



Facing Forward

Nine stories about being a survivor of
human trafficking in a post-trafficking
shelter in the Netherlands

comensha
The Dutch centre against Human Trafficking



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in a post-trafficking shelter in the Netherlands**

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“ The main message of this report for policymakers and service providers is that post-trafficking social and health service provision should take a two-fold approach: it needs to be both trauma-informed and take a future-orientated approach, to provide people with opportunities for working towards a better future and pursuing a life with a job, family and friends, to the degree that is possible within the boundaries of their situation. Also taking a future-orientated approach is important: it improves well-being and allows people to better cope with the problems of their pasts and the challenges they face in the present.”

Summary

This report describes nine stories of six women and three men who recently exited a human trafficking situation and, at the time of this research, resided in a shelter for foreign victims of trafficking in the Netherlands. It speaks about their hopes and dreams, their fears and frustrations, and describes how they feel social and health care might be improved. The report's aim is to shed more light on service users' views on post-trafficking service provision for everyone directly (e.g. social workers, psychologists and general practitioners) and indirectly (e.g. managers and policymakers) involved with providing care to this group.

The main message from the report is that victims of human trafficking in a post-trafficking shelter can be expected to exhibit a strong desire to move forward and establish a meaningful life with a job, a family and friends. This is an important conclusion: it shows that besides the 'trauma'-narrative that is often stressed in the literature as being important among trafficking survivors, the 'future'-narrative is as important and should be taken into account in developing social and health services for this group. Despite the importance of being able to pursue a meaningful life to them, service users in this study were often stunted in doing just that. Through barriers in finding work, education and a place to live, often caused by their residency status, a feeling of being ostracized in Dutch society and shelter policies, service users often felt 'in limbo': standing still, without being able to change that situation. Regardless of this, and seemingly against all odds, service users still pursued their goals, by engaging in Dutch language courses, participating in vocational skills training and engaging in volunteer work. These activities were described as useful by participants and therefore preferable over other activities. Service users found them useful because they provided them with opportunities to work towards their envisioned futures.

Hoping for the fulfilment of their goals and pursuing them in these ways likely allowed service users to better cope with their problems in the present and improved their well-being. For this reason, it is essential that social and health provision for this group supports and facilitates service users' forwards-facing, future-orientated views, in addition to providing trauma-informed services. But do not take our word for it: please read the stories in this report and get to know these men and women, and read about what they, in their own words, feel service provision ought to look like in a post-trafficking shelter.

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About the authors

This report is written in the first person singular (“I...”). It is written in this style for stylistic purposes – the report is a result of a PhD research project of the first author (Rik Viergever). It is expressly *not* meant to indicate that I conducted this research alone. Mary Alison Durand and Nicki Thorogood were my primary PhD supervisors at the London School of Hygiene and Tropical Medicine in England, Judith Wolf was my PhD co-supervisor from the Radboud university medical center in Nijmegen in the Netherlands, and Tamara van Driel was my primary collaborator at CoMensha, and all of them have made significant contributions to the conception and undertaking of the research, as well as the development of this report.

Introduction

When I first shared in a coffee with fourteen female service users in one of the shelters for victims of human trafficking in the Netherlands, the first thing I thought was: “Wow, where do you start as a service provider?” I do not think I have ever seen such a diverse group of service users in one room. Their personalities were very different, from extrovert to introvert, as were their emotional states. From service providers I knew that according to their estimates about half of all the service users suffered from psychological problems as a result of their traumatic experiences and similar percentages are reported in the literature.¹ With some the impact of that trauma was visible: they showed fearful reactions to stimuli. I knew that others were less traumatized and that some were rescued before any abuse could take place. Some were so hardened by events in the country they originated from, that despite abuse and exploitation, their trafficking experience was not what was foremost on their mind in the shelter. Then some women had children and some were pregnant. And then on top of all this, all these women originated from different countries and cultures. The Dutch Categorical Shelter for Victims of Human Trafficking (Dutch acronym: COSM), a national programme that finances three shelters in the Netherlands to provide shelter and care only for foreign victims of human trafficking, provided shelter to victims from 40 different countries at the time of the study that formed the basis for this report. At one of these shelters I was now drinking a cup of coffee and about half of all women spoke English, a third French and some Chinese or Arabic. This truly seemed to me the most diverse group of service users imaginable. And then I knew from the relevant literature that there were other important subgroups of victims of human trafficking, such as minors and Dutch victims of human trafficking, who were not even present in this shelter, which was intended primarily for adult victims of foreign origin. One of the service providers to whom I spoke regularly during my research, later summarized adequately my feelings of that morning. She said that she sometimes thought: “What do people mean, categorical?” She was right: given the diversity of the population in the shelter that I visited, there appeared to me to be little “categorical” about this programme for Categorical Shelter for Victims of Human Trafficking.

Still, that “categorical” shelter and care, meaning shelter and care specifically for victims of human trafficking, is much needed.² It gives service users to opportunity to recover with others who have had similar experiences and it gives service providers the chance to specialize in providing care to a group with needs that are often similar, particularly legally and administratively, but also socially and psychologically (despite the differences within the group). As part of this research, I studied what these needs are and in the literature I found that the limited information that is available on this topic was mainly based on what service providers perceived to be needed.^{2,3} Studies that took into account service users’ views of shelters and related care existed, but there were few.

The aim of this document is to shed more light on those service users’ views for everyone involved with providing care to this group. It describes the stories of nine service users who received treatment and care in the three shelters that provide care for victims of human trafficking in the Netherlands as part of the COSM programme. I hope it will help you to get to know these men and women, like I have, and that by providing insight into their hopes and struggles it will help you with your daily practice, research or policymaking for this group.

Methods

The 'stories' were developed as part of a PhD research project that investigated service provision for victims of human trafficking in three Dutch facilities.³ Nine female and five male service users were interviewed. The data from nine of the interviews were reworked into stories, by identifying the main themes in victims' accounts and writing a story around those themes, using a narrative research approach. A more detailed description of the methods used is provided in Chapters 3 and 4 of my PhD thesis.³ All nine participants provided written or recorded approval for their stories to be written up and published. The interviews focused on investigating people's experiences of being in the shelter. Hence, sometimes stories include information about participants' pasts and trafficking experiences and sometimes they do not. Such information, when present, was always voluntarily offered by participants and never requested by me.

About the population

The study that led to these stories was limited to foreign victims of human trafficking (so excluding Dutch victims of domestic trafficking) who were adults and trafficked for the purpose sexual exploitation. It included both women and men and three of the stories in this document are about men. Men are under-recognized within the group of victims of sex trafficking and deserve to receive more attention with regards to research on social and health service provision for this group.^{4,5} This document aims to contribute to that goal. Their stories are in many ways similar to the women's stories – suggesting that similar shelter and care facilities need to be available for trafficked men.

About protecting privacy

The names and countries of origin of participants have been changed to protect their identities.

About the document

The dominant themes that emerge from service users' stories are discussed at the end of this document and a more expansive discussion is provided in Chapter 5 of my PhD thesis.³ However, I urge you to please read the victims' stories – they give a much better insight into these people's lives than any discussion of broader themes provides.

About used terms and notations

In this report I use the term 'service providers' as a broad overarching term that encompasses all social and health service providers, including social workers, shelter managers, general practitioners (GPs), psychologists, psychiatrists and others. Quotations are always in "double quotation marks" and terms are in 'single quotation marks'. Whenever a quote contains "...", it means that I left a section of the quote out to make it more readable; "[...]" means that a part of the quote was not recorded well and could not be made out clearly on the recording. Sometimes explanations of terms are provided within quotes in brackets and italic, e.g. *[note: this is a note]*. All participants except one gave permission for their quotes to be used, which is why one story below does not contain quotes.



The Stories



Marie

“ I need help and support, also on the psychological level, to re-find myself and to recover. What I also need is guidance in concrete matters, steps that are needed to live a safe life in this country.”

Marie is a woman from Côte d'Ivoire in her mid-twenties. She is a slightly timid woman, yet inquisitive, asking a lot of spot-on questions. She is one of the first who enquires about me and my research in depth during my first visit to the shelter. I explain that I am there to observe and to talk to them about how they experience being in the “house”, which is what everybody calls the shelter. Having made a connection with Marie, I later invite her to participate in an interview. She accepts my invitation and immediately suggests an adjustment to my interview methods: we should conduct the interview using a French interpreter, she says, instead of an interpreter for her native language, so that I would understand parts of what she was saying directly.

Marie knows well what she wants. This is a newfound freedom for her. “What I have learnt here in the shelter is that I am the boss of my own destiny, that I make decisions myself, and that no one will chase me up for those decisions. I am the only one who decides what I want to do”. During the interview it becomes clear quickly that this is one lesson she has taken to heart. Even before I can read out the information sheet that I have prepared, containing details around confidentiality and data protection, she wants to know whether what she says will be treated confidentially, who will be able to access the data, and whether I am planning to record the conversation. When I explain that the latter is her choice, she tells me that she will think about it. When I ask her further down the interview whether she has reached a decision, she shyly says that she would prefer the interview not to be recorded, looking to the floor. She later explains that she still has to get used to making decisions on her own – it is a bit scary.

Marie's discomfort around making decisions is not surprising. Forced by her father at a very young age into a marriage with a much older man, all decisions relevant for her were always taken by her husband and before that by her father. She was frequently raped and abused by her husband and was able to flee to the city at one point. There she fell in love with a man. He told her that they would travel, but that it was their secret, and she could tell no one. Upon arrival in the Netherlands she was taken to a brothel and it was explained to her that a lot of money had been spent on her and her trip to the Netherlands, and that she had to earn that money back. Mainly, she becomes emotional at the thought that everything repeated itself here, that she ended up in the same circumstances as at home.

Marie is not doing well when I talk to her. She is tired of her situation and says that her life is a mess. She explains how she is in the shelter to think about whether she wants to press charges against "the one who hurt her" and to wait to see whether the police will find they have enough evidence for a lawsuit. She is afraid that her trafficker will find her while she waits for these things. Besides being afraid, she has regular headaches and stomach aches, has a lot of trouble sleeping, and feels *déprimée* – depressed. Sometimes she stays in bed for long times and just cries. Sometimes she wonders whether there is still a point in living for her. Marie finds it difficult to talk about these things and especially to talk about the past. On the other side, she also indicates that she *wants* to talk to someone about these things and sees her conversation with me as therapy:

“Eventually, I hope to have the freedom to live as a human being: to do things I would like to do, and to have that freedom, not to have the same life as I had in the past. And not to be afraid anymore.”

“When you talk about it, you can shake things off.” Especially, she would like to talk to a counsellor, but when I talk to her, after two months in the shelter, she has not been seen by a psychologist or psychiatrist or any other type of mental health counsellor yet. (She has been in a talking group guided by a psychologist and a social therapist, but has not had individual treatment).

But Marie is happy that she is in the house. It is better than the situation she used to be in. It is safe in the house, she explains, everything that she says will be treated confidentially. Plus she finds a lot of comfort in the other women that reside in the shelter. She finds it stress-relieving that she can talk to the others, make jokes with them, and forget about her worries. The other women understand her; the women who live in the house were all treated badly, harassed or tortured in the past. One would think that living in a big house with only women is not easy, she says, but because everyone has the same worries and problems, they tolerate and accept each other, even when they are in a bad mood. Also, she is happy to have the opportunity to participate in classes and activities. Activities such as group dinners are good and provide happy moments that give her strength. These activities and her classes also provide her with distraction from her worries. When you are alone in your room with nothing to do, that is when you think about bad memories and worries about the future, she says. When she just arrived in the shelter, she stayed in her room a lot. After the social workers in the shelter told her that it would be good to get out more, she now tries to do things more often, and she has taken up knitting. Finally, she is happy with the things she can learn from the classes. For example in defence and empowerment class, “one learns to protect oneself and to control a situation”. And she

especially likes her Dutch language lessons, “because when you go to Albert Heijn [*note: a Dutch supermarket chain*], nobody speaks French!” Learning Dutch is really necessary to integrate in Dutch society, she notes.

When I ask Marie about her worries and hopes for the future, she says that she worries a lot; this also causes her to have much trouble sleeping. She lies awake often thinking about the past that “she carries with her on her shoulders”, but mainly because of her worries for the future. Primarily, she is afraid that they will send her back to her country. And this is a matter of life and death— she’d rather die than go back. She is also worried because she has to talk to the police soon, about her past. But she realises talking to the police is necessary. Finally, she worries because she has no education or work experience. She does not always want to be a “social case”, but wants to take care of herself. “I am capable of doing many things!” But becoming independent is difficult, she explains: “I have no anchor point”. She finds the talking group she participates in once a week supportive in this regard. A psychologist and social therapist help her regain her confidence in this group. They also made her realise that it is never too late to get back on your feet.

In the future, Marie mainly hopes to find her children again. Her worst nightmares are those in which she worries that something really bad has happened to her daughter who is still in her home country. For herself, ideally, she would really like to get an education, perhaps to work as a hairdresser, or as a beautician – anything that has to do with making women beautiful. But in the meantime she could work, for example, with children, helping old people or in domestic work – these things she can do already. “Eventually, I hope to have the freedom to live as a human being: to do things I would like to do, and to have that freedom, not to have the same life as I had in the past. And not to be afraid anymore.”



Grace

“You are there, but you are not there, do you understand?”

Grace is an intelligent woman, with a warm personality. She is pregnant the first time I interview her. She tells me her story. She grew up in the Democratic Republic of the Congo and her upbringing there was marred with violence owing to the conflicts her region experienced. When she was old enough, she moved to a city, and things became better there. She established a business, making clothes, and was married. But then disaster struck. During a conflict in the region her husband was killed and Grace was put in prison. To get out, she paid a lot of money to someone, who would be able to get her out of the country. Grace knew that in exchange, she would be taken somewhere to work as a sex worker. She is still thankful to the one who brought her to the Netherlands – for the chance to escape. “I do not wish him any days in jail. (...) I am grateful to him. Because he saved my life.”

She would have still worked for him, except that after a few months, she turned out to be pregnant. She had had to promise that she would have an abortion in case of pregnancy when she started the work. But in this case, she could not – this child could be her late husband's. So Grace fled. At first, she did not want to go to the police. But then she met a lady who assured her that the police were good people in the Netherlands. She trusted this lady because she was black and from Somalia, so she understood how it was in Africa with the police. When she got to the police they asked her: “Would you like coffee or tea?” Grace tells me: “I will remember this for my whole life. Is this police or what?? It will be the first thing I will say when I call home.”

Grace strikes me as a particularly strong woman, who speaks with seeming ease about incredibly difficult experiences in her past. Yet, when I ask her how she is doing at present, Grace tells me how she struggles to deal with her past. “It is very difficult to sleep. I have never slept like I used to

sleep. When you start to sleep you see this. When you dream, you dream about it. [...] I can never sleep. You can never sleep! This is a problem. You cannot stop thinking.” And: “People do not talk about problems because you think that maybe you can forget. But you cannot of course. [...] With a party, for example, that happens here sometimes, something comes into your head. Then, you are there, but you are not there, do you understand?” The problems of the present add to Grace’s difficulties in dealing with her past. When I read her dossier, the notes by service providers about buying baby clothes with Grace are interlaced with notes about her appointments with the police and the case against her trafficker. This strange contrast is most clearly exemplified by the fact that one day before the baby is due, a letter arrives for Grace at the shelter outlining that her residency request has been denied. In the Netherlands, a residency permit for victims of trafficking is primarily dependent on the outcome of the criminal case against the trafficker – you can stay if the trafficker is convicted. In Grace’s case, the trafficker was never found. Grace tried to take the police to the address where she was staying during her exploitation, but could not find it anymore. She wishes she could, but explains: “Many people who have lived here for a very long time do not even know the exact addresses of things! How am I supposed to know!” Being able to stay in the Netherlands is foremost on Grace’s mind. She does not understand why her right to residency is linked to the case against the person who brought her here and she was devastated by the rejection. “I try to keep myself happy [...] I am trying to change, to be back the way I was. But it is difficult! Sometimes I think I am on my way. But then I get bad news and there is more stress. [...] Sometimes I want to slap the IND [*note: the Dutch immigration services*], she says with a grin. And more seriously: “They are killing me softly.”

“Imagine you meet people, who speak the same language, eat the same food as home, I was so very happy that day.”

Grace received this letter of rejection shortly after her baby was born, and when she did, it all became too much. “I was planning to kill myself”. Things did not go well with her baby, either, in the beginning. “At first I never like him. [...] It is also because I do not know who the father is.” She asked the service providers about the possibilities of seeing a psychiatrist. “[I went there] because

of too many dreams. Because of stress. Because I was not good in that time. Because of lots of problems. Too many, too many, too many things in my life. She helped me to calm down in my life.” Things with her baby, to whom she gave a Dutch name, became better quickly, too. “When he started smiling, I started learning I have a friend.” Two other things helped Grace get back up on her feet. First, she was able to contact her mother in her home country. “I was very happy to talk to her and she was very happy to hear from me. She did not know whether I was alive or not.” Also, Grace has two children in her home country that she had to leave behind when she fled. The children are now staying with her mother, and she was relieved to hear they were ok. Second, in the beginning, whenever she would leave the shelter, she had the feeling that most people did not like her because she is black. She thinks that maybe the people that lived around the shelter are not used to this. But one day, she was taken by one of the service providers to a day organized by a non-governmental organization (NGO) where victims of trafficking can meet each other. Here she met two other girls from the Democratic Republic of the Congo, which was amazing. “Imagine you meet people, who speak the same language, eat the same food as home, I was so very happy that day.” These girls also took her to a church, where she met even more people from her country.

Grace was becoming settled in the shelter. She was starting to make friends, she had started activities, found a church, and she trusted the service providers at the shelter and her psychologist. But then more bad news arrived: she had to leave. The COSM shelters are crisis shelters, intended to accommodate victims for a maximum duration of three months. It was time for Grace to move on, to a follow-up shelter. Grace was angry, at first, but realized quickly she had no choice. “I said no but then they said I had to leave within 1 week. Can you imagine, with a baby? [...] You are the one who needs help, so you are the one who needs to accept everything. Me I am not from Holland. I am nothing.” So she and her baby left for a different shelter at a great distance from the city where she was originally sheltered. “When I came here I lost all of those things”, she tells me about the things she built up in the first shelter. Like many others there, she takes the train on the weekend to visit the place where she lived before, to see her friends.

When I tell Grace that now that we have spoken about her past and the present, I would like to discuss with her how she views her future, she asks me: “Do you think I have a future, Rik?” She explains what the problem is: “I am here but I do not know what is going on. They will never tell you what will happen. You are just here and never know what is next. [...] You will never know your future.” She repeats the effect that this has on her: “Everything moves so slowly. [...] They are killing me softly.”



Anna

“That is enough sometimes, if someone just listens to you and understands.”

“What doesn’t kill you makes you stronger.” “That sounds like someone who has experienced quite a bit”, I replied to Anna, upon hearing her life’s motto. She nods. At a young age she lost her mother and she never knew her father. She explains how it came about that she came to Holland to work in the sex industry at the age of 18. “Sometimes, you have no choice. After school I had to find work, but there is no work in Romania. A friend then suggested to me that he could help me.” She could not find a job in a private club, so had to work via an internet site in the escort branch. Anna ended up in a situation where she was exploited by her pimp: she had to give all the money she earned to him.

When we speak for the first time, Anna is stressed. She has to go to the courthouse soon to give a deposition in the case against her trafficker. Deciding to do so was not easy and took her a while. She was very scared her trafficker would hurt her family if she decided to press charges (many traffickers threaten to do this, it is a common means of exerting pressure on victims). But in the end she decided to put her faith in God and she made the decision: she would do it. A guy like that should not be able to walk freely, plus he should pay for the things he put her through. This will also mean that she can get back the money that he took from her. She is not looking forward to recounting all those memories when she has to give her deposition. “That was a difficult time in my life, that is why I want turn a new page now.”

But there is a second reason Anna is stressed. Things are not going well in the shelter. First, she has a lot of fights with her fellow residents. Being from Eastern Europe, she is in a minority in the shelter compared to the African service users and she describes the many clashes that there are. Second, the shelter that she resides in aims to provide structure to the lives of the service users

through various (mandatory) daily activities. In addition, there are several rules aimed at keeping the service users safe. For example, there is a curfew of 10pm and the use of mobile phones is prohibited. Anna is intelligent, impatient and has a very strong need for independence. Over the years, she has learnt how to take care of herself. Her autonomous, independent character is not a good match for the shelter that is housing her. She finds the structure that the shelter aims to bring to the lives of service users suffocating.

The shelter has a ‘three strikes, you are out’-system, when it comes to service users breaking the rules, meaning that you have to leave if you break the rules too often. Anna keeps breaking the rules. But before she can get to three strikes, she decides to leave herself. “This is not normal. All the girls that live here have certain obligations, but I think we also have rights. But the other girls do not stand up for their rights. They just do what the social workers say.”

“That was a difficult time in my life, that’s why I want turn a new page now.”

Although independent, Anna does need help. She has been through a difficult time and really wants to turn that new page. Before she came to this shelter, she was seeing a psychologist for a while. She listened to Anna and gave her tips and suggestions. This helped Anna a lot: “That is enough sometimes, if someone just listens to you and understands.” Her experience with the mental health care providers in the shelter has been the opposite. She finds the exercises that she has to do in the mental health group sessions stupid. More importantly, in a diagnostic interview, they gave her a diagnosis. “I have always said that I cannot sleep well, that I have nightmares and that I cry a lot and am easily irritated. Somehow they concluded from this that I am crazy. But I explained to them that I am not crazy, that what I feel is the result of a lot of stress. (...) She told me that it is not normal to have so many complaints. Only someone who is not right in the head can have so many complaints. I explained that if that is the case, that then all the girls here are crazy, and not just me, because all the girls here have these complaints.”

Anna makes me laugh – she makes fun of the interpreters, the service providers and whoever else comes up in our conversations. She blushes when I thank her at the end of the interview and I explain how well she has helped me. Ultimately, she says, she would like to stay in the Netherlands and get an education; she would like to help other people and become a psychologist. It would be better to do that here, she says; back home the educational system is not so good. The last time I hear about Anna, she is back in her home country, off the radar of any of the organizations that tried to help her here.



Maria

“How do you think about it then, the future?”

“To leave the things that happened here behind me. With my head held up... A job... An own house... And the children beside me. And that I find a true love.”

On the two occasions that Maria and I speak, what is most on her mind, is her recently born child. She, like many others, arrived in the shelter pregnant. Maria was 8 months pregnant when she arrived and had not received any care yet in relation to her pregnancy. The birth of her child was a joyous occasion and she is thankful to the people at the shelter for helping her so well with that.

After the birth, things did not go so well. Mainly, she had been very worried about taking the child home. If she did, her parents, with whom her three other children live, would want to know how she conceived this child and she would have to tell them about her activities as a sex worker, which they know nothing about. In the end, the decision was made between her and the shelter to give the child up for adoption. This has been, and still is, a very difficult choice for her, about which she still seems conflicted and confused in our interview: she indicates that she would want to have her baby back at some point. When I read Maria's file later in the shelter, I understand that she was initially reluctant to have the child and that there had been a concern about her abilities to care for the child. The shelter's notification of their worries to child services was what set the whole adoption process in motion.

Something else that I read in Maria's dossier is that she was suspected of having mild intellectual disability – indicating a below average IQ. I find it difficult to judge whether this is true, but reading it reminds me of something she said during the interview: “Friends cannot be trusted. (...) And I do not trust myself either.” In addition, Maria tells me how she has seen a number of service providers outside the shelter (such as a general practitioner) and she is taking medicines. However, she does

not know what she is taking them for. She is also unaware of how long she can stay in the shelter. In analysing my interview with Maria later, this reminds me that the ability of these service users to negotiate the way they are treated can be limited – and it confirms to me how important it is to be consciously aware of this, and always watchful, for service providers and researchers alike.

“Friends cannot be trusted. (...) And I don't trust myself either.”

I ask Maria what she does on an average day in the shelter. She says that she likes to go for a walk sometimes and that she is quite busy with the activities that the shelter offers. She likes the activities, they make her feel better. As she explains: “When I am busy with those things then I do not think any longer of bad things but only of good things.”

But there are also things that Maria has not liked about being in the shelter. Predominantly, she has felt somewhat isolated. She speaks Ukrainian – her native language – but no other languages. This has brought about several difficulties for her. She has trouble understanding the different service providers that she has to communicate with. But it has also been detrimental to her opportunities for engaging with fellow service users and making friends. When I ask her how she feels during the morning coffee that all the service users share, she says: “Then I feel deaf and dumb”. Fortunately, there has been one other service user in the shelter who is also from the Ukraine and with whom she has become good friends. This has helped her tremendously – it has been nice to have a friend to chat with, she says. She also found it to be a great relief to be able to talk to a friend about all the problems and difficulties that she faces. This ‘venting’ is important to Maria. Having a place to talk about her problems is also what she appreciates most about the once-weekly group sessions the service users have with a psychologist and a social therapist. And after my first interview with her, she tells me it has been a relief to be able to talk about some of the things we discussed.

With regards to the future, Maria is quite clear about what she wants: to find work in the Ukraine. She wants to return to take care of her children and live with her parents again, as before. When we talk a little bit more, it becomes clearer to me what she wants. In her words: “To leave the things that happened here behind me. With my head held up... A job... An own house... And the children beside me. And that I find a true love.”



Thao

“Skills development is important, Thao says, because it is nice to learn new things in general, they help you regain a renewed sense of joy for life, they help you to become independent (...).”

Thao came to Holland six years ago now. Originally from Viet Nam, she migrated after having divorced in order to be able to earn money for her son. She tried to get a work visa in the Netherlands, but did not succeed and ended up being undocumented and had to try to find work outside the legal sector. Eventually, she found work in a massage parlour, but also had to provide sexual services to customers, to which she consented. Her traffickers were arrested because they exploited their employees, who earned almost nothing from their work.

My conversation with Thao is different to the others because she is the first Asian service user that I interview – most service users in the shelters are African. We talk about our cultural differences and her experiences with the other cultures in the shelter. Thao explains that Dutch people are more direct and are more daring in saying things, as compared to Vietnamese people. Thao’s less direct nature also becomes apparent from the rest of our interviews: on several occasions where Thao would have liked to have had help with something, her descriptions of those occasions suggest that she had difficulty voicing a wish for help to the social workers at the shelter. It also strikes me that in our interview, she appears to find it difficult at times to provide her own opinion about something and rather describes the views of others.

Thao shows an above-average understanding of why certain shelter rules exist and even if she does not agree with them, she often tries to view their necessity from the point of view of the service providers. She also knows specifically for whom this shelter is intended. She is there, she says, because she is homeless, has no job and has been abused (other service users often describe the

shelter as being generally for “women/men with problems”). She also has a relatively large amount of knowledge of the B9-regulation, the Dutch human trafficking law. Thao also comes across as

“After a while in the shelter, things changed for Thao. She became less nervous and fearful, she felt safer, in part because she was not in the country illegally any longer. She became more relaxed and started thinking about what she wanted for the future.”

very stable. She misses her family (and especially her son, who will soon enrol in university) back home and she has certainly had it difficult here in the Netherlands, but it does not seem to affect her as much as with some of the others that I spoke to. She strikes me as ready to make next steps.

Thao has a clear vision for those next steps – an independent life in the Netherlands, with the opportunity to visit Viet Nam every now and then. Would she not want to go back, I ask?

Thao explains that she has started to appreciate Dutch culture over the past few years, for example how open people are. She would really want to stay here if she could. She is trying hard to accomplish that goal. She works on her Dutch and English language skills (she makes it a point to watch the Dutch television

show ‘Lingo’ to practice), will soon start a Dutch immigration course (mandatory for all who wish to get residency status) as well as volunteer work, and is planning to work on becoming more adept at using a computer, which would really help her with finding a job and a house. But it is a bumpy road. She found a job in a massage parlour a little while ago, but ended up being exploited again. The exploitation was of a different nature this time – she only got paid if there were customers on her shift, something that is not allowed under Dutch labour law, but Thao did not know that. The shelter made her quit when they found out. Finding other jobs has been difficult for her, especially with her language limitations. For the moment, she is going to focus on finding a house. After that she will go looking for work again.

I ask Thao about her experiences with the shelter and what it is exactly that the shelter has helped her with. She explains that the shelter has helped her to move from a problematic situation to a situation that is more stable. They have done this in several ways. To start with, she was brought to the shelter by the police. Having being taken away from those bad people and feeling safe now here in the shelter, protected from further exploitation, has been very important to her. Furthermore, the daytime activities that are organized in the shelter have helped her a lot, especially in the beginning when she felt rather nervous and fearful. They brought stability to her life. The shelter also made her feel that she was not alone: she socialized a lot especially with one other girl in the shelter because they could talk to each other (they spoke the same language being from the same country). Additionally, the shelter made her feel that help was available if she needed it.

Thao also appreciated the group sessions by two employees of a mental health care organisation, which offer psychological support and guidance. She notices that a lot of women around her feel very sad and have trouble sleeping, and especially for them, she notes, it is good that such help is available.

After a while in the shelter, things changed for Thao. She became less nervous and fearful, she felt safer, in part because she was not in the country illegally any longer. She became more relaxed and started

thinking about what she wanted for the future. Therefore, she also really appreciates the concrete help that the shelter gives her with making steps towards an independent life of her own in the Netherlands in the future. The Dutch and English language lessons are very helpful in this regard, as are the skills that she is taught, such as sewing and making necklaces and bags. Skills development is important, she says, because it is nice to learn new things in general, they help you regain a renewed sense of joy for life, they help you to become independent and they might even save you some money.

But there have also been situations in the shelter that Thao has been less happy about. Although she likes some rules (such as the routine brought by the 10pm curfew) and can at least understand most others, she does think the 'no-telephone'-rule is stupid. The shelter, she knows, worries that the women will call their traffickers, but she does not understand why. Why would anyone call the people that harmed them before? Plus, she needs a phone if she wants to have a job. She broke the rule (twice), but was caught (twice). There are many women that have a phone that is not discovered, she says, and they are happier for it. She tells me how she also broke the 10pm curfew one night, and almost had to leave the shelter, but in the end – fortunately – was allowed to stay. Another rule that she does not understand was that they are forced to share a room with an assigned roommate. Thao had a lot of problems with her roommate and would have much preferred to stay with a Vietnamese friend in the shelter, but was not allowed to. Finally, although she appreciated the activities during the day, they used to take a very long time, leaving little time for other things. Moreover, clearly not all people appreciated all activities, but they had to come nonetheless, which seemed a bit forced to her. Recently, there has been a change at the shelter, and they now have more choice with regards to the activities – a more humane policy, Thao feels.

Thao has also found it difficult that she could not speak any English or Dutch. This made it more difficult for her to talk to the service providers in the shelter and people at other organizations, especially when interpreters were not being used. It also made it more difficult for her to resolve the conflicts that she had with some of the African service users (such conflicts arose, she explains, owing to cultural differences in habits around the house).

Finally, there are several things with which Thao would have liked to receive more help, but has not received it. Sometimes service users have specific questions that should be addressed, she explains. It is necessary for service providers to pay attention to those things. She herself would have liked more help with finding a job and with finding a new place to live in after the shelter. These things are just very difficult to do independently, she explains, due to language limitations and a lack of knowledge of how things work in the Netherlands. Furthermore, she has really missed seeing her son. Although she has been here for six months now, she still has not been able to get the video chat programme to work on the computer. She also feels that many of the women who feel very sad should receive more attention and have more opportunities to talk to someone. Lastly, she feels the social workers in the shelter could have helped out more in the conflicts that she had with some of the other service users. Moreover, because they requested help for this, but they were told that they had to solve things themselves, Thao explains that next time you will not ask for help so easily, if you need it. She does have to admit that lately this seems to have become better. The social workers come by more often to ask how she is doing, whether she is settling in or just for a



Natasha

“ I don't have any plans for the future yet. I first need time to catch my breath.”

Natasha is from Moldova, in her mid-twenties and has been in the shelter for about 2,5 months when I interview her. She tells me how she had to become independent at a very young age and started working when she was only 10 years old (she worked as a model she says). Natasha notes that at the age of 18 she attended university and completed a degree as a nurse. She worked for some years, then helped her mom for a while at home, then had to leave Moldova because she had problems there.

Natasha is quite different from most of the other service users I have interviewed before her. Unlike them, she does not really want any help. Just a safe place “where no one can find me”. “The rest I will do myself.” I ask why it is important to her to have a place where no one can find her. “My friends I can find myself – those other people do not have to find me.” Natasha has a strong social network in the city where the shelter is and knows her way around. She already knew people in the Netherlands before she came here, which played a role in her decision to migrate to the Netherlands. Plus, she has been in the country for more than a year now. Normally, she does not stay at the shelter during the day, but leaves to meet with her friends.

I ask Natasha what the shelter does. She says that the shelter is for “people with problems” and that they arrange a lawyer for you, when needed, and that they explain documents that are difficult to understand. In addition, the service providers ask her every now and then whether she needs help. But Natasha is annoyed with these conversations. “My contact person here is inquisitive, but some questions are private, I cannot answer those.” “I do not need any help or advice, [...] it is better to discuss problems with friends”, she says. Also to me, Natasha does not want to talk about the problems in her past or in the present. “That is private”. As with all other service

users, I have explained to Natasha that in the interview we will only talk about what she wants to talk about.

Natasha has no problem indicating where the boundaries are and even seems to enjoy drawing the line, judging from the mischievous grin on her face when she tells me that a topic is off limits.

When I ask Natasha about her plans for the future, she is clear. "I do not have any plans for the future yet. I first need time to catch my breath. [...] At some point I would like to move to a place of my own, but now I need time. After that we will see." I try to follow up, by asking: "And have the past months here already helped with recuperating?" Natasha is clear: "I do not want to talk about that. Are we almost done? I would like to go and smoke a cigarette now."



Samuel

“ If I have an appointment with my doctor for, for... I mean that would be my happiest moment. Because, the reason, I will look at it that I need to get up early, I need to go down to get bus station, go get bus, you know, that time that we spend in the bus, I will see different people, (...) I will see different places, (...) you know?”

Samuel is from Liberia. He arrived here a couple of months ago – tricked by a friend into thinking there was a job for him here. “My own thinking was, say maybe when we are here, everybody will have access to go wherever you want to go.” But he soon discovered that “at that particular place, they do not give me the right (...). I was not having access to be going out”. “And they ask me to, they force me to do, that one I will not be able to explain, that one. It is all rubbish anyways. Because... it is something that I never want to go through again.”

Men are trafficked for sexual exploitation, too. One entire shelter in the Netherlands is dedicated to male victims of trafficking, who are for a large part trafficked for sexual exploitation. Samuel is heterosexual and a big guy. The traffickers caught him, as they do with trafficked women, at a vulnerable point in his life. It all started many years ago, when his parents were killed right in front of him. “And since then, since that day, let me not lie to you, up to now, since that day up to the time I am talking to you, I do not... I cannot recognize myself well, you know?” Samuel had to go and live with his aunt who did not share his parents’ appreciation of education and adhered to a different religion. Things escalated between Samuel and his aunt and at some point he decided to leave the country to start anew somewhere else. This is when he met an old friend who told him he would be able to arrange work for him abroad.

Samuel and I talk about what he needs help with. One important problem, he explains, is that “every day I think about my past, every day, every day, just as I said earlier, I wanted, I do want to forget but

it cannot go easily Rik.” Many of his thoughts about the care that is provided in the shelter revolve around forgetting the past. He feels there is not nearly enough to do in the shelter to provide distraction. “If we at least have somewhere to go or something to do, trust me Rik, you will tend to forget about exactly your past. (...) But say for instance Rik you met me in my room, I lying there in my couch. What next, you think? I will start thinking about my past, definitely, that one for sure, if I not sleep, if I cannot sleep, then what is next to come to you, you be start thinking again, for sure.” Social activities such as football or even having books to read would help, he feels: “If we involve in any so-

“ since that day up to the time I am talking to you, I do not... I cannot recognize myself well, you know?”

cial activity, that would tend to make us forget about most of the past.” Indicative of the lack of distraction Samuel experiences is his statement that “if I have an appointment with my doctor for, for... I mean that would be my happiest moment. Because, the reason, I will look at it that I need to get up early, I need to go down to get bus station, go get bus, you know, that time that we spend in the bus, I will see different people, (...) I will see different places, (...) you know? You know, that different environment alone that I

have seen, you know, that create a new, different thing in my mind. But sitting here all day, you know, since morning evening, morning evening, morning eve – you do not get any other places when you just sitting down in one particular place, Rik. It is very, very, very difficult, in fact that one make the situation more difficult than the situation is.” Samuel is not the only who experiences this problem. When I planned my interviews with service users for this research, many stressed that their agendas were completely empty and they could meet whenever it suited me.

Sleeping was specifically a problem for Samuel, as he just kept thinking about all the things that happened. He tried to overwork himself physically, with the goal of getting tired so to be able to sleep, but that did not work either. After a while, Samuel was able to go to a church in the vicinity of the shelter, and they gave him some verses and a bible. One of his favourite verses starts with: “1 Contend, O Lord, with those who contend with me; fight against those who fight against me. 2 Take up shield and armour; arise and come to my aid. 3 Brandish spear and javelin against those who pursue me.” Another talks about turning bad things into good things: “Lord, make us a channel of Your peace. That where there is hatred we may bring love.” The verses have finally given him some piece of mind and he reads them every day before he goes to bed. “Since then I have not been dreaming again now, dreadful dreams. It is better now.” Samuel also feels that seeing a psychologist might help him: “yeah I talk to my mentor (...) a few days ago. They need to help me with something like a psychologist, something like, so he is planning to do so. He say we call an organization to help me with that. I really need that.”

Recently, Samuel’s shelter for victims of trafficking moved to a small, rural village in the Netherlands that already had a large centre for asylum seekers. Samuel explains that he and the other service users at the shelter have been met with a lot of animosity in the new village. “Imagine the situation wherein, you know, you are under somebody, then the person did not even talk to you, he do not want to talk to you, or if you say hi to him, you know, he will not say hi to you, then you feel different!” Samuel has experienced being ignored by local inhabitants, he has been harassed by the local youth, the city council has been refusing to allow them into what the service users call “school”

(a course for asylum seekers that is obligatory for getting a permanent residency permit in the Netherlands), the council has also refused to pay them their monthly benefits, and a number of different service providers, including a local general practitioner, have refused to provide care to them. The social exclusion they experience affects them, because, as Samuel explains “as long as you can live in a society where people see you as you are part of (...) I think life is good.” It is, perhaps, not surprising that one of the qualities the service users appreciate in certain service providers is that they *do* make them feel as part of the society: “Imagine the situation wherein, you know, some people do not want to talk to you, then you feel you are left out, you feel maybe I am not in this world or maybe I am a different human being. You know? (...) They refer to us as maybe say we are ‘asielzoeker’ [note: *Dutch for asylum seeker*], which means something like refugee, something like that. But because of some mentor [note: *“mentor” is Samuel’s description of the service providers in the shelter*] they come closer to us, we feel as if we are amongst them. Which is very, very, very, very, very, very much important. (...) You know, they come closer to us (...) so we feel as if really we are part of this society. (...) They open up, they talk to us, we share ideas together, at times we even feel as if they are part of our family, you know?”

A continuous theme in Samuel’s life is the lack of choice that he experiences, the lack of control that he has over his own life. This started when he was young, when he had to move to his aunt, who wanted him to convert to a different religion and to stop his education and find a job. It was evident during the time when he was trafficked, when he was “not given the right” to leave the brothel. And it feels to him as if it is again the case in the shelter where he is staying now. About his harassment by the local youth, for example, he says: “it was awful anyway, but, hmmm, you just have to accept, this is the situation, yeah. So. (...) What can you do? You cannot do anything about that.” Even some of the rules and regulations in the shelter give him the feeling of not having control over his own life. He explains, for example, how he does not have control over the benefits he is entitled to, but that the shelter decides on the allowance that he gets, while saving the rest up for him. Although he realises this is with good intentions and that they want him to have a good start when he leaves the shelter, the service users do not have a say in that. Samuel explains: “They are there to help you, who are you to dictate to them.” “The first day you came here, you cannot know what, what, how it operates here. They will brief you just as I told you: this is how we operate, you have to sign this, these are the rules and regulations that governs this house, then every month COA [note: *the Dutch national organization for shelter for asylum seekers*] send you this money and this is the form you need to sign for you to receive your money. They say now if you want, if you want your money, you sign here. Then they give you your form and you sign it. Blindly, because it is written in Dutch, maybe you signing for your death warrant, you do not know but you trust it.”

Even with regard to the future, Samuel experiences a lack of control. “I have not been having access to so many things. So I am looking at my future as being bleak. You know? So. Where am I going? You know? (...) Because we do not know what they are planning for us, what will be the next issue, we do not know. (...) So that is more something that is tormenting us.” In the shelter they often talk about what will happen in the future, and what the intentions are of the people here that decide over them: COA, the police, their lawyers. Everyone has a different perspective, Samuel says, but only God knows what their intentions really are.

Samuel is in his early twenties and feels that “at my age now, the age I am now, either you make it or you break it. (...) So that all keep boiling inside me.” Sometimes he feels like he is losing hope. But he sees clearly the road to his own happiness, to having a life again. Establishing a family is the goal, but he feels that before that can happen, he first needs to get an education and find a job. To get those, he realises, he first needs to learn the Dutch language and find a community that supports him. Progress towards these goals is slow, though, and he has the feeling he is standing still in the shelter. “You know, that is ehm... I am seeing my days [...] here as something like, what can I say, perhaps I should say it is my waste days, you know, like I am wasting my time here.”



Alex

“It’s really not easy, life.”

The first time I meet Alex is during my first visit to a shelter for trafficked men. As I join them for dinner, Alex draws my attention because he seems uncomfortable, very tense and easily startled. He looks over his shoulder a lot and jolts up upon hearing unexpected noises. When I interview him several weeks later we talk about his problems. He is often stressed, has problems concentrating on one task for more than thirty minutes, he has trouble sleeping, and has to think about the past a lot. The cause of these problems lies in what Alex has gone through after he fled his own country because he feared for his life there. Like many other men he has been trafficked into the Dutch sex work sector. As he says: “I have been assaulted.” The abuse has not only scarred him psychologically but also physically – he has chronic gastrointestinal problems now that burden him on a daily basis. Alex struggles a lot with what happened to him and the situation he is in now. “I am thinking: this is not me.” It has been so tough that sometimes he thinks of doing “stupid” things to himself. As he puts it: “I am divided into two. One part is telling me to do stupid things. Because I am tired, the problem is not stopping, it is always going. The other part is stopping me to do what I want to do.” For quite some time now, Alex has had regular appointments with a mental health care organisation specialising in providing trauma care to help him deal with all of this. The first time he was referred there, he did not want to go. Others in the centre for asylum seekers where he was living at the time told him that that was for crazy people. “And I am not crazy”. So he did not go the first and second time. But the third time he went. He is happy about that now. The talks and medicines help – they give him hope and “put me in control, when I lose it”. When I thank Alex at the end of our first interview and say that I would find it very difficult to talk about these things, he says: “The thing is: I am no more ashamed”.

Alex is happy with the shelter where he lives now. Not long after he arrived in the Netherlands he was able to exit his trafficking situation but ended up in a Dutch jail for five weeks for being in the country illegally. “Without committing any crime!” This time was horrible for him and his physical

health problems that were a consequence of his abuse were unattended to in jail. At least in the shelter, he says, “I do not have to worry anymore about going to prison”. After he was released from prison, Alex lived in a shelter for asylum seekers (Dutch acronym: AZC) for several years, before he was transferred to the shelter where I am interviewing him now. His stay in that AZC was problematic socially. After confiding in a friend about his problems, word spread and people called

“My first hope is, I hope one day I reunite with my family. That’s my first hope.”

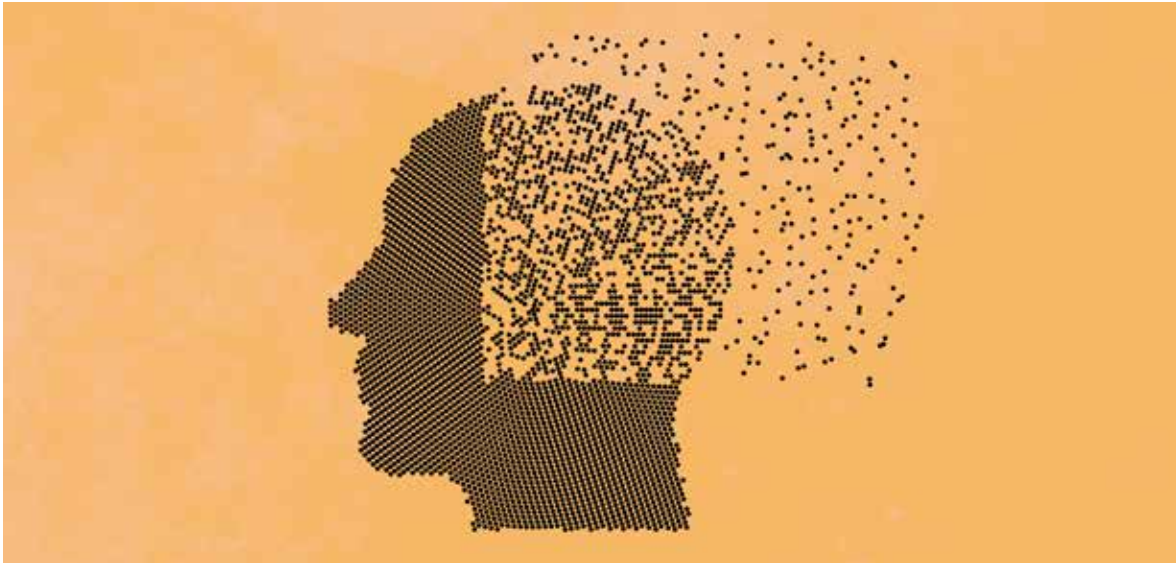
him “crazy” and “a gay”. He found this very difficult. “When I left the camp I had no friends anymore.”

In the shelter where he lives now he feels relatively safe from his trafficker of whom he is still afraid. Plus he is happy with the practical assistance that he receives from the social workers in the shelter – they are always available to answer his questions about financial or administrative things, which can be complicated. But there are also aspects of the shelter that he likes less. With regards to the things he can do during the day, he says: “Things were better in the AZC where I used to be. (...) Here there is just table tennis. (...) I like to be busy, at least to, I mean to obstruct myself from other things like thinking, thinking of the past or thinking of bad things or any of the negative things.”

The second time I interview Alex, things are better, because ‘school’ has started for him, which is what he and the other service user call the 3-day-a-week Dutch integration course that is offered to them by the city council and where they learn to speak Dutch and learn about Dutch citizenship. He enjoys this very much and if he could he would go to school every day: “I think now here is better because, although there are no activities, well at least I have something to do, like going to school. (...) Yeah, I feel somehow joyous.” Besides keeping him busy, Alex enjoys school because at least he can learn something and what he learns at school has great practical implications for the way he can live his life in Dutch society.

Although Alex has started to feel more at home in the shelter over the past two months, he is not happy. “Because of my family. I am not with any of my family.” Sometimes he feels regret for having left his home country. “But in other way again, you do not regret it because, at that moment before, at that moment you were not thinking any other way. It is just to, to... find a way to save your life.” “For me, I do not value anything in my life like my relationship. (...) You know even sometimes, I think of going back but that is not a good choice, because of the problem I have there”. “It is really not easy, life, life really not easy.”

He explains how leaving his country provoked dual feelings within him: “Happy in the sense, you are moving from your problem. (...) Coming to a place where you will have security. That is the happiness. But strange is... How you going to live your life?” Although Alex is in a different situation now, that sense of uncertainty has not changed for him. When I talk to him, he is waiting to hear now from the Dutch Immigration Office (Dutch acronym: IND) whether he is entitled to a residency permit. As he puts his views for the future: “I have been thinking about it a lot of times (...), been asking myself but I never have answer about it.” “My first hope is, I hope one day I reunite with my family. That is my first hope. And secondly, the problem I have within my body, to be solved. (...) And then maybe find a way to plan about my future. If I have my degree or diploma, I mean... maybe I will be able to find a good job”.



Kamran

“Do you know what I want? That people will understand the problems that we have – we really do have a lot of problems. I hope the book will say that we should have a future.”

“I am 25 and I have seen nothing yet. I would like to understand life.” Kamran often repeats that he has not been able to live fully until now. Friends, a girlfriend, a job and a house are things that he would want; and to feel safe. But he has not had those things so far.

Kamran’s history of abuse started in Afghanistan and continued when he was trafficked to the Netherlands as a teenager. His traffickers said he owed them money for the cross-over and so he was sexually exploited. He would very much like that the police catch these men, allowing him to “take back my pain”. At the moment he is still scared he may come across his traffickers in the street when he goes out. “It is possible you know.” He had a girlfriend once, but when he told her about his history, she left him. “I see other boys my age laughing and having a good time. I have never laughed like that.”

The abuse that Kamran endured has left its marks. He says that he has “many pains”, is sad a lot, has lost his appetite and a lot of weight, often relives difficult moments from the past and is regularly afraid. “This is not easy. It is easy to say, with your mouth, but when it happens it is not easy.” Kamran also has difficulty dealing with people who treat him badly – he just cannot handle any more pain, he explains. He gives an example: just recently he spent two days crying because a fellow shelter inhabitant called him crazy. “If that what happened to me in the past had not happened, then people would have also not told me that I am crazy.” In my talks with Kamran, I find it remarkable how he can go from being very negative to moderately positive and even hopeful. He often speaks of suicidal thoughts and says that sometimes he thinks it might be better to end it all

and be done with all the pain. He would like to think positively more often, but finds this difficult. “I would like to, but I cannot. I do not know; I cannot help it.” The social worker that is assigned to him as a mentor in the shelter and his psychiatrist at a centre specialised in trauma care for refugees help him to think more positively.

But the uncertainty about his residency status weighs heavily on him. “You never know eh, IND [note: the Dutch immigration services] determines everything”. He is very scared he will be sent back to Afghanistan where he does not know anybody anymore because he has been away for so long and where he fears that the past will repeat itself. He does not see the logic of it all. “People try to make you better, to return to yourself, right, the humanity, to be good again – and then they send you back to the fire”. “The fire” is Afghanistan – where his abuse started as a child. “You come

“If you find an education or work, then a nice house will come too, and meeting a girlfriend, and you will be able to understand life.”

from the fire and then people try to make you a little bit better again. That is not easy. But when they send you back to the fire after that... That is the same right? Why would I need the help then? Leave me to make an end to my own life then. It has been enough.”

What also exacerbates his problems is that Kamran has no form of social support at the moment. “Always alone is not good”, he says. “No friends, no family, no parents, never a phone call. Just sitting alone in your room and staring at the wall. I see no one.”

Unfortunately, Kamran does not find any social support in the shelter where he lives either. He is the only one who speaks Dutch; all the others speak English (he does not). This is difficult, he says. During my observations in the shelter, this becomes obvious. He eats separately from the rest of the group and walks alone when the group goes somewhere. The fact that Kamran only speaks Dutch (besides Pashto), ironically, hampers him from acquiring social contacts in other places too. Recently he started going to ‘school’, the Dutch integration course that is offered by the city council. Although he likes this, here too nobody really speaks Dutch yet (most are there to learn Dutch).

When I ask Kamran what the shelter should help him with, he says: “All sorts of things”. So we make a list. Most importantly, he finds, they should help him to “get to myself. So that I do not think about ending my life all the time.” They do help him with this in the shelter, Kamran says: “They help with disease and by talking and they love you. That is just perfect.” They also help him with problems, support him and protect him (someone always sleeps in the shelter, he explains). Kamran often stresses that none of the social workers has ever hurt him, which itself he appears to consider a positive thing. If he could change one thing, it would be that he has nothing to do every day. When there are no activities that can keep them busy in the shelter or that can be fun, people lose themselves a little bit, he says. When he sits alone in his room, he has to think a lot about his problems. The weekly dinner on Thursday is a highlight. “Because then you sit with a lot of people and you lose your problems.” He wants to be involved in more “positive things” so that he himself can start thinking positively too again. He also thinks that if there were more activities, no matter what kind of activity, other things would come by themselves, such as sports and friends. Recently, Kamran and his social worker agreed to look for a volunteer job. He really looks forward to this and loves the idea of being

able to help other people in the old people's home where this job would be. "Helping people is... very cool." He would like to cook for them, if possible, which is something he enjoys and is skilled in. Finally, he says, he has always had pain, from when he was a child until now. "I do not know whether I am going to have a future or not. (...) Future is certainly important for everybody." "Till now, no future, nothing, I see nothing. I see myself alone. I do not know. I hope everything will be ok. I hope so, I do not know. It is not easy." He finds it difficult to say how the shelter should help him with that, but he knows it is important to him: "If you find an education or work, then a nice house will come too, and meeting a girlfriend, and you will be able to understand life."

Discussion

As I have noted in the Introduction, the stories above speak for themselves; they provide a better account of service users' experiences in post-trafficking shelters than any broader discussion of themes could. Still, I think it is useful to briefly discuss here what I view to be the main themes that emerge from these interviews. I also provide a brief overview of the literature on post-trafficking social and health service provision in this section.

Themes from the interviews

Many themes emerge from the stories in this report. However, **one theme is predominant: service users' strong desire to be able to pursue their goals of having a life with a job, a family and friends.** In addition, service users often felt stunted in trying to pursue those goals. Other themes that emerge from the interviews include being in an 'in-between state', standing still and being in limbo, being strangers in Dutch society but also putting down roots, the availability of daytime activities, the effects of rules, differences between the shelters regarding daytime activities and rules, and the problems service users experience in negotiating their own (medical) treatment. I describe all these themes in a bit more detail here below.

As part of the research I compared the way in which service spoke about the past with how they spoke about the present and the future. Service users' narratives show a clear pattern in this regard: the past was usually judged negatively, often with a **'turning point'** after which life took a turn for the worse. The present was described an **'in-between state'** and the future was envisioned as having **a life with a job, a family and friends.** Perhaps the clearest expression of the fact that service users felt they were in an 'in-between state' was that multiple service users noted: "I cannot recognize myself". To distract themselves from both their thoughts about the past and their worries about the future, service users described a desire to **'be busy'**. Unfortunately, they did not always succeed in this. In particular, there were large differences between the shelters in the amount of daytime activities that were offered.

The present for service users was also characterized by **worries about residency status** for those from outside the EU. The right to permanent residency for a victim of human trafficking in the Netherlands is reserved by law almost exclusively for those victims whose traffickers are prosecuted and convicted; the consequence of non-prosecution or non-conviction is that service users most likely will not be allowed to stay in the Netherlands. This situation, exacerbated by the complicated nature of the procedures around residency status, led service users to **feeling that decisions about their life were being made outside their locus of control.** The fact that the majority of them was legally not allowed to look for work and education as part of their temporary residency status added to this lack of experienced autonomy. Their stay in the shelters also sometimes exacerbated this feeling: service users often spoke about shelters' constricting rules and regulations (as in other studies ⁶); one service user even left the shelter because of them. As with the daytime activities, there were, however, considerable differences between the shelters in the degree to which they had implemented rules and regulations for service users. Finally, service users often felt **ostracized in Dutch society.** As if being in a new country and culture with a new language was not difficult

enough, service users experienced racism and even denial of social and medical care when needed.

Being stunted in moving forward to achieve their goals of a life with work, a family and friends, because of the legal barriers to achieving residency status and associated rights to find work or education, together with the feeling of being ostracized, having no anchor point in Dutch society, the lack of distraction through daytime activities and the lack of autonomy and agency in being able to change their situation, led service users to **a feeling of standing still and being 'in limbo' in the shelters**. As Samuel said: "I am seeing my days [...] here as something like, what can I say, perhaps I should say it is my waste days, you know, like I am wasting my time here." Service users desperately wanted to 'turn over a new leaf' in their lives, but were being prevented from doing so.

Remarkably, regardless of the limits on their autonomy and **seemingly against all odds, service users still sought to pursue their goals**, by engaging in Dutch language courses, participating in vocational skills training and engaging in volunteer work. These activities were described as useful by participants and therefore preferable over other activities – useful because they provided service users with opportunities to work towards their envisioned futures with a job, a family and friends in the Netherlands. Service users' goal pursuit also became clear from the fact that they started **putting down roots** in the shelters where they stayed, both in terms of their relationships and in terms of the activities that they were engaged in. Hoping for the fulfilment of their goals and pursuing them in these ways likely allowed service users to better cope with their problems in the present and improved their well-being (both hope for goal attainment and goal pursuit are associated with better coping and well-being^{7,8}).

While many studies in the literature speak about service users' problems relating to their pasts,^{1,9} showing the need for a trauma-informed approach to services, fewer speak about service users' views of the future. **This research makes clear the need for service provision to also take a future-orientated approach**, providing service users with opportunities to work toward a better future, within the boundaries of their situation. Future-orientated approaches of this kind are available in the literature and are already being applied in the Netherlands: they are often referred to as 'strengths-based approaches'.^{10,11}

A more detailed description and discussion of these themes is provided in Chapter 5 of my PhD thesis.³

Guidance from the literature

As noted above, I also think it is useful to provide a brief overview here of what the literature says about post-trafficking social and health service needs and best practices. This follows below.

Post-trafficking social and health services

The literature is in agreement that because of the wide range of different, yet interrelated, potential physical and mental health and social problems of victims of human trafficking, a comprehensive range of social and health services needs to be in place for this population after they have exited a trafficking situation.² Several studies have assessed the needs of this group in terms of post-trafficking social and health services^{1,2,19–28,9,12–18} and have suggested frameworks to structure the range of services that needs to be available.^{2,9,12,21–27} A good review about what is needed from post-trafficking services was written by Macy and Johns.²

When these studies are taken together with frameworks that guide service provision by Dutch shelters to other vulnerable groups,^{9,12,24,29–31} a list of needed services emerges that is relevant both to the study population and to the Dutch context: physical health care, mental health care, measures to ensure safety, emergency shelter, longer-term housing, legal assistance, translation, daytime activities, help with education / employment, financial and administrative assistance, empowerment, help with self-maintenance and care, help with child care, and help with developing social contacts.

In addition, three crosscutting, broad characteristics of the social and health service needs of this population can be derived from the literature:

1. Needs bear resemblance to other vulnerable groups

The service needs of trafficked persons resemble those of several other vulnerable and marginalized groups, particularly migrants, people who experience abuse or violence, sex workers and exploited labourers.⁹

2. Needs differ by individual

As I noted in the introduction of this report and as becomes clear from the stories: the group of victims of human trafficking is highly heterogeneous. Therefore, this group's need for social and health services varies substantially by individual,* depending on their trafficking experiences, socio-demographic factors, pre-trafficking health status, pre-trafficking experiences and origin and destination country.^{28,32–35}

3. Needs change over time

Finally, victims' needs change over time and several stages of need can be described (e.g. immediate needs, ongoing needs and long-term needs).^{2,9}

* This does not mean that there are not large advantages to making shelters for this population categorical (meaning population-specific): many of the administrative procedures and problems victims face are similar.

Best practices in providing post-trafficking social and health services

Besides providing guidance on what services are needed for this group, the literature also provides guidance on best practices for how those services should be provided. These are that social and health services for victims of human trafficking should: ³

- be comprehensive
- be integrated and/or coordinated
- allow for continuity of service provision
- be population-specific (“categorical”)
- provide individually tailored care
- provide culturally appropriate care
- be trauma-informed
- offer case management

This report and the results of my PhD more broadly show that another best practice should be added to this list:

- be future-orientated

Further reading about service needs and best practices for post-trafficking shelter and care

More information about A) the needs of victims of human trafficking from social and health services and B) best practices for that service provision (as well as barriers to good service provision) can be found in Chapter 2 of my PhD thesis.³ In addition, I can recommend the following documents that I came across during my PhD research:

- Assessments of social and health service needs of victims of human trafficking ^{1,2,19–28,9,36,37,12–18}
- Post-trafficking social and health service evaluations ^{2,6,22–28,32–34,9,35,38–46,12,47–56,13,57–65,15–19}
- Guidance documents on social and health service provision for victims of human trafficking
 - Dutch guidance documents ^{11,66,75–82,67–74}
 - International guidance ^{2,23,87–96,26,97–106,37,107–116,52,117,118,54,83–86}

Conclusion

The main message of this report is, surprisingly, that the people who I interviewed are like all other people, in many ways, and yet different in others. Like all others, they seek autonomy, relatedness to people around them and to be competent in what they do, by striving for a life with a job, family and friends. However, unlike many others, they have been trafficked; an experience that has had enormous consequences for their lives and frequently results in acute and chronic health problems. The main message of this report for policymakers and service providers is that post-trafficking social and health service provision should take a two-fold approach that addresses both these characteristics of this group. It needs to be both trauma-informed and take a future-orientated approach, to provide people with opportunities for working towards a better future and pursuing a life with a job, family and friends, to the degree that is possible within the boundaries of their situation. Also taking a future-orientated approach is important: it improves well-being and allows people to better cope with the problems of their pasts and the challenges they face in the present.

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