inclusive process (UNICEF, 2024a, p. 21).

INFO BLOCK 2: Stress and stress reactions in survivors of human trafficking: Normal reactions to extraordinary circumstances

Time: ca. 2 hours 30 minutes.
Aim: The aim of this info block is to introduce the concept of stress, normalize the experience of stress, and recognize that everyone reacts differently to stress. Participants will understand stressors and potentially traumatizing events faced by migrant caregivers who have survived trafficking, including sequential traumatization and post-migration stressors. This section will also assist participants in recognizing and assessing stress responses associated with these experiences. Participants will gain a basic understanding of mental health issues that survivors of human trafficking may face, including post-traumatic stress disorder (PTSD), major depressive disorder, generalized anxiety disorder, and panic disorder, focusing on symptoms and reactions. After this section, first responders will be equipped with a practical tool to assess stress reactions and identify key entry points for support.

EXERCISE 5: Self-reflection "Stress"

Materials/Equipment: None.

Instruction: The facilitator asks participants to think of a time in their lives when they felt stressed. The facilitator should emphasize that participants do not have to think of a major event. Sometimes minor events can cause stress in people. Participants should think of something they would feel comfortable sharing with the rest of the group.

The facilitator then asks a maximum of 3 participants to share their experiences on a voluntary basis:

→ Brief description of the stressful event or situation.
→ Brief description of the personal reaction to the event.

After listening to the shared experiences, the facilitator leads a group discussion on the following questions:

→ What are the similarities between the situations we just listened to?
→ What are the differences?
→ Would the events described by the other group members also cause similar reactions in you? Why? Why not?

Background Information: Stress is a normal part of life – everyone goes through tough situations from time to time. Feeling stressed is part of being human. And because everyone is different, what stresses us out and how we respond can vary from person to person. After experiencing extreme stress, people may feel confused or even alarmed by how their minds and bodies are reacting. They may wonder if what they're

feeling is "normal". As first line responders, it's important to remind your clients that strong stress reactions are normal responses to abnormal or extraordinary situations. When interacting with clients, it may be helpful to identify some stress reactions that are common among caregivers who have survived human trafficking. Identifying these can help them better understand, accept, and contextualize their reactions, and help them feel that they are not alone in their experiences.

INPUT: The sequential traumatization of refugees/migrants who have survived human trafficking

Stressful events can be categorized into different types (see also PowerPoint presentation 2, slide "Types of stressors"):

→ Daily stressors or stress factors**:** Everyone experiences these at some point, e.g. being late for the bus, conflicts with colleagues at work, etc.

→ Potentially traumatic events: An event that puts a person or a loved one at risk of serious harm or death. The event is not something the person can control or stop. It is beyond the person's normal experience, and therefore the event is very frightening. A distinction can be made between:

- Single events, such as an accident, injury, or violent assault, especially if it was unexpected or occurred during childhood.
- Sequential traumatization, which refers to ongoing, relentless stress, such as living in a crime-ridden neighborhood, battling a life-threatening illness, or experiencing traumatic events that occur repeatedly, such as bullying, domestic violence, or childhood neglect.

A traumatic event can be defined[6] as a confrontation with death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence *and* the person's response involving intense fear, helplessness, or horror (see also PowerPoint presentation 2, slide "Traumatic event"). A traumatic event can be experienced as a direct exposure, witnessing or learning that a relative or close friend has been exposed to trauma (e.g., sudden or unexpected death) or as an indirect exposure to aversive details of the trauma (e.g., when therapists or medical professionals listen to details of their clients' traumatic stories).

Refugees and migrants who have survived trafficking are most likely to have experienced sequential traumatization across the different stages of their journey (see also PowerPoint presentation 2, slide "Sequential traumatization of migrants survivors of human trafficking"), including:

→ Pre-departure stage
→ Travel and transit stage
→ Destination stage/exploitation
→ Escape/rescue/detention
→ Chronic stage of insecure legal residence
→ Transition stage: survivor's residence situation in the host community stabilizes / survivor has to return to their countries of origin

People on the move are vulnerable to being targeted by traffickers at any point along their journey, which can significantly compound the potentially traumatic experiences they've already endured.

[6] According to DSM-5 (American Psychiatric Association, 2013).

EXERCISE 6: Identification of stressors and stress reactions common to migrant caregivers who have survived human trafficking

Material/Equipment:

In-person setting: Flipchart, handout "Stress and stress reactions in migrant caregivers who have survived human trafficking" (see Appendix 4), pens, case studies Mary, Sarah, Faith (see Appendices 1a-c).

Online setting: Handout "Stress and stress reactions in migrant caregivers who have survived human trafficking" (see Appendix 4), case studies Mary, Sarah, Faith (see Appendices 1a-c), Padlet board.

Instruction: In an in-person setting, the facilitator divides the participants into three groups. In an online setting, the facilitator assigns the participants to three breakout rooms. The facilitator then provides each group with a case study. The facilitator then asks the members of each group to read their case studies and to discuss the following questions:

→ What factors cause stress in Mary, Sarah and Faith?
→ What stress reactions can you observe? Can the stress reactions be clustered into different groups?

The answers are then presented and discussed in the plenary. The following tables can be used by the facilitator to supplement the answers provided by the participants:

Potential stressors faced by migrant and refugee caregivers who survived human trafficking (selection)	
Pre-departure stage	Poverty, violence, destruction, lack of future opportunities, poor education, false promises and false expectations for a better future, etc.
Travel and transit stage	Human rights and physical abuses, (sexual) violence, torture, exposure to unpredictable and uncontrollable circumstances, elimination of decision-making power, emotional manipulation, dehumanization, dependency on perpetrator, loss of control, freedom of movement and personal freedom, constant fight for survival.
Destination stage/ exploitation	Subjected to a combination of coercion, violence, forced labor, debt bondage or other forms of abuse, extreme, life-threatening conditions, physical exhaustion, isolation and dependence, intimidation, threats, lies, emotional manipulation, environment of constant fear and unpredictability.
Escape/rescue/ detention	Stressful escape, confusion, social isolation, disorientation, interactions with immigration office or police can worsen stress.
Chronic stage of insecure legal residence	Uncertainty regarding residency status and threat of deportation, revictimization, racism and discrimination in daily interactions, exposure to exploitation even after reaching the country of destination, economic hardship and inability to generate income, social isolation, bureaucracy, disempowerment, lack of information, lack of privacy in shelter homes, distrust and fear of authorities, uncertainty about one's own future and the future of beloved ones. Stress factors related to giving birth and parenting: Emotional overload and exhaustion, cultural dissonance around parenting norms and lack of support networks, no access to childcare or free time (no time to attend personal needs, rest or handle official matters).
Survivor's residence situation in the host community stabilizes	Loss of self-identity, culture and traditions, feeling trapped between two cultures, lack of social support systems, racism, economic hardship, etc.

Survivor has to return to their country of origin	Stigmatization, revictimization, family and community rejection, fear of being found by traffickers, difficulties accessing services and rebuilding lives, economic hardship, outstanding debts or owing money to traffickers etc.

Background information: For migrants and refugees affected by human trafficking, stress often persists across different stages of their journey, with many living in a constant state of uncertainty and insecurity. This prolonged exposure increases the risk of developing severe stress reactions, which can affect the individual's wellbeing and daily functioning, as well as the ability of caregivers to meet the demands of their caregiving role.

Potential stress reactions of refugees and migrants who have survived human trafficking	
Physical Stress Reactions	Respiration problems, shaking
Relational Stress Reactions	Extremely distrustful of other people, social withdrawal
Emotional Stress Reactions	Sadness, negative feelings, "emotionally exhausted", frustration, numbness, feels "crushed" and "overwhelmed"
Behavioral Stress Reactions	Self-harming behavior, substance abuse, sleeping problems, not being able to take care of the child
Psychological Stress Reactions	"Mentally disturbed", depressed, feeling that things are "driving them crazy", constant fear
Cognitive Stress Reactions	Racing thoughts

Background Information: All of these are very common reactions in migrant caregivers who have survived human trafficking. These are normal reactions to abnormal situations and may not indicate that someone is traumatized unless the symptoms are prolonged and interfere with normal psychological and social functioning. Many people who have been trafficked or who have experienced some form of adversity frequently are clinically misdiagnosed with post-traumatic stress disorder (PTSD), when in fact very few trafficked persons exhibit the chronic symptoms outlined in the diagnostic criteria for this disorder. Being wrongly clinically diagnosed with a disorder such as PTSD can be stigmatizing and counterproductive to the healing process and may encourage the development

INFO BOX

Vicarious Traumatization

Vicarious traumatization refers to the emotional and psychological impact experienced by individuals – often first line responders and other helping professionals such as psychotherapists, social workers, humanitarian aid workers etc. – who are repeatedly exposed to the traumatic stories or experiences of others. Unlike direct trauma, vicarious traumatization doesn't result from firsthand traumatic events, but from empathic engagement with people who have experienced trauma. Over time, this exposure can affect the helper's worldview, emotional wellbeing, and sense of safety, control, or trust.

Key characteristics of vicarious traumatization include:

- Emotional exhaustion or numbness.
- Changes in beliefs about the world, safety, or humanity.
- Difficulty managing boundaries.
- Reduced sense of efficacy or hope.
- Intrusive thoughts or imagery related to the trauma shared by others.

First line responders can prevent vicarious trauma by taking proactive steps to protect their mental health. Key strategies include:

- Peer support and debriefing to process difficult experiences.
- Training on recognizing and managing trauma symptoms.
- Self-care through sleep, exercise, and hobbies.
- Work-life balance to avoid emotional burnout.
- Supportive workplace culture that encourages seeking help.

More information and resources on self-care strategies for first line responders can be found in the "Mental health of first line responders" section of this training.

of a passive victim identity[7]. Such a diagnosis also deflects attention from the broader social environment by "individualizing" the problem (IOM, 2009).

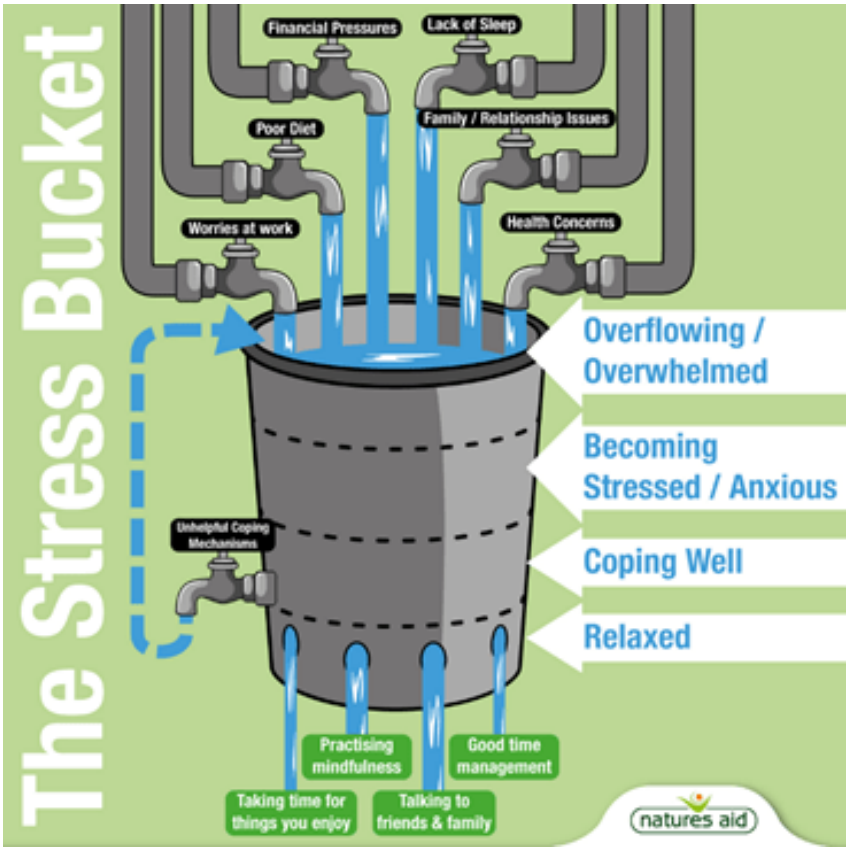
INPUT: Basic overview Post-Traumatic Stress Disorder, Major Depressive Disorder, Generalized Anxiety Disorder, Panic Disorder

Most people recover from stress (even severe stress) without external help. However, a very small number of people may develop mental health disorders, such as PTSD, major depressive disorder, generalized anxiety disorder, or panic disorder (see the handouts in Appendices 5-8).

In such cases, it is important for first responders to be aware of the common symptoms so that individuals can be referred to the appropriate support services when necessary. First line responders need to remember: A diagnosis can only be made by mental health professionals!

INPUT: The "Stress Bucket"[8]

The "Stress Bucket" is a practical tool that can help first line responders to assess stress reactions and identify key entry points for support. Furthermore, the "Stress Bucket" model provides a clear, accessible way to demonstrate that exposure to potentially traumatizing events does not automatically result in mental disorders.



The Stress Bucket
(Logan, 2020)

[7] The term "passive victim identity" refers to a psychological state in which an individual internalizes their experience of harm primarily through the lens of helplessness, powerlessness, and dependency. This identity is characterized by a sustained focus on one's suffering without recognition of agency, resilience, or capacity for change. While acknowledging victimization is an important part of healing, over-identifying with a passive victim role can hinder recovery by reinforcing a sense of stagnation, limiting self-efficacy, and discouraging proactive coping or engagement with support systems.

[8] Adapted from: Brabban & Turkington, 2002.

The tabs illustrate stressful events or dynamics that are happening to and around a person. Stress factors are visualized by the water entering the bucket. First line responders should recognize that there are common stressors that affect all caregivers. As discussed in the previous exercise, migrant caregivers who survived human trafficking face additional stressors on top of these, such as uncertain residency status, experiences of exploitation, lack of information, language barriers, and difficult living conditions, among others. When a person's stress level is already high, even a small additional stressor – such as daily challenges – can trigger strong reactions. It's important to remember that everyone is unique. What is stressful for one person may not be for another.

INFO BOX
Resilience
Psychosocial resilience refers to an individual's capacity to maintain or regain psychological and social wellbeing in the face of adversity, stress, or trauma. It involves the interaction of emotional strength, social support, coping strategies, and adaptive behaviors that help people bounce back from difficult life experiences (Southwick et al, 2014).

The capacity of the bucket to store the water reflects the person's resilience or ability to cope with stress. The degree to which exposure to stressful events affects a person depends on several external factors, such as the severity and nature of the event (stronger reaction if the traumatic experience was caused by human action), the duration of exposure, and the accumulation of multiple stressors. It also depends on internal factors, such as personality, meaning in life, positive emotions, social support, available coping mechanisms and physical wellbeing (see also PowerPoint presentation 2, the slides " Factors influencing stress reactions: External Factors" and "Factors influencing stress reactions: Internal Factors"). Some people are more vulnerable to intense stress reactions because they have experienced repeated hardships, lack strong support systems, or haven't had the opportunity to develop effective coping skills. Other people can count on pre-existing resources, qualities, skills, networks, and coping strategies that help them move on after a crisis.

The leaks in the bucket visualize the efforts or coping strategies individuals use to manage their stress and navigate difficult situations. One can differentiate between problem-focused coping, which can help to reduce the impact of practical stressors, such as barriers in access to information or services or lack of resources, and emotion-focused coping, which can help to reduce the impact of emotional stressors, which can include anger, fear, guilt or worries.

INFO BOX
Coping
Coping refers to the thoughts and behaviors that individuals use to manage the internal and external demands of situations that are perceived as stressful or challenging.

There are two main types of coping:
- Problem-focused coping which is aimed at addressing the cause of stress directly (e.g., creating a plan, seeking information).
- Emotion-focused coping which is aimed at managing emotional responses to the stressor (e.g., seeking support, practicing mindfulness).

Coping strategies can be adaptive (helpful in the long run) or maladaptive (may reduce stress temporarily but lead to worse outcomes over time) (Lazarus & Folkman, 1984).

At the same time, people may sometimes resort to unhealthy coping strategies that are easy, available, and help them temporarily forget problems and worries in order to regulate stress. These strategies may include excessive use of alcohol, cigarettes, and/or other substances. Sometimes people hurt themselves or others to escape emotional numbness - or perhaps to distract themselves from emotional pain. Others may join fundamentalist groups or radical religious movements to find a place of (spiritual) belonging and relief. These kinds of behaviors can create situations that seem happy and healthy. However, these situations do not last and are followed by negative repercussions that further increase the stress experienced by the individual.

If the amount of water in the bucket exceeds the bucket's capacity to hold the water, the bucket will overflow, or in other words, if the amount of stress people face exceeds their ability to cope with stress, it could affect their ability to care for others and/or put them at risk for developing mental health issues (see the handout "Stress Bucket Part 1" in the Appendix 9a).

EXERCISE 7: The "Stress Bucket" and its practical implications for first line responders

Material/Equipment: Handout "Stress Bucket Part 2" (see Appendix 9b).

Instruction: The facilitator discusses with the participants the following questions:

→ Considering the factors that influence stress reactions: How can first line responders utilize the "Stress Bucket" model to assist migrant caregivers who have experienced human trafficking?
→ What might be the warning signs for an overstrained capacity to deal with stress? How would you react, when you see these warning signs?

The facilitator discusses the answers with the participants based on the information given in the handout "Stress Bucket Part 2".

Background Information:

→ Entry point Stress Factors:
It's not possible to change the number of stressors in the past, but it is possible to provide safe spaces and try to reduce the number of additional stressors in the present. Listening to what the caregiver finds stressful and assessing the personal weight of each identified stressor is an important first step in deriving practical support measures.

→ Entry point Resilience**:**
While external factors related to the nature of the event or duration of exposure cannot be changed in the aftermath, personal factors related to individual resilience can be nurtured and strengthened over time through intentional practice. To support this process, first line responders can use the following guiding questions to help clients identify and build on their inner resources:

- What personal strengths have helped you in the past?
- What accomplishments are you most proud of?
- What things do you naturally do well?
- What makes you feel happy/calm/inspired etc.?
- What gives your life meaning? What keeps you going?
- Which persons can you trust/rely on?
- What do you do to keep yourself healthy?

→ Entry point Positive Coping:
When supporting others, the goal is not to take over their coping process, but rather to provide the minimal, essential assistance that empowers individuals to begin to manage challenges in their own best interest. Each person has an innate understanding of what brings comfort in times of grief or distress. This wisdom comes from personal experience and past recoveries. In moments of adversity, no one understands what helps more deeply than the affected individual themself. In this light, the role of first responders is to serve as guides to help clients identify and connect with the coping strategies that are most effective and personally meaningful for their unique circumstances, and to assist them address challenges that impede their ability to cope. Some of the following questions may help guide caregivers through this process:

- What do you feel you need – emotionally, practically, or otherwise – to make you feel better in your current situation?
- What have you been doing so far to reduce your stress? What else could you do? What have you observed in others who have been in a situation similar to yours? Is there anything that helped them that might help you?

- Think about times in the past when you were stressed and you managed to get through it. Who or what helped you in those situations?
- Have you had experiences that you learned from that might be helpful in your current situation?

→ Entry point Negative Coping**:**
For first line responders, it's crucial to identify unhelpful coping strategies in their clients and support them in replacing these with more positive alternatives. In this context, it can be helpful to ask:

- What are you trying to achieve with this strategy?
- And how could the same goal be reached using a different, healthier approach?

→ Warning Signs/Red Flags:
First line responders need to be aware of the limitations of the services they can provide. There will be situations in which first line responders will not be able to meet the immediate needs of the caregivers and their families. Failure to establish the limits of what first line responders can do in these situations puts both first line responders and their clients at risk. Red flag situations do not happen to everyone but they are common enough that first line responders should be prepared and know how to respond. Some warning signs may include:

- There is a significant change in the person's behavior which can be recognized by the person themselves or those close to them.
- The person has persistent physical symptoms.
- The person has a dependency on alcohol or drugs.
- The person exhibits aggression toward self and others or behavior that puts self or others at risk.
- The person has depression or other mental health disorder.
- The person is unable to control strong emotions.
- The person has problems as a result of abuse or criminal activity.
- The person has severe sleep problems.
- The person is not able to care for self or children.
- The person talks of suicide or indicates that they may intend to hurt themself or others.
- The person requests specialized health services.

INFO BOX
Knowing how to refer
Proper referral of trafficking survivors to support services requires sensitivity and respect. It is essential to prioritize their safety, ensure transparency, and uphold their rights. The following principles help to ensure that the process is respectful, safe and empowering for the survivor (UNICEF, 2024a):

- The confidentiality and safety of the survivor must always be a priority.
- The person must be informed of what is planned; informed consent must be obtained.
- Where possible, a range of options should be offered. A list of local organizations, agencies and networks is essential. Knowing whether female staff are available is very important.

The Community Mapping Activity can help first line responders to set up an effective referral system (see Appendix 3).

First line responders need to remember: It is not about giving answers but asking the right questions!

KNOWLEDGE EVALUATION

Time: ca. 10 minutes.

The following final knowledge evaluation questions can be asked both before undertaking the module to assess participants' prior knowledge and after the module to evaluate the knowledge gain:

1. *What are the seven dimensions of wellbeing presented in the "Flower of Wellbeing", and how are they interrelated?*

ANSWER: Biological, Material, Social, Spiritual, Cultural, Emotional, and Mental wellbeing. They are strongly interconnected – challenges in one dimension can negatively affect others, e.g. material hardship can cause mental distress.

2. *What is community mapping?*
   ANSWER: A tool that supports the development of effective referral pathways for caregivers in need of additional care and assistance.

3. *What is "sequential traumatization" and how does it apply to migrant caregivers who survived human trafficking?*
   ANSWER: Ongoing exposure to traumatic events at multiple stages of a migration journey (e.g., pre-departure, transit, exploitation, detention). It leads to cumulative stress and affects all areas of wellbeing.

4. *What is the purpose of the "Stress Bucket" model, and how can it guide frontline workers in supporting caregivers?*
   ANSWER: It helps to understand that stress-reactions differ from individual to individual. It visualizes stress accumulation, coping capacity, and release mechanisms. It helps first line responders identify stressors, evaluate coping strategies, and recognize when external referral is needed.

5. *Why is it essential for first line responders to be cautious when identifying trauma-related disorders, and what are the risks of misdiagnosis such as PTSD?*
   ANSWER: Misdiagnosis can stigmatize, foster a passive victim identity, and overlook broader social causes.

FURTHER READING AND FURTHER RESOURCES

Psychosocial assistance for trafficked persons

Devine, S. (2009). *Psychosocial and mental health service provision for survivors of trafficking*. Bangkok: International Organization for Migration. Retrieved from: https://publications.iom.int/books/psychosocial-and-mental-health-service-provision-survivors-trafficking [Accessed on 15 May 2025].

International Organization for Migration (IOM). (2018). *Guía de intervención psicosocial para la asistencia directa con personas víctimas de trata*. San José: International Organization for Migration. Retrieved from: https://publications.iom.int/system/files/pdf/guia_atencion_psicosocial.pdf [Accessed on 15 May 2025].

International Organization for Migration (IOM). (2007). *The IOM handbook on direct assistance for victims of human trafficking*. Geneva: International Organization for Migration. Retrieved from: https://publications.iom.int/books/iom-handbook-direct-assistance-victims-trafficking-0 [Accessed on 15 May 2025].

Taephant, N. (2010). *Training manual on psychosocial assistance for trafficked persons*. Bangkok: International Organization for Migration. Retrieved from: https://migrationhealthresearch.iom.int/iom-training-manual-psychosocial-assistance-trafficked-persons-0 [Accessed on 15 May 2025].

Coping and Resilience

Akasha, E.S. & Harrison, S. (2022). *The well-being guide: Reduce stress, recharge and build inner resilience*. Copenhagen: International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support. Retrieved from: https://mhpsshub.org/resource/the-well-being-guide/ [Accessed on 15 May 2025].

World Health Organization (WHO). (2020). *Doing what matters in times of stress: An illustrated guide*. WHO: Geneva. Retrieved from: https://doi.org/10.1016/S0140-6736(20)31071-3 [Accessed on 15 May 2025].

Reducing Stigma

World Health Organization (WHO). (2024). *Mosaic toolkit to end stigma and discrimination in mental health*. WHO Regional Office for Europe. Retrieved from: https://www.who.int/europe/publications/i/item/9789289061384 [Accessed on 15 May 2025].

Psychosocial assistance for survivors of Gender-Based Violence

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MODULE 3

SUPPORTING PARENTING BEHAVIORS IN SURVIVORS OF HUMAN TRAFFICKING

BACKGROUND INFORMATION

Total time required to complete this module: ca. 4 hours 20 minutes.

Materials and equipment needed to prepare for and deliver this module

To deliver this module in an in-person setting, the facilitator needs a large room for participants to move around, a flipchart, markers, facilitation cards, sticky notes, a sticky tape, pens, notepads for participants, and a small soft ball. There should also be a pinboard or wall space available for posting cards. If the facilitator wants to use a PowerPoint presentation, a projector will also be needed. The facilitator should ensure that the room is quiet, accessible to all participants, and conducive to confidentiality.

To deliver this module online, the facilitator needs a video communication software platform that allows for interaction, chat, and breakout groups, as well as a stable internet connection. The facilitator also needs the visual collaboration platform Padlet and an interactive whiteboard, such as Miro. They can use the chat function of the video communication software to share Padlet and Miro links with participants. Participants need a smartphone or computer with a functioning microphone and camera.

The PowerPoint presentation for this module is available at the QR code in the Introduction section. The list of further reading and resources for the facilitator can be found at the end of this module. The handouts for the exercises can be found in Appendices 10 to 18.

How to teach this module? Useful information for the facilitator

The facilitator should be familiar with the topics of this module. Further reading is provided to equip the facilitator with additional resources and information to better understand the topics covered in this module. It is recommended that the facilitator (as well as the training participants) be familiar with or trained in Module 1 and 2 of this training as an introduction/background to what will be discussed in this module.

Module structure

This module consists of an introduction, two info blocks, eight exercises, and a final evaluation of what the participants have learned. The introduction presents the objectives of the module. The first info block, which includes Exercises 1 to 4, focuses on supporting parenting behaviors in survivors of human trafficking. It introduces the five components of nurturing care, categorizes parenting behaviors into caregiving, self-care, and support-seeking, and provides practical tools to strengthen these behaviors.

The second info block, which includes Exercises 5 to 8, emphasizes the basic principles of working with survivors of human trafficking, including trauma-sensitive care, empowerment, and fostering resilience. It reinforces key conceptual shifts from viewing the people who have experienced human trafficking not as victims but as survivors. The block includes the practical application of a survivor-centered approach and strategies for promoting agency and relief in group and individual sessions.

The final knowledge evaluation contains five questions and can be used both before and after the module to assess participants' knowledge gain on core themes related to nurturing care, parenting, and empowerment strategies.

INTRODUCTION

Time: ca. 10 minutes.
Aim: The aim of this section is to present the objectives and the agenda of the module and the group rules (or to repeat them if they have already been introduced).

Module objectives

By the end of this module the participants will be able to:

→ understand how human trafficking can affect parenting behavior and apply practical tools to strengthen parenting among migrant caregivers who have survived human trafficking.
→ understand and apply the principles of the survivor-centered approach to promote empowerment of caregivers who survived human trafficking.

INFO BLOCK 1: Supporting parenting behaviors of survivors of human trafficking

Time: ca. 2 hours.
Aim: The aim of this info block is to enhance the training participants' understanding of what children need to develop healthily. Participants will learn to recognize positive and negative parenting behaviors in survivors of human trafficking and identify areas where additional parenting support is needed. The block will also provide participants with practical tools to encourage positive parenting behaviors in migrant caregivers who have survived human trafficking.

EXERCISE 1: Build a child[9]

Material/Equipment:

In-person setting: Flipchart, pens, slide "Components of nurturing care" of the PowerPoint presentation 3 (if necessary).

Online setting: Interactive whiteboard such as Miro, slide "Components of nurturing care" of the Power-Point presentation 3 (if necessary).

Instruction: The facilitator explains that children are like young plants in that they need care. A parallel can be drawn between caring for children and caring for plants: If you take good care of your plants, they will grow strong, and you will have a good harvest. The same is true for children. If you look after them, they will grow strong. Then, the facilitator invites the participants to consider what a child needs to grow into a strong adult and draw a picture of a child together. For each need that the participants think of, they should draw another part of the child's body, starting with the head. The facilitator asks the participants to call out things children need. Each time a need is called out, the facilitator acknowledges it and draws the next part of the child's body (either on a flipchart or an interactive whiteboard).

The facilitator makes sure that examples of the following needs are mentioned:

→ Physical health
→ Adequate nutrition
→ Safety and security
→ Opportunities for learning
→ Responsive caregiving

[9] Adapted from: REPSSI, n.d.

EXERCISE 2: Parenting behaviors for nurturing care

Material/Equipment:

In-person setting: Moderation cards, pinboard, slide "Parenting behaviors to support nurturing care" of the PowerPoint presentation 3 (if necessary).

Online setting: Padlet with a grid layout, which allows for individual "card-like" entries, slide "Parenting behaviors to support nurturing care" of the PowerPoint presentation 3 (if necessary).

Instruction: The facilitator asks the participants:

→ What kind of parenting behaviors could influence positive child development?

In an in-person setting, the facilitator writes the answers on moderation cards. In an online setting, the facilitator uses a grid layout on Padlet. Possible answers might include:

→ Listen to the child's needs.
→ Show affection and love.
→ Spend time with the child.
→ Serve as a positive role model.
→ Access services that promote children's wellbeing, development, and growth, such as schools and healthcare.
→ Take care of one's own wellbeing.

INFO BOX
The Components of Nurturing Care
Good health. It refers to the health and wellbeing of children. It also refers to the health of their caregivers, as their wellbeing can affect their ability to care for the child.
Adequate nutrition. It refers not only to child nutrition, but also to the mother's nutrition, as her nutritional status affects her health and wellbeing, as well as that of her child. After birth, a mother's nutritional status affects her ability to recover from birth and pregnancy, breastfeed and provide adequate care.
Safety and security. It refers to safe and secure environments for children and their families. This includes an absence of physical dangers, emotional stress, and environmental risks, such as pollution. It also includes access to food and water.
Opportunities for learning. It refers to any opportunity for a child to interact with a person, place, or object in their environment. It acknowledges that every interaction, whether positive, negative, or absent, contributes to a child's brain development and lays the foundation for future learning.
Responsive caregiving. It refers to a caregiver's ability to notice, understand, and respond to their child's signals in a timely and appropriate manner. It is considered the foundational component because responsive caregivers are better able to support the other four components.
(UNICEF, 2024a).

After collecting the answers, the facilitator writes the following three categories on the pinboard/Padlet: "Caregiving," "Support-seeking," and "Self-care." Then, the facilitator invites the participants to place their answers under the category that best fits their response. In an online setting, the facilitator drags and drops the Padlet posts into the category columns with group input.

INPUT: Parenting behaviors to support nurturing care

The facilitator can use the "Parenting behaviors to support nurturing care" slide from PowerPoint presentation 3 to explain that parenting behaviors are shaped by many factors, including parents' own upbringing, beliefs, gender roles, social support, knowledge, the child's traits, and access to services and resources. Despite the diversity of these factors, parenting behaviors can be grouped into three interrelated categories necessary for providing nurturing care (UNICEF, 2024b):

→ Self-care behaviors:
In order to support their children's wellbeing, it is crucial for caregivers to take care of themselves. Self-care behavior refers to the actions caregivers take to support their physical and mental health, recognizing the importance of parental wellbeing.

→ Caregiving behaviors:
It refers to the direct care that parents provide to their children, including through their interactions, responses and communication. When parents have enhanced support, beliefs, knowledge, skills and confidence, they experience improved parent-child interactions, stronger bonds with their children,

and better wellbeing. They are also better able to support their children's needs, development and wellbeing. (See Module 4 to learn more about the concept of "positive parenting").

→ Support-seeking behavior:
It refers to parents accessing services and informal support that can improve their wellbeing and that of their children, as well as their development and growth. To take advantage of this component, parents must know what services and support are available to them and their children and how, when, and where to access them.

EXERCISE 3: Parenting behaviors of survivors of human trafficking

Material/Equipment: Case studies Mary/Sarah/Faith (see Appendices 1a-c), handout "Parenting behaviors" (see Appendix 10).

Instruction: In an in-person setting, the facilitator divides the participants into three groups. In an online setting, the facilitator assigns participants to three breakout rooms. Then, the facilitator provides each group with a different case study. The facilitator asks the members of each group to read their case study and discuss the following questions:

→ What parenting behaviors can you observe in Mary/Sarah/Faith?
→ Which of these seem helpful or positive to you? (Please add a plus or mark your answers in green).
→ In what areas might Mary/Sarah/Faith benefit from additional support? (Please add a minus or mark your answers in red).

The participants are invited to share their results in the plenary. The facilitator might complement the provided answers with the following table (**green**: positive or helpful parenting behaviors; **red**: additional support may be beneficial):

Selfcare behaviors	Support-seeking behaviors	Caregiving behaviors
• **No time to take care of herself.** • **Difficulties to rest, focus or find emotional space.** • **Suppression of emotional pain.** • **She has her child to have someone in life to keep her busy.** • **Calls friends in home country when she needs someone to talk to.**	• **Fear of judgement prevents her from reaching out for support.** • **Avoids participating in parents' groups fearing discrimination.** • **Participates in parenting groups.**	• **Avoids talking to her son about own negative experiences.** • **Tries to build a close relationship with the child.** • **Tries to address and explain negative feelings to her child.** • **Unsure how to manage the constant needs of a small child while battling her own stressful experiences.** • **Restricts social interactions her child might have with others.** • **Uncertainty about the "right" way to raise her child.** • **Strong commitment to the child's wellbeing.**

EXERCISE 4: Practical tools to support parenting behaviors

Material/Equipment:

For both in-person and online settings: Handouts "Daily routines", "The care blanket", "The support blanket", "Relaxation techniques", " Practical tips for caregiving behaviors", "My emergency kit", "Relationship network" (see Appendices 11-17).

Instruction: The facilitator distributes handouts and begins by presenting practical tools to support caregivers' self-care behaviors (handouts "Daily routines", "The care blanket", "Relaxation techniques"). If time allows, the relaxation techniques can be practiced with the participants.

The facilitator then presents "The support blanket" (UNICEF, 2024a), a practical tool to support caregiver's support-seeking behaviors.

Based on the handout "Practical tips for caregiving behaviors", the facilitator presents practical tips that first line responders can use to advise caregivers on caregiving behaviors. The handout provides information on how to talk to children about difficult experiences and emotions, as well as activities that could help maintain a sense of normalcy in stressful living conditions. Additionally, the facilitator can present the activities "My Emergency Kit" and "Relationship Networks" which can be used by first line responders to strengthen caregiver-child relationships. More information on caregiving behaviors, including positive parenting, is provided in Module 4.

INFO BOX
BACE framework
One helpful way to remember key areas of self-care is the BACE framework, which stands for ***B***ody, ***A***chievement, ***C***onnection, and ***E***njoyment.

- **B**ody: Take care of your body by getting enough rest and sleep, eating regularly, drinking plenty of water, exercising, and maintaining good personal hygiene.
- **A**chievement: Remember your personal achievements and strengths. Even the small things we do today are achievements.
- **C**onnection: Spend time with the people you love, and support one another during difficult times.
- **E**njoyment: Do activities that you enjoy and that help you relax. These activities may differ from person to person and can include sports, play, art, prayer, gardening, cooking, singing, and talking with friends and family.

(IOM, n.d.)

Concluding the activity, the facilitator discusses with the participants the following questions:

→ Which of these tools do you feel could help Mary/Faith/Sarah? In which way?
→ Which of these tools resonate with you and feel suitable for use with your clients? Why?
→ Are there any tools that you do not feel comfortable to use? Why?

INFO BLOCK 2: Basic principles for dealing with survivors of human trafficking

Time: ca. 2 hours.
Aim: The aim of this info block is to encourage the training participants to reflect about the different characteristics associated with being a "victim" versus a "survivor" and to explore how these labels affect self-perception and social interactions. By the end, participants will understand and be able to apply the principles of the survivor-centered approach to empower survivors of human trafficking.

EXERCISE 5: The concentric circle

Material/Equipment:

In-person setting: Small soft ball, slide "The concentric circle for group sessions" of the PowerPoint presentation 3 (if necessary).

Online setting: Slide "The concentric circle for group sessions" of the PowerPoint presentation 3 (if necessary).

Instruction:

In an in-person setting, the facilitator invites all participants to stand up and form a circle. The facilitator then reads out the questions (see below), giving the participants time to answer. To indicate who is answering, a ball can be passed around the circle. In an online setting, participants can "pass" the virtual ball by typing the name of the person they would like to invite to speak next into the chat, if they are comfortable doing so. As the ball is passed, each participant will have an opportunity to respond to the questions one at a time. The facilitator does not have to ask all of the questions but can select three or four.

→ What success in your life are you proud of?
→ What is one positive quality you have?
→ What are three things that make you happy?
→ What is something that made you feel grateful in recent days?
→ When you feel sad, exhausted, or stressed, what helps you feel better?
→ Who is the person you trust?
→ What is a place that gives you strength or support?
→ What is one thing you value most in your life?
→ What is something you would like to learn?
→ What difficult situation did you successfully overcome?

At the end of the activity, the facilitator stimulates a group discussion which could be guided by the following questions:

→ How do you feel?
→ How did you like this activity?
→ What do you think could be the potential benefits of using this activity with survivors of human trafficking?

The facilitator can conclude the discussion by sharing the information provided in the next section.

INFO BOX
Trauma-pedagogical approaches
Trauma-sensitive approaches (also known as trauma-informed care) focus on activating resources, building resilience, promoting self-healing, and empowering individuals. Rather than focusing on deficits and pathologizing stress responses, these approaches highlight the importance of recognizing positive emotional experiences and appreciating individuals' existing coping strategies developed in response to hardship. The central idea is that consciously acknowledging life experiences associated with positive emotions can help individuals tap into their strengths and resources. This enables them to manage current or future challenges more effectively and aids in their healing journey (see e.g. Van der Kolk, 2014).

The benefits of trauma-pedagogical approaches:
- Avoiding stigmatization and pathologization.
- In many crisis situations, support systems are insufficient to assist everyone in need. This is why it is important to encourage self-help mechanisms among those who first line responders support.
- Every person knows best how to help themselves in moments of adversity.
- Empowering approaches promote independence and self-efficacy.

INPUT: Activating resources in individual and group-sessions

The questions discussed in the concentric circle exercise can help activate the resources of survivors participating in individual and group sessions. Human beings have impressive self-healing capacities. In many cases, if a person is injured or sick, they recover. The same applies to mental wounds. Everyone has strengths and resources that help them deal with adversity and overcome crises. Recognizing and activating these resources strengthens self-esteem and is an essential first step toward recovery. Similarly, every group has enough collective wisdom to solve its own problems — provided there is a safe space where everyone can speak their truth. In this context, circles provide a space where even the most hesitant individuals feel their voice is heard and their words are welcome. Circles convey powerful values and intentions, including:

→ Equality among all participants.
→ A sense of safety and mutual trust.
→ Shared responsibility within the community.
→ Awareness and care for one another.
→ Deepened connection, solidarity, and empathy.
→ A strengthened sense of belonging.

EXERCISE 6: From victim to survivor

Material / Equipment: Slide "Victim vs. survivor" of the PowerPoint presentation 3 (if necessary).

Instruction:

In-person setting: The facilitator groups the participants into pairs. In the first round, each pair creates a human sculpture representing their interpretation of a "victim". Then, voluntary pairs present their sculptures to the rest of the group. The facilitator then leads a group discussion about the following questions:

→ What was it like to take on the role of a "victim"?
→ What was your personal experience with this exercise?
→ For those observing: What did you notice? What qualities or characteristics stood out in the portrayal of the "victim"?

In the second round, the facilitator invites the sculptors to transform their victim sculptures into survivor sculptures. Then, voluntary pairs present their sculptures to the rest of the group. The facilitator leads a group discussion about the following questions:

→ What was it like to take on the role of a "survivor"?
→ What changed for you?
→ What was done to transform you into a survivor? What was important to you when creating the "survivor" sculpture?
→ In your every-day work, how can you transform "victims" into "survivors"?
→ What are the implications for the relationship between the client and the service provider?

Online setting: The facilitator assigns pairs to virtual breakout rooms. Then, the facilitator asks the participants what comes to mind when they hear the word "victim". Next, the participants share their associations with the term "survivor". Finally, the participants discuss the following questions:

→ In your every-day work, how can you transform "victims" into "survivors"?
→ What are the implications for the relationship between the client and the service provider?

The facilitator complements the answers with the following information (slide "Victim vs. survivor" of the PowerPoint presentation 3 can be shared, if necessary):

Victim	Survivor
A broken being.	A strong being.
Passive.	Proactive.
Dependency, helplessness, reliant on external support.	Independence, capable to take action and control over their life.
Focus on deficits.	Focus on strengths.
Identity is based on weakness.	Identity is based on the different alternatives available to reconstruct one's life.

Implications for the relationship between client and service provider	
Relationship Service Provider – "Victim"	**Relationship Service Provider – "Survivor"**
Power asymmetry.	Harmonization of powers.
"You give - I take" (victim is the receiver).	Both give and take.
Risk "you against me".	Constructive cooperation.
Risk of stigmatization.	Reduced risk of stigmatization.
Risk of accommodation in passive victimhood.	Potential for growth through active empowerment and agency.

INPUT: Balancing protection and empowerment: Understanding legal and supportive terminology

First line responders should be aware that in the context of human trafficking term "victim" is also used as a legal category. For survivors, the official recognition as a "victim" can be important as it can guarantee access to specific rights and protection under national and international law. Legal recognition as a "victim" can play a critical role in protecting survivors and pursuing justice and can hence be a first step to empowerment. Although anti-trafficking legislation varies by country, official recognition as a "victim of human trafficking" can as a rule provide survivors with certain benefits and rights, such as:

→ Access to an emergency shelter.
→ Access to healthcare.
→ Support in securing the livelihood.
→ Victim compensation or restitution.
→ A right of residence, if the survivor is not a citizen.
→ Legal aid.
→ Psychological support.

INFO BOX
Non-punishment principle
Often, official recognition as a "victim of human trafficking" is essential for survivors to benefit from the non-punishment principle. This principle states that individuals who are forced to commit crimes should not be punished. For instance, if a victim of human trafficking is forced to sell drugs or commit robberies, they should not be prosecuted or penalized. This principle is grounded in international and national legislation. However, it is often not applied. One reason for this is that law enforcement authorities are unaware that the person is a victim of human trafficking and that the criminal activities were committed under coercion.

Legal context		
Term	**Meaning & purpose**	**Why it matters**
Victim	A formal designation used in legal systems to identify someone who has suffered harm due to a crime (e.g., human trafficking).	It can grant access to protection, residence status, support services, compensation, etc.
Survivor	Rarely used in the legal context as it lacks legal precision.	May not provide access to legal entitlements without formal victim recognition.

Psychosocial/Support context		
Term	**Meaning & purpose**	**Why it matters**
Victim	Acknowledges that harm was done, but can imply passivity, helplessness, or ongoing vulnerability.	May feel disempowering or stigmatizing to some individuals in a healing context.
Survivor	Emphasizes strength, resilience, and agency in overcoming trauma.	Often preferred in recovery-focused settings to foster empowerment and dignity.

First line responders working with survivors of human trafficking should be able to differentiate between the contexts in which different terms are used and understand the effects of choosing one term over another:

→ "Victim" is essential for legal recognition and rights but may carry unintended emotional weight.
→ "Survivor" is often better suited for psychosocial support and empowerment, though it lacks legal force.
→ A trauma-informed approach respects both uses. It recognizes the legal need for the term "victim" while affirming the survivor's resilience and autonomy in all other interactions.

EXERCISE 7: The survivor-centered approach

Material/Equipment:

In-person setting: Four moderation cards labeled "Safety", "Confidentiality", "Respect/Self-efficacy", and "Non-discrimination", handout "The survivor-centered approach in supporting people affected by human trafficking" (see Appendix 18), slides "Principles of the survivor-centered approach" of the PowerPoint presentation 3 (if necessary).

Online setting: Padlet, handout "The survivor-centered approach in supporting people affected by human trafficking" (see Appendix 18), slides "Principles of the survivor-centered approach" of the PowerPoint presentation 3 (if necessary).

Instruction:

The facilitator explains that the survivor-centered approach seeks to empower the survivor by putting them in the center of the helping process (the facilitator can use slides "Principles of the survivor-centered approach" of the PowerPoint presentation 3). The survivor-centered approach recognizes that**:**

→ Each person is unique.
→ Each person has different needs.
→ Each person has different strengths, resources and coping mechanisms.
→ Each person has the right to decide who should know about what has happened to them, when they should do so and what should happen next.

The survivor-centered approach prioritizes the rights, needs and wishes of survivors. It creates a supportive environment that puts survivors at the center of the healing process, enabling them to direct their own recovery. As experiences related to human trafficking often impact survivors' sense of control, this approach aims to acknowledge and respect their agency and autonomy. This is achieved by ensuring that survivors are the primary actors and decision makers throughout the healing process (Lombardi, 2019). For instance, the survivor-centered approach ensures that survivors determine the pace of the support process, including when they wish to share their story and when to take the next steps. This is important not only to ensure that survivors feel in control of their lives, but also because sometimes the next steps involve other people, such as family members, who may still be under threat from traffickers.

In the following step, in an in-person setting the facilitator divides participants into four groups. In an online setting, the facilitator assigns the participants into four breakout groups. Each group receives one of the following words:

→ Safety
→ Confidentiality
→ Respect/Self-efficacy
→ Non-discrimination

The groups discuss the following questions:

→ What does this principle mean?
→ Why is this principle important when dealing with survivors of human trafficking?

After discussing the questions, each group presents their responses in plenary. The facilitator completes the activity using the following information:

→ Safety:
The safety of survivors and their families should be ensured at all times. Keeping survivors safe should be the number one priority. Experiences related to human trafficking can also affect survivors' sense of security and trust in others. The world may suddenly seem dangerous, chaotic, or unsafe.

Understandably, survivors may lose their belief in the goodness of humankind. Helpers should support them by staying close and remaining calm, even if the person is extremely distressed. Genuineness and honesty will help the distressed person rebuild trust and safety and begin the recovery process.

→ Confidentiality:
It refers to a person's right to choose whom they share their story with. Since each survivor is the owner of their own story, the decision to release any information related to the incident or the survivor rests with the survivor alone. Confidentiality promotes safety, trust, and empowerment. This means that anyone with access to survivor information must not share it without the survivor's explicit permission and informed consent.

→ Respect/Self-efficacy:
Respect means recognizing the survivor as the primary actor in the situation. Their wishes, rights, and dignity must be respected at all times. First line responders should facilitate recovery and provide resources for problem-solving. Survivors of trafficking have been deprived of the ability to make decisions about fundamental aspects of their lives. Consequently, their capacity to cope with problems and make decisions has weakened. Failing to respect survivors' right to find their own solutions can increase their feelings of helplessness and dependency on others. Therefore, first line responders' work should always strengthen self-efficacy, enabling survivors to feel strong and competent. Survivors should be in control of the process, and their wishes should determine the actions taken.

→ Non-discrimination:
Everyone has the right to receive the best possible support and assistance, free from discrimination. The discrimination can be based on gender, age, disability, race, ethnicity, language, religion, political beliefs, sexual orientation, legal or immigration status, and socioeconomic background. In addition to racial and gender-based discrimination, survivors of human trafficking may face social stigma – negative judgments or shame imposed by society because of their experience with trafficking. For instance, they may be blamed for their exploitation, judged for engaging in forced sex work, or viewed with suspicion because of their immigration status. This stigma can create barriers to accessing help and make survivors feel unwelcome or unworthy of support. To provide inclusive and respectful care, it is not enough to simply avoid overt discrimination. First line responders must also become aware of their implicit biases, personal values, and cultural assumptions that may influence their attitudes or behavior toward survivors. These "preferences or prejudices" could include:

INFO BOX
Trauma-influenced attachment
Survivors of trafficking often have histories of complex traumatization and disrupted attachment. When they experience consistent kindness and safety – often for the first time – in a helping relationship, they may unconsciously form a trauma-influenced attachment, seeking to meet unmet emotional needs. Trauma-influenced attachment refers to the way a person forms emotional bonds with others after experiencing trauma. It can lead to strong, sometimes intense or confusing relationships with helpers, often shaped by fear, dependency, or a deep need for safety.
To prevent unhealthy dependency, first line responders should:
- Maintain clear boundaries while remaining empathetic.
- Encourage autonomy and empowerment in the survivor.
- Work within a multidisciplinary team so the survivor isn't relying on just one person.
- Prepare the survivor for transitions in support early and gently.
- Monitor for signs of over-attachment.
- Seek supervision or peer support when feeling overwhelmed.
- Recognize signs of compassion fatigue or vicarious trauma (more information and resources on this topic can be found in the "Mental health of first line responders" section of this training).

For more information on this topic see: Casassa et al. 2023a and Casassa et al. 2023b.

- Assumptions about how a "real victim" should look or behave.
- Biases related to gender roles, sexual behavior, or moral judgments.
- Cultural or religious norms that affect how one views vulnerability or survival strategies.

Reflecting on these internal biases helps ensure that survivors are treated with dignity, empathy, and fairness, regardless of their background or experience.

After that, the participants reconvene in their original four groups. The facilitator can ask the participants:

→ How would you apply the four basic principles of safety, confidentiality, respect/self-efficacy and non-discrimination in group sessions or individual support sessions with survivors of human trafficking?

The answers are discussed in the plenary and captured on a flipchart paper in an in-person setting or on a Padlet in an online setting. The facilitator then links these responses with more detailed guidance on putting the principles into practice, using the information from the next input section. The facilitator can close the activity by sharing the handout "The survivor-centered approach in supporting people affected by human trafficking" (see Appendix 18).

INPUT: Safety, confidentiality, respect/self-efficacy, and non-discrimination in practice

The good practices listed below explain how first line responders can ensure safety, confidentiality, respect, self-efficacy, and non-discrimination when working with survivors of trafficking in group and individual sessions.

<table>
<tr><th colspan="2">SAFETY</th></tr>
<tr>
<td>In group sessions:
• Transparent introductions: Each facilitator introduces themselves clearly, explains their role and the purpose of the session.
• Safe environment: Hold sessions in a private, quiet room where participants feel secure.
• Clear structure and expectations: Outline the session's flow, time frame, and ground rules at the beginning.
• Accurate information: Provide reliable information on available support and services (who, what, when, where).
• Encourage questions: Create space for participants to ask questions and clarify concerns.
• Remain calm and steady: Model calm behavior to help regulate group dynamics, especially if someone becomes distressed.
• Normalize reactions: Explain that intense emotional or physical responses to stressful experiences are normal.
• Highlight safety: Gently remind participants that they are in a safe space now, if that is the case.</td>
<td>In individual sessions:
• Build trust through transparency: Introduce yourself and be transparent in all the actions that you take. Be clear about your role, tasks and limits of action.
• Ensure privacy: Meet in a quiet, private setting where the survivor feels comfortable.
• Provide orientation: Help the individual understand what support is available and how to access it (who, what, when, where).
• Clarify doubts: Take time to answer any questions clearly and honestly.
• Avoid misinformation: Offer only accurate, verified information. If unsure, commit to following up at a specific time.
• Offer structure: Explain each step of the process and who is responsible for what.
• Stay calm and grounded: Even if the survivor becomes highly emotional, maintain a composed presence.
• Offer physical and emotional presence: Be attentive and engaged to convey safety and support.
• Identify immediate risks: Explore and help address any current safety threats.
• Plan for ongoing risks: Collaboratively seek solutions to reduce ongoing dangers.
• Do no harm: Avoid any action that could endanger the survivor or their family.
• Reinforce survival: If applicable, acknowledge that the danger is over and they have survived.</td>
</tr>
</table>

CONFIDENTIALITY	
In group sessions: • Set clear confidentiality agreements at the start: Ask all participants to agree not to share anything discussed outside the group. • Avoid personal disclosures: Encourage sharing only what participants feel comfortable with and remind them not to reveal identifying details about others. • Avoid identifying survivors: Deliver support through general programs when possible to reduce the risk of being singled out by the community. • Ensure privacy: Hold sessions in secure, private spaces to prevent unintentional disclosure of attendance or identity. • Do not record sessions unless explicitly agreed upon with informed, written consent from all participants. • Be cautious with follow-up communication: Use neutral language and safe channels when contacting participants after sessions.	**In individual sessions:** • Secure data storage: Keep all written or digital records (notes, files, contact details) locked or password-protected. • Informed written consent: Always obtain written permission before sharing any information with outside organizations, clearly explaining what will be shared, with whom, and why. • Respect the right to decline: Never pressure the survivor to give consent—participation must always be voluntary. • Share only what's necessary: Limit any shared information to what is essential for providing support, and only after consent is obtained. • No unauthorized disclosure: Never share identifying details with anyone else—this includes family, friends, or colleagues, even just confirming you know the person. *Exceptions*: - *When a survivor might try to hurt herself or himself.* - *When there is a risk that the survivor might hurt others.* - *When a child is in danger.* - *When national or international laws or policies require mandatory reporting (for ex ample, because of sexual exploitation and abuse by humanitarian staff).* • It is very important that the survivors are informed of the reasons for mandatory reporting – preferably before they begin to explain what has happened to them. • Neutral documentation and communication: Avoid labeling survivors in written records or communications in ways that could expose their situation. • Discretion in service delivery: When possible, provide support through general services rather than those specifically labeled for trafficking survivors to maintain privacy and reduce stigma.

RESPECT/SELF-EFFICACY	
In group sessions: • Create a respectful, non-judgmental space: Show empathy, actively listen, and reinforce that the survivor is not to blame. • Voluntary participation: Allow survivors to choose whether or not to speak – never pressure them to share personal experiences. • Promote mutual respect: Encourage all group members to listen without judgment and to accept others' feelings and boundaries. • Promote peer support: Reinforce that participants are not alone by encouraging respectful connection and mutual support within the group. • Support self-expression: Validate emotions and encourage participants to share only what they feel safe sharing. • Inform without pressure: Present available resources and services but emphasize that taking action is the survivor's choice. • Respect preferences: Where applicable, ensure facilitators or co-facilitators of the preferred gender are available. • Emphasize that communities have strengths and resources that help them to deal with adversity or even overcome crisis. Encourage community resilience and coping.	**In individual sessions:** • Empathetic engagement: Show appreciation and care through active listening and unconditional positive regard. • Respect autonomy: Let the survivor lead the pace and content of the session; never push for disclosure. • Validate emotions: Accept all feelings without judgment • Offer informed choices: Share referral options and support services but respect the survivor's decision on whether to engage with them. • Accommodate preferences: If requested, ensure a same-gender staff member is available for interviews or examinations. • Avoid retraumatization: Minimize repeated retelling of traumatic experiences – coordinate with other professionals when possible. • Activate strengths: Help identify personal resources, resilience, and existing coping mechanisms. • Support goal setting: Assist in setting achievable goals and planning for the immediate future (hours, days). • Teach self-regulation: Introduce practical stress management techniques to foster emotional self-efficacy.
NON-DISCRIMINATION	
In group sessions: • Ensure inclusive participation: Create a welcoming environment for all, regardless of gender, age, disability, ethnicity, religion, sexual orientation, or background. • Use inclusive language: Avoid assumptions and stereotypes in speech and materials. Use gender-neutral or person-first language when appropriate. • Set clear group agreements: Establish ground rules that promote mutual respect and prohibit discriminatory remarks or behavior. • Adapt content and methods: Adjust facilitation techniques and materials to accommodate	**In individual sessions:** • Reflect on personal bias: Continuously examine and challenge your own assumptions or cultural prejudices. • Provide equal support: Offer services consistently to all survivors without judgment or favoritism based on identity or background. • Respect all identities: Acknowledge and validate the survivor's self-identified gender, cultural background, language needs, and belief systems. • Adapt communication: Use interpreters when needed, and ensure materials are accessible in the survivor's preferred language or format.

different needs (e.g., language translation, accessible spaces, visual aids). • Monitor group dynamics: Be attentive to any signs of exclusion or unequal participation and intervene respectfully if necessary. • Celebrate diversity: Acknowledge and value the unique backgrounds and experiences each person brings to the group.	• Ensure physical and communication accessibility: Make sure sessions are accessible for people with disabilities, both in terms of location and communication style. • Avoid assumptions: Let the survivor define their experiences and identity without labeling or categorizing.

EXERCISE 8: Something I appreciate in you (closing activity)

Material/Equipment:

In-person setting: None.

Online-setting: Padlet.

Instruction:

In-person setting: The facilitator invites participants to form pairs. Each pair designates one person as a speaker and the other as a listener. The facilitator explains that there will be two rounds, with roles switching after the first. Each round lasts 30 seconds.

The facilitator signals the start of the first round. During this round, the speaker shares what they appreciate about their partner. This could be something they've observed during the workshop or a personal quality they value. The listener simply listens. After 30 seconds, the facilitator stops the timer, and the roles switch for the second round.

Online setting: The facilitator asks all participants to write their names in separate columns or sections on Padlet using the columns or shelf layout. Once all names are visible, the facilitator invites participants to take a moment to reflect about how they've perceived their peers. Under each name, participants should write one or more positive qualities or strengths they appreciate about that person. These qualities can be something they've observed during the workshop or something they personally value in that person.

KNOWLEDGE EVALUATION

Time: ca. 10 minutes.

The following final knowledge evaluation questions can be asked both before undertaking the module to assess participants' prior knowledge and after the module to evaluate the knowledge gain:

1. *What are the five key components children need for healthy development?*
   ANSWER: Physical health, adequate nutrition, safety and security, opportunities for learning, responsive caregiving.
2. *What are the three categories of parenting behaviors discussed in the module and why is "self-care" emphasized as a first step?*
   ANSWER: Self-care behaviors, caregiving behaviors, and support-seeking behaviors. Self-care is essential because a caregiver's wellbeing directly affects their caregiving and support-seeking capacity.
3. *What can be done to support self-care behaviors in caregivers who have survived human trafficking?*

ANSWER: Help caregivers to establish daily routines, use the "Care blanket" tool, practice relaxation techniques.

4. *What are the implications of the terms "victim" and "survivor" for legal and psychosocial support?*
   ANSWER: "Victim" emphasizes harm and may aid legal recognition and support, while "survivor" highlights resilience and can empower psychosocial recovery.

5. *What are the core principles of the survivor-centered approach?*
   ANSWER: Safety, confidentiality, respect/self-efficacy, and non-discrimination.

FURTHER READING AND FURTHER RESOURCES

Supporting Caregivers

Brakarsh, J. (Ed.). (2005). *The journey of life: A community workshop to support children*. Randburg: REPSSI. Retrieved from: https://resourcecentre.savethechildren.net/document/journey-life-community-workshops-support-children-manual-1-awareness-workshops/ [Accessed on 15 May 2025].

Bundespsychotherapeutenkammer. (n.d.). *Parent guide for refugees*. Bundespsychotherapeutenkammer. Retrieved from: https://elternratgeber-fluechtlinge.de/en/ [Accessed on 15 May 2025].

International Federation of Red Cross and Red Crescent Societies (IFRC) Psychosocial Centre. (2023). *Parents and caregivers are heroes: Protecting our children in a crisis*. International Federation of Red Cross and Red Crescent Societies. Retrieved from: https://mhpsshub.org/resource/parents-and-caregivers-are-heroes-protecting-our-children-in-a-crisis/ [Accessed on 15 May 2025].

Mihajlović, M. (2021). *Parenting on the move: Program for empowerment and promoting the development of competencies of parents of children up to 12 years of age, in situations of migration and refugeehood*. Save the Children North West Balkans. Retrieved from: https://resourcecentre.savethechildren.net/document/parenting-move-program-empowerment-and-promoting-development-competencies-parents-children/ [Accessed on 15 May 2025].

United Nations Children's Fund (UNICEF). (2024a). *'Caring for the caregiver'*. UNICEF: New York. Retrieved from: https://www.unicef.org/media/165006/file/UNICEF-caring-for-caregiver-overview-guide-2024.pdf [Accessed on 15 May 2025].

United Nations Children's Fund (UNICEF). (2024b). *Parenting support framework for the early years*. UNICEF Regional Office for Europe and Central Asia. Retrieved from: https://www.unicef.org/eca/reports/parenting-support-framework-early-years [Accessed on 15 May 2025].

Survivor-Centered Approaches

Taylor, L.H. & Brostrom, M. (2024). *Victim/survivor-centred approach to protection from sexual exploitation, abuse and harassment (PSEAH): Foundational paper*. Geneva: CHS Alliance. Retrieved from: https://www.chsalliance.org/get-support/resource/victim-survivor-centred-approach-pseah/ [Accessed on 15 May 2025].

UN Women. (2022). *Training manual on case management and psychosocial support for women survivors of violence*. UN Women Arab States. Retrieved from: https://egypt.unwomen.org/en/digital-library/publications/2022/03/training-manual-on-case-management-and-psychosocial-support-for-women-survivors-of-violence [Accessed on 15 May 2025].

Others

Chua, J.L., Tauson, M. & Piazzano, S. (2023). *Practitioners' guide to supporting survivor groups: Based on learnings from Bangladesh*. Winrock International. Retrieved from: https://winrock.org/resources/practitioners-guide-to-supporting-survivor-groups-based-on-learnings-from-bangladesh/ [Accessed on 15 May 2025].

International Rescue Committee (IRC) & International Medical Corps (IMC). (2020). *Women and girls safe spaces: A toolkit for advancing women's and girls' empowerment in humanitarian settings*. International Rescue Committee & International Medical Corps. Retrieved from: https://reliefweb.int/report/world/women-and-girls-safe-spaces-toolkit-advancing-women-s-and-girls-empowerment [Accessed on 15 May 2025].

Kountouri-Tsiami, J. Tuery, L., Ntiranyibagira, S. & Kalyvianakis, M. (2024). *Peer-to-peer psychosocial support groups for women: A guide from the Women Rise Approach (Adapted)*. International Rescue Committee (IRC). Retrieved from: https://www.rescue.org/eu/report/peer-peer-psychosocial-support-groups-women-guide-women-rise-approach-adapted [Accessed on 15 May 2025].

MODULE 4

UNDERSTANDING CAREGIVER-CHILD RELATIONSHIPS AND IRC'S *FAMILIES MAKE THE DIFFERENCE* PARENTING INTERVENTIONS

BACKGROUND INFORMATION

Total time required to complete this module: ca. 2 hours 10 minutes (+ 60 minutes optional exercise).

Materials and equipment needed to prepare for and deliver this module

To deliver this module in an in-person setting, the facilitator needs a large room for participants to move around, a flipchart, markers, and sticky notes. If the facilitator wants to use a PowerPoint presentation, a projector will also be needed. The facilitator should ensure that the room is quiet, accessible to all participants, and conducive to confidentiality.

To deliver this module online, the facilitator needs a video communication software platform that allows for interaction, chat, and breakout groups, as well as a stable internet connection. The facilitator will also need to prepare some participatory slides on one of the interactive presentation and survey tools such as Mentimeter or Kahoot. Participants need a smartphone or computer with a functioning microphone and camera.

The PowerPoint presentation for this module is available at the QR code in the Introduction section. The list of further reading and resources for the facilitator can be found at the end of this module.

How to teach this module? Useful information for the facilitator

The facilitator should be familiar with the topics of this module. Further reading is provided for each section to equip the facilitator with additional resources and information to better understand the topics covered in this module. It is recommended that the facilitator (as well as the training participants) be familiar with or trained in Module 2 of this training as an introduction/background to what will be discussed in this module.

Module structure

This module consists of an introduction, three info blocks, three exercises, one of which is optional, and a final evaluation of what the participants have learned. The introduction includes the objectives of the module. The first info block, which includes the exercise 1, focuses on what positive parenting is, how a nurturing relationship between a caregiver and a child or adolescent can look like and why such a relationship is important for the child's development and its immediate and long-term behavior. The second info block, which includes the exercise 2, provides a basic understanding of parental and child stress. The third info block focuses on caregiver empowerment groups and how to set one up. The optional exercise 3, which is part of the third info block, is suggested for front-line staff who may be starting groups with caregivers, to give participants time and space to reflect and practice how to run such a group session. The final knowledge evaluation contains questions that can be used to assess participants' knowledge gain.

INTRODUCTION

Time: ca. 10 minutes.
Aim: The aim of this section is to present the objectives and the agenda of the module and the group rules (or to repeat them if they have already been introduced).

Module objectives

By the end of this module the participants will be able to:

→ Understand the importance of positive parenting and nurturing caregiver-child relationships.
→ Understand the effect of parental stress[10] on children and the role of caregivers to support children dealing with their own stress.
→ Understand the objective and purpose of caregiver empowerment groups.
→ Introduce IRC's *Families Make the Difference* parenting intervention.

INFO BLOCK 1: Exploring caregiver-child relationships

Time: ca. 20 minutes.
Aim: The aim of this info block is to introduce the concept of "positive parenting", provide the participants with an understanding of what a nurturing relationship between a caregiver and a child or adolescent can look like and why such a relationship is important for the child's development and immediate and long-term behavior.

What parenting behaviors are key to a child's optimal development? Educators, psychologists, and researchers often use the term "positive parenting" to describe what the relationship between a caregiver and a child or adolescent should be like in order to ensure their healthy social-emotional growth. Sway et al. describe positive parenting as "the continual relationship of a parent(s) and a child or children that includes caring, teaching, leading, communicating, and providing for the needs of a child consistently and unconditionally" (Seay et al. 2014, p. 207, as cited in Lonczak, 2019). Based on this and other definitions (see: Lonczak, 2019), some of the key elements of positive parenting that constitute a nurturing caregiver-child relationship are:

→ Positive parenting is predictable: Children know what is expected of them, there are clear rules and daily routines in the home to reinforce a sense of control and safety.
→ Positive parenting is stimulating: Caregivers engage with their children and stimulate their physical and cognitive skills.
→ Positive parenting is loving: Caregivers show affection to their children, communicate with empathy, and use nonviolent and mindful parenting.

[10] In this training we use the term "parental stress", which is a technical term used by professionals in fields such as education, psychology, psycho-social counselling and academia. There are standardized instruments, such as the Parenting Stress Index (PSI), that allow to measure the extent of parental stress. Rusu, P.P., Candel, OS., Bogdan, I. et al. define "parental stress" as "the emotional, psychological, and physical strain experienced by parents in response to various challenges and demands associated with parenting. It encompasses feelings of being overwhelmed, anxious, frustrated, and exhausted, often resulting from factors such as parenting responsibilities, financial pressures, marital conflicts, lack of social support, work-life balance, and problems related to the children" (cf.: Rusu et al., 2025).

EXERCISE 1: Think and share

Instruction: The facilitator can invite participants to reflect on the following questions:

→ Why do you think a nurturing relationship between a caregiver and a child or adolescent is important?
→ How do caregivers and family/community members create and sustain nurturing relationships with children and young people in their local communities?

In-person setting: The participants should be given an opportunity to discuss the questions in pairs for a few minutes. The facilitator can then gather responses in plenary and review them.

Online setting: The facilitator can use a participatory tool such as Mentimeter or Kahoot to collect participants' responses online and read them out during the training session. Participants can also write in the chat box or unmute themselves if they want to share their thoughts.

To conclude the discussion, the facilitator can share with the participants the content of the following paragraph.

INPUT: Why is a nurturing relationship between a caregiver and a child or adolescent important?

Children learn how to interact with other adults and peers – how to communicate effectively, cooperate and negotiate with others – through relationships. Peaceful, nonviolent homes allow for more supportive and loving caregiver-child relationships that help children and can make a difference in the children's immediate and long-term development. A child's early years – beginning in the womb – are critical for both brain development and building a foundation of emotional security, and the role of caregivers in these processes is critical. Caregivers who provide support, affection, supervision, and a sense of security to the children influence the children's healthy development and wellbeing. When caregivers are abusive or neglectful, it has lasting negative effects on a child's developing brain, which can lead to behavioral and learning problems. For adolescents, a nurturing relationship with their caregiver(s) is important as teenagers begin dealing with difficult situations involving peer groups, puberty and pressures related to becoming an adult.

Some survivors of human trafficking are not in a position to provide nurturing love for their children during pregnancy and in the early years of their lives, due to, among others, the high level of stress they experience as a result of exploitation. However, recent research shows that the negative effect of such stressors on the development of children's brains can be mitigated or even reversed due to neuroplasticity (Center on the Developing Child, 2007, p. 12). Children's brains develop best if they experience a safe and supportive environment with consistent and supportive relationships. Helping children develop cognitive skills and good physical and mental health as early as possible provides the scaffolding needed to become productive, successful adults.

INFO BOX
What is neuroplasticity?
Neuroplasticity refers to the ability of the brain to continuously evolve, adapt, and change in response to new experiences that the individual has. This process involves the formation of new neural connections and the restructuring of existing ones, as well as the elimination of those that are rarely used. Neuroplasticity helps the brain learn, adapt to new situations, improve existing cognitive abilities, and recover from traumatic brain injury (Cherry, 2024).

INFO BLOCK 2: Understanding parental stress and its impacts on children

Time: ca. 30 minutes.
Aim: The aim of this info block is to explore what parental stress is and what impact it might have on children.

EXERCISE 2: Think and Share

Instruction: The facilitator can ask participants:

→ How can children be affected by the stress of their caregivers?

The facilitator then can invite participants to reflect on how stress affects them (how they feel, how they react, and how this could then impact children).

In-person setting: On a flipchart, the facilitator can draw a chart (similar to the one below, but empty) showing the three reflections. The facilitator then invites participants to discuss the question in pairs for a few minutes, collects the responses and fills in the chart in the plenary session.

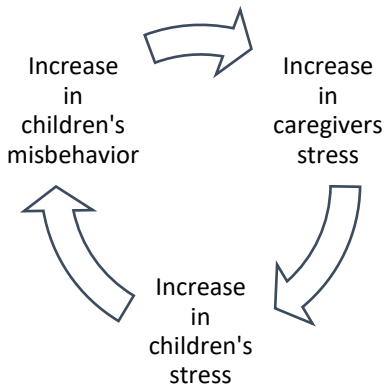
Online setting: The facilitator can use a participatory tool such as Mentimeter or Kahoot to collect participants' responses online and read them out during the training session. Participants can also write in the chat box or unmute themselves if they want to share their thoughts.

Example answers:

I feel…	I do…	Impact on children…
• Sadness • Sickness • Aggressiveness • Tiredness/exhaustion • Anger/hatred • Stress • Depression • Sense of control • Happiness	• I do not sleep, I do not eat • I shout at, I beat my children • I eat a lot • I am obsessed with cleaning • I have a very clear daily schedule • I invite neighbors for tea to talk	• Aggressiveness • Disrespectful • Scared • Refuse to leave the house • Sad • Cry often

The way a person behaves or feels is often a result of the stress they are experiencing. That's why it's important for them to be aware of the symptoms of stress discussed in Module 2 of this training. This will help them to deal with the stress without judging themselves or the people around them.

INPUT: How can children be affected by parental stress?



When caregivers remain calm, their children are more likely to feel calm as well. Conversely, when caregivers are stressed, it often leads to a tense and stressful atmosphere within the family. Children are like sponges: they absorb the emotions of their caregivers and even without verbal communication children instinctively sense their caregivers' stress. They can overhear adult conversations, which can heighten their feelings of insecurity and stress.

Research indicates that parental stress is linked to several undesirable behaviors in children (see, e.g.: Crum & Moreland, 2017). The more stress caregivers experience, the less cooperative children may become. Caregivers often feel stressed when they see their

children sad or when they struggle to meet their basic needs or provide adequate sanitary conditions. This can increase children's stress, which they may express through aggressive or non-cooperative behavior. As children exhibit these behaviors, parental stress tends to rise, creating a vicious cycle. This cycle underscores the importance of caregivers recognizing and managing their stress to break this pattern and foster a healthier family environment.

It's completely normal and healthy for caregivers to experience and express emotions like sadness, anger, or depression, and it's important to normalize these feelings with their children. However, it's crucial to minimize the impact of parental stress on children and young people.

INPUT: Child stress

Adverse childhood experiences, which can include displacement, abuse, neglect or others, especially when they are multiple or prolonged and result in toxic stress, can have short- and long-term effects on a child's development, mental and physical health, and future opportunities. Caregivers play a significant role in strengthening children's capacity to cope with stressful situations. Research has shown that the direct and far-reaching effects of toxic stress on children can be halted or reversed, and children's resilience strengthened through high levels of parental care, supportive environments and nurturing caregiver-child relationships (Harvard Center on the Developing Child, n.d.). However, for adults who have themselves suffered traumatic experiences such as war, displacement or human trafficking, it can often be difficult to consistently fulfill the role of compassionate, supportive and attentive caregivers. To support adults in dealing with their own stress in order to promote their children's health, wellbeing, and overall resilience, the IRC developed its *Families Make the Difference* (FMD) parenting intervention approach and continues to refine it by applying it in a variety of humanitarian contexts.

INFO BOX
What is toxic stress?
Stress is a necessary and normal part of life. However, there is a difference between healthy stress and toxic stress. Healthy stress is beneficial as it helps individuals survive. In contrast, toxic stress overwhelms the body, becoming harmful, especially to the nervous system. It can then negatively impact individuals and those around them (IRC Deutschland, 2023, p. 64).

INFO BOX
Transgenerational trauma
Transgenerational trauma refers to the psychological and emotional effects of trauma that are passed down from one generation to the next. It occurs when the impact of traumatic experiences, such as war, genocide, displacement, slavery, or systemic oppression, affects not only the individuals directly exposed to the trauma but also their descendants. Transgenerational trauma can be transmitted, among others, through:

- Parenting behaviors: Trauma survivors may struggle with emotional regulation or attachment, affecting their parenting and the emotional environment in which children are raised.
- Family narratives: Silence, denial, or repeated recounting of traumatic events can shape a child's sense of identity and safety.
- Modeling of coping mechanisms: Children may internalize maladaptive coping strategies such as hypervigilance, distrust, or avoidance.

INFO BLOCK 3: Supporting caregivers through empowerment groups

Time: ca. 60 minutes (+ 60 minutes for the optional exercise 3).
Aim: The purpose of this info block is to develop training participants' understanding of how to set up empowerment groups for caregivers and of the theory and practice of IRC's FMD interventions. The aim of the optional exercise 3 at the end of this info block is to practice a session from the FMD curriculum. This exercise can be adapted to the needs of the training participants.

There is over 30 years of research on the effectiveness of caregiver empowerment groups which help promote the healthy development of children (Center on the Developing Child, 2007). Through participation in empowerment groups, caregivers can reflect about how they can better understand the particular sources of their stress, gain knowledge about child development and the impact of their stress on children. The groups also provide the participants with coping and healing strategies, relaxation techniques, listening and supporting skills to strengthen the relationship with their children, and self-care strategies.

Several curricula are available to support the facilitation of caregiver empowerment groups. Different curricula might be relevant for different target groups and an adaptation of the curriculum may be required to ensure it is contextualized to the needs. There are also specific curricula for caregivers of children with specific needs, such as WHO's Training for caregivers of children with developmental disabilities, including autism[11].

INPUT: Supporting caregivers in their coping and healing: IRC's *Families Make the Difference* interventions

IRC's *Families Make the Difference* (FMD) curriculum aims to promote the wellbeing of children and young people through improving the parental stress management skills of their caregivers, positive parenting practices, and strategies for supporting children and young people with their psychosocial needs. Since 2009, the IRC has implemented the FMD approach in 22 countries in Africa, Latin America, the Middle East, Asia and Europe and has reached over 30.000 families.

The FMD tools were developed based on more than three decades of research on the effectiveness of caregiver empowerment groups. Randomized control studies in Burundi, Liberia and the border region between Thailand and Burma as well as formative research in the Democratic Republic of the Congo and the Central African Republic was conducted as a basis for the development of the curricula (Sim, 2014). The IRC also partnered with the Free University of Berlin, Germany, to study the effectiveness of the FMD meetings and approaches on fathers who attend all sessions. Preliminary results showed that after participating in the meetings, fathers showed more affection and care for their children and were more involved in (co-)parenting.[12]

INPUT: The concept of "family" in the context of human trafficking

IRC's FMD intervention program is based on a family strengthening approach, which assumes that families play a fundamental role in caring for, supporting, and protecting children and shaping their growth and development. Caregivers are therefore seen as a protective factor for their children, with the role of family and parental care being critical in mitigating toxic stress and strengthening children's resilience.

However, when designing and conducting empowerment groups for caregivers who have survived human trafficking, it's crucial to critically examine the concept of "family". In some trafficking situations the family can be the perpetrator of harm. This occurs when a person is trafficked by a family member – such as a parent, grandparent, sibling – or guardian who facilitates the trafficking by abusing this person's position of vulnerability. A 2023 study by the Polaris Project in the US found that 37% of trafficking survivors experienced familial sex trafficking (Polaris, 2023). In 2017, the International Organization of Migration estimated that approximately 41% of trafficking cases involved a family member or caregiver (IOM, 2017). Not only are children at risk. Vulnerable adults, such as people with disabilities, can also be exploited by their family members and caregivers.

[11] This training is available at: https://www.who.int/teams/mental-health-and-substance-use/treatment-care/who-caregivers-skills-training-for-families-of-children-with-developmental-delays-and-disorders [Accessed on 15 May 2025].

[12] At the time of publication of these training materials, the results of the study had not yet been published.

The family can be involved into various forms of exploitation of their vulnerable members, such as forced marriage, labor, or sexual exploitation. According to IOM statistics, cases of child trafficking involving a family member in the initial stage are less likely to be for sexual exploitation than cases in which trafficking does not begin with the involvement of a family member (IOM, 2017).

In some cases, families may be complicit in trafficking without actively facilitating it. Caregivers may be reluctant to acknowledge their child's trafficking, especially if the trafficker is a family member, too. Caregivers may also be victims of trafficking themselves, see the situation as unavoidable or do not know how to help themselves or their child.

Traffickers exploit existing power dynamics within families, seeking extensive control over their victims' lives. They may groom their victims, who often do not see themselves as victims or do not come forward due to fear, guilt, or shame. This is frequently accompanied by trauma bonding, which involves psychological manipulation and abuse, creating a toxic dependence and yet a sense of loyalty. Traffickers may threaten the lives or safety of victims and their loved ones, training them to avoid discussing their experiences and thus manipulatively abusing their sense of loyalty towards those who would support and protect them.

INFO BOX
Trauma bonding
Trauma bonding is an emotional attachment that forms between an abused person and their abuser, often through a cycle of abuse and affection, where the abuser shows love and remorse after the abuse and tries to make the abused person feel safe (Resnick, 2014). In the context of human trafficking, emotional manipulation is a key tactic used by traffickers to maintain control over and further exploit trafficked persons. Such a bond makes it extremely difficult for trafficked persons to leave the exploitative situation. Trauma bonding can occur in any type of relationship where there is a power imbalance, such as between parents and children, in romantic relationships, etc.

When working with caregivers who have survived trafficking, it is important to be aware that they may have other children left behind in different countries, contributing to a fragmented family structure. They may miss or feel close to family members scattered in different locations, even if the relationships are toxic, or they may have severed ties with their biological families. Survivor guilt is also common, especially if they have family members still in exploitative situations or have had to leave family members behind. Finally, those who have been separated from their families since childhood may view other survivors as their "family", sharing parts of their trafficking experience.

Therefore, facilitators leading empowerment groups for survivors of trafficking should exercise particular caution when addressing the topic of family. It is important to encourage participants to critically examine the common concept(s) of family that are based on the idea of people being connected by birth or marriage in accordance with social norms. The facilitator can use the concept of "family of choice" as a starting point for the discussion. This concept describes a relationship model that is formed independently of, or even in deliberate opposition to, kinship based on biological ties (Peukert et al., 2020, pp. 192-193). It implies, among other things, that the people considered as family can change over time and include individuals who are not biologically related.

Participants should be encouraged to discuss what family means to them individually, who is included in their family, and what behaviors and values shape their perception of family. This can be done in small groups, as a plenary discussion, or a combination of both. There are no right or wrong answers, and the discussion should be respectful and non-judgmental. The facilitator can use the following questions to initiate and guide the discussion:

→ What does family mean to you?
→ What is important to you when you think about family?
→ If you think of family, what values do its members share?
→ How should family members behave towards each other? What behaviors shape your idea of family?
→ Whom do you consider family although you are not biologically related and why?

INPUT: *Families Make the Difference* in Germany: a revised approach

FMD interventions have been implemented in Germany since 2019. After four years of project implementation, the IRC thoroughly revised and redesigned the German version of the FMD handbook in 2023. The revision was participatory and included input and feedback from participants, facilitators and IRC staff. Among other things, the new approach of the revised German version of the FMD handbook refrains from providing "correct" parenting strategies and answers to complex questions. Rather, each module is designed to foster exchange on the respective topic and enable mutual support among caregivers, building on the knowledge and experiences that participants bring to the group. The ultimate goal remains to improve the wellbeing of caregivers and their children and to promote positive parenting and nurturing caregiver-child relationships.

INFO BOX

FMD facilitator's handbook and related recourses

As of 2025, the revised version of the FMD handbook is available in German; translation into other languages is planned. The handbook is available under the QR code on the right.

The original FMD parenting curriculum and related resources are available in different languages under the QR code on the left.

The following topics are covered in the revised curriculum:

→ Welcoming participants and understanding what family means to them.
→ Empowerment: dealing with discrimination and racism.
→ Physical development of children.
→ Brain development.
→ Stress and dealing with stress.
→ Multilingualism.
→ Understanding media and social media and its impact.
→ Game-based learning.
→ Identities.
→ Communication, conflict and rules.
→ Bullying.
→ Supporting access to services (with a particular focus on access to the education system. This topic should be contextualized to the education system in the target country/area).
→ Psychosocial needs of children.
→ Nutrition and joint conclusion of the group.

The revised FMD handbook is modular and adaptable, and it is intended to provide the facilitators with a framework whereby they can decide for themselves how much of the information to use and share with the participants, how many of the sessions to conduct and the order in which the sessions will be carried out. The handbook is therefore a support that is intended to enable or strengthen the self-determination and independence of the groups and facilitators.

The overarching aim of the handbook is to provide facilitators with guidance and suggestions for their decisions on how to organize the meetings together with the group. In doing so, they decide together with the participants, among other things:

→ What are the needs of the group and what topics are important to discuss?
→ How and in what depth can and does the group want to discuss them?
→ Which activities and discussion questions are exciting and appropriate for the group?
→ What order does the group want to choose for the topics?
→ At what intervals should the meetings take place?

INPUT: Who can facilitate and participate in the FMD caregiver empowerment sessions?

Ideally, the facilitators who lead the FMD empowerment sessions should be people who speak at least one of the group languages as their first language. They should be interested in working with families and empowerment. It is not necessary for facilitators to have formal training or studies in education, migration, or psychology. However, they should be experts, for example, through their own biographical experiences, on the realities of the lives of people who have undergone (forced) migration. The fact that the meetings are conducted by committed, empathetic facilitators in their first language allows for an exchange in which not everything needs to be explained or made culturally relevant. However, the facilitators should be trained in the use of the curriculum. In the IRC's experience, it is advantageous for them to be well networked in the various communities in the places where they live, to be organized in self-established associations, cultural initiatives, counseling centers, or community-based structures.

Participants in FMD parenting groups can be diverse in terms of their age, the age of the children they care for, their housing situation, their partners, the length of time they have lived in the country where the group is held, etc. The interests and needs of the participants regarding FMD meetings can be just as diverse. The sessions are open to anyone who speaks one of the group languages, is responsible for a child or wants to have a child.

INPUT: How should an FMD group be set up?

The aim of the FMD meetings is to achieve an exchange of experiences between the participants and to establish a framework in which they are strengthened and encouraged in their role as caregivers. The task of the facilitator is therefore to create and moderate this space. This is not possible without a relationship of trust between the participants as they talk about personal wishes or worries and sometimes about painful experiences.

The facilitators identify participants according to their language and willingness to attend the entirety of the sessions. They create a "brave" space for participants, where people are encouraged to share and to listen in a trusting way that enables them to be open and learn from each other. Co-creating common group rules with participants and referring to them throughout the sessions can help create a "brave" space. If everyone present is involved and accepts the principles of the joint meetings, this creates trust and gives participants and the group leader the opportunity to refer back to them to clarify expectations and opportunities for participation, to guide or moderate discussions. Facilitators should always make sure that cultural considerations are taken when setting up the groups (e.g., separating the group by sex or age).

Obtaining feedback on the sessions is key to ensuring that the curriculum remains relevant and meets the needs of the participants. Feedback can be solicited in a proactive or reactive manner. It is important to ensure that the methods used to collect feedback are accessible and appropriate to all, including taking into account the age, language and abilities of participants. It is important to seek consent when using proactive feedback and to ensure that it is properly reviewed and incorporated into program activities (i.e., to ensure that feedback is collected for a specific purpose and used accordingly).

FMD meetings can take place either online or in person. When meeting in person, the facilitator is responsible for finding a space – be it a room in a shelter, a migrant self-organization, a community center, or other – that is

INFO BOX
What is a "brave" space?
In the FMD handbook, the concept of "brave" space is used instead of "safe" space. The idea of a "brave" space is intended to take the pressure off group facilitators to maintain a "safe" place for all participants at all times, especially since safety can mean different things to different people. A "brave" space is an environment where individuals are encouraged to engage in sometimes challenging, but always respectful and honest conversations about difficult topics. A "brave" space cannot prevent uncomfortable or even sometimes hurtful moments, but participants trust that there is a willingness and ways to work through these experiences together and learn from each other (Arao & Clemens, 2013; IRC Deutschland, 2023, p. 14).

confidential, easily accessible to all participants, and conducive to the sessions. Participation in FMD groups should always be free of charge; public transportation reimbursement for participants to reach the venue can and should be provided. If online, the facilitator should ensure that they have all the resources and support necessary to conduct online sessions. Participation is always voluntary. Facilitators must be paid a fair wage to compensate them for their time and effort in conducting the sessions.

EXERCISE 3 (optional): Let's practice!

Instruction: The facilitator should select sessions from the FMD curriculum for the group to practice.

In-person setting: The facilitator divides participants into groups of two to three people and gives each group a session. Each group should have about 30 minutes to prepare their session (they can select a specific exercise or topic in the session). The facilitator should give at least two groups the opportunity to present their activity. In the plenary session, the facilitator (and other participants) should give constructive feedback.

Online setting: The facilitator divides participants into breakout groups and gives them about 30 minutes to go through the session and practice how they would do it online. One of the questions to be discussed may be what tools/resources the participants are aware of and would recommend using during an online session.

KNOWLEDGE EVALUATION

Time: ca. 10 minutes.

The following final knowledge evaluation questions can be asked to assess participants' knowledge gain:

1. *Is it correct that children are like sponges: they can easily bounce back and are not affected by their caregivers' stress?*
   ANSWER: No.
2. *Is it correct that children who are faced with adverse childhood experiences are unable to recover from them?*
   ANSWER: No.
3. *Is it correct that the space that facilitators and participants of the caregiver empowerment groups create should be confidential and "brave"?*
   ANSWER: Yes.
4. *Is it correct that the purpose of caregiver empowerment groups is to improve children and caregivers' wellbeing as well as support the healing and coping of caregivers?*
   ANSWER: Yes.

FURTHER READING AND FURTHER RESOURCES

Harvard Center on the Developing Child. (n.d.). *What are adverse childhood experiences and how do they relate to toxic stress*. Harvard Center on the Developing Child. Retrieved from: https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/ [Accessed on 15 May 2025].

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National Scientific Council on the Developing Child. (2004). *Young children develop in an environment of relationships: Working paper 1*. Retrieved from: https://developingchild.harvard.edu/wp-content/uploads/2004/04/Young-Children-Develop-in-an-Environment-of-Relationships.pdf [Accessed on 15 May 2025].

Stubbs, V.D. (n.d.). *The 6 pillars of a brave space*. Retrieved from: https://www.ssw.umaryland.edu/media/ssw/field-education/2---The-6-Pillars-of-Brave-Space.pdf [Accessed on 15 May 2025].

Switchboard. (2023). *Practical strategies for collecting and incorporating client feedback data*. Switchboard. Retrieved from: https://www.switchboardta.org/resource/practical-strategies-for-collecting-and-incorporating-client-feedback-data/ [Accessed on 15 May 2025].

United Nations Children's Fund (UNICEF). (n.d.). *Mental health and well-being - How to support your children and yourself?* UNICEF. Retrieved from: https://www.unicef.org/parenting/mental-health [Accessed on 15 May 2025].

United Nations Children's Fund (UNICEF). (n.d.). *What is stress?* UNICEF. Retrieved from: https://www.unicef.org/parenting/mental-health/what-is-stress [Accessed on 15 May 2025].

World Health Organization (WHO). (2022). *WHO guidelines on parenting interventions to prevent maltreatment and enhance parent-child relationships with children aged 0-17 years*. WHO. Retrieved from: https://iris.who.int/handle/10665/365814 [Accessed on 15 May 2025].

APPENDICES

Appendix 1a: Handout

Module 1, Exercise 2; Module 2, Exercises 4, 6; Module 3, Exercise 3

CASE STUDY MARY[13]

Mary lives in a refugee camp with her 5-year-old son. She has applied for asylum and is currently waiting for the authorities to decide on her case. Mary was sexually exploited by the people who organized her journey. Upon arrival, she was further exploited as a domestic worker and forced into prostitution for many months until she was able to escape and apply for asylum.

Mary has no family, no relatives, and no friends in the new country. She often repeats that the experience of exploitation has damaged her, and she has become extremely distrustful of other people. She notices that her son is also always alone, and when he is approached by other children in the playground, he prefers to walk away and not engage in conversation. Mary worries that her own experience of exploitation is having a negative impact on her son. In her efforts to be a good mother and protect her son from all the negativity in the world, she has never talked to him about what happened to her, and she doesn't know if she ever should.

At the same time, she wants her son to see her not only as his mom, but also as his best friend. That's why she tries to build a close relationship between the two of them. When she is having a bad day and has a lot on her mind, Mary always tries to address and explain these negative feelings to her son because, as she says, he would feel it anyway and she doesn't want him to think that he is the cause of her sadness.

She has to spend all her time with her son: there are no activities for children in the camp, her son doesn't go to kindergarten, and she has no time for herself. Mary wanted to start an apprenticeship, but eventually she had to give up because she could not leave her son with anyone. In her country, she says, she could ask relatives or even neighbors to look after her child, but here she has no one. She is also afraid to leave her child with people she knows in the camp because she thinks the authorities might accuse her of not being a good mother and take her child away. She often says that the authorities know that she was sexually exploited and is now mentally disturbed, so they are keeping a close eye on her. In addition, she would simply not have the time for an apprenticeship: she says she can barely keep up with all the appointments with authorities and aid organizations that she has as an asylum-seeker, mother, and survivor of human trafficking.

[13] The case study is a fictional story based on the results of a focus group discussion with mothers from third countries who have survived human trafficking. The focus group discussion was conducted by the IRC and the Jadwiga Counselling Centre for Survivors of Trafficking in August 2023 in Munich, Germany.

Appendix 1b: Handout

Module 2, Exercises 4, 6; Module 3, Exercise 3

CASE STUDY SARAH[14]

Sarah grew up in a low-income neighborhood and left school early to care for her younger siblings after her parents passed away. At 25, she was offered work as a domestic helper in Europe by a family friend, who promised her a legal job and safe housing. Sarah accepted the offer, hoping to earn money to support her siblings. The journey to Europe was long and dangerous. In one of the countries on her way to Europe, Sarah was detained, abused, and eventually sold to traffickers who forced her into sex work to pay off a fabricated "travel debt". She endured repeated violence and coercion over the next several years. Eventually, Sarah managed to escape during a police raid and made her way to Europe through irregular migration channels.

Today, Sarah lives with her 6-year old daughter in a small room in a refugee camp in her country of destination. The overcrowded living conditions, lack of privacy, and continuous noise make it difficult for her to rest, focus, or find emotional space.

Sarah feels profoundly isolated. The fear of judgment – especially as a Black woman and survivor of human trafficking – prevents her from reaching out to others in the camp. She also distrusts formal services, suspecting they are more interested in monitoring her than helping. Sarah fears that any misstep (e.g., her children crying loudly or being "too wild") will draw the attention of authorities and could have negative consequences for her and her child.

Sarah explains that she had a daughter because she wanted someone close to her – a person who would keep her busy and accompany her through life. She feels a strong emotional bond with her and tries to maintain a very close relationship with her.

Fearing the dangers her child might face, Sarah is highly cautious and restrictive about where she goes and with whom she interacts, resulting that she spends her entire time together with her daughter.

Sarah often suppresses her emotional pain because she believes showing vulnerability could affect her child's wellbeing.

Although there are offers of parenting groups and social activities, Sarah avoids participating because she fears cultural misunderstandings and discrimination. When Sarah feels desperate, she sometimes calls friends and relatives back home for advice, even though they are far removed from her current situation.

[14] The case study is a fictional story based on the results of a focus group discussion with mothers from third countries who have survived human trafficking. The focus group discussion was conducted by the IRC and the Jadwiga Counselling Centre for Survivors of Trafficking in August 2023 in Munich, Germany.

Appendix 1c: Handout

Module 2, Exercises 4, 6; Module 3, Exercise 3

CASE STUDY FAITH[15]

Faith is a 29-year-old woman who currently lives in a refugee camp in a European Union country as an asylum seeker with her two young children. After being deceived by traffickers in her home country who promised her a job abroad, Faith was subjected to multiple forms of exploitation. She was forced into domestic servitude and later coerced into prostitution during her journey to Europe. Even after reaching Europe, she faced further exploitation before applying for asylum. In the refugee camp she encountered new forms of hardship: living conditions in the camp are difficult, especially for single moms like her. The camp environment offers little privacy, and she feels unsafe, having witnessed cases of women being further exploited within the camp.

Faith applied for asylum but was soon subjected to the Dublin procedure, meaning she faced the risk of deportation back to the very country where she had been exploited. The legal uncertainty, combined with previous experiences related to her trafficking journey, has left Faith emotionally exhausted. She often says she feels "numb" and depressed and describes an ongoing frustration that nobody believes her story. She reports feeling invisible and constantly judged because of her skin color, describing repeated experiences where her testimony about trafficking was dismissed or minimized by officials.

Faith experienced enormous stress when she gave birth to her younger son in the country where she had applied for asylum. It was her first experience caring for a newborn without any family, friends, or community support. She describes feeling completely overwhelmed, isolated, and unsure how to manage the constant needs of a small child while battling her own stressful experiences. She says she was "so stressed I was shaking and could hardly breath". Often, she could not sleep, because her mind was spinning and she could not even concentrate on taking care of her child properly. Adding to her burden, Faith struggles to meet the expectations placed on her as an asylum seeker. She feels crushed under the pressure of attending endless appointments with different authorities, understanding complex asylum procedures, and trying to integrate into a society that at times seems hostile to her. "And yet we have to interpret, we have to learn – how can we do all of that with all of this?" she asks. "This is driving me crazy". She mentions that "people are dying inside and nobody would understand them" and that she had observed how this kind of stress has caused people to consume drugs, hurt themselves or fall back into prostitution.

Parenting under these circumstances has been deeply stressful for Faith. She often feels culturally alienated, grappling with the contrast between communal child-rearing traditions from her home country and her new country's expectations around parenting. In her culture, it was natural to rely on extended family and neighbors for support – something she finds impossible here. She feels isolated and uncertain about the "right" way to raise her children and is constantly afraid that if she admits to mental health struggles, the youth welfare office will take her children away.

Faith believes that having something meaningful to do – such as working or learning – helps her stay focused and prevents her from getting stuck in painful memories. She dreams of working and continuing her education but feels trapped: she cannot work without work permit or reliable childcare, and she fears that asking for help would jeopardize her parental rights. Limited financial resources, cultural barriers, fear of deportation, and a lack of accessible information about support services are daily hurdles she faces.

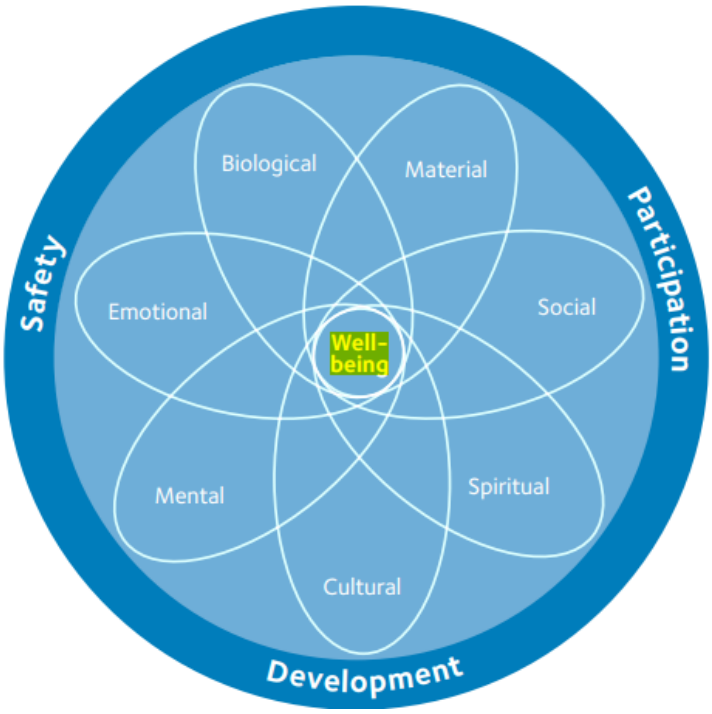
[15] The case study is a fictional story based on the results of a focus group discussion with mothers from third countries who have survived human trafficking. The focus group discussion was conducted by the IRC and the Jadwiga Counselling Centre for Survivors of Trafficking in August 2023 in Munich, Germany.

Despite her circumstances, Faith is determined to reclaim her life. She dreams of working in social services one day to help others who have faced similar hardships. Faith emphasizes that the love to her children give her strength to carry on and she remains committed to her children's wellbeing, determined to create a future where they can live with dignity and hope. Through parenting groups and occasional meetings with local families, she has begun to build small connections that make her feel less alone. Still, she wishes there were more places that encourage solidarity among migrant women and offer support without fear or shame.

Appendix 2: Handout

Module 2, Exercises 2, 3, 4

THE FLOWER OF WELLBEING



The model of Wellbeing proposed by Williamson and Robinson (2006)

Instruction: Please read the case study.

Questions for Group Discussion:

→ How might the protagonist's experiences have affected the different dimensions of their wellbeing? If the dimension you are working on is not explicitly mentioned in the case study, try to put yourself in their shoes and suggest possible implications.
→ Can you see any connections or interactions between the different aspects of the protagonist's well-being?
→ As a first line responder, how would you proceed to identify priority fields for support?
→ In which areas do you feel confident and well-equipped to offer support? In which areas do you feel you need external support or referral to other professionals or services?

Dimension	Effects on Wellbeing Dimension	Possible Response
Social Wellbeing		

Spiritual Wellbeing		
Cultural Wellbeing		
Mental Wellbeing		
Emotional Wellbeing		
Biological Wellbeing		

Material Wellbeing		
Safety		
Participation		
Development		

Appendix 3: Handout

Module 2, Input: Community Mapping

COMMUNITY MAPPING

Community mapping is a participatory tool that can help first line responders to identify available resources within the communities they serve. The tool supports the development of effective referral pathways for caregivers in need of additional care and assistance. It can also help to strengthen connections between services and marginalized families who may face barriers to access or have been previously excluded. Furthermore, by identifying gaps in existing referral networks, first line responders – supported by their supervisors – can collaborate with public services and nonprofit organizations to enhance service provision with the aim of promoting holistic wellbeing of caregivers. To encourage greater caregiver participation, first line responders should create the community map collaboratively with them through a joint, inclusive process (UNICEF, 2024a, p. 21).

Materials: Pens of different colors, a paper sheet.

Steps involved in the Mapping Process:

→ Draw a rough map of the community in which you are working.
→ In collaboration with your client, use colored stickers or pens to show the resources on the map that could help to enhance the holistic wellbeing of your client. The focus should be on low-threshold places and services that are easily accessible. Resources may include e.g.:

- A physical structure or place (for example, schools and early childhood centers, police station, mental health support services and referral centers, health center / hospital, church, library or recreation center, parks and nature etc.).
- Public, not-for-profit organizations, social services agencies, social protection teams, community based organizations (e.g. support groups, women's rights organizations, youth clubs and sport groups, legal counselling etc.).

→ Link each of the identified resources to the specific dimension of wellbeing it has the potential to support.
→ In the next step, jointly examine how access to the identified resources can be practically achieved and identify any barriers that may exist. These barriers might be:

- Inside the caregiver, e.g. they are not accessing a resource because they do not know that it exists or that it could be beneficial, fears and mistrust etc.
- Inside the family, e.g. somebody in the family is preventing the caregiver from accessing a resource.
- Inside the community, e.g. the resource is hard to reach geographically, or only available at inconvenient times.

→ As a last step, identify gaps in the availability of resources. Subsequently, you can collaborate with public services and nonprofit organizations to enhance service provision with the aim of promoting the holistic wellbeing adapted to the specific needs of your clients.

Appendix 4: Handout

Module 2, Exercise 6

STRESS FACTORS AND STRESS REACTIONS IN MIGRANT CAREGIVERS WHO HAVE SURVIVED HUMAN TRAFFICKING

Please read your case study and discuss the following questions:

→ What factors cause stress in the protagonist?
→ What stress reactions can you observe? Can the stress reactions be clustered into different groups?

You can write your answers into the following tables (leave out the rows you can't find information on in your case study, these will be complemented later by the facilitator):

STRESSORS FACED BY MIGRANT CAREGIVERS WHO SURVIVED HUMAN TRAFFICKING	
Pre-departure stage	
Travel and transit stage	
Destination stage/exploitation	
Escape/rescue/detention	
Chronic stage of insecure legal residence	
Survivor's residence situation in the host community stabilizes	

Survivor has to return to their country of origin	

STRESS REACTIONS	
Physical Stress Reactions	
Relational Stress Reactions	
Emotional Stress Reactions	
Behavioral Stress Reactions	
Psychological Stress Reactions	
Cognitive Stress Reactions	

Appendix 5: Handout

Module 2, Input: Basic overview Post-Traumatic Stress Disorder

SUMMARY DSM-5 DIAGNOSTIC CRITERIA FOR POST-TRAUMATIC STRESS DISORDER (PTSD)

IMPORTANT: Diagnosis can only be made by professionals!

A. **Trauma (Stressor Criterion)**
Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

→ Directly experiencing the traumatic event(s)
→ Witnessing, in person, the event(s) as it occurred to others
→ Learning that the traumatic event(s) occurred to a close family member or close friend
→ Experiencing repeated or extreme exposure to aversive details of the event(s) (e.g., first responders)

B. **Intrusion symptoms (1 or more required):**

→ Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s)
→ Recurrent distressing dreams
→ Dissociative reactions (e.g., flashbacks)
→ Intense or prolonged psychological distress at exposure to cues
→ Marked physiological reactions to cues

C. **Avoidance (1 or more required):**

→ Avoidance of distressing memories, thoughts, or feelings
→ Avoidance of external reminders (e.g., people, places, conversations)

D. **Negative alterations in cognitions and mood (2 or more required):**

→ Inability to remember an important aspect of the trauma (dissociative amnesia)
→ Persistent and exaggerated negative beliefs or expectations
→ Distorted blame of self or others
→ Persistent negative emotional state (e.g., fear, horror, anger, guilt)
→ Diminished interest or participation in activities
→ Feelings of detachment or estrangement from others
→ Inability to experience positive emotions

E. **Marked alterations in arousal and reactivity (2 or more required):**

→ Irritable behavior and angry outbursts
→ Reckless or self-destructive behavior
→ Hypervigilance

→ Exaggerated startle response
→ Problems with concentration
→ Sleep disturbance

F. **Duration**
The disturbance (criteria B–E) lasts **more than one month**.

G. **Functional significance**
Causes clinically significant distress or impairment in social, occupational, or other important areas.

H. **Exclusion**
The disturbance is not attributable to the physiological effects of a substance or another medical condition.

Appendix 6: Handout

Module 2, Input: Basic overview Major Depressive Disorder

SUMMARY DSM-5 DIAGNOSTIC CRITERIA FOR MAJOR DEPRESSIVE DISORDER (MDD)

IMPORTANT: Diagnosis can only be made by professionals!

A diagnosis of **MDD** requires that **five (or more)** of the following symptoms have been present during the **same 2-week period** and represent a change from previous functioning; **at least one of the symptoms must be either (1) depressed mood or (2) loss of interest or pleasure**.

A. **Symptoms (at least 5 of the following 9):**

1. **Depressed mood** most of the day, nearly every day (e.g., feels sad, empty, hopeless; observed by others).
2. **Markedly diminished interest or pleasure** in all or almost all activities most of the day, nearly every day (anhedonia).
3. **Significant weight loss** when not dieting, weight gain, or decrease/increase in appetite.
4. **Insomnia or hypersomnia** nearly every day.
5. **Psychomotor agitation or retardation** nearly every day (observable by others).
6. **Fatigue or loss of energy** nearly every day.
7. **Feelings of worthlessness or excessive/inappropriate guilt** nearly every day.
8. **Diminished ability to think or concentrate**, or indecisiveness, nearly every day.
9. **Recurrent thoughts of death**, recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan.

B. **Clinical significance**

The symptoms cause **clinically significant distress or impairment** in social, occupational, or other important areas of functioning.

C. **Exclusion**

The episode is **not attributable** to the physiological effects of a substance (e.g., drug abuse, medication) or another medical condition.

Appendix 7: Handout

Module 2, Input: Basic overview Generalized Anxiety Disorder

SUMMARY OF DSM-5 DIAGNOSTIC CRITERIA FOR GENERALIZED ANXIETY DISORDER

IMPORTANT: Diagnosis can only be made by professionals!

A. **Excessive anxiety and worry**

The person experiences excessive anxiety and worry about various events or activities, occurring **more days than not** for at least **6 months**.

B. **Difficulty controlling worry**

The individual finds it difficult to control the worry.

C. **Physical symptoms (at least 3 of the following):**

1. Restlessness or feeling on edge
2. Easily fatigued
3. Difficulty concentrating or mind going blank
4. Irritability
5. Muscle tension
6. Sleep disturbance

D. **Distress or impairment**

The anxiety or worry causes **clinically significant distress or impairment** in social, occupational, or other important areas of functioning.

E. **Exclusion**

The anxiety is not attributable to the physiological effects of a substance or another medical condition.

Appendix 8: Handout

Module 2, Input: Basic overview Panic Disorder

SUMMARY OF DSM-5 DIAGNOSTIC CRITERIA FOR PANIC DISORDER

IMPORTANT: Diagnosis can only be made by professionals!

A. **Recurrent, unexpected panic attacks**

A panic attack is a sudden surge of intense fear or discomfort, reaching a peak within minutes, with at least four (or more) of the following symptoms:

1. Palpitations or accelerated heart rate
2. Sweating
3. Trembling or shaking
4. Sensations of shortness of breath or choking
5. Chest pain or discomfort
6. Nausea or abdominal distress
7. Dizziness or lightheadedness
8. Chills or hot flashes
9. Numbness or tingling sensations
10. Feelings of unreality or detachment from oneself
11. Fear of losing control or "going crazy"
12. Fear of dying

B. **Persistent concern or change in behavior**

After having a panic attack, the person may experience persistent concern about having additional attacks, worry about the implications of the attacks, or a significant change in behavior related to the attacks (e.g., avoidance of situations where attacks may occur).

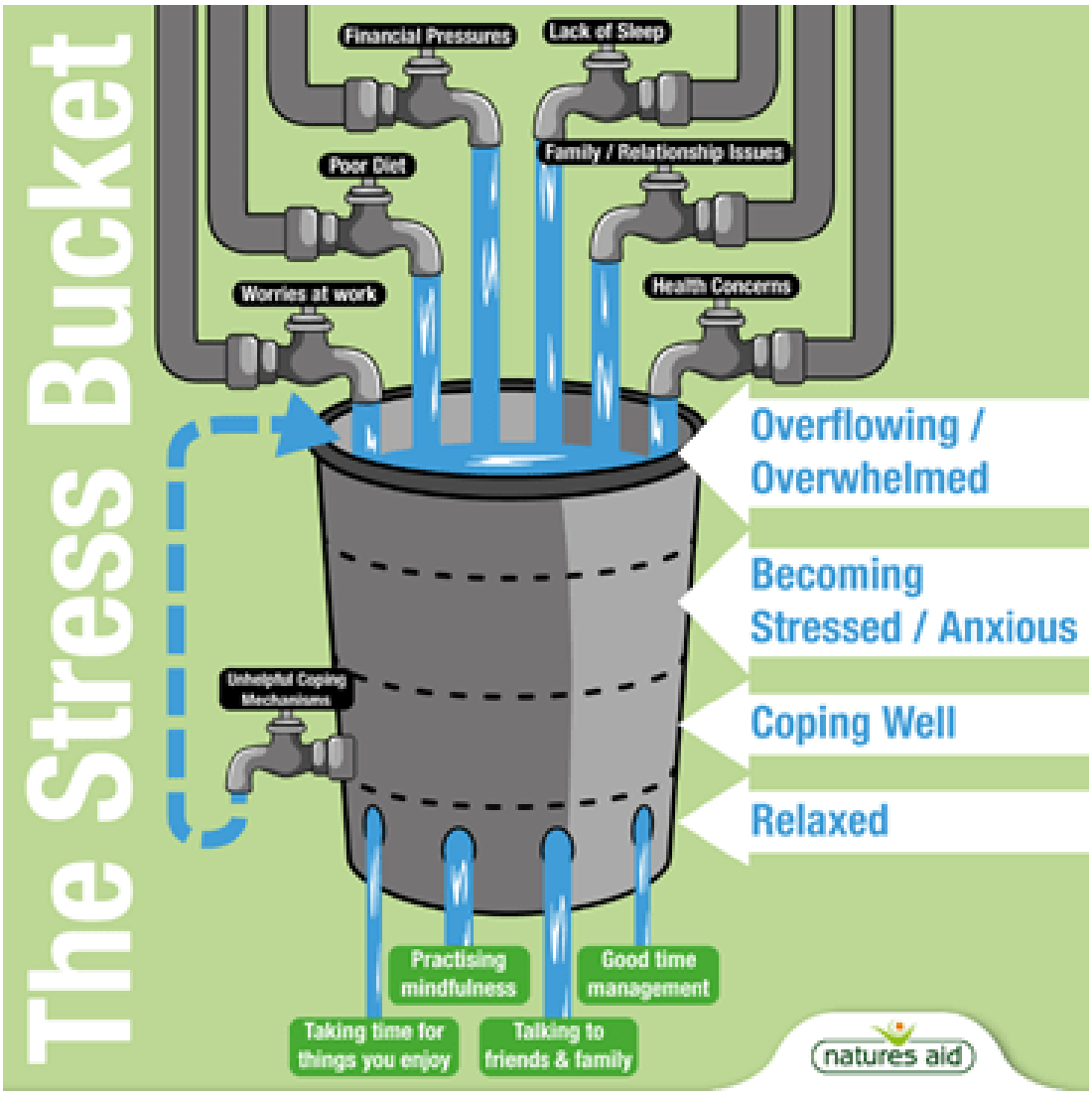
C. **Distress or impairment**

The panic attacks cause clinically significant distress or impairment in functioning.

Appendix 9a: Handout

Module 2, Input: The Stress Bucket

THE STRESS BUCKET – PART 1



The Stress Bucket, Logan (2020)

Appendix 9b: Handout

Module 2, Exercise 7

THE STRESS BUCKET – PART 2

Practical entry points for first line responders:

→ Entry point Stress Factors:
It's not possible to change the number of stressors in the past, but it is possible to provide safe spaces and try to reduce the number of additional stressors in the present. Listening to what the caregiver finds stressful and assessing the personal weight of each identified stressor is an important first step in deriving practical support measures.

→ Entry point Resilience**:**
While external factors related to the nature of the event or duration of exposure cannot be changed in the aftermath, personal factors related to individual resilience can be nurtured and strengthened over time through intentional practice. To support this process, first line responders can use the following guiding questions to help clients identify and build on their inner resources:

- What personal strengths have helped you in the past?
- What accomplishments are you most proud of?
- What are things you naturally do well?
- What makes you feel happy/calm/inspired etc.?
- What gives your life meaning? What keeps you going?
- Which persons can you trust/rely on?
- What do you do to keep yourself healthy?

→ Entry point Positive Coping:
When supporting others, the goal is not to take over their coping process, but rather to provide the minimal, essential assistance that empowers individuals to begin to manage challenges in their own best interest. Everyone has an innate understanding of what brings them comfort in times of grief or distress. This wisdom comes from personal experience and past recoveries. In moments of adversity, no one understands what helps more deeply than the affected individual themself. In this light, the role of first responders is to serve as guides to help clients identify and connect with the coping strategies that are most effective and personally meaningful for their unique circumstances, and to assist them address challenges that impede their ability to cope. The following questions may help guide caregivers through this process:

- What do you feel you need – emotionally, practically, or otherwise – to make you feel better in your current situation?
- What have you been doing so far to reduce your stress? What else could you do? What have you observed in others who have been in a situation similar to yours? Is there anything that helped them that might help you?
- Think about times in the past when you were stressed and you managed to get through it. Who or what helped you in those situations?
- Have you had experiences that you learned from that might be helpful in your current situation?

→ Entry point Negative Coping**:**
For first line responders, it's crucial to identify unhelpful coping strategies in their clients and support them in replacing these with more positive alternatives. In this context, it can be helpful to ask:

- What are you trying to achieve with this strategy?
- And how could the same goal be reached using a different, healthier approach?

→ Warning Signs/Red Flags:

First line responders need to be aware of the limitations of the services they can provide. There will be situations in which first line responders will not be able to meet the immediate needs of the caregivers and their families. Failure to establish the limits of what first line responders can do in these situations puts both first line responders and their clients at risk. Red flag situations don't happen to everyone but they are common enough that first line responders should be prepared and know how to respond. Some warning signs may include:

- There is a significant change in the person's behavior which can be recognized by the person themselves or those close to them.
- The person has persistent physical symptoms.
- The person has a dependency on alcohol or drugs.
- The person exhibits aggression toward self and others or behavior that puts self or others at risk.
- The person has depression or other mental health disorder.
- The person is unable to control strong emotions.
- The person has problems as a result of abuse or criminal activity.
- The person has severe sleep problems.
- The person is not able to care for self or children.
- The person talks of suicide or indicates that they may intend to hurt themself or others.
- The person requests specialized health services.

The Community Mapping Activity can help first line responders to set up an effective referral system.

Appendix 10: Handout

Module 3, Exercise 3

PARENTING BEHAVIORS

Please read the case study provided to you by the facilitator and discuss the following questions:

→ What parenting behaviors can you observe in the protagonist?
→ Which of these seem helpful or positive to you? (Please add a plus or mark your answers in green).
→ In what areas might the protagonist benefit from additional support? (Please add a minus or mark your answers in red).

You can write down your answers in the following table:

Selfcare behaviors	Support-seeking behaviors	Caregiving behaviors

Appendix 11: Handout

Module 3, Practical tools to support parenting behaviors

DAILY ROUTINES[16]

Aim: The aim of this activity is to help caregivers plan a daily routine that balances caregiving demands, chores, and work with meaningful activities that improve emotional wellbeing. It is also an opportunity to discuss when during the day coping strategies can be applied, and where support might be needed.

Background: There will always be things in our lives that are beyond our control and we need to accept that. However, there is so much that we can control, especially if we follow a routine. Having a daily routine can improve caregiver emotional wellbeing – it helps caregivers cope with change, ensures time for healthy habits and can reduce stress levels. Routines are also important for young children because they make their environment feel more predictable, which makes children feel safe and secure.

How to conduct the activity:

- Discuss the benefits of having a set daily routine.
- Use a blank piece of paper to chart the caregiver's current daily routine.
- Talk about the things they are finding difficult to manage. Take note of stressful times and activities where help from others might be needed.
- Facilitate the creation of a daily routine with the caregiver that they feel is manageable.
- Ensure there is planning for periods of rest, self-care, and nourishing activities.

[16] United Nations Children's Fund (UNICEF). (2024). *'Caring for the caregiver'*. UNICEF: New York. Retrieved from: https://www.unicef.org/media/165006/file/UNICEF-caring-for-caregiver-overview-guide-2024.pdf [Accessed on 15 May 2025].

Appendix 12: Handout

Module 3, Practical tools to support parenting behaviors

THE CARE BLANKET[17]

Aim: This activity helps first line responders discuss with caregivers how the feeling that someone cares for you can improve emotional wellbeing. This, in turn, can help caregivers be responsive to their children's emotional needs.

Materials: Paper sheet, pens.

Instruction: Ask the caregiver to think of the characteristics and qualities of a blanket. Continue by saying: "Feel this blanket around you and think back to how a blanket can be a place to rest and a source of warmth, protection and security. This is a patchwork blanket. Each piece of fabric represents something that gives you strength, comfort, or protection in your life. Now, it's your turn to design your own blanket. Think about the people, memories, activities, values, or places that help you feel safe, supported, or strong. What gives you protection? What comforts you when things are difficult? Draw, write, or symbolize each of these on a patch. Together, they will form your personal blanket of strength".

[17] Adapted from: United Nations Children's Fund (UNICEF). (2024). *'Caring for the caregiver'*. UNICEF: New York. Retrieved from: https://www.unicef.org/media/165006/file/UNICEF-caring-for-caregiver-overview-guide-2024.pdf [Accessed on 15 May 2025].

Appendix 13: Handout

Module 3, Practical tools to support parenting behaviors

RELAXATION TECHNIQUES

Aim: Relaxation activities can help caregivers to cope with stress, reduce anxiety, and release negative emotions, all of which are essential for those recovering from intense experiences. All of these activities can be applied in individual or group sessions.

Deep Breathing

Instruction:

To practice deep breathing you could try the following:

- Start by dropping your hands below your waist and keeping your palms facing up. Slowly raise your hands as you breathe in through your nose. Stop when your hands are about shoulder level. Slowly lower your hands as you breathe out through your mouth.
- The key thing you should aim for is to breathe deeply from your abdomen.
- Try practicing this for two to three minutes. The slower you do this and the more attention you pay to taking dep breathes, the more relaxed you should feel.
- Your children can also greatly benefit from learning these breathing techniques and using them when they too feel stressed or anxious. You may like to try teaching them and practicing deep breathing together.

Liberation of negative energies

Instruction:

The facilitator asks the caregiver(s) to close their eyes and invites them to follow the instructions:

- Step with your left foot forward, hands slightly curved downward at chest height.
- Push outward, breath out, letting go of all the tension, negativity, and violence within you.
- Turn your palms upward.
- As you bring your hands back to the initial position, inhale the goodness and abundance of life and positive emotions.
- Repeat the movement, but now with the right foot forward. Connect with any wounds, tension, or violence you carry in your heart. Push them away from you while you exhale
- Turn your palms upward. While you return them to the initial position, breathe in peace, grace, tranquility, and the abundance of life around you.
- Repeat this exercise minimum three times.

The caregiver is given some time until the facilitator invites them to re-open their eyes and share their feelings and thoughts, if they wish to.

For a group setting the participants form a circle.

The shower of light

Instruction:

The caregiver(s) stand(s) comfortably and relaxed. The facilitator gives the following guidance:

- If there is any negative sensation in your body, define where it is, how big it is, give it a shape, a color, and a material.
- Now, imagine a healing ray of light coming from the sky. It can be warm or cool – however you like.
- Allow the light to shine/flow through your body. How does it feel? Let the light flow through the part of your body where the pain is. Feel the energy of the healing light in that part. Notice what's happening. If you wish, you can fill your entire body with this healing light.

- Now, with your left foot forward and your palms facing out, raise your hands above your head and then move them downward as if you were bathing in the light. Feel the energy cleansing and filling your body, mind, and spirit.
- Repeat the same on the right side, with your right foot forward. Imagine the energy that surrounds you. As you raise your hands, inhale from this bath of light. Feel how the light from the sky is cleansing and renewing you.

Appendix 14: Handout

Module 3, Practical tools to support parenting behaviors

THE SUPPORT BLANKET[18]

Aim: The aim of this activity is to identify supportive relationships and resources, and to discuss any barriers that might be preventing a caregiver from accessing these.

Background: It is important to understand what support caregivers need and what barriers they face in accessing support. Family, Friends and community resources are a blanket of support for caregivers and children. They can be a source of support themselves or can help caregivers overcome barriers to support.

Instruction:

- Explain to the caregiver that just as they are a blanket of care and support for their child, they also need a blanket of support around themself.
- Speak about different types of support needed by caregivers, children and families (acknowledge resource needs that the caregiver might have already identified through discussions or other activities), which can include:
  - Someone to help assess difficult situations.
  - Trusted information on caregiving.
  - Advocates raising awareness of support.
  - Supportive family environment.
- The discussions can be separated into support from people and support from organizations, places and other resources that may be available to the caregiver.
- Talking points:
  - Supportive relationships**:** Ask the caregiver what type of support the people in their life usually provide. Ask the caregiver how they would like the people around them to support them. Discuss some ways that caregiving responsibilities can be shared with partners and families.
  - Supportive places: Ask about community resources and discuss any barriers to access. Discuss resources that they may not know about. Ask the caregiver if there is any way that their partner, family or friends can help them access these resources.

[18] Adapted from: United Nations Children's Fund (UNICEF). (2024). *'Caring for the caregiver'*. UNICEF: New York. Retrieved from: https://www.unicef.org/media/165006/file/UNICEF-caring-for-caregiver-overview-guide-2024.pdf [Accessed on 15 May 2025].

Appendix 15: Handout

Module 3, Practical tools to support parenting behaviors

PRACTICAL TIPS FOR CAREGIVING BEHAVIORS

→ Be open and try to give children accurate information about what is/was happening. Remember though to keep information at a level that the child can understand. Try to explain in a way that will not increase their fears and do not to talk about the details of horrific events in front of or your children.

→ Listen to and answer questions as simply and honestly as you can.

→ Try and keep hopeful and a positive outlook. This will help your children have hope for the future.

→ Promise that you will do everything you can to care for and protect your child.

→ Do not promise children things you cannot provide. Children need to know that you are honest and that they can trust what you say.

→ Try to tell your children often that you love them. Being caring and telling your children that you love them will reassure them.

→ If you need someone to talk to, look for another adult to share your fears and worries with so that you can stay as strong as possible for your children.

→ Talk openly with your child about your emotions by naming and explaining how you feel. Encourage them to share their own feelings too and reassure them that it's normal and ok to feel sad, angry, or upset sometimes.

→ Be a model for your children. Children learn how to cope by watching and modeling how you respond to stress.

→ Encourage the child to help you, and praise and thank them when they do.

→ Try to keep to some everyday routine as much as you can.

→ Children benefit from active socialization. Enroll them in age-appropriate activities.

→ Encourage your child to play with other children. Play is important in helping children work through past and current stress and experiences and to prepare for the future. It helps maintain some normality in their lives.

<u>Useful Questions</u>

Engaging in a conversation with caregivers about the following questions can help identify further sources of support:

→ How would you describe the kind of parent or caregiver you aspire to be for your child? What kind of relationship would you like to build with them?

→ Are there any current challenges or circumstances that are making it difficult to live out that vision?

→ What do you feel you need—emotionally, practically, or otherwise—to become the parent or caregiver you want to be?

→ Who or what could offer the support you need on that journey?

→ What brings joy to you and your child? What could you do, that this happens more often?

→ What routines or rituals might be helpful for you and your child?

Appendix 16: Handout

Module 3, Practical tools to support parenting behaviors

RELATIONSHIP NETWORK[19]

Aim: This group-exercise helps parent caregivers reflect on their expectations of healthy, supportive relationships with their children. It encourages them to identify the qualities they value in their relationship with their child, while also considering the challenges of fostering these qualities in their current situation.

Materials/Equipment: Circle of chairs, ball of wool.

Instruction (*this exercise can be performed in a group only*):

Caregivers and the facilitator sit in a circle. The facilitator starts by holding the ball of wool and naming one thing they value in relationships with their child, such as: "It is important to me that my child feels safe to express their feelings". The facilitator then throws the ball to another participant while holding the beginning of the wool thread. Each caregiver names a characteristic of a positive caregiver-child relationship (e.g., honesty, understanding, support) and holds onto the end of the thread. As the ball is passed around, a net of connections is created, symbolizing the supportive network of relationships that strengthen children's development, sense of security and belonging. At the end of the exercise the facilitator can stimulate a group discussion on:

- How the exercise made them reflect on their own relationships with their children and what they wish to cultivate.
- The challenges caregivers may face in forming supportive relationships with their children in the challenging situation they find themselves in.
- How to foster supportive caregiver-child relationship despite past and current struggles.

[19] Adapted from: Dannert, I., Alassi, I., & Resaei, L. (2022). *Trauma und psychosoziale erste Hilfe für Kinder und Jugendliche.* P.16. Berlin: IRC.

Appendix 17: Handout

Module 3, Practical tools to support parenting behaviors

MY EMERGENCY KIT[20]

Aim: In this exercise, caregivers plan an "emergency kit" with their children. An "emergency kit" is a box with various materials that can help to stabilize the situation. The "emergency kit" is available at home, individual items from the "emergency kit" can also be taken along. The items in the "emergency kit" can be used if the children are acutely stressed – for example, if they become very frightened or have a nightmare during the night. Just like a first aid kit, which contains plasters for a knee injury, for example, the "emergency kit" contains objects and materials that are good for the child and that you can use to relieve stress in a crisis situation. The items in the "emergency kit" can effectively and quickly reduce tension and anxiety. The "emergency kit" also promotes the self-efficacy of children and young people if it contains things that they can use to calm themselves down: This strengthens the perception of their own ability to act, which often falters when children and young people have to flee.

Materials: Moderation cards, paper, pens.

Introduction (*except for the "group work" section, this exercise can be performed both individually and in a group*):

Individual work (approx. 10 min): The first line responder asks participants to take a moment and think about what is good for their children when they are sad, anxious or angry, and the participants can then make a list. If they like, they can write or draw this list on a piece of paper or a moderation card or record it in the form of a voice message. The list should include everything that has ever helped their children when they were feeling bad. This could be the scent of perfume, for example, a song, photos, a sweet, but also a cuddly toy. A list could look like this, for example:

- Look at photos.
- Hug a cuddly toy tightly.
- Listen to their favorite music.
- Taking a walk.
- Moving/dancing.
- Do a breathing exercise.
- Call a friend.
- Read their favorite book.

The first line responder invites the participants to try to organize their list so that the things that are particularly helpful are at the top.

Group work (approx. 20 min): The first line responder asks the participants to sit down in groups of three or four and talk about their lists. Are there any ideas from others that they find useful and would like to try out with their children? Is there anything the participants would like to add to their list? After about 10 minutes, the facilitator changes the groups again so that the participants can talk to as many different people as possible.

Conclusion: As a conclusion, the first line responder can say:

[20] Dannert, I., Alassi, I., & Resaei, L. (2022). *Trauma und psychosoziale erste Hilfe für Kinder und Jugendliche.* Pp.19-20. Berlin: IRC.

"It's good to have everything ready in a crisis situation. If your children are unwell, you may lose sight of what could be good for them. That's why we used the time here to prepare the "emergency kit". At home, you can talk to your children about the exercise and explain the purpose of the "emergency kit" to them. If you like, you can then start to collect the items on your list with your children and put them in a container. You will probably notice that your list contains both items (e.g. a sweet, a photo, a soft blanket) and activities (e.g. running cold water over their hands, massaging their head, running up the stairs). While the items listed can be put in your "emergency kit" it is important to note that activities can be just as helpful: If you like, you can take colorful moderation cards with you and write/paint the activities on one card each with your children. The cards can also be placed in the "emergency kit". Important: Your children decide which things go into the "emergency kit". This can help them to perceive the "emergency kit" as a means of self-help. When you are finished, put the "emergency kit" in a place in your home that is easily accessible for you and your children."

Appendix 18: Handout

Module 3, Exercise 7

THE SURVIVOR-CENTERED APPROACH
IN SUPPORTING PEOPLE
AFFECTED BY HUMAN TRAFFICKING

<table>
<tr><th colspan="2">SAFETY</th></tr>
<tr><td>In group sessions:
Transparent introductions: Each facilitator introduces themselves clearly, explains their role and the purpose of the session.
Safe environment: Hold sessions in a private, quiet room where participants feel secure.
Clear structure and expectations: Outline the session's flow, time frame, and ground rules at the beginning.
Accurate information: Provide reliable information on available support and services (who, what, when, where).
Encourage questions: Create space for participants to ask questions and clarify concerns.
Remain calm and steady: Model calm behavior to help regulate group dynamics, especially if someone becomes distressed.
Normalize reactions: Explain that intense emotional or physical responses to stressful experiences are normal.
Highlight safety: Gently remind participants that they are in a safe space now, if that is the case.</td><td>In individual sessions:
Build trust through transparency: Introduce yourself and be transparent in all the actions that you take. Be clear about your role, tasks and limits of action.
Ensure privacy: Meet in a quiet, private setting where the survivor feels comfortable.
Provide orientation: Help the individual understand what support is available and how to access it (who, what, when, where).
Clarify doubts: Take time to answer any questions clearly and honestly.
Avoid misinformation: Offer only accurate, verified information. If unsure, commit to following up at a specific time.
Offer structure: Explain each step of the process and who is responsible for what.
Stay calm and grounded: Even if the survivor becomes highly emotional, maintain a composed presence.
Offer physical and emotional presence: Be attentive and engaged to convey safety and support.
Identify immediate risks: Explore and help address any current safety threats.
Plan for ongoing risks: Collaboratively seek solutions to reduce ongoing dangers.
Do no harm: Avoid any action that could endanger the survivor or their family.
Reinforce survival: If applicable, acknowledge that the danger is over and they have survived.</td></tr>
<tr><th colspan="2">CONFIDENTIALITY</th></tr>
<tr><td>In group sessions:
Set clear confidentiality agreements at the start: Ask all participants to agree not to share anything discussed outside the group.
Avoid personal disclosures: Encourage sharing only what participants feel comfortable with</td><td>In individual sessions:
Secure data storage: Keep all written or digital records (notes, files, contact details) locked or password-protected.
Informed written consent: Always obtain written permission before sharing any information</td></tr>
</table>

and remind them not to reveal identifying details about others. • Avoid identifying survivors: Deliver support through general programs when possible to reduce the risk of being singled out by the community. • Ensure privacy: Hold sessions in secure, private spaces to prevent unintentional disclosure of attendance or identity. • Do not record sessions unless explicitly agreed upon with informed, written consent from all participants. • Be cautious with follow-up communication: Use neutral language and safe channels when contacting participants after sessions.	with outside organizations, clearly explaining what will be shared, with whom, and why. • Respect the right to decline: Never pressure the survivor to give consent—participation must always be voluntary. • Share only what's necessary: Limit any shared information to what is essential for providing support, and only after consent is obtained. • No unauthorized disclosure: Never share identifying details with anyone else—this includes family, friends, or colleagues, even just confirming you know the person. *Exceptions*: - *When a survivor might try to hurt herself or himself.* - *When there is a risk that the survivor might hurt others.* - *When a child is in danger.* - *When national or international laws or policies require mandatory reporting (for ex ample, because of sexual exploitation and abuse by humanitarian staff).* • It is very important that the survivors are informed of the reasons for mandatory reporting – preferably before they begin to explain what has happened to them. • Neutral documentation and communication: Avoid labeling survivors in written records or communications in ways that could expose their situation. • Discretion in service delivery: When possible, provide support through general services rather than those specifically labeled for trafficking survivors to maintain privacy and reduce stigma.
RESPECT/SELF-EFFICACY	
In group sessions: • Create a respectful, non-judgmental space: Show empathy, actively listen, and reinforce that the survivor is not to blame. • Voluntary participation: Allow survivors to choose whether or not to speak – never pressure them to share personal experiences. • Promote mutual respect: Encourage all group members to listen without judgment and to accept others' feelings and boundaries. • Promote peer support: Reinforce that participants are not alone by encouraging respectful	**In individual sessions:** • Empathetic engagement: Show appreciation and care through active listening and unconditional positive regard. • Respect autonomy: Let the survivor lead the pace and content of the session; never push for disclosure. • Validate emotions: Accept all feelings without judgment • Offer informed choices: Share referral options and support services but respect the survivor's decision on whether to engage with them.

connection and mutual support within the group. • Support self-expression: Validate emotions and encourage participants to share only what they feel safe sharing. • Inform without pressure: Present available resources and services but emphasize that taking action is the survivor's choice. • Respect preferences: Where applicable, ensure facilitators or co-facilitators of the preferred gender are available. • Emphasize that communities have strengths and resources that help them to deal with adversity or even overcome crisis. Encourage community resilience and coping.	• Accommodate preferences: If requested, ensure a same-gender staff member is available for interviews or examinations. • Avoid retraumatization: Minimize repeated retelling of traumatic experiences – coordinate with other professionals when possible. • Activate strengths: Help identify personal resources, resilience, and existing coping mechanisms. • Support goal setting: Assist in setting achievable goals and planning for the immediate future (hours, days). • Teach self-regulation: Introduce practical stress management techniques to foster emotional self-efficacy.
NON-DISCRIMINATION	
In group sessions: • Ensure inclusive participation: Create a welcoming environment for all, regardless of gender, age, disability, ethnicity, religion, sexual orientation, or background. • Use inclusive language: Avoid assumptions and stereotypes in speech and materials. Use gender-neutral or person-first language when appropriate. • Set clear group agreements: Establish ground rules that promote mutual respect and prohibit discriminatory remarks or behavior. • Adapt content and methods: Adjust facilitation techniques and materials to accommodate different needs (e.g., language translation, accessible spaces, visual aids). • Monitor group dynamics: Be attentive to any signs of exclusion or unequal participation and intervene respectfully if necessary. • Celebrate diversity: Acknowledge and value the unique backgrounds and experiences each person brings to the group.	**In individual sessions:** • Reflect on personal bias: Continuously examine and challenge your own assumptions or cultural prejudices. • Provide equal support: Offer services consistently to all survivors without judgment or favoritism based on identity or background. • Respect all identities: Acknowledge and validate the survivor's self-identified gender, cultural background, language needs, and belief systems. • Adapt communication: Use interpreters when needed, and ensure materials are accessible in the survivor's preferred language or format. • Ensure physical and communication accessibility: Make sure sessions are accessible for people with disabilities, both in terms of location and communication style. • Avoid assumptions: Let the survivor define their experiences and identity without labeling or categorizing.

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