

THE PSYCOSOCIAL RECOVERY OF THE CHILD AS VICTIM OF THE HUMAN TRAFFIC

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Abstract: In the article explains the main paradigm that guides and guide specific interventions psychosocial recovery of trafficked children and how to intervene if the child victim of trafficking in human beings have certain features specific age data of different periods of cognitive development, emotional, social and biological. In the psychosocial recovery activities of the child victim of traffickingumen being highlights the importance of case management is the complex method of cooperation of specialists from different fields of activity. An important role in the recovery of child victims are identified and preventive measures and mechanisms should be part of a strategy to reduce the standard risk factors that lead to trafficking and re-trafficking of children.

Keywords: children, human trafficking, case management, counseling, recovery.

The children, victims of the traffic are persons that present a complex of problems caused from one side by the traffic's history and from other side by the environment they came from. The children's needs are multiple: medical, psychological, social, juridical whose severity varies from case to case. Each child has different reactions after a traumatic event. The intensity and the gravity of the reactions depend on the nature of the event (if it was an isolated event or a repeated one), the coping/adaptation resources that the child is capable of (the protective abilities of the child, the sources of emotional and social support), the child's age. So, a child can

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evolve minimal reactions from a socio-psychological point of view while some others may develop problems or severe emotional disorders such as the posttraumatic stress or attachment for the abuser (Stockholm syndrome). The way the children learn how to cope with the traumatic event depends on the adults' help in learning the coping mechanisms, to adapt to the trauma situation.

The main paradigms that orient and guide the specific interventions for the psychosocial of the trafficked children are:

- The humanistic paradigm;
- The cognitive behavioural paradigm;
- The psychodynamic paradigm.

The humanist paradigm is associated with the name of Carl Rogers, George Kelly and Abraham Maslow (1950 – 1960) and it is named “the third force” in psychology” appearing as a reaction to the psychoanalytic and behavioral trend. The humanist psychology considers the man a fundamental good person, and the emotional problems represent the result of the blockage of his positive forces.

From the perspective of the humanist perspective¹, the man:

- Is a value himself and this is why he deserves respect;
- He has the capacity of auto targeting and auto actualization (the reach of the superior levels according to the needs pyramid proposed by Abraham Maslow);
- He has the capacity of selecting his own values;
- Can learn to be responsible;
- Can control his own thoughts, emotions and behaviours;
- Has the potential of making constructive changes and of auto evolving.

The main ideas of this paradigm are:

1. **Nondirective conciliation (concentrated on the person)**, was created by Carl Rogers and contains all the principles of the human paradigm;
2. **The Gestalts therapy** elaborated by Firtz Pearls;
3. **The transactional analysis** elaborated by Eric Berne who, although initially had a psychiatric orientation, he adopted in time the humanist principles;

¹ Miclea M. (2003). Course Support: *Cognitive – behavioral changes*, UBB Cluj.

4. The elaborated realistic therapy by William Glasser which considers that the people have the ability to satisfy their needs themselves and to become responsible persons;
5. Logo therapy elaborated by Victor Frankl and it actually means “therapy by understanding”. The central idea that is at the basis of the logotherapy is that the man has a fundamental need of meanings;
6. Psychodrama conceived and evolved by Jacob L. Moreno, the psycho dramatic trend has at its base the premises that the inter human conflict situations can be solved beyond the simple verbalization by a theatre play or a dramatic presentation;
7. The neuro linguistic programming (NLP) evolved by John Grinder and Richard Bandler (1976). These two created a linguistic model by which they studied the verbal habits of some science men: the therapist Milton Eriksson, the gestalts therapist Fritz Perls, the anthropologist Gregory Bateson and the therapist Virginia Satir. The authors start from the hypothesis according to which that the human being receives information constantly by the senses (visual, hearing and kinesthetic) and that one of these channels tends to be the favorite one at a time.

The psychodynamic paradigm. At the end of the XIX century and the beginning of the XX century, Sigmund Freud sets the basis of the psychoanalytic theory. Subsequently, Alfred Adler and Carl Gustav Jung evolve Freud's theory but eliminate some of the Freudian concepts, bringing some new ones (ex. inferiority complexes, the collective unconscious). Among the ones that put an accent on the ego's study (ego psychoanalysis) are: Ana Freud, K. Horney and M. Klein.

Slowly there is also developed the perspective of the cultural psychoanalyses (social one) by the contribution of H. Marcuse and E. Fromm. In this study there is put an accent on the role of the over ego, of the values and social norms in the psychical life of the individual (the individual's mental disorder is a reaction of the social illness).

The Freudian psychoanalysts consider that all the actions and emotions of the people are determined by the unconscious psychical activity (sexual or aggressive reactions) and that all the problems and disorders appears as a result of the unconscious repressed conflicts.

The basic concepts of the Freudian theory are:

- Conscious – unconscious – subconscious;
- Id – ego – superego;
- The evolution's stages (oral, anal, phallic, latent genital);

- A behaviour coordinated by contradictory principles: the principle of pleasure and reality/the moral principles;
- The analysis of the dreams that are “the royal way to unconscious”;
- The analysis of the missed acts and the free associations/coordinated;
- Protection mechanisms;
- The transfer and the ant transfer, etc.

Presently, the psychoanalytic “orthodox” onset is rarely met. There are preferred the methods that adopt some psychodynamical elements without using them in an exclusive way. More often there are chosen just some of the methods or techniques of intervention so as it is to happen in the case of conciliation where the onset is eclectic.

The cognitive – behavioural paradigm. The behaviorist trend was dominant in psychology between 1920 and 1950 and is associated with the name of E. Thorndike, J. Watson and B. F. Skinner. The main idea of the behaviourism is that the psychology is the science of behaviour and not of the mind. So, as follows, the behaviour may be described and explained without alluding to internal psychical processes (thoughts, feelings) because the source of the behaviour is external (the environment) and not internal. The central behaviourist idea is that all our behaviours are the result of conditionality and for being able to study seriously the behaviour we don't have to know the thoughts and the feelings of the others. The behaviourists consider that the people's actions and behaviours are under the control of the contingencies.

Contingencies represent systematical associations between the environmental stimulation that precede the behaviour (antecedents) and the stimulation that follows to the behaviour (consequences).

The fundament of the cognitive – behavioural therapy is that the behaviours, actions and emotions of the people are determined by their way of thinking and interpreting the events around. The things that create disorders in the people's lives aren't the events themselves but the way of judging, evaluate and interpret these events.

The human experience may be analyzed in four levels: cognitive, behavioural, biological, methods and techniques of intervention. Specific strategies of a certain paradigm are useful in establishing the therapeutic relation, some other methods and techniques are useful for expressing the supportive attitude while some others allow the efficient intervention, focused on the problem.

The success of the process of psychosocial recovery of the child victim of the traffic with human beings is issued in the identification and accurate explanation of the

mechanism of starting and of the problem's maintenance and also in applying the specific techniques that allow the reestablishment of the adequate functioning of the respective mechanism and less in following a certain paradigm.

These major paradigms that fundament the recovering strategies of the trafficked child we find as work methods in the clinical sociology. The clinical sociology is "a field with a multidisciplinary character that has as objective the critical analysis and evaluation of the social problems, with the purpose of a practical intervention for their amelioration or solving"¹.

In 1930 the American pathologist Milton C. Winternitz introduces the notion of clinical sociology and suggests the creation of a special department of clinical sociology which is dedicated to the "social" therapeutically activity (sociotherapy) in medicine, having as main objectives the recovery and social insertion of the patient. In 1931, the American sociologist Louis Wirth brings Winternitz proposal in the sociologists' debate, publicizing an article that characterizes the new discipline as being "one of the main fields of the sociology"².

Subsequently, the clinical sociology became a distinct orientation in the sociology of the social problems and targets three main objectives³:

- a) The clinical analysis of a collective state of mind with critical character, resulted in a diagnostic established by the experts that consider this state of mind a problem aspect of the social life;
- b) The study of the reasons and conditions that lead to this state, to evaluate the public's opinions, of the existent social policies and practices concerning its amelioration and exclusion;
- c) The activity of practical intervention concerning the finding of some operational solutions.

The clinical sociology implies the use of the analytical perspective (the clinic – operational character rendering) in most of the problem areas of the social life such as the collective incidence of illnesses, the crime state, "the third age" (old age), divorces, abortions, abandoned children, children that are ill – treated, etc.

What distinguishes the activity of the clinical sociologist by the one of some other professionals in the field of social assistance or policy is the priority use of the participant remark which has as consequence the adoption of an inherent

¹ Zamfir, C., Vlasceanu, L. (1998). *Sociology dictionary*, Babel expenditure, Bucharest, p. 566.

² Wirth, L. (1931), *Sociology and clinical procedure*, America journal of sociology, no. 37 (1), p. 49 – 66.

³ i.e. 132.

perspective over the social problem and identifies with the populations or the implied groups' point of view.

In all, the used diagnosed evaluations from the clinical sociology matches the systems' theory with the orientations of the phenomenological sociology considering the social problem as a situation of life experienced in a dramatic way by the participants and whose reactions can be clarified only from the perspective of an integral, systemic and functional onset, that links aspects of the problem that are related. From this reason, the theoretical interpretations from this field have an eclectic character being a result of the conceptual transfers and borrowings from other disciplines and theoretical orientations: as for example the theory of conflicts and the behaviourism, the symbolical interactionism and the structural – functionalism, etnomethodology and the theory of the systems.

The main contributions that the clinical sociology brings for the amelioration of the social problems are the following¹:

- a) The theoretical analysis – the elaboration of a complex and integral evaluation of the problem on the account of underlining the main theoretical models existent in the disciplines that deal with the studied area (psychology, sociology, demography, medicine, criminology, etc.)
- b) The practical research – the attainment of some data and information about the studied population, the investigation of its opinions and of the experts concerning the different ways of solving the problem, to confront these opinions with the social politics official measures' efficacy, the summoning of the measures for the social assistance, etc.;
- c) The operational intervention by the effective support granted to the individuals or groups in changing their life situation.

The main technique used in the clinical sociology is the case study; the application of the systemic perspective extends the analysis and the practical intervention at the level of entire groups, organizations or local communities.

The fundamental purpose of the clinical sociology is actually the starting of an activity of useful intervention before the effects of some social problems to affect the entire community and this action takes place on the basis of an elaborated decision as a result of the objective conditions confrontation that creates the problematical social state of mind with its kind of perception from the implied population. As Jonatan Freedman underlines, the clinical sociologist “tries to understand the nature of the societal factors that stop the individual or the collectivities to act effectively”, and, on

¹ Zamfir, C., Vlasceanu, L. (1998), *Dictionary of sociology*, Babel expenditure, Bucharest, p. 567.

this purpose, he “has to be able to pass over the interpretation of the problem created by the client, just to take into account the social tendencies with a wider character”¹.

General principles of work in the recovering process for children, victims of the human beings traffic

The ways of intervention in the case of a child victim of the human traffic have some characteristics given by the age’s peculiarity of the different stages of cognitive, emotional, social and biological evolution. This process will be coordinated by the objectives and principles that are at the basis of this activity.

We will present above the most important principles of work according to the national standards:

- a) The children are guaranteed all the fundamental human rights expressed in the Convention of the United Nations about the human rights;
- b) The activities, interventions and attitudes of the protection centers are concentrated on the child’s needs, each child is treated individually and personally and the complex process of healing is coordinate with the approval and full participation of the child;
- c) The children are permitted the access into the society (taking into consideration all the aspects of their protection) including the family, the community and friend, and, they are offered the chance to interact and to learn from this experience, relaxing in the outside world;
- d) All the centers’ interventions and activities are in agreement with the degree of culture of the child, his age, sex, language, ethnicity, social class and religion;
- e) The staff of a protection centre is oriented towards the circumstances that brought the child there, especially the sexual abuse. Anyway, the traffickers aren’t seen as they should, treated in a discriminator way or separated by the other children with different pasts;
- f) All the centers have established procedures and have well trained personal able to answer to the situations that need a special treatment for the victims of the abuse and sexual exploitation, including: the crises’ coordination, the abuse or harassment from the part of the employees, confidentiality, emergency medical or psychological situations, as well as the protection from the unknown persons;

¹ i.e. 135

- g) All the operations from the centre are transparent, monitored and open to the routine presence of the independent professionals, including the doctors and psychologists;
- h) The operations and interventions from inside the protection centers are consistent, standardized and run in accordance with the procedures and documents of protocol. These include among other the case management, the prevention of victimization, crisis interventions, confidentiality, documentation and the consultations to the specialist;
- i) Each child is destined an individual management of the case, since he entered the centre till his leaving. The case management is leaded by an interdisciplinary team and supposes routine case conferences. The management team has experience in taking decisions concerning all the interventions of medical or psychological nature;
- j) The roles and responsibilities of the members of the personal, including the members of the team of the case management and of the personal that do not belong to the centre, will be clearly established and brought to their knowledge. Each part will be completed on the basis of the competences of study and experience;
- k) Because of a stressful work and also difficult of helping the children that were abused and exploited, the personal that work with them is offered all the necessary support, counseling and the means to express their emotions;
- l) According to the work accomplished, different protection centers are designed for the different needs of the abuse's survivors and of the ones sexually exploited (taking over/evaluation, emergency/intensive therapy, etc.). except the "intensive therapy", the existent centers and the new ones will be guided towards the evolution of a smaller uninstitutionalised community, to the familiar types of centers, to the family's medium or the orphanages;
- m) The planning of the case management for children will count on a rich professional help that leads to a rapid "deinstitutionalization" and an effective reintegration. The reintegration plans will be included in the Case Management Plan for each child separately and the members of the team will themselves assure even in collaboration with some other organizations, the support and the child's monitoring during the reintegration process.

The case management and the monitoring of the child's progress, victim of the human beings traffic

The case management supposes mainly the evolving and pricing of the child's and family's value, by a process that includes the scroll of some episodes. For example, the obtained data will be organized on factual (representing facts – i.e. identity) and contextual (information about the extended family, health, education, profession, friend, religion, how they spend their free time, qualities, strong qualities, positive aspects, specific needs) data categories. there are also the same important the medical data that reflect the health situation, the potential and the medical risks, the psycho-pedagogical evaluation that offer information about the intelligence level, attention, memory, level of information processing, cognitive strategies, behavioural language, the scholar path – levels and types of study that the child followed, supporting pedagogical measures.

The complex evaluation of the case supposes a maximum use of the expertise made by all members in assuring the specific services needed by the case. For these services to be efficient the professional persons have to involve permanently in a continuous process of evaluation of the situation and of the problems that the clients confront with, the coordination of the communitarian services and of some other specialized services and also the permanent evaluation of the decisions while some new information may appears concerning that case.

It is very important that the complex evaluation of the child to include the *family's evaluation* (when it exists), of the problems, resources and the needs when it functions properly.

Each implied person has to know exactly and to accomplish his obligations that refer to solving a problem, to offer an assistance service or even to specialized therapy. The members of the multidisciplinary team work in partnership. The case manger has to ensure the client's participation in all the steps of the service's plan, including the establishment of the choirs. This thing is very important for obtaining the client's autonomy. The services', treatments and therapy's offering for children and family has as a purpose their assistance for their social rehabilitation and reintegration.

The end of the professional relation must be discussed with the client from the beginning of the intervention and must be prepared during the service's plan's evolution. The case manager has to assure himself that the child and the family understood the terms of the end of the professional relation and that, this thing doesn't mean that when there is needed he or she won't have any access to any services. These steps are not imperative to follow in this order but permit to the professions to guide him during the intervention.

The purpose of the case manager

The main attributions of the case manager are the following:

- The permanent monitoring of the case;
- To ensure the direct, permanent contact with the victim;
- To ensure the communication between the members of the team (to convene and organize the case discussions);
- To coordinate and document the services plan, a plan realized in collaboration with the assisted person;
- To evaluate the resources and services offered by the services supply agencies;
- To establish a set of criterions that will be used in evaluating the objectives and the purposes. A clear reevaluation and changes of the purposes and initiated objectives program must be taken into account from the beginning.

For planning the services and establish the interventions there is necessary the scroll of the following steps:

1. To identify the problem

- To make a priorities list concerning the solving of the problems from inside the family;
- The objectives must be accomplished in time and oriented towards the realization of the purpose; the expected results are measurable and realistic.

2. To establish the purpose

Indirect advantages:

- It offers the possibility for the child/family to change and proves the connection between the existence of a problem and its solution.

Direct privileges:

- To eliminate the anxiety, stress and pressure from the child/family;
- To strengthen the capacity of adjusting the child/family to the reality of his needs.

3. The objectives establishment

The objectives' definition: characteristic activities for accomplishing the purpose and the mentioning of the responsibilities of the implied parties. The objectives have to be: specific, measurable, realistic, and flexible, in a time limit.

The objectives have to be formed by using a language that has to be clear both for the professionals and the children.

4. To establish the responsibilities

Each implied person has to know precisely and accomplish his duties that refer to the solving of a problem, at the supply of an assistance service or even to the specialized therapy. The members of the multidisciplinary team work in partnership. The case manager has to ensure the client's participation in all the steps of the services' plan's evolution, including in establishing the responsibilities. This is very important for obtaining the client's self-sufficiency:

- To offer the services and interventions: to assist the child and the family in getting and using the necessary services and, where there is necessary to start some legal procedures. The services will be offered to the child and also to the family. The use of the services, treatment or the therapy for the child or the family has as a purpose their assistance for rehabilitation and social reintegration.
- To monitor and evaluate permanently the registered progresses, the decisions and specialized interventions. For these services to be efficient the professional have to involve all the time in a continuous process of evaluating the situations and the problems that the clients are confronting with, to coordinate the communitarian services and of other specialized ones, the permanent evaluation of the decisions while there appears new information about the case in discussion.
- The closing of the case includes all the activities from the final stage of the process of offering the specialized services and interventions for the child and the family.

The assistance is necessary since when the child and the family have the capacity to manage themselves without any help in obtaining the services necessary in satisfying the specific needs and for the social reintegration. The end of the professional relation has to be discussed with the child even from the beginning of the intervention and has to be prepared during the evolution of the services plan.

The members of the multidisciplinary team work in partnership. The case manager has to ensure the participation of the client in all the steps of the plan's services evolution, inclusively in establishing the responsibilities. This thing is very important for obtaining the client's anatomy.

Elements¹ of the case management process

The individual case management has to be coordinate on the account of the standardized assistance management of the case for each child, beginning with its taking over and ending with the child's complete integration:

¹ Femish, T. (1992), *the Multi-Professional Handbook of Child Sexual Abuse: Integrated Management Therapy and Legal Intervention*, New York, NY: Routledge, Chapman and Hall, Inc.

- a) The written policies and the standards will be established concerning the taking over and evaluation procedures, the purpose and the purpose and the treatment plan the requirements for the files recording, confidentiality of the relation with the client and the transmission of the information as well as the keeping of the files;
- b) The individual case management, including the rigorous analyze and planning of the case has to be guided by a case management multidisciplinary team that will be formed from persons from inside and outside of the centre;
- c) The permanent personal from each centre has to be trained in the case management and the whole social assistance personal has to know the process of applicability of this kind of management.
- d) In the process of the case management appliance, only the persons that are well forms professionally may authorize the decisions/plans that refer to the medical and psychological assistance and also the legal representation;
- e) The case management team that includes at least a psychologist, a counseling person or a social assistant from outside the centre has to analyze the child's case in no more than 15 days from its taking over and at each 60 days after or even less as long as the child is resident inside the centre. A case management plan has to be structured with the total participation of the child and if there is possible, of his/hers family.
- f) The plan of the case management includes a reintegration plan (see it below). This plan has to be applied with the child's help and if it is possible even with the help of his family, the reintegration plan has to be applied in no more than 60 days from his/her admittance and revised at each 60 days after.
- g) If that is necessary for the child's welfare, there has to be evolved a protection plan in 15 days from his admittance into the centre and revised at each 30 days until there won't be necessary the social protection.
- h) The good faith and the hard efforts will be made to find the parents in 30 days from the child's admittance into the centre and only if there aren't strong rationalities to prove the opposite, to encourage the presence of the family inside the case. Any reason of discouragement or interdiction about the parents' implication has to be discussed both with the parents and the child, registered in the child's file and approved by the team of the case management.

The process of the evolution of the case management

Theoretically, the case management is a step-by-step¹ process that solves the problem which follows a series of counseling sessions, interviews, decisions and

¹ Alexandrescu, Gabriela, Nicolaescu, Daniela, (2003), *Abilities of Children's Interviewing, victims of the human beings traffic*, in the Journal of the Positive Community Practices no. 3-4, The Association for Evolution and Catalactic Socio-Economical Promoting, p. 4-42.

many other processes, assumed and distributed to the team, at different levels of the personal contact. The main characteristics of the problem's solving onset are much known in the practice and theory of the support professions.

Essentially, the paradigm comes from the fields of psychology and sociology, especially from the creativity one, with deep roots in the creative psychology of the problem. It has a "natural" place in the space of the case management of the trafficked persons because it concentrates on change. In its simplified shape, the process has three basic steps:

Step 1: to establish the relationship. The main objective of the process is to establish and maintain a supportive therapeutically relation of caring. The basic purpose is to make the clients (in our case the trafficked persons – the victims, children and adolescents) to open, to recover their self esteem and to prove trust in themselves and in the others.

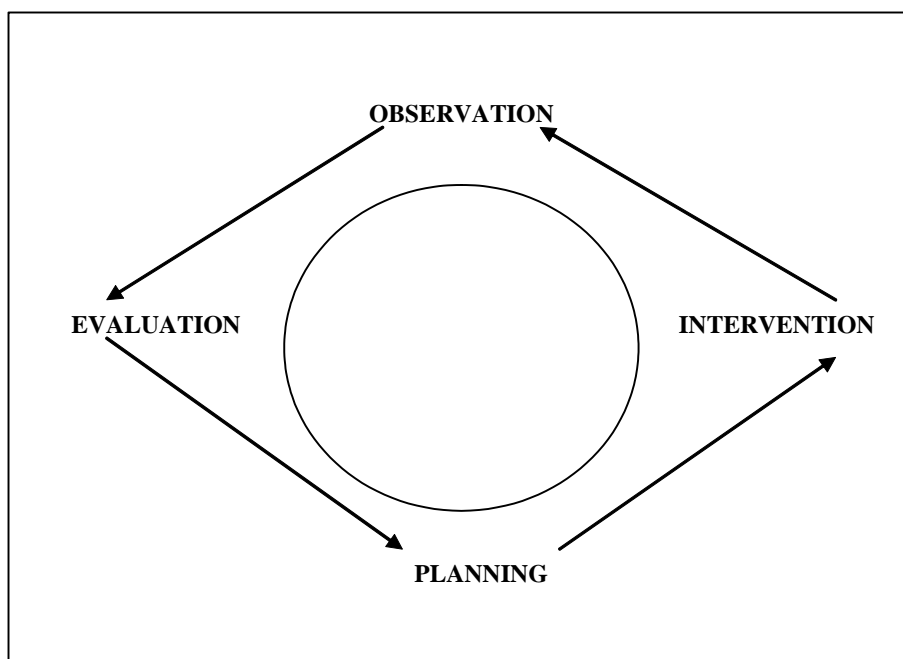
Step 2: to identify and evaluate the problem. In this step there is important the identification and evaluation of the problems of the person from different perspectives, such as from his own perspective, from the perspective of a person that is important for him and of the way that the support person notices and interprets these perspectives.

Step 3: to facilitate the change. The objective of this process implies the strategies' initiation and interventions to facilitate the change that is acceptable, adequate and corresponding from the person's perspective, and as well acceptable (constructive) from the side of some other members that help. Along of this faze the victim and the closest support person (the case manager) will create alternative action plans, will evaluate the possible consequences of the various alternatives and will decide how to act in a certain moment.

Step 4: evaluation and finalisation. The objective of this process implies the evaluation of the results of him actions and interventions in comparison wit the short or long term objectives. The evaluation of the significant objectives for the case manger includes: Does it really help the relation between me and the victim? If it doesn't, then why?

Moreover, the communication and the empathic report as essential parts of the supporting relation, represent two parts of the same point of view representing the human fundamental elements of the case management. These elements have behavioural parts which are very different and we should learn them by heart, practice them and check them at every meeting with the trafficked persons.

The model of the “circular” feed-back in the case management



Trainers Workshop. Budapest, International Organization for Migration.

The monitoring component is present even after the end of the intervention, the children being checked for preventing the “relapse” and for observing the scholar situation. This way, the children’s cases aren’t “closed” after the end of the intervention but only after a monitoring period, a sufficient period to realize that the changes produced in their situation are consistent and for long term. In the same time, the social assistant has to avoid encouraging their addiction to the social services.

The *community* term is used in the text with a double acception: it refers both to the rural community as a whole and to the urban community as a town’s section as local group of individuals. So, both types of communities represent groups of individuals that live in some area, existing between them neighborhood relations that communicate with the institutions existent in the space they live: local authorities, school, church, medical cabinets, police section.

So, by a case management carefully realized, the intervention tem has to offer the best existent services and support to the victims of the human beings traffic as well as to their families, there where it is needed.

The case management offers an operational structure by which the social assistants can determine the needs, wishes and child's abilities, they may plan the most adequate methods of help in recovering and reintegrating the child and may coordinate the interventions using the most efficient methods. By the help of the case management there is offered to the social assistants a continuous image of the child according to the way he or she evolves during the recovering and reintegration process, and they are offered the possibility to adjust or evolve the protection mechanisms, support and child strengthening. The process allows to the children to participate to their own rehabilitation process while there are taken into consideration even their individual responsibilities and capacities. By the discussing of the eventual reintegration of the child during the rehabilitation program, the case management assures not only the immediate psychosocial well estate of the child but also facilitates his reintegration in the society successfully.

The rehabilitation is a complex process that addresses to a multitude of factors, generally not to the present interventions. The effects over the trafficked child from sexual reasons are more extinguished than the "psychological damages" that are to be "repaired" by counseling. The most important ones are those that affect the child's personality: his or her sense of being, in who they can trust, and how they expect the world to answer them. The interventions for the children's help reestablish the suitable identity that passes over the conciliation towards the creation of a "healing environment" where the children find order, coherence, positive answer, friendship and security. While the severe emotional complications may appears, these may be guided only towards a personal well trained and experienced. The majority of the interventions implies anyway well prepared and experienced personal. The majority of the interventions imply the assurance of an environment for the child, to oppose the effects of the traffic situation and to offer types of familiar experiences, play, amusement, personal interaction, the participation and the liberty to respond to a sure world in a way specific to a child.

During the rehabilitation period of the child, the meetings for the case's management that are organized constantly concentrate over the monitoring and evaluation activity of the victim-child's progress depending on the previously established indicators in the rehabilitation program. According to this information The Case Management Team can suggest modifications over the Rehabilitation Program. This process goes on till the case's solving. For example, Krueger (2002)¹ mentioned that the activities of treatment and rehabilitation may be framed in the following activities categories:

- The crisis situations and of immediate intervention;

¹ Krueger, A. (2002), *A new aproach for community – Based Reintegration: the International Rescue Committee's Experience in Ruanda*; papers presented in the Technical Meeting in Nepal.

- The main rehabilitation activities;
- Specific rehabilitation activities for palpable signs and symptoms;
- Activities for supporting the evolution of the child and his family.

After a child ended his rehabilitation process, the obligation of his protection won't end. This is just the beginning of the reintegration process that needs continuous efforts, well coordinated of the team that supervises the case. The reintegration process supposes unconditioned efforts of the doctors, lawyers, social assistance and considerably to the members of a community network such as the professors, the civil protection sections, hospitals and the local clinics, the administrative-political leaders but also of some other interested implied voluntaries. The list also includes the neighbors, relatives and family members of the child.

The reintegration process of the child victim of the human beings traffic into the society supposes the scroll of the following steps¹:

- a) Each reintegration program of the child has to be created with the child's participation and will count on an evaluation of his abilities and orientations under the surveillance of a prepared councilor or of an assistance specialist;
- b) The child and, if it is possible, his family, has to participate to all the decisions concerning the reintegration activities that are on in his behalf;
- c) The reintegration program for each child has to include activities for life organization, occupational evolvement and pre-reintegration orientation.
- d) During the reintegration plan, the case's management team has to realize an evaluation of the community's/familiar situation's objectives and the reintegration plan has to be revised by the management team before the child leaves the association;
- e) The activities of planning the child's life have to be coordinated with the purpose of his assistance for determining the target, wishes and strategies about his future. These have to be integrated in the Personal Reintegration Program.
- f) The professional evolving has to include the career's planning together wit the child's participation and, if there is possible, his family; the training of the child for a job that offers an adequate place of work, assistance in finding an apprentice position if it is appropriate and assistance in the placement of a work place or in opening a personal business;

¹ Fernish, T. (1991-1992), *The Multiprofessional Handbook of Sexual Abuse: Integrated Management Therapy and Legal Intervention*, New York, NY: Routledge, Chapman and Hall, Inc.

- g) Each rehabilitation centre has to offer training only for the jobs that are proper for an adequate work, protected and viable for the child;
- h) The professional orientation has to be accompanied by the basis knowledge in the business management field, the saving and management of the money in the house, as well as the relationship with the bank and other financial institutions.
- i) The protection centers don't have to use the children's work in their own financial purposes and the children don't have to work in the name of the professional orientation just if this is adequate to the future place of work;
- j) The professional orientation doesn't have to interfere with the basic education of the child, relaxation or free time;
- k) If the centre gets profits from selling the products or from the work inside the activities that have as purpose the children's professional orientation, the children have to have access to a part of the incomes, equal with their individual work, to have the control over this part that will be supervised and controlled by the centre;
- l) Before the reintegration, the protection centre has to offer to each child the pre-reintegration orientation, if he goes back to his family or will be undertaken by an adoptive family, or in any alternative life situation;
- m) The pre-reintegration orientation has to include the conscience of some social, economical opportunities and challenges that the child has to confront with, adequate life abilities, contacts with persons and "help" organizations and also explanations about the mechanisms of going/keeping outside the centre;
- n) After the reintegration, the centre has to coordinate the activities of getting/keeping outside of it, or has to delegate these activities to other organizations or individuals according to the Reintegration Program. The supporting actions outside the centre have to take place only with the child's permission;
- o) The activities of maintaining outside the centre have to include: counseling visits to help the psychosocial reintegration, the visits for the occupational support to help to the economical reintegration and for creating a personal business, etc., and the crisis intervention in case of abuse or trauma, etc.
- p) After leaving the centre, each child has to have the transcript/the scholar file, the medical file, the legal documents, savings and all the personal effects/objects.
- q) The protection centers have to do all the necessary efforts to ensure that during the reintegration period are taken into account the dignity, self esteem and the welfare of the child. If these are not existent, each child has to receive clothes, shoes and new appropriate luggage.

The multidisciplinary teams

The collaboration between specialists doesn't represent only a benefit in some of the situations, but it also becomes an ethical necessity. There would be desirable to exist three basic professional fields inside the recovery and reintegration system for the child victim of the human traffic, especially at the level of the protection centers:

- *The medical field:* the team has to be formed imperatively by the future specialists: a psychiatrist (that is specialized on the young peoples' problems), a podiatrist, a coroner medic, an obstetrician, other specialized medical personal in treating and evaluating the abused children, a medical assistant, a psychologist, a councilor or a medical assistant;
- *The social assistance field:* the team is formed of a social assistant that is responsible with the case, a social assistant that is specialized in the communitarian services and other qualified and specialized persons in the work with such cases;
- *The legislative field:* the team is formed of a lawyer, police agents, ex prosecutor, judges and forensic expert.

Besides the previously mentioned professionals there are some other specialized persons that play a very important part in realizing with success the protection and rehabilitation program of the victim-child, such as professors, the community's leaders, the important persons of the civil society that the child is part of, etc. all these persons contribute directly and have direct specific responsibilities beginning with the stage of bringing the child and then his placement in a program, during the whole rehabilitation program, till the moment of the total social reintegration of the victim-child. The members of the intervention team collaborate efficiently with those persons along the schedule by organizing constantly consulting meetings, planning, monitoring and evaluating meetings, evaluations of the social environment and the assistance granted in the period of social reintegration.

In the situations of traffic as concerning the children, of creating the protection, rehabilitation and prevention programs there is needed the organization of some multi-disciplinary teams that are formed of professionals that cooperate for accomplishing a common purpose, meaning to assure the welfare of the child.

As follows, we will present with an explaining title what should be the responsibilities of the key members of the intervention and protection teams for the child's rights¹:

¹ Hallet, C., *Inter-agency Coordination in child protection*, Chichester, England: John Wiley and Sons, Ltd. Karp, C.L., Butler, T.L. (1996). *From Victim to Survivor: Treatment Strategies for Abused Children* (Includes text and activity manual). U.S., U.K. and India: Sage Publications.

The social assistant

- He answers to the emergency calls in the case of the children risk situations;
- Offers consultancy for the social services and the advantages of their use;
- Gathers and verifies the information and the preliminary paves to type a relevant file about the case. This step supposes the research of the cases and reasons of the committed crime, to analyze the relations between the aggressor and the victim-child, as well as to analyze the information about the people that are around the child, including the data about the aggressor;
- Evaluates the situation of the child-victim and his family and in comparison with the child's safety problem determines measures of urgent and immediate intervention such as the temporary exit of the child from the abuse situation;
- He assures the accomplishment of the medical exam and evaluates the impact of the abuse from the psychological and social point of view by the psychiatrists and other specialists; confronts the offered information by the implied specialists in coordinating the case;
- In collaboration with the lawyer prepares the child to fight with the juridical system austerity;
- Together with other persons implied in coordinating the case, organizes activities that ensure the best protection ever for the victim-child during the testimony along the process;
- Offers support for the victim child to alleviate the suffering created by the investigation process;
- Asks the organization of consultative meetings at the level of the multidisciplinary team especially when the aggressor is one of the parents, a close relative or a friend with the purpose of identifying the best approach and strategy;
- He analyses the problems and looks for the best solution to offer adequate social and psychological support to the victim-child in the situation in which the judge considers as being guilty for the abuse one of his family members;
- Begins the process of social reintegration of the victim-child, in the case in which he is not admitted in the program offered by a protection centre.

The psychologist

- Leads the preliminary psychological evaluation of the child and assumes the role of the necessary interventions in the crisis situations;

- Organizes conciliation sessions with other specialists from the same field for a future research of the psychological status, of the intellectual level, emotional and of the social evolution as well as the evaluation of the behavioural models;
- Monitors and documents himself carefully about the existence of some disorders or of some notable psychological or social behaviours and transmits the observations and the opinions further to the professionals and employees of the centre preoccupied by the case;
- Offers consultancy for the accomplishment of the group activities or individual in the family/community, in the moment in which the child is not admitted in a shelter and the evaluations show that the victim needs special activities;
- Advises and supports the victim psychologically if he or she is negatively affected by the procedures of the juridical system;
- Collaborates with other members of the intervention team and accredited professionals to establish the child's situation and of his family.

The supervisor – the person than assures the child's care and evolution

- He supervises the daily schedule and the child's activities, including the feeding way, the sleep schedule, physical education, discipline, if there are followed the health conditions, evolution, security and the relaxation program;
- Controls and assures the child's program scoring to the medical examinations schedule, of the physical controls, of the therapy meetings, and of the meetings with the specialists for the evaluation;
- Organizes recreational activities such as outside travels, museum visits and some other games;
- He offers to the victim-Childs a model to follow, and maintains a familiar, friendly environment inside the rehabilitation centre;
- Takes notes, makes registrations and writes reports about the child's evolution from the physical, psychological and social point of view, about his or hers progress inside the rehabilitation program, about the personality changes etc. for the use of the case management team;
- Organizes special activities to stimulate the positive, intellectual and social evolution of the child;
- He takes part actively to the organized meetings by the coordinating team of the case, in the work seminars and the advisory meetings;

- Monitors the social relations of the victim-child with the other children and adults from inside the protection centre or shelter and sends reports and novelties to the team for the case's coordination;
- If there is necessary, modifies the schedule of the daily activities from inside the centre just to answer correspondingly to the needs and progress of the victim child.

The lawyer

- Answers to the emergency calls in the cases of child's victimization;
- Offers assistance and legislative counseling about the rights, welfare and benefits of the child;
- Gathers information taking into account two purposes: to prepare a strong case against the aggressor and to offer to the social assistant a bigger quantity of information for this to be able to accomplish the preliminary requests the social services;
- He realizes all the legal necessities to assure the security and the safeness of the victim child while he gives the child protection against some future abusive situations;
- He teaches the child how to adapt to the environment and to the juridical system regulations, assists and supports him all along the process;
- He cooperates with the social system, with the doctor and/or the therapist to create the rehabilitation schedule necessary to the child and his family;
- Is careful at the augment's results and writes a report of the case for admittance if there is needed the continuation of a more ample legal action¹.

Essential practices for the child's preparing as witness² in the process:

- To familiarize the victim child with the juridical system's procedures;

¹ Femish, T. (1992), *The Multi-Professional Handbook of Child Sexual Abuse: Integrated Management Therapy and Legal Intervention*, New York, NY: Routledge, Chapman and Hall, Inc.

² Monteleone, J.A. (1998), *Quick Reference: Child Abuse for Health Care Professionals, Social Services and Law Enforcement*, St. Louis, Missouri: G. W. Medical Publishing, Inc.

- To help the victim child to understand the benefits of getting the real data and the telling of the truth about the realities that happened for investigating the case;
- The possibility for the victim child to participate or to have a role during the process of establishing the good side;
- Before the victim child is implied in the legislative procedures, there has to be reduced any constraint over the child, such as his immediate physical and emotional needs;
- Offer psychological consoling and support to the victim child so as he can resist against the impact of the legal procedures;
- Offer support and assistance to the victim child and his family, making them to feel safe and protected.

Each step of this process needs collaboration and coordination between all the governmental agencies and the organizations worried about this problem, as well as governmental and nongovernmental organizations with the purpose to offer all the services of assistance and expertise necessary for supporting the activity in evolution for the victim child. *In a functional program for the child's protection there works a great number of persons as witnesses as they belong to a network that is internationally active. This network is formed of specialists and experts dedicated to this problem, from fields such as medicine, legislation, psychology and police together and qualified voluntaries also. Each member of the network has a well established part inside the program and gives an important contribution for a common cause.*¹

With such a network of specialists, the program for the witness children protection can be offered in different regions of the country with the purpose of acting effectively and efficiently in the name of many victim children of the human beings traffic.

The policeman and the prosecutor are parts of the inter-institutional team and not really of the multidisciplinary team of intervention. These professionals "offer" services that are circumscribed to their professional orientation and which are part of their individualized plan of services and intervention.

In this equation of coordination of the problem of the human beings traffic exists also the major risk that the pluridisciplinary team that was selected carefully and also professionalized to become abusive for the victim. The demand for the victim from all

¹ Hallet, C. (1995), *Inter-agency Coordination in Child Protection*, Chichester, England: John Wiley and Sons, Ltd. Karp, C.L., Butler, T.L. (1996), *From Victim to Survivor: Treatment Strategies for Abused Children*, (Includes text and activity manual), U.S., U. K. and India: Sage Publications.

the team members to tell his history, the reliving of the traumatically experience by verbalization represent traps that have to be avoided categorically. So, the team has to elaborate the plan individualized by the services and the intervention so as the victim to tell just once the traumatic experience to just one person, preferably the psychologist. He has the capacity to coordinate the possible crises generated by the reliving of the trauma.

The victim child of the human beings traffic who registered repeated experiences of neglect, physical/sexual abuse has a big risk of victimization. The most important factor of maintaining the risk of victimization was qualified as being the malfunctions at the level of the perception of the risk situations. The social intervention has to imply also the prevention of victimization by teaching the children to evaluate and estimate correctly different situations of risk. Child victim of the traffic with the purpose of exploiting by work or the sexual exploitation has a bigger risk to be implied in illicit works such as drug traffic and because of these cognitive underestimations of some risk situations. The discussing and analyzing of these situations/contexts of risk and even the practice of a correct expressing of some events and consequences represent intervention objects that lower the risk of involvement for the child in other exploiting situations. The origin of the risk behaviours such as the drugs input and the sexual unprotected behaviours of the children that were victims of the traffic, represent the analysis of the risk perception and of the situations/contexts of risk¹. In the case of a child that was a victim of the human beings traffic, as for example, there has to be taken into consideration the permanent presence of the trafficker inside that community. The risk factors can be identified in the family, school, community but also in the extended family. Even though the family passed through a rehabilitation process, there may still exist some conditions that are not favorable to that coming back of the victim child in the middle of the family being this way exposed to retrafficcking.

In the case of the prevention of the retrafficckation, the family is the most important factor. From this point of view there has to be established an intervention plan to include the encouraging of the proper relations between the child and the family members, to offer the materials necessary to cover the basic necessities, to ensure the counseling concerning the way of being a parent, and to ensure the training of the family's members about some things such as the abilities of solving some problems and the communication abilities. The social assistants play an important

¹ Nicolaescu, Daniela, Rodica, Moise, Ioana, Grigorescu (coord.), (2005), *Specialized manual of training for the involved professionals in the psycho-social counseling of the children victims of the traffic for work and sexual purposes*, Course Support, Mangalia, October 2005, Save the Children, ILO/IPEC Romania.

role in this process, and they may help for the material and non-material assistance demand for the family.

The measures and the prevention mechanisms have to be part of a standard strategy for reducing the risk factors that lead to the trafficking and re-trafficking of the children.

The discussion and analyze of these situations/contexts of risk as well as the practice of the correct estimation of some causes and consequences, represent objectives and prevention measures that lower the risk of the child's implication in other exploiting situations. To prevent the risk behaviours at an individual and family level by applying some quality standards of the social protection will lead to the reduction of the victimization risks of the child.

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