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HEAL Ethics Policy (WP5_D5.2)

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HEAL

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Introduction

The CoE Convention on Action against Trafficking in Human Beings and the EU directive 2011/36/EU against trafficking in human beings acknowledge that human trafficking constitutes a serious violation of human rights and express the need for a human rights-based approach to trafficking. Enacting ethical principles is paramount in order to protect the human rights and wellbeing of survivors. The partnership of the HEAL project has designed and approved the present common Ethics Policy for the implementation of the project, based on the "Ethical principles for the re/integration of trafficked persons"[1], developed by the King Badouin Foundation, the Nexus Institute and GIZ in the context of the Trafficking Victims Re/integration Programme (TVRP). These principles incorporate the Ethical Standards for Counter-Trafficking Research and Programming developed within the United Nations Inter-Agency Project on Human Trafficking, encompassing the WHO Ethical and Safety Recommendations for Interviewing Trafficked Women[2].

The specific **objective** of the HEAL project Ethics Policy is to ensure that all activities and outputs of the project:

- comply with all ethical requirements entailed when working with women victims/ survivors of trafficking for the purpose of sexual exploitation, as a vulnerable group;
- are compatible with EU data protection legislation;
- safeguard child protection, in the cases that minors will be involved in the project activities.

This Ethics Policy document includes a description of the ethical principles to be applied during the implementation of the project, guidelines for the implementation of these principles in the activities of the project, as well as templates of forms to be passed to the participants in the project.

This document complements but does not negate or override the individual codes, minimum standards and guidelines in use in the partner organizations.

The version 1 of this document (November 2019) includes templates of the needs

[1] Surtees, Rebecca (2013). *Ethical principles in the re/integration of trafficked persons. Experiences from the Balkans*. Washington, Nexus Institute.
[2] Zimmerman, Cathy (2003). *WHO ethical and safety recommendations for interviewing trafficked women*. Geneva, World Health Organization.

assessment activity. The document will be revised during the course of the project to include additional guidelines and templates related to the subsequent project activities.

Involving survivors of human trafficking as a target group: the need of a gender-sensitive approach

Human Trafficking is a serious crime that violates the dignity and rights of a person. The forced exploitation imposed on the survivors is usually a long process that has many consequences on their health and psychological well-being. Victims mention fear, disgust, guilt, shame, ambivalent feelings and distrust of a system that was designed to protect them, but that often requires them to collaborate for the identification of traffickers and pretends to obtain coherent testimonies without taking into account such circumstances.[3]

Additionally, trafficking for the purpose of sexual exploitation is a form of gender-based violence, affecting disproportionally women and girls.

All research, support and awareness-raising actions with survivors should take into account not only the vulnerability of this target group, but also the gender-based patterns of human trafficking and gender-based needs, and apply consistently a gender-sensitive approach.

Abusive recruiters do not approach men and women in the same way, false promises are not similar and means of coercion may differ. Quantitative studies have also consistently shown that men and women are not exploited in the same sectors.

Once identified as possible victims, women should be provided with assistance and care that takes into account their particular needs. In particular, survivors of sexual exploitation may prefer to share their experience with women, while men may

[3] *State-of-the-art on the psychological impact of THB for sexual exploitation*. PHIT Psychological Health Impact of Trafficking in Human Beings. Available at: http://www.phit.ub.edu/en/results/

prefer to discuss with other men, but, in order to avoid creating more stress for the victim, the choice of the gender of the officer should be left to her. The specific needs of women should be taken into consideration when offering protection and support measures, in particular in relation to health and shelter services.

Survivors under 18 require specific protection. All international and national standards recognise the particular vulnerabilities of children and the legal obligations of Governments to offer special protection and assistance and ensure legal safeguards to child victims. Involving minors in research and support activities implies that the principles of protection of children's rights as set out in the United Nations Convention on the Rights of the Child should apply. This means that during all steps the best interest of the child is paramount and must be taken in consideration.

One key element is the obligation for Governments to ensure that a legal guardian or equivalent authority is appointed to represent the best interest of the child throughout the identification procedures when the child is unaccompanied.[4]

In order to involve survivors of trafficking for the purpose of sexual exploitation in the HEAL project activities, **it is essential to define the profile of women to be involved in each activity,** in terms of their psychological situation, the stage in the recovery process and the risks to their safety and the safety of the other women and the organisations.

Following the WHO ethical and safety recommendations for interviewing trafficked women, it should be considered that women still in a trafficking situation often:

- feel trapped with no safe way out;
- are residing illegally in the country to which they were trafficked;
- have limited knowledge of their rights and legal options;
- have limited personal freedoms;
- are mobile, transient, moved from city to city, or traded from one establishment to another;
- are likely to have experienced physical, sexual or psychological abuse and threats of abuse against themselves or their family;
- are susceptible to violence, fines and penalties by employers or agents;

[4] Euro TrafGuID (2013). *Guidelines for the first level of identification of victims of trafficking.*

- do not have legal status in the country they are in, have had their papers taken from them and worry about deportation;
- lie about their age, especially if they are minors;
- are trapped in situations of debt bondage or other stringent obligations that involve organized crime, corrupt government officials, or members of the police or military;
- face ethnic, social and gender discrimination
- adopt self-protective reactions or demonstrate symptoms of trauma and stress that are reflected in an impaired sense of time or space, memory loss of certain events, risk behaviours, or underestimation of risk

On the other hand, women who have left the trafficking situation often:

- have some of the same concerns identified with the trafficking situation (see above);
- continue to feel, and may be, watched or under surveillance of traffickers or others connected to the traffickers (many trafficked women are recruited by someone living locally, often someone in their same town or village);
- have outstanding debts or owe money to traffickers (based on traffickers' calculations);
- may remain vulnerable to retribution against themselves and/or their families;
- have only temporary residency status in a destination country and fear imminent deportation;
- feel, and often are, socially stigmatized by their experience and their work, and risk rejection by family and community members if past events are revealed;
- are vulnerable to extreme stress reactions once out of the situation and have relinquished previous psychological survival mechanisms;
- **find that talking about the experience is to relive it;**
- believe that the services (or immigration status) depend on their compliance, and therefore agree to participate in an interview which they would otherwise decline.

For many of these reasons, service agencies assisting trafficked women frequently decline requests (from journalists, researchers and others) to interview women in their care (WHO, 2003).

Many women are in equivocal circumstances in which they may have contradictory and ambivalent feelings.

For example:

- It is not uncommon for women to have an intimate relationship with someone in the trafficking network, or related to the network or to feel loyalty, gratitude or at least dependence on an individual related to her "captive" situation.
- Many women do not perceive themselves as having been "trafficked" (according to the UN or other definitions) and do not want to be treated as victims. They may regard their experience as the consequence of a poor decision for which they are/were obliged to fulfil the terms of their contract. Some women may see it as only a temporary situation during which time they intend to earn enough money to pay off a debt, and support themselves or a family at home.
- Women may not perceive their work setting as abusive or slavery-like, and may not take exception to the work but rather object to the relationships that are exploitative.

These complexities can make it hard to approach women, establish trust, get their cooperation, acquire truthful responses, and to fully comprehend their decisions and reactions.

Adopting appropriate safety and ethical procedures benefits both the respondent and the interviewer. If approached in a sensitive and non-judgemental manner, many women benefit from having the opportunity to tell their story.

Similarly, the greater the extent to which a woman feels she is respected and that her welfare is a priority, the more likely she is to share accurate and intimate details of her experience. The factors affecting the security and well-being of a woman who has been trafficked are also the same factors that affect disclosure.

Ethical principles

The following section lists the ethical principles that should be taken into account by service providers and other professionals involved during the implementation of the HEAL project.

Considering the contributions of Surtees (2013) on how to support trafficked persons into the re/integration processes, we adapted its ethical principles to the project. Partners shall ensure that they adhere to these principles throughout the implementation of the activities of the HEAL project.

1. **'Do no harm'.** The project should not put the survivor in a worse situation, in the short term or longer term.
2. **Informed consent.** Survivors have the right to full and accurate information about re/integration assistance and their consent in accepting this support should be fully informed.
3. **Confidentiality.** Survivors' confidentiality must be strictly guarded in the context of the project.
4. **Anonymity**. Professionals must ensure that all information shared is sufficiently anonymous to prevent survivors from being identified
5. **Privacy.** Survivors have the right to privacy, to be free of unwanted or unsanctioned intrusion at all stages of the re/integration.
6. **Non-discrimination.** Survivors should not be treated unfavourably or face negative or prejudicial attitudes due to their trafficking experience.
7. **Safety and security.** Survivors' safety and security is paramount and must be assessed (and responded to) throughout the re/integration process.
8. **Gender and cultural sensitivity.** Survivors must be treated with sensitivity and respect throughout the re/integration process, taking into account their specific needs as women from an intersectionality perspective.
9. **Empowerment.** Survivors should be equipped with the skills, ability and confidence to recover and lead an autonomous life. Empowerment should be fostered throughout the re/integration process.
10. **Survivor participation.** Survivors should be (voluntarily) involved in their own individual re/integration plan as well as, where appropriate, the design, implementation, monitoring and evaluation of the re/integration services, programmes and policies.
11. **Data protection.** Data collected about survivors in the context of re/integration must be strictly protected in adherence with national and international legal standards.
12. **Child protection and the "best interests of the child".** Re/integration programmes and policies should ensure that trafficked children are protected and their best interests are the primary consideration.

The subsequent sections provide specific guidelines on how to integrate all these ethical principles into the HEAL activities and outputs. To facilitate its comprehension, we classified them into two sections:

The first section encompasses the principles focused on women protection and to ensure the best interest of their dependent children. It includes the following principles: *Informed consent; Confidentiality; Anonymity; Privacy; Safety and security; Data protection and Child protection)*.

The second section refers to the methodology of support and accompaniment to women victims of trafficking. The principles included in this section are: *Do no harm; Non-discrimination; Gender and cultural sensitivity; Empowerment and Survivor participation).*

It is convenient to remind that these ethical principles are interrelated and so needs to be considered in combination to guarantee the well-being of women participants in the HEAL project. For example, "Do no harm" is complementary to guarding the privacy, anonymity and confidentiality of participants since do not keep their personal information could harm them and negatively affect their recovery and integration processes. For that reason, partners should consider all these principles and ensure that all the professionals and stakeholder involved in the project are aware of and integrate them into their daily work.

1st Section

Informed consent

Informed consent refers to the process by which survivors are fully informed about the opportunity to participate in a re/integration programme/ intervention and any other stage/action of the project. This requires having a clear understanding of what participation in the individual stage of the project entails, including potential risks and benefits, and then making an informed and independent decision as to whether to participate or not, without coercion or undue pressure.

Gaining consent is **not a "one-off" activity but rather must be regularly repeated** over time as the re/integration process evolves and different situations and opportunities arise. The process is a long process and the situation (for both the

survivor and the service provider) may change over time. For this reason, consent must be sought throughout the process – in response to each activity.

In the HEAL project, consent should be sought in the following activities: needs analysis, participation in networking activities (local roundtables and European networking day), recruitment, psychological sessions, training sessions, database launch and face-to-face activities.

Some general strategies to get informed consent from the project beneficiaries that the professional/trainer/support service provider should follow are:

- Provide all the information in a written format, considering their language skills, age and maturity, among other factors.
- Give time for women to think about the information provided, process their options and opportunities and ask all the questions and doubts they may have.
- Meet other professionals involved in the project activities (such as trainers or art/therapy experts). It could strengthen their confidence through the staff involved in the project.

The annex to this document includes the consent forms HEAL project partners shall use in the implementation of needs assessment activities with adults and minors.

Confidentiality, anonymity, privacy, security-safety and data protection

As a highly vulnerable group, survivors of human trafficking are subjected to additional protection in terms of confidentiality, anonymity, privacy, safety and data protection.

Confidentiality is a professional value that demands that professionally acquired information be kept private and not shared with third parties unless the survivor provides informed consent or a professional or legal obligation, derived from national legislation, deontological codes or other organisational regulations, exists to share such information without the survivor's informed consent. On its occasion, partners should ensure that beneficiaries clearly understand the limitations that this principle could have if social providers detect evidence of serious risk to

survivors' life or other children involved (if any). Having this information in advance could prevent future feelings of betrayal or mistrust among survivors.

The principle of confidentiality means that information regarding the survivor is not revealed to others from the moment of first contact through the duration of her involvement, without their express and informed consent. Confidentiality must also be maintained in terms of how information and case files are maintained and stored over time. Partners shall follow the national legislation that applies to confidentiality in their countries for handling information such as case files and medical records.

Anonymity is the right to not be identified, including through indirect background information that could inadvertently reveal the survivor's identity, personal experiences and/or opinions. Anonymity may be compromised by many different identifying factors (e.g. age, physical description, home community, specific case details and so on) and, therefore, simply changing a survivor's name may not be sufficient to guarantee anonymity. Anonymity is often key in maintaining trafficking victims' privacy, confidentiality and safety and security. Anonymity must be ensured in any document to be published in the context of the project and in any dissemination action (e.g. while organising and implementing the local fanzines exhibitions within WP4 or administering the HEAL databases within WP3).

Privacy refers to the right to be free of unwanted and unsanctioned intrusion and is considered a basic human right in most countries. In the context of re/integration, service providers should be careful about inadvertently revealing information about the survivor to those within her/his family and/or home community. This could include information as basic as the fact that the survivor has sought or received certain services (e.g. psychological counselling or family mediation) that might identify him/her as trafficked and/or be stigmatising. Partners should ensure this principle in all the activities and actions of the project. Specific considerations should be given to those actions that involved local stakeholders that may not adhere to the same data protection standards as the partners' organizations (e.g.: local employers).

Safety and security. Participants in the project have been and may still be exposed to security risks. This refers to the physical and psychological well-being of survivors in the re/integration process. A survivor's safety and security must, at all times, be of paramount importance and due attention is needed to assessing any possible

risks or issues. Each trafficked women will have different concerns and assessments of her safety/security situation. Staff must take this seriously as well as make their own independent assessment of what constitutes risks to safety and security in each case. A risk assessment questionnaire template will be developed to be used by project partners.

In the activities and outputs of the project HEAL, especially the field needs assessment and networking activities (WP2), the Recovery and Integration Programme for Third-Country National Women Victims of Trafficking (WP3) and the Awareness Raising and Communication (WP4) activities that include the participation of survivors, the following guidelines are proposed:

- Use **initials**, not names. Case files are anonymised and coded with initials so that names and other personal information are not easily accessed.
- Information is **shared only with the consent of the survivor**, in **writing** and in a **language** the survivor can understand. Use simple language and read the document with the survivors to make sure that they fully understand the content of the document. The services of an interpreter may be used in case the participant does not speak the national language or English.
- **Anonymous information exchange.** All personal information is anonymised when cooperating or coordinating with other partners and while the results of the project are disseminated through social media or other channels. It is also desirable to use neutral terms, such as migrant women or women in vulnerable situations, to referring survivors during the dissemination of some actions (e.g. the HEAL databases within WP3).
- **Evaluate the risks in the use of locations and group settings** (focus groups, training groups). Carefully consider if to use a location or to involve different survivors in a group may entail security risks. For example, sometimes survivors may also act as exploiters of others; or in a particular part of a city survivors may be watched and not feel safe. It is also necessary to avoid carrying out some activities in places where external people could pass through or hear the information that survivors shared.
- **Secure files**. All files (including paper and digital files, such as documents and recordings) containing personal information are maintained and secured in line with national data protections laws and human rights principles.

- **Confidentiality commitment** of project team, including researchers, trainers, and assistants (e.g. involved in transcription of audio) through confidentiality form.
- **Limited access**. Access to case files and other confidential information is limited to staff working on the case and on the project. Communication about a case with other professionals does not include personal and identifying information.
- **Protocols and procedures**. Staff should conform to data protection principles and laws.
- **Data protection.** Beyond codes of ethics and practice within respective professional fields, there are also legal requirements in terms of data protection. All personal data processed as part of HEAL are subject to national and European data security regulations and notably the General Data Protection Regulation (Regulation 2016/679)[5] as well as the procedures for electronic data protection and privacy conforming to the Directive 2002/58/EC.

The main principles of GDRP to be taken into account in processing personal data of beneficiaries within the framework of HEAL are:

- Fair and lawful processing: data will be processed lawfully, fairly and in a transparent manner in relation to individuals.
- Purpose limitation: the data will only be collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes.
- Data minimisation: collection and storage of data will be relevant and limited to what is necessary in relation to the purposes for which they are processed.
- Data retention: data will be kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed.

The Annex to this document includes the following templates to be used in the needs assessment phase:

- Revised attendance list

[5] https://ec.europa.eu/info/law/law-topic/data-protection_en

- Confidentiality form for project team (researcher, person in charge of doing the transcription…)

Both documents will be sent to the coordinator of the project as evidence of the field needs assessment, in the agreed deadline (17 January 2020).

During the implementation stage of the project (WP3), the Annex also includes the following templates to be used by partners:

- Consent form for the public exhibition of fanzines.

Each partner will collect and sent it to the coordinator of the project before local exhibitions take place.

CESIE, as coordinator of the project, shall oversee the implementation of this Ethics Policy, with the cooperation of SURT, leader of the evaluation activities of the project.

Child Protection Policy

If it is true that the HEAL project does not specifically involve girls as their target group, in some cases the participating women may include non-identified minors as they are a vulnerable group often susceptible to the risk of THB. In these cases, measures will be taken to provide the assistance and support necessary, as well as to ensure data protection, in compliance with the provisions stipulated in national and international laws for child protection.

In the event that women under 18 are involved in the activities of the project, the ethical principles discussed earlier must be considered in conjunction with additional safeguards and other relevant specific procedures (e.g. for unaccompanied children, persons in need of an appointed guardian or legal representative).

In cases where mothers participate with their dependent children in some project activities, partners should take specific measures to ensure that their participation has positives impacts on them. For example: having an extra professional who can take care of the children, having materials for their entertainment (pencils, colours, papers, etc.), and similar actions.

In order to protect children in all the project activities and to guarantee their respect and physical and emotional well-being, partner organizations shall abide

to their own respective policies. In case they do not have one, they will abide to CESIE's Child Protection Policy.

Partners shall also abide to national and EU legislation and international standards, and in particular the Charter of Fundamental Rights of the European Union (art.24 Rights of the child), with reference to rules and procedures for exercising a duty of care to children with whom the project staff works, is in contact with, or who are affected by the organization's work and operations.

2nd Section

Do no harm

"Do no harm" refers to the requirement that HEAL intervention (supporting women VoT in their recovery and integration processes) must not put survivors in a worse situation, in the short or longer-term, than they would have been if they had not been involved in the project. It means that partners, and all professionals involved through the actions and activities of the HEAL project, should anticipate ways that their work might result in security, emotional or social risk to the survivors and safeguard against these negative impacts. Some examples of general strategies to avoid harm are:

- Provide appropriate attention and support, considering the specific needs and demands of women VoT involved in the HEAL project. For example, by designing HEAL Recovery and Integration Programme (WP3) taking into account the results of the needs assessment of WP2.
- Give clear information about the opportunities and limitations of the HEAL project to all the beneficiaries involved. For example, by highlighting that the duration of the project is limited, and some services could not be guarantying after the end of the project (e.g. fanzines of WP3).
- Involve trained professional staff with the skills and tools to properly understand how trauma and other consequences of trafficking could affect the recovery and integration processes of women VoT.

Non-discrimination

Non-discriminations refer to the need to ensure that participants are not treated unfavorably or face negative or prejudicial attitudes due to their trafficking

experience and/or other characteristics and experiences (e.g. sex or gender, ethnicity, age, nationality, cultural differences, among others). Partners should pay attention to how discrimination may have been a factor in a survivor's exploitation and/or may have a negative impact on options for recovery and re/integration.

During the implementation of the HEAL project, partners should identify and try to address any negative discrimination that survivors may experience on the basis of characteristics such as ability, age, culture, gender or sex, socio-economic status, ideology, religion or spiritual beliefs, skin colour, racial or other physical characteristics, among others. They should recognise cultural and ethnic diversity in all the HEAL project, taking account of individual, family, group and community differences. Partners should also raise awareness among relevant stakeholders and the general public to work towards an inclusive society.

Gender and cultural sensitivity

All professionals in the project should make sure that intervention does not re-victimise survivors and is adapted to their specific needs.

Good intentions are not enough. Involving trained specialised professionals supporting survivors is key to ensure that there will be no harm done and that the project will be carried out in a sensitive manner.

The coordination with the professionals supporting survivors in their empowerment paths is essential to identify risks and provide solutions at every stage of the process.

Treating beneficiaries with **sensitivity** involves recognition that trafficking (as well as pre and post-trafficking experiences) have been painful, even traumatic. It requires approaching the re/integration process in ways that recognise and respect these experiences and reactions.

At a very basic level, this involves approaching beneficiaries in a sensitive manner – in terms of manner of speech, words, body language, professional approach and so on. Part of this process is also being sensitive to the wide range of diversity they may encounter in working on re/integration – such as gender issues, socioeconomic barriers, educational differences, cultural and linguistic issues – as well as the unique sensitivities when working with survivors. During re/integration work, survivors may, at different stages and in response to different issues and

situations, become distressed, stressed, angry, anxious, sad, depressed and/ or hopeless. This requires developing strategies to prevent such reactions – e.g. in the way beneficiaries are treated, words used, questions asked, etc. – as well as to manage them when they arise.

Some general strategies to promote sensitive treatment are:

- Ensure that all professionals involved in the project are specifically trained in their field of expertise and in terms of working appropriately and sensitively with trafficked migrant women.
- Monitor and supervise all staff involved in the project, ensuring that they integrate the HEAL ethics policy in their daily work.
- Support survivors on detecting and identifying any insensitive treatment, and provide them with specific mechanisms for reporting it.

For the needs assessment activity in WP2, it is important to ensure that gender-sensitive approach in the fieldwork with survivors is followed. According to the HEAL project Grant Agreement, the field needs assessment with women victims/ survivors of human trafficking is carried out through a focus group activity. Due to the vulnerability of the target group, as well as for confidentiality and security issues, it is recommended that partners carefully consider the profile, risks, preferences and needs of participants in the focus group. If the group format is considered not appropriate, partners may consider obtaining the information through individual interviews. Asking survivors about their experience may have psychological impact that should be handled in a private atmosphere. Sharing those experiences in a group may not be possible, both in terms of the potential psychological impact as well as for the risks to personal safety.

Basic guidelines for Focus groups or interviews (as relevant):

- Prepare the interview with the case manager, in order to assess risks, **make sure that the woman is prepared** and adjust the questions to her specific situation.
- Find a safe and comfortable space for interviews.
- Active listening.
- Let women space and time to think and pause. If needed, remind her that she does not have to answer a question if she does not feel comfortable.

- Build trust and confidentiality, for example, by inviting professionals from specialized NGOs to be there during interviews or training, upon the agreement of the participant.
- Provide clear information, in accessible language and in a language that survivors can understand.
- Offer resources and, in case of identification of risk, refer to specialist professionals.

Empowerment

Empowerment is the process by which survivors are equipped with the skills, ability and confidence to draw on their own resources in the recovery process and to lead an autonomous life. Empowerment is critical in the support process because among the many consequences of trafficking is a loss of self-confidence, trust and control. Regaining one's confidence in one's own abilities, capacity and strengths underpins re/integration success.

Empowerment must be fostered from the beginning of re/integration work, through victim participation in decision-making about assistance and individual re/integration plan. Focus on empowerment must continue throughout the re/integration process as survivors may face situations and challenges that undermine their sense of autonomy and confidence.

Working on empowerment is an on-going process. Professionals should respect and build on people's beliefs, values, culture, goals, needs, preferences, relationships and affiliations, and use empowering language in the process (e.g. "survivor" instead of "victim"). Paternalistic attitudes and behaviours toward survivors serve to undermine their empowerment.

Some practical examples on how to promote survivors' empowerment towards the HEAL project are:

- Actively involve women in their individual plans of recovery and integration. It means that participants' views and needs are taken seriously and considered on the design and implementation of the HEAL project.
- Raise awareness among women on their general and specific rights as migrant women victims of trafficking and provide them with information

about assistance options in the different spheres of their processes (e.g. labour, educational, social, familiar, mental health).

- Support women in their access to rights and services, avoiding paternalistic attitudes. For example, in the employability training (WP3) and aiming to promote survivor's labour insertion, trainers should provide them with the necessary information on how the labour market works and support them in practical actions such as elaborate their CV but do not elaborate it by them. Partners should promote the use of proactively teaching methodologies and gradually help survivors to take on responsibilities.
- Identify, develop and increase survivors' life skills. It could help women to build their confidence in their capacity and supporting their autonomy. This may include promoting a range of different skills in terms of personal care, family relations, parenting, house hunting and household management, social and communication skills, and so on.

Survivors participation

Survivors participation means that participants should be (voluntarily) involved not only in their individual re/integration but, where appropriate, also in the design, implementation, monitoring and evaluation of the project.

Survivors participation plays a fundamental role in ensuring that the HEAL activities and actions created and implemented considered their self-expressed needs and opinions. To promote this principle, partners should report to survivors how their needs and opinions are incorporated into the Heal project actions and outcomes.

To avoid re-victimization or negative effects for the participants, partners should keep in mind how discomfort, trauma, feelings of intrusiveness or overwhelming, among others, could affect women willingness to participation. Partners should also assess which tools are most desirable to use in each context and with each beneficiary considering their advantages and disadvantages (e.g. use focus groups or personal interviews).

The principle of "survivor participation" needs to be balanced with concerns about whether such participation will compromise other principles such as “do no harm” (e.g. when such participation could be traumatising), privacy, safety and security, among others.

Partners should also identify the main participation barriers for survivors and find ways to address them (e.g. language barriers, family/work responsibilities, misunderstanding on what participation means or which are its benefices, among others).

Annexes: Templates

Consent form for women victims/ survivors, professionals, employers

Consent Form for participating in focus groups/interviews/ workshops

I, _____

(name, surname or initials), hereby declare that:

- I consent to participate in the focus group/ interview/ workshop, organized by *Name of Organisation*, in the context of the European project "Enhancing Recovery and Integration through networking, Employment Training and Psychological Support for Women Victims of Trafficking - HEAL", no. 863631, which aims to facilitate the integration of third-country national women victims of trafficking for sexual exploitation through a healing process comprising of psychological recovery and employment-related skills acquisition.
- I have been informed about the project and I have understood what the project is about and what it aims to achieve.
- I have been informed that the discussion will be recorded and that the recording will be solely for internal use by the researchers for the recording and analysis of the data.
- I may choose not to answer anyone or more of the questions that I will be asked.
- My name will not be published or communicated to anyone outside of the research team.
- The information I will provide will only be used for this study and for the exploitation of its results.
- Confidentiality is an important aspect of the research team. Each participant should respect the personal data of the other team members. I fully understand that any information provided by me or the other members of the group should be kept confidential.
- My participation is voluntary and I am free to withdraw at any time, without giving any reason.
- I have received the invitation with the information, I have read it and I understand clearly the process that I will follow.

Place and date: _____

Participant's signature
Researcher's signature

Consent form for legal guardians

Consent Form for participating in focus groups/interviews/ workshops

I, _____

hereby (name, surname or initials), declare that:

- I give consent to the participation in the focus group/interview of _____ (INITIALS), organized by *Name of Organisation*, in the context of the European project "Enhancing Recovery and Integration through networking, Employment Training and Psychological Support for Women Victims of Trafficking - HEAL", no. 863631, which aims to facilitate the integration of third-country national women victims of trafficking for sexual exploitation through a healing process comprising of psychological recovery and employment-related skills acquisition.
- I have been informed about the project and I have understood what the project is about and what it aims to achieve.
- I have been informed that the discussion will be recorded and that the recording will be solely for internal use by the researchers for the recording and analysis of the data.
- I may choose not to answer anyone or more of the questions that I will be asked.
- The name of the minor will not be published or communicated to anyone outside of the research team.
- The information the minor will provide will only be used for this study and for the exploitation of its results.
- Confidentiality is an important aspect of the research team. Each participant should respect the personal data of the other team members. I fully understand that any information provided by me or the other members of the group should be kept confidential.
- The participation of the minor is voluntary and she is free to withdraw at any time, without giving any reason.
- I have received the invitation with the information, I have read it and I understand clearly the process that the minor will follow.

Place and date: _____

Guardian's signature
Researcher's signature

Attendance list

"Enhancing Recovery and Integration through networking, Employment Training and Psychological Support for Women Victims of Trafficking - HEAL"

Activity type (e.g. focus group/ workshop)

Date

Place

	Name and surname (to guarantee anonymity, if you wish you can replace your first and last name with the two initials)	**Email** (optional)	**I agree to receive news *from Name of Organisation****	**Signature** (to guarantee anonymity, if you wish you can replace your signature with the two initials)
1			YES / NO	
2			YES / NO	
3			YES / NO	
4			YES / NO	
5			YES / NO	
6			YES / NO	
7			YES / NO	
8			YES / NO	

Co-funded by the
AMIF Programme
of the European Union

Confidentiality form project team (researchers, assistants with transcription of audio…)

Confidentiality Form for project team

I,

_____
hereby declare that:

Confidentiality is an important aspect of the research team. Each professional that is engaged in the European project "Enhancing Recovery and Integration through networking, Employment Training and Psychological Support for Women Victims of Trafficking - HEAL", no. 863631 should respect the personal data of all participants engaged throughout the project. I fully understand that I must not communicate any personal data/information of the participants that may lead to their identification with anyone outside the research team.

Place and date: _____

Signature

Consent Form for public exhibitions of fanzines both locally and online

I, _____
hereby (name, surname or initials), declare that:

- I give consent to exhibit my fanzine together with the description in the **local exhibition** organized by *Name of Organisation* and in the **public gallery of the European HEAL project webpage.**
- I have been informed about what the local exhibitions of fanzines are and which aims have.
- I have been informed that the fanzine and its description (that I have previously read and agreed on its publication) will be anonymized, ensuring my privacy and data protection.
- My name will not be published or communicated to anyone outside of the project team.
- Confidentiality is an important aspect of the project team. Each participant should respect the personal data of the other participants of the psychological support sessions.
- My participation is voluntary, and I am free to withdraw at any time, without giving any reason.
- I have received the invitation with the information, I have read it, and I understand clearly the process that the public fanzines exhibition will follow.

Place and date: _____

Participant's signature
Coordinator's signature

HEAL

WWW.HEALPROJECT.EU

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