Survivor-Driven Approaches to Post-Trafficking Services in West Africa

A Regional Needs Assessment Based on Survivor Perspectives

CenHTRO

UNIVERSITY OF GEORGIA
School of Social Work

AFRICAN SURVIVOR COALITION
Against Human Trafficking

FOOTPRINT TO FREEDOM
"Freedom through Empowerment"

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A Regional Needs Assessment Based on Survivor Perspectives

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ACRONYMS AND ABBREVIATIONS

ASC	African Survivor Coalition
ATIP	Anti-Trafficking in Persons Task Force Secretariat (Sierra Leone)
CenHTRO	Center on Human Trafficking Research & Outreach
CNLTP	Cellule nationale de lutte contre la traite des personnes (Senegal)
CNLTPPA	Comité National de Lutte contre la Traite des Personnes et des Pratiques Assimilées
ECOWAS	Economic Community of West African States
NAPTIP	National Agency for the Prohibition of Trafficking in Persons (Nigeria)
NGO	Non-Governmental Organization
TIC	Trauma-Informed Care
TIP	Trafficking in Persons
UGA	University of Georgia
USDOS	United States Department of State

ACKNOWLEDGMENTS

Additionally, utmost thanks, appreciation and recognition go out to the survivor participants of this study. Without your meaningful contributions, willingness to share your experiences and insights, and openness to partnering with us in the vision for this project, these outputs would not be possible. Thank you for letting us learn from and be led by your feedback. Those who wished to be named include: Chylian Ify Azuh; Abdoul; Herve D'Nri; Erica Rosamond Johnson; Afasi Komla; Awah Francisca Mbuli; Youth Rise International (YORI); Itohan Okundaye; Missy Resilience ; Hassan ; Mercy Obade

RESPONSIBILITIES ON THE PROJECT

CenHTRO

CenHTRO provided coordination of all project activities, including organizing meetings, providing technical support for the analysis of the data collected from the surveys and focus groups, and co-authoring the report of these findings. CenHTRO was also responsible for ensuring that high ethical standards were upheld with respect to engaging with survivors. Additionally, CenHTRO produced policy recommendations and advocacy tools based on the assessment findings and with the inputs and review of ASC.

ASC

ASC leveraged its network of connections to survivors with lived experience across the West Africa region to conduct surveys and focus groups to gain insight from survivors on the status of trauma-informed practice and gaps in the services and care they received. ASC engaged in the process of analyzing the feedback provided through the surveys and focus groups, with the technical support of CenHTRO, to identify key values and themes provided by study participants. ASC produced two comprehensive reports, one on survey data and one on focus group data, which can be found in this annex. The findings of these reports are used as the foundation of this policy analysis, and this report presents these findings.

National Task Force Leads

The national anti-trafficking task forces of four West African States engaged in this project by determining project direction and objectives and providing consultation and recommendations for review of project outputs. This included the representation of Guinea's Comité National de Lutte contre la Traite des Personnes et des Pratiques Assimilées (National Committee for Anti-trafficking and Similar Practices) by Mr. Aboubacar Sidiki Camara, Sierra Leone's Human Trafficking Secretariat by Mr. Dehunge Shiaka, Senegal's Cellule Nationale de Lutte Contre la Traite des Personnes (National Unit for the Fight Against Human Trafficking) by Mrs. Awa Ndour, and Nigeria's National Agency for the Prohibition of Trafficking in Persons (NAPTIP) by Mr. Rasheed Olatunji.

KEY TERMS

Trafficking in Persons

"the act of recruiting, harboring, transporting, providing, or obtaining a person for compelled labor or commercial sex acts through the use of force, fraud, or coercion. Under the TVPA[1] and consistent with the UN (United Nations) Protocol to Prevent, Suppress and Punish Trafficking in Persons (Palermo Protocol), individuals may be trafficking victims regardless of whether they once consented, participated in a crime as a direct result of being trafficked, were transported into the exploitative situation, or were simply born into a state of servitude. Despite a term that seems to connote movement, at the heart of the phenomenon of trafficking in persons are the many forms of enslavement, not the activities involved in international transportation." (DoS Award Stipulations, pp 8–9).

Survivor of Human Trafficking[2]

An individual who previously experienced trafficking in persons, as defined by this document, but is not currently a trafficking victim.

Victim of Human Trafficking

An individual who is currently experiencing trafficking in persons, as defined by this document. It can also refer to someone who continues to manifest the effects of trafficking.

At-Risk of Trafficking[3]

Possessing personal/demographic characteristics that have been identified as placing one at risk for trafficking and/ or living in a community with characteristics identified as increasing residents' trafficking risk

Sex Trafficking

"the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act" (TVPA, section 103 (8), amended as 22 U.S.C. 7102).

Forced Labor[4]

"labor obtained by any of the following methods: recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery" (DoS Terms and Definitions, pg. 21). Note, the "force, fraud, or coercion" requirement does not have to be met for persons under the age of 18 in order for the activity to be defined as trafficking.

Child Trafficking[5]

"the recruitment, transportation, transfer, harboring or receipt of a child for the purpose of exploitation shall be considered 'trafficking in persons' even if this does not involve any of the means set forth in subparagraph (a) of this article [means set forth in Article 1, subparagraph (a) of the Palermo Protocol: "the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation."]. Thus, the recruitment, transportation, transfer, harboring, or receipt of a person under the age of 18 for any form of exploitative labor or commercial sex act is considered child trafficking.

Debt Bondage[6]

"the status or condition of a debtor arising from a pledge by the debtor of his or her personal services or of those of a person under his or her control as a security for debt, if the value of those services as reasonably assessed is not applied toward the liquidation of the debt or the length and nature of those services are not respectively limited and defined" (TVPA, section 103, amended as 22 U.S.C. 7102).

Involuntary Servitude

"includes a condition of servitude induced by means of— (A) any scheme, plan, or pattern intended to cause a person to believe that, if the person did not enter into or continue in such condition, that person or another person would suffer serious harm or physical restraint; or (B) the abuse or threatened abuse of the legal process" (TVPA, section 103, amended as 22 U.S.C. 7102).

4P Framework[7]

Emphasized through both the United States Department of State and the United Nations, there are four major components of comprehensive anti-trafficking work, each starting with "P": Prevention, Protection, Prosecution, and Partnership."

Trauma[8]

Trauma is the result of an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. (SAMHSA)

Trauma-Informed Care

An approach to care interventions that is grounded in an informed understanding of what trauma is and how it may uniquely present itself in the social, neurological, biological, and psychological development of individuals. Trauma-Informed Care intentionally avoids circumstances that would result in re-traumatization. (UK Gov)

Survivor-Centered Engagement[9]

A program, policy, intervention, or product that is designed, implemented, and evaluated with intentional leadership, expertise, and input from a diverse community of survivors to ensure the program, policy, intervention, or product accurately represents their needs, interests and perceptions (US Advisory Council on Human Trafficking)

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[1]*Victims of Trafficking and Violence Protection Act of 2000, Pub. L. No. 106–386, 114 Stat. 1464 (2000), codified as amended at 22 U.S.C. §§ 7101–7114.*
[2]*U.S. Department of State, Monitoring, Evaluation, and Learning Award Stipulations for the Office to Monitor and Combat Trafficking in Persons (J/TIP), pp. 8–9 (2022).*
[3]*U.S. Department of State, J/TIP Monitoring, Evaluation, and Learning Award Stipulations, pp. 8–9 (2022)*
[4]*U.S. Department of State, Monitoring, Evaluation, and Learning Award Terms and Definitions, p. 21 (2022).*
[5]*Palermo Protocol*
[6]*Victims of Trafficking and Violence Protection Act of 2000, § 103 (8), as amended, codified at 22 U.S.C. § 7102(8)*
[7]*Victims of Trafficking and Violence Protection Act of 2000, Pub. L. No. 106–386, 114 Stat. 1464 (2000), codified as amended at 22 U.S.C. §§ 7101–7114*
[8]*SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884, Rockville, MD: SAMHSA, 2014.*
[9]*U.S. Department of Health and Human Services, OTIP. Guiding Principles for Working with Survivors of Human Trafficking*

EXECUTIVE SUMMARY

This report presents the findings of a regional survivor-led assessment aimed at evaluating trauma-informed protective services for victims of human trafficking in West Africa. The study was conducted through a partnership between the Center on Human Trafficking Research & Outreach (CenHTRO) and the African Survivor Coalition (ASC), with contributions from national anti-trafficking taskforces across four countries and input from survivor advocates.

The assessment draws on data collected through surveys and focus group discussions (FGDs) involving 30 survivors from nine West African countries, as well as Cameroon. It examines survivor experiences, values, and recommendations in relation to protective services. It explores the inclusion or gaps of trauma-informed care (TIC) principles in current systems.

Key findings highlight critical issues with access, quality, and consistency of services. Survivors reported significant gaps in safety, communication, empowerment, and long-term support. However, they also shared clear and consistent values that can guide improvements.

This report organizes survivor feedback around the six core principles of trauma-informed care as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) including: 1) Safety 2) Trustworthiness and Transparency; 3) Peer Support; 4) Collaboration and Mutuality, 5) Empowerment, Voice, and Choice, and 6) Cultural, Historical, and Gender Responsiveness.

Each principle is explored through survivor testimony and interpreted in relation to frontline service delivery. The report outlines actionable recommendations for service providers, national governments, and regional actors to embed these principles into systems that can protect survivors.

The report concludes with a call to action for West African states to align national systems with trauma-informed practices and ensure that survivor voice and leadership are central to all anti-trafficking interventions.

PROJECT OVERVIEW

The scope of this project was determined through the culmination of various inputs, including: (1) findings from CenHTRO's research and programming in the West Africa region; (2) objectives outlined in the most recent agreement on regional priorities, the ECOWAS Freetown Roadmap; (3) responses to an assessment questionnaire completed by 10 West African states; and (4) conclusions from the cohort launch and strategizing meeting in Abuja, Nigeria in March of 2024.

To effectively respond to the needs identified through the processes above, and as part of the overall strategy, CenHTRO established the West Africa Regional Cohort to harmonize trauma-informed practices as a strategic mechanism to ensure contextual relevance and sustainability. The cohort is composed of anti-trafficking task force leads from four West African countries, namely Guinea, Sierra Leone, Senegal, and Nigeria. These national actors provide critical insights into domestic and regional anti-trafficking responses, particularly around integrating trauma-informed care within protective services.

Project Objectives

The primary objectives of this initiative are threefold:

1. To prioritize and center the expertise and values of survivors with lived experience in service provision frameworks, as well as in national and regional policy discussions.

2. To improve practices and harmonize efforts for trauma-informed protective care of victims across the region.

3. To enhance cross-border collaboration and communication frameworks.

Project Outputs

This report, titled "Values of Human Trafficking Survivors on Trauma-Informed Protective Services Across West Africa," is one of two primary outputs of the project. Each output serves a distinct purpose and audience:

1. Values of Human Trafficking Survivors on Trauma-Informed Protective Services Across West Africa

This report presents findings from a values-based assessment of survivors' experiences with trauma-informed care and protective services in the region. Target Audience: Protective service providers, including social workers, law enforcement, and national-level protective service entities.

2. Survivor-Led Value-Critical Policy Advocacy on Trauma-Informed Protective Services Across West Africa

This output focuses on translating survivor-identified values into actionable policy recommendations through survivor-led advocacy and stakeholder engagement. Target Audience: National and regional policymakers, government stakeholders, and researchers.

METHODOLOGY

Description

This assessment was carried out through a survivor-led, trauma-informed, and participatory research process designed to center the voices and values of survivors of human trafficking across West Africa. The methodology combined qualitative and quantitative methods and prioritized ethical engagement throughout all stages of data collection and analysis.

Study Design and Objectives

The purpose of the study was to assess the extent to which protective services in West Africa reflect trauma-informed care (TIC) principles, and to elevate survivor-defined values to inform service provision and policy development. The study was part of a broader initiative coordinated by CenHTRO in collaboration with the African Survivor Coalition (ASC), with support from national anti-trafficking task forces and survivor networks.

Data Collection Methods

Data was collected using a mixed method approach. It included:

– A structured survey questionnaire, co-developed by ASC and CenHTRO, aimed at collecting survivor perspectives on protective services received after their trafficking experiences.

– Focus Group Discussions (FGDs), conducted virtually across ASC's survivor networks, aimed at gathering in-depth feedback and contextual reflections on trauma-informed care experiences.

Sample and Participants

The study engaged 21 survivors of human trafficking from nine West African countries and one central African country (Cameroon). The survivors were part of ASC's network of survivor-led organizations. Participants were selected to reflect diverse trafficking experiences, including both labor and sexual ex-

ploitation, and represented a mix of genders, ages, and countries of origin.

Participation was voluntary, and survivors provided informed consent before engaging in any data collection activities. No financial incentives were offered beyond transport or participation allowances consistent with ethical research practice.

Limitations and Ethical Considerations

Sample Size
The analysis is based on a small sample of 21 survivors from both the focus group discussion and the survey that participated in the research, which limits statistical generalizability but offers deep insight into lived experiences.

Potential Biases
There may be underrepresentation of male, LGBTQ+, or disabled survivors. Additionally, although survivor experiences are each unique through each step of victimization and recovery, all of the participants in this study now find themselves connected to the ASC network, which may or may not reflect factors associated with the care and recovery they were able to receive.

Ethical Considerations
The study was designed and implemented in alignment with global ethical standards for working with vulnerable populations. Participation was entirely voluntary and anonymous, with informed consent embedded in the survey design and the option for survivors to remain anonymous or use Pseudonyms, if preferred. Trauma-informed engagement principles guided all interactions and data analysis, ensuring respectful handling of survivor narratives. The confidentiality and anonymity of responses were strictly upheld, and psychosocial support was made available where needed. Survivors retained the right to withdraw at any time. All engagements with survivors were led or facilitated by ASC staff trained in survivor-centered approaches and supported by CenHTRO's technical team.

Due to the small sample size, informal assessment format with the African Survivor Coalition network members, and lack of intention for this study to be broadly generalizable, International Review Board approval was not sought for this project.

Data Analysis
Survey and FGD data were reviewed and thematically analyzed by ASC's research team, with support from CenHTRO. Responses were coded to identify key values, recurring patterns, and regional trends. Survivor quotes and themes were categorized under the six core principles of trauma-informed care (SAMHSA framework). The Values Table used in this report was developed based on this thematic analysis.

This collaborative analysis process was iterative and included validation checks by survivor leaders to ensure that findings were accurately represented and respectful of participant experiences.

LITERATURE REVIEW & CONTEXTUAL FRAMEWORK

Trafficking in persons and Trauma-Informed Care

Both the phenomena of trafficking in persons and the practice of trauma-informed care are relatively new fields of scientific study and social emphasis. Trafficking in persons was not defined as an independent and distinctive issue until the year 2000, with the establishment of the United Nations' Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children (Palermo Protocol), as part of the broader UN Convention on Transnational Organized Crime. In a similar way, the practice of integrating trauma awareness into service provision was not

directly introduced as an idea until the United States' Substance Abuse and Mental Health Services Administration (SAMHSA) began to incorporate the need for trauma to be understood in mental health and substance abuse treatment facilities through updated policies in 1994. By the early 2000s, this concept of adjusting care in response to trauma-awareness began to spread across various fields (schools, healthcare, child welfare, and criminal justice) and across the globe. However, it was not until 2014 that SAMHSA coined the term "Trauma-Informed Approach" and established a direct framework for what that entailed in the context of their work. As part of this, six widely recognized principles emerged as core-tenants of trauma-informed care and are used within this analysis.

The Landscape of Anti-Trafficking in Persons Movement Building, Research, and Practice.

As outlined in the Palermo Protocol, trafficking in persons can be defined as, "the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation" (OHCHR, 2000). The enactment of the Palermo Protocol and the adoption of it by UN member states, largely marks the beginning of global efforts to address and combat the scourge. 2025 marks 25 years since the Palermo Protocol's establishment, and in the 2.5 decades that have followed, great strides have been made in research, practice, and policy. The global movement to address the phenomena has gained significant momentum and has garnered significant backing from nation states and civil societies across the globe (Zhang, 2022).

Human Trafficking Research

In research, the issue of human trafficking has successfully moved beyond the stage of needing to justify whether it is a problem worthy of specific scientific inquiry and tailored policy responses (Zhang, 2022). Zhang describes the current status of human trafficking research as having moved from infancy into adolescence (Zhang, 2022). It is now well understood that the magnitude and complexity of the issue require specific scientific attention and there is much work to be done to continue to establish consistency in how the issue is defined, understand appropriate sampling frames, improve prevalence methodologies, and build upon evidence-based best practice for caring for those who are victims and survivors of the scourge (Barrick & Pfeffer, 2021; Tyldum & Brunovskis, 2005). However, because these areas are currently underdeveloped, despite knowing that the issue of trafficking in persons is significant and worthy of serious attention, there are vast inconsistencies in data and estimates of prevalence.

Understanding the intersection of good data and best practice is critical to adequately address trafficking in persons. Data is needed to inform all relevant actors, including but not limited to service providers, healthcare providers, law enforcement personnel, courtroom actors, and policy makers, on how to respond to human trafficking within their area of responsibility and expertise (Barrick & Pfeffer, 2021). Victims of trafficking depend on interventions and action from these entities to be well-informed and able to provide targeted responses in prevention, protection, and prosecution efforts (Barrick & Pfeffer, 2021).

Impact of Human Trafficking on Victims

Survivors of human trafficking exist in all parts of the world and represent all genders, ages, races, ethnicities, countries, regions and religions (Steiner et al., 2018). The impact on individuals who have been victimized can be detrimental in a multitude of ways. Human trafficking leaves victims with a significant and often long-lasting toll on their psychological, physical, and psychosocial wellbeing (Chambers et al., 2024; Goldberg et al., 2017; Lederer & Wetzel, 2014). In addition to physical

health concerns, victims of trafficking experience increased rates of mental health challenges and diagnoses, including depression, PTSD, suicide, and physical harm from violence which require coordinated care and attention throughout their post-trafficking experiences (Barrick & Pfeffer, 2021; Hopper & Gonzalez, 2018; Okech et al., 2018).

With this, human trafficking is now widely understood to be both a global public health concern (Miller & Lyman, 2017) and social justice concern (Schroeder et al., 2023; Okech et al., 2017). The public health lens provides emphasis on prevention measures and interventions that address physical and mental well-being (Schroeder et al., 2023; Greenbaum, 2020; Zimmerman & Kiss, 2017).

Trauma-Informed Care and Application in Post-Trafficking Services

The effects of trauma extend well beyond the immediate psychological and physical effects that may be most apparent or anticipated (Kimberg & Wheeler, 2019). In fact, experiencing trauma can have such an effect that it can continue to alter an individual's biology and behavior over the course of the rest of their lives and can have a profound impact on interpersonal and intergenerational dynamics (Kimberg & Wheeler, 2019). How an individual responds to trauma is complex, unique, and dependent on a multitude of factors including the care, resources, understanding, and support they receive or have access to (Kimberg & Wheeler, 2019).

Across human service systems globally, it is understood that service recipients often have high rates of past and/or current trauma (Yatchmenoff, Sundborg, & Davis, 2017; Hopper, Bussuk, & Olivet, 2010). Additionally, as understandings of trauma have continued to develop, it has also become increasingly understood that many social service settings, programs, and processes can be re-traumatizing to the trauma-survivors attempting to receive them (Yatchmenoff, Sundborg, & Davis, 2017; Bloom & Farragher, 2011).

Understanding the trauma experienced by survivors of human trafficking is critical to implementing the most effective forms of care for their individualized, unique, and complex needs (Chambers et al., 2024). Additionally, utilizing a trauma-informed approach when providing services to survivors of human trafficking allows for a strengths-based and empowerment focused framework to be centered which should ideally build towards long-term and sustainable modes of support for survivors (Steiner et al., 2019). This sustainability requires that service providers understand that the needs of survivors of human trafficking may shift and change over time, and in fact, are likely to (Steiner et al., 2019; Heffernan & Blythe, 2014). As survivors reintegrate and recover following experiences of trafficking, they may move through stages of various physical, emotional, psychological states.

Common Immediate, Short-term, and Long-term Support Needs of Survivors

Immediately following exiting trafficking circumstances, needs of survivors often include emergency shelter or housing, food and material resources, and safety measures. Shorter-term needs, after immediate needs are met, may include reconnecting with family or safe social support systems, engaging in mental health services or receiving medical treatment (Steiner et al., 2019; Clawson & Dutch, 2008). Long-term needs for survivors of human trafficking may entail employment opportunities and support, housing support, educational opportunities, life and skillset training, legal and/or immigration assistance, and continued safety and protection measures (Balfour, 2020; Steiner et al., 2019; Busch-Armendariz, Nsonwu, & Heffron, 2011). With each of these services or supports for every individual, it is critical that survivors are able to voice and prioritize their individual needs and desire for support.

There is growing consensus in literature on reintegration programs for survivors of trafficking which indicates that a continuum of care model is the most effective framework for

addressing the long-term needs of survivors (Balfour, 2020; Macy & Johns, 2011; Sapiro et al., 2016). A continuum of care model coordinates cross-sector services, across both system and service delivery levels, needed by survivors into a comprehensive plan for care that is individualized and provided in the most appropriate modes and settings (Balfour, 2020; Stroul & Friedman, 1986). While this is frame may be understood to be the most beneficial to survivors, it is well understood that survivors experience significant gaps in services indicating that effective continuums of care have not been implemented (Balfour, 2020).

The Current State of Trauma-Informed Post-Trafficking Services

Currently, very little research exists that identifies evidence-based practices which have been demonstrated to adequately support survivors of trafficking in persons (Schroeder et al., 2023; Steiner et al., 2019; Gozdziak & Collett, 2005; Weitzer, 2014; Zhang, 2012). The research that does exist in this area is largely focused on child sex trafficking in western-centric settings, predominantly in the United States (Steiner et al., 2019; Desyllas, 2007; Hodge, 2014).

Developing trauma-informed practices takes significant dedication from agencies and service entities to educate and train their practitioners, restructure service modalities, and re-evaluate measures of successful service administration (Ladd & Weaver, 2018; Hopper, Bassuk, & Olivet, 2010). Incorporating a trauma-informed lens to social service provision may slow procedures down and take a greater amount of follow-up, which may feel counterintuitive to existing practices. However, taking the extra time and attention is the only way to ensure that survivors are able to have agency over their healing and have their unique needs met in ways that best assist reintegration and resist re-exploitation (Ladd & Weaver, 2018).

In recent years, it has become increasingly clear that collaboration amongst service providers is an essential gap that currently hinders the comprehensive support and long-term suc-

cess that survivors have access to (Steiner et al., 2019). In order for care services to address the complex needs of survivors of human trafficking, multiple providers with various areas of expertise or practice are usually needed. However, communication, collaboration, and continuation of care models are rarely coordinated across providers. In fact, research has shown that social services, victim services, criminal justice entities, healthcare providers, and other involved actors do not participate in interagency collaboration to any extent (Steiner et al., 2019; Jones & Lutze, 2016). Where it does occur, collaboration is often extremely limited (Steiner et al., 2019; Jones & Lutze, 2016).

Although the goal of services is to set survivors up for long-term resilience through reintegration and the ability to avoid revictimization, there is currently no explicit consensus on what outcomes are needed for the ultimate recovery of survivors of human trafficking (Jannesari et al., 2023). In response to this, in 2023, Jannesari et al. developed the Modern Slavery Core Outcome Set after conducting extensive reviews on intervention outcomes. The 7 final outcomes selected by survey participants included: "long-term consistent support," "secure and suitable housing," "safety from any trafficker or other abuser," "access to medical treatment," "finding purpose in life and self-actualization," "access to education," and "compassionate, trauma-informed services" (Jannesari et al., 2023).

Strengths-based Strategies for Post-Trafficking Services

Trauma-informed care and strengths-based approaches are inherently interconnected with the idea being that all strengths-based approaches require trauma awareness, and the ultimate goal of incorporating trauma-informed approaches would be to establish strengths-based empowerment of the individual in the long-term. Strengths-based strategies require that the service provider walk side-by-side with the survivor, providing collaborative accompaniment throughout healing processes, rather than dictating

dynamics or care procedures (Ladd & Weaver, 2018). This strengths-based accompaniment framework allows the survivor and their service providers to work together to explore the survivor's strengths and determine the best steps for long-term success of the goals the survivor is hoping to achieve (Ladd & Weaver, 2018; Collins et al., 2013).

KEY FINDINGS

This section presents an integrated summary of key findings from the regional survey (with 16 survivor participants from 10 countries) and the virtually conducted focus group discussions (FGDs) held with participants from 9 West African countries. Survivors' voices reveal deeply rooted challenges and diverse experiences in post-trafficking recovery, while offering clear guidance on what effective support should look like.

Profiles of survivors and trafficking context

Age Range: Participants were Mostly between 25–34 years old and 35– 44 years old.

Figure 1 : Participants by age

Age
16 responses

- 18- 24
- 25-34
- 35-44
- 45-54
- 55-64
- 64 and over

43.8%
50%
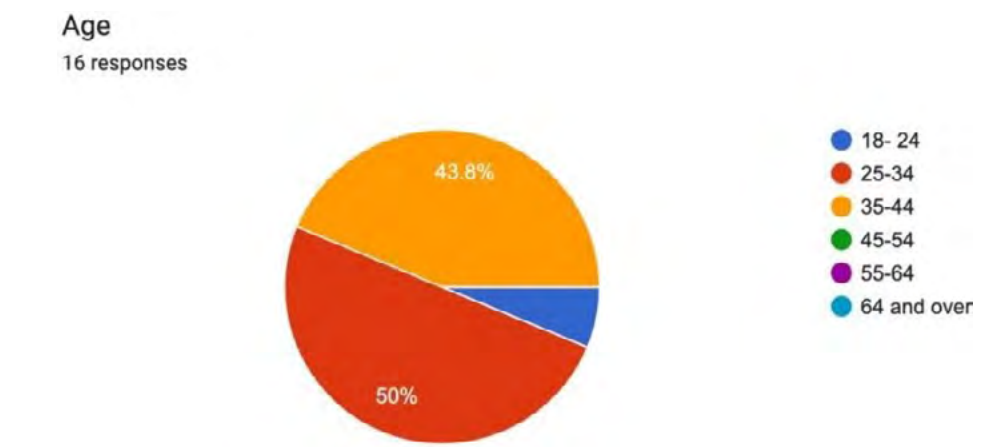
Gender: 69% identified as female and 31% identified as male.

Figure 2 : Forms of Trafficking Experienced: Predominantly Forced labor, other forms highlighted include Sex Trafficking, domestic servitude, child trafficking, debt bondage and Familial trafficking.

What form of trafficking did you experience? (Check all that apply)
16 responses

Form	Value
Forced Labour	10 (62.5%)
Sex Trafficking	3 (18.8%)
Organ Trafficking	0 (0%)
Child Trafficking	3 (18.8%)
Debt Bondage	5 (31.3%)
Domestic Servitude	5 (31.3%)
Familial/Ancestral Trafficking	1 (6.3%)
Trafficking for Begging or Stree...	0 (0%)
Forced marriage	0 (0%)
Labour Exploitation	10 (62.5%)
Victime d'enlèvement et exploit...	1 (6.3%)

Figure 3 : Location of Trafficking: Predominantly occurred outside the survivors' home countries

Where did your trafficking occur?
16 responses

- Within your home country
- Outside of your home country
- Both within and outside of your home country

68.8%

25%
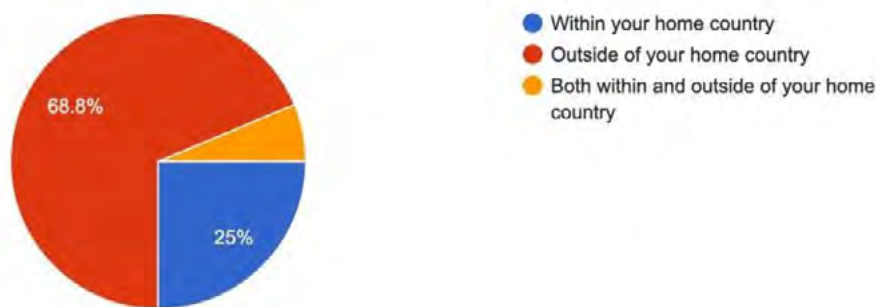
Key findings by themes

Access to Post-Trafficking Services Remains Uneven

- According to the survey, 25% of survivors did not receive any post-trafficking services, often due to a lack of awareness or the complete absence of services at the time of need. This was echoed in FGDs, where survivors from countries like Guinea and Gambia reported not knowing where to go for support.

- Those who did receive help typically received short-term assistance: only 25% benefited from support lasting up to one year, and none were still receiving services at the time of the survey.

- Survivors frequently relied on informal networks such as friends, family, churches, and survivor groups for access to resources and information (Survey Report, Theme 1; FGD Report, pp. 5−6).

Core Services Are Inconsistent and Often Inadequate

Survivors consistently emphasized the need for support in five priority areas: counseling, economic reintegration, healthcare, legal aid, and peer support.

- Counseling and therapy were valued as essential but not always accessible. In some

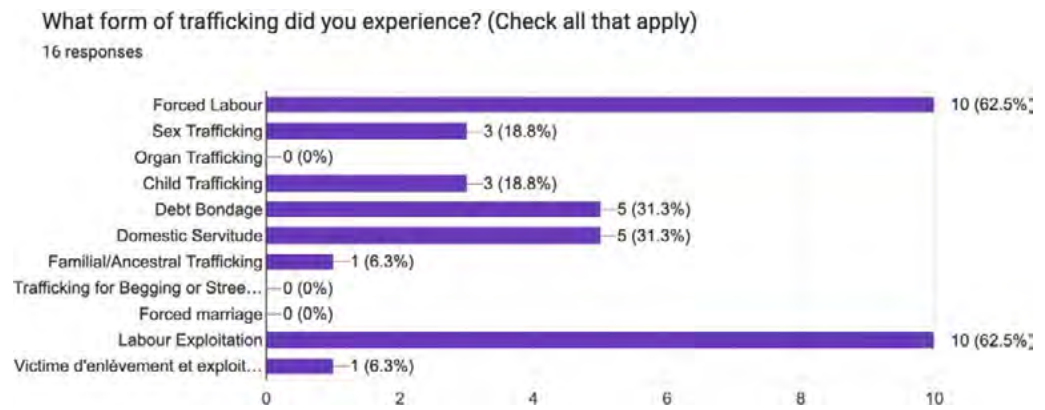countries, like Sierra Leone and Ghana, survivors reported walking long distances to attend sessions (Survey, Theme 2; FGD, p. 7).

- Economic support was short-term or non-existent for many. As one FGD participant shared, "I was told I would receive financial help, but they disappeared after a few months."

- Legal and immigration aid were severely lacking. Only 31% of cross-border survivors received immigration support, usually from IOM or civil society groups. Legal processes were described as traumatizing, corrupt, and slow, with only 8% of survey respondents achieving meaningful justice.

- Many participants noted an absence of shelter, especially in rural areas, or were unaware such services existed (Survey, Theme 1 and 7; FGD, p. 8).

Gaps in Safety, Trust, and Survivor Agency

- Trust in service providers was low, with only 33% of survivors saying they fully trusted them. Additionally, 77% believed that providers did not have their best interests in mind.

- 42% of survivors felt neither safe nor unsafe in-service environments, suggesting

neutral or inadequate safety measures.

- Although 83% of respondents said they were not pressured into activities they were uncomfortable with, 17% experienced some pressure or were unsure.

- Only 50% felt heard and understood by providers, indicating inconsistent attention to survivor voice and choice (Survey, Themes 3 & 4).

Peer Support Plays a Critical Role in Healing

- FGDs and surveys both highlighted the importance of peer connections: 75% of survivors who interacted with peers said it positively impacted their healing.

- Survivors recommended structured peer systems such as mentorship, survivor-led group sessions, and peer facilitator training as key mechanisms to promote healing and resilience (Survey, Theme 4; FGD, p. 10).

Cultural, Linguistic, and Gender Considerations Are Crucial

- While 67% of survivors reported no language barriers, 33% faced difficulties that hindered service access or quality.

- 75% felt services respected their cultural and religious values, but 16% reported being asked to act against them. Survivors emphasized the importance of modesty, spiritual support, and culturally informed interactions (Survey, Theme 5; FGD, p. 11).

- Gender sensitivity was generally respected, though some called for the option to choose the gender of their service provider, especially for intimate or trauma-related services.

Healing Without Formal Services Is Possible but Burdensome

Several survivors received no professional services at all but managed to heal through:

- Family and community support, particularly through churches and informal networks.

- Faith-based healing, such as prayer, youth groups, and motivational religious teachings.

- Creative and physical self-care, including exercise, crafting, and music.

- Educational empowerment, such as studying psychology to better understand trauma (Survey, Theme 6; FGD, pp. 12–14).

Survivors Demand More Sustainable and Survivor-Centered Services

From both FGDs and surveys, key recommendations include:

- Invest in longer-term services, including mental health, housing, and income generation.

- Ensure survivor agency, with clear communication, choices, and respectful interactions.

- Improve cultural and language competence across all levels of service delivery.

- Strengthen monitoring and accountability, including survivor feedback loops.

- Build community partnerships, including with faith institutions and traditional leaders.

Survivor Feedback by TIC Principle

Safety

This principle emphasizes the need for both physical and emotional security as the foundation of trauma-informed care. Survivors must feel safe in their environments to begin the healing process (SAMHSA, 2014). In this study, participants stressed the importance of safe housing and emotionally supportive settings. Some recounted feeling unsafe in

shelters, while others described being asked to share their stories in public without preparation—experiences that left them feeling exposed and retraumatized.

"When you return, you face stigma, health problems, and depression. If these aren't tackled, you can't fully reintegrate. Right now, we have no experts to talk to, no free counseling, and no medical help."

Trustworthiness & Transparency

This principle highlights the importance of clear communication, consistency, and honesty in service relationships. Trust is rebuilt when survivors are informed about decisions that affect them and how their personal stories or data will be used (SAMHSA, 2014). Survivors in this study shared that their trust was eroded when their stories were shared publicly without consent or explanation. They also called for service providers to follow through on commitments and communicate openly.

"We were made to sign contracts we didn't understand, and later found our stories on social media and TV. That's not support—it's exploitation."

Peer Support

This principle is based on the understanding that healing from trauma is often supported by connection with others who have had similar lived experiences. Peer support fosters trust, reduces isolation, and promotes hope and empowerment. It also plays a vital role in validating the experiences of survivors and building collective resilience (SAMHSA, 2014; Fallot & Harris, 2009).

In this study, survivors described peer support as one of the most transformative aspects of their recovery. They found deep healing through shared experiences with others who had endured trafficking. Peer groups created a space where survivors felt understood, accepted, and encouraged to rebuild their confidence. However, many emphasized the need for peer

support programs to be structured, professionally facilitated, and ideally led by survivors who are trained and supported in that role.

"Hearing from others like me made me feel strong again. But the group needs to be safe and well-run. Not all of them are."

Collaboration

This principle underscores the importance of mutuality and shared power in relationships between service providers and survivors. Trauma-informed care encourages organizations to actively partner with survivors in designing, implementing, and evaluating programs, recognizing them as experts of their own experiences (SAMHSA, 2014; Elliott et al., 2005). Collaboration promotes agency, dignity, and more relevant service outcomes.

In this study, survivors consistently emphasized the need to be treated as equal partners rather than passive recipients of care. When they were included in decision-making processes, they felt respected, heard, and empowered. Conversely, programs that were designed without their input were often described as ineffective, misaligned with survivor needs, or even retraumatizing.

"Programs should not decide for us, but with us. We know what we need—we lived through it."

Empowerment & Choice

This principle focuses on honoring survivors' autonomy, strengths, and capacity to direct their own lives. Trauma-informed care promotes an environment where survivors are supported in making informed decisions about their healing and future, rather than being directed or controlled by service providers (SAMHSA, 2014). Restoring a sense of control is especially critical for individuals whose agency was stripped away during trafficking.

In this study, survivors strongly expressed the desire to choose their own paths, including in

areas such as education, livelihood, and advocacy. They emphasized that empowerment is not about temporary assistance, but about being given the tools and opportunities to make sustainable, self-determined choices. Many were critical of rigid or short-term programs that failed to support their long-term reintegration and independence.

> *"Empowerment means having the resources and the confidence to make my own choices, whether it's starting a business, going back to school, or advocating for others."*

Cultural, Historical, and Gender Issues

This principle emphasizes the need for trauma-informed care to be culturally responsive, historically aware, and sensitive to issues of identity, power, and systemic inequality. Effective support services must recognize how cultural background, gender, faith, and historical marginalization shape survivors' experiences of trauma and healing (SAMHSA, 2014; Hopper et al., 2010). Ignoring these factors can perpetuate harm or alienate survivors from critical services.

In this study, survivors voiced a strong desire for services that respected their cultural values, spiritual beliefs, and traditional forms of healing. They criticized one-size-fits-all models—often influenced by Western norms—that failed to accommodate local contexts. Additionally, participants highlighted the limited visibility and support for male and LGBTQ+ survivors within current protective frameworks, noting that their needs are often overlooked or misunderstood.

> *"When you are trying to help survivors, you need to think about their culture and spiritual life. Healing is a process."*

Findings on what Survivors Value Most

This section presents the core values expressed by survivors throughout the focus group discussions and survey responses. These values reflect what matters most to them in their healing and reintegration journeys and form the foundation for designing trauma-informed services that are truly responsive and survivor-centered. Survivors emphasized the importance of mental and physical healthcare, financial independence, access to justice, peer support, autonomy, cultural respect, and emotional safety, among others. A detailed summary of these values, along with supporting experiences and recommendations, can be found in the Survivor Values Table included in Annex I in this report.

Mental Healthcare

Survivors consistently emphasized the importance of trauma-informed mental health support as a cornerstone of their recovery. They valued access to counseling and therapy that allowed them to process their experiences in a safe, supportive environment. This need was raised repeatedly during both the shelter phase and after reintegration into their communities.

In the early stages of support—such as while in shelters—survivors reported that counseling was either not provided or was too generic to be helpful. Some described feeling re-traumatized by interventions that lacked cultural sensitivity or personal relevance. Others noted the complete absence of trained professionals available to help them navigate the emotional aftermath of trafficking.

The need for mental healthcare continued after reintegration. Survivors shared that trauma remained unresolved long after their initial return, with few opportunities for long-term psychological support. In some cases, survivors were forced to use limited reintegration funds to cover medical and psychological expenses instead of starting a business or continuing education. Several participants also called for care models that consider cultural and spiritual beliefs, viewing healing as a personal and ongoing process that must be approached holistically.

"Despite my advocacy work, I still struggle with trauma and wish I had access to free counseling."

"When you are trying to help survivors, you need to think about their culture and spiritual life. Healing is a process."

These reflections make clear that mental healthcare is not just an entry-point service—it's a long-term necessity that must be integrated throughout a survivor's recovery journey, from the shelter to full reintegration.

Physical Healthcare

Survivors expressed a strong need for medical care throughout their recovery—from their initial rescue and time in shelters to long after reintegration. Many dealt with untreated injuries or chronic conditions as a result of trafficking, and while some support was available during early service delivery, gaps in access and follow-up were frequently noted.

Even when survivors received basic medical assistance, they often found it insufficient or limited to short-term relief. After reintegration, survivors continued to struggle with health-related challenges, often prioritizing urgent medical bills over long-term goals like education or starting a business. This diverted essential reintegration funds and contributed to feelings of frustration and neglect.

"When you return, you face stigma, health problems, and depression. If these aren't tackled, you can't fully reintegrate."

Survivors consistently ranked physical healthcare among their top needs, second only to mental health services. Their feedback underscores the importance of integrating comprehensive, sustained medical support into post-trafficking care programs—not only as a basic right, but as a prerequisite for full recovery.

Financial Support

Financial support emerged as a cornerstone value for survivors seeking to rebuild their lives. Survivors appreciated the initial economic aid provided by some programs, but described it as too short-term, unpredictable, or lacking the tools for long-term sustainability. Many survivors received small grants or startup kits but were left without follow-up support, mentorship, or capital to scale.

During the reintegration period, the need for a stable income became even more urgent. Survivors expressed a desire not just for handouts, but for structured opportunities to gain financial independence through business, vocational training, or employment. The value placed on financial autonomy was directly tied to survivors' sense of dignity, self-worth, and empowerment.

"We need more than a one-time grant. We want to build something for ourselves, to stand on our own."

Survivors also linked the lack of financial stability to vulnerability to re-exploitation. Without consistent income or support systems, many were forced to make difficult trade-offs, sometimes returning to unsafe environments. Sustainable economic empowerment is not optional—it is central to long-term healing and reintegration.

Legal Justice

The right to access justice was described by survivors as both urgent and elusive. Very few survivors reported receiving adequate legal representation during their recovery. Most found the justice system to be slow, expensive, intimidating, or corrupt. Survivors emphasized that without protection from traffickers and a sense of justice, healing felt incomplete.

Even for those who initially pursued legal remedies, the journey often ended in disappointment. Survivors were retraumatized by insensitive legal procedures, lack of follow-through,

or fear of retaliation. While some received legal aid during the early phases, nearly all survivors stressed that this support was insufficient or unsustainable beyond initial hearings or reporting.

> *"Only 8% of us got the justice we hoped for. We felt like the system didn't care. The traffickers walked free."*

> *"I had to explain my trafficking experience to my lawyer. I was still trying to heal while teaching them what I went through."*

Survivors called for trauma-informed legal systems where justice is not only accessible but delivered with care, confidentiality, and survivor safety in mind. Legal empowerment was seen not just as a service, but as a form of reclaiming dignity and agency.

Peer Support

Peer support was one of the most consistently affirmed values by survivors. During both early and later phases of care, survivors described how meaningful it was to connect with others who had shared similar experiences. These peer interactions helped reduce isolation, provided emotional validation, and often played a key role in initiating healing.

Survivors also pointed out that some of the most impactful moments came not from professionals, but from fellow survivors who helped them understand their experiences, name their trauma, and introduce tools for recovery. Survivors advocated for intentional, structured peer support—such as group sessions, survivor mentorship, and forums for sharing stories.

> *"Healing began when another survivor told me her story. She helped me understand that I wasn't alone."*

> *"Peer support should be part of every program. It's how we build strength."*

While many survivors were able to access peer networks during service delivery, they called for sustained peer-led support structures that extend into reintegration. Survivor leaders were seen not only as sources of support but as changemakers and mentors who should be trained and recognized in formal service systems.

Relationships and Informal Support Networks

Survivors highlighted the vital role of family and informal support networks in their recovery. Being able to communicate with or see loved ones during and after repatriation brought emotional security and a sense of connection. In contrast, survivors who were isolated or separated from family reported greater emotional distress and difficulty healing.

This value was particularly emphasized after reintegration, when formal support systems often ended and survivors depended more heavily on family, friends, and community members. Even when trafficking experiences were not disclosed, survivors noted the comforting presence of trusted relationships.

> *"Even though I didn't tell my family everything, just being with them helped me feel safe again."*

Survivors called for programs that facilitate family reintegration, respectful mediation, and community-based emotional support. These relationships were not seen as separate from professional care—but as integral components of a supportive, survivor-centered ecosystem.

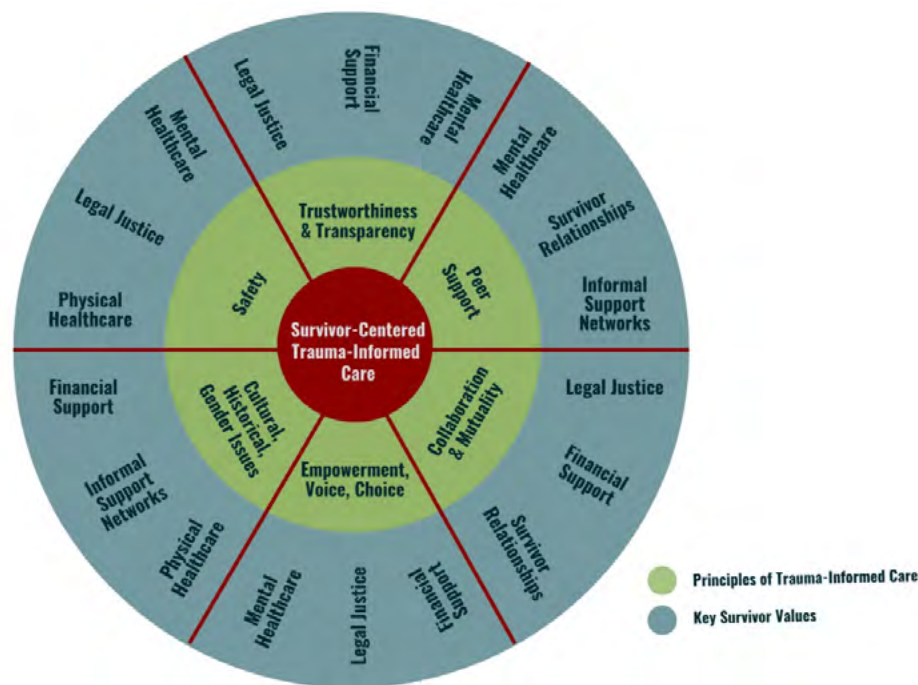**Figure 4 : TIC Principles Reflected in Survivor Values**

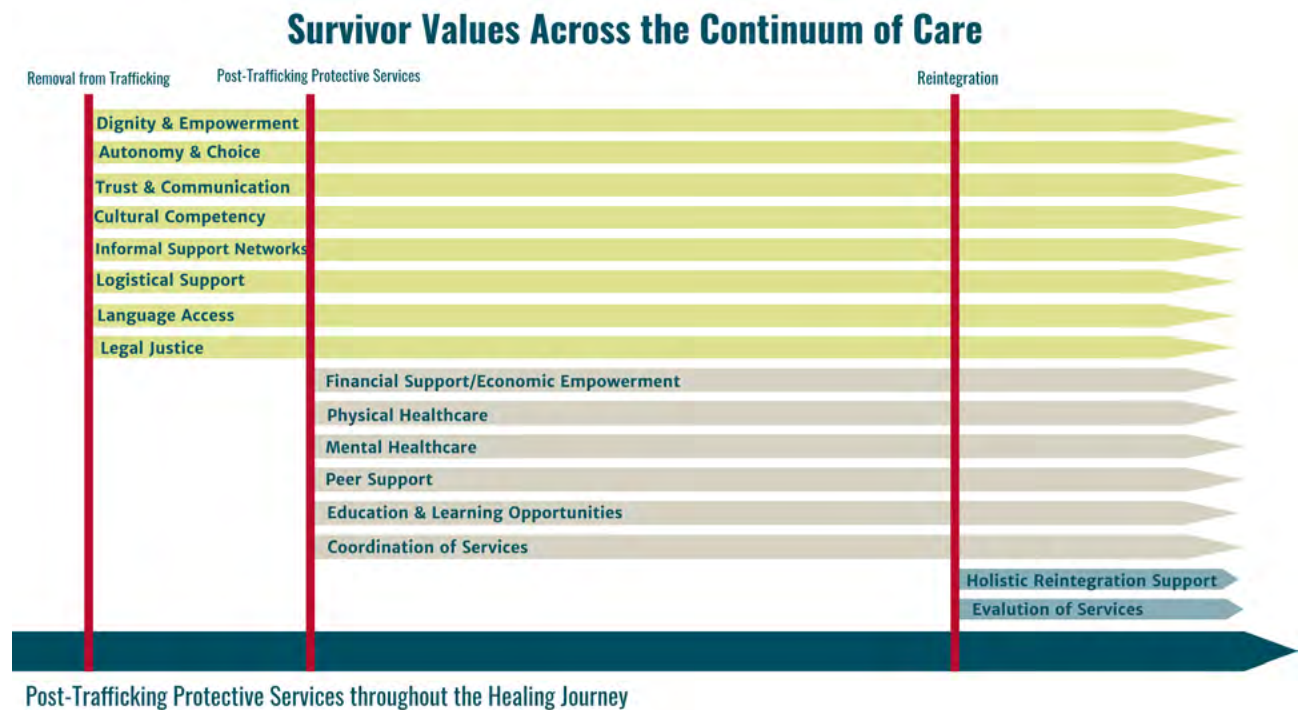**Figure 5 Survivor Values Across the Continuum of Care**

Figure 5 illustrates the timeline of services, as communicated by the survivor participants of this study. This graphic illustrates the desire for sustained longevity in supports provided, rather than services ending upon reintegration.

RECOMMENDATIONS

This section presents consolidated recommendations derived from both the Focus Group Discussions and the Regional Survivor Survey. Together, these insights reflect the urgent priorities of trafficking survivors across West Africa and provide a survivor-centered roadmap for strengthening trauma-informed protective services in the region.

Expand and Sustain Trauma-Informed Mental Health and Psychosocial Support

- Establish national and community-based counseling centers offering long-term, individualized, and culturally appropriate mental health services.

- Ensure access to trauma-informed therapy and emotional support, including peer support groups and spiritual counseling.

- Provide training for mental health and healthcare professionals on trauma-informed care, cultural sensitivity, and non-judgmental practices.

- Create emergency medical funds for survivors with urgent health needs and ensure access to sexual and reproductive health services.

Improve Access to Safe, Long-Term Housing

- Develop and maintain safe housing options for survivors that prioritize emotional safety, autonomy, and stability.

- Avoid unsafe family reintegration by conducting proper risk assessments before reunification.

- Provide transitional shelters with trauma-informed environments, especially in rural and high-risk areas.

Deliver Sustainable and Individualized Economic Empowerment Programs

- Offer skill-building programs aligned with market opportunities, coupled with post-training support, mentorship, and provision of start-up capital or tools.

- Establish grant and microfinance programs to support survivor-owned businesses and facilitate access to employment networks.

- Build partnerships with employers and private sector actors to create job placement and apprenticeship opportunities.

- Include survivors in national job training and economic recovery programs, ensuring their access to formal markets.

Expand Survivor-Centered Legal Support and Justice Mechanisms

- Provide free, accessible legal aid and court accompaniment for survivors throughout the justice process.

- Reform justice systems to fast-track trafficking cases, minimize re-traumatization, and reduce corruption and delays.

- Strengthen witness protection mechanisms and survivor safety measures during and after trials.

- Raise awareness of legal rights through survivor-focused education programs and improve law enforcement training on handling trafficking cases.

Promote Survivor Leadership, Participation, and Representation

- Create formal structures such as national survivor advisory councils and survivor-led networks to influence program and policy decisions.

- Include survivors in the monitoring, evaluation, and design of anti-trafficking services.

- Support survivor leadership development through training, peer facilitator programs, and experience-sharing platforms.

- Ensure survivors are involved in donor consultations and funding allocation decisions.

Ensure Cultural, Religious, and Language Sensitivity in All Services

- Train all service providers in cultural competency and religious respect, avoiding practices that conflict with survivors' beliefs.

- Offer services in local languages and provide interpretation support where needed.

- Integrate spiritual practices, traditional healing, and faith-based support where appropriate and survivor-driven.

Improve Service Coordination and Referral Systems

- Develop integrated referral systems linking health, legal, psychosocial, and economic services to reduce fragmentation.

- Establish cross-border referral mechanisms for survivors trafficked across countries, especially within ECOWAS.

- Foster collaboration among government agencies, NGOs, faith-based groups, and community organizations to create a seamless support network.

- Promote survivor case management approaches to ensure continuity of care.

Institutionalize Monitoring, Feedback, and Accountability Mechanisms

- Develop formal survivor feedback loops and monitoring tools to assess program quality and impact.

- Establish independent accountability and oversight mechanisms for service providers and donors.

- Protect survivors from exploitation in the media or public events by implementing ethical storytelling guidelines and consent processes.

- Require donor-funded programs to document survivor involvement and ethical engagement.

Enhance Outreach, Accessibility, and Community Engagement

- Increase awareness about available services through survivor-informed campaigns, especially in rural or hard-to-reach areas.

- Partner with community and religious leaders to combat stigma and support reintegration.

- Create mobile or virtual platforms for survivors to access services, especially where transportation or mobility is a barrier.

- Involve traditional authorities and faith communities in local reintegration and healing efforts.

CONCLUSION

This report has synthesized critical insights from trafficking survivors across West Africa, gathered through focus group discussions and a regional survey. Survivors shared their lived experiences, values, and perspectives on the services intended to support their recovery and reintegration. Their testimonies revealed persistent gaps in access to trauma-informed care, legal protection, economic empowerment, and safe reintegration pathways.

Despite the diversity of survivor experiences, common themes emerged across countries and contexts. Survivors consistently emphasized the need for long-term, individualized, and culturally responsive support. They called for systems that prioritize healing, dignity, agency, and justice—not just short-term aid. Many expressed frustrations with fragmented services, re-exploitation, and lack of trust in service providers and legal institutions. At the same time, they highlighted the transformative impact of peer support, spiritual healing, and survivor-led initiatives.

The findings underscore the urgent need to redesign protective services through a survivor-centered lens. A trauma-informed approach must go beyond immediate rescue and reintegration to ensure sustained healing and empowerment. Survivors must be treated not as passive recipients but as active partners and leaders in the fight against human trafficking. Going forward, the recommendations presented in this report offer a clear, actionable roadmap for governments, donors, service providers, and regional bodies. By listening to survivors and embedding their insights into policy and practice, stakeholders can foster systems that are not only more effective but also more just, compassionate, and inclusive.

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ANNEXES

12.1. Annex 1 : Values table

Theme	Identified Survivor Value	Survivor Experience	Source of Value	Context from reports
Mental Healthcare	Survivors value access to counseling, therapy, mental health services	Experienced, with gaps identified	Survey and FGD	Survey: Access to trauma counseling was one of the most frequently mentioned forms of support. Survivors valued being able to process their experiences in a safe space with trained professionals. Survivors emphasized the importance of trauma-informed therapy, specialized counseling, and support groups as services that were either missing or insufficient in their experiences. For many, the lack of immediate emotional support made reintegration feel overwhelming. "Comprehensive mental health care should be the foundation of any reintegration process."
				FGD: A key theme that emerged from the FGDs was the critical importance of mental health support in the recovery process for trafficking survivors. Participants emphasized that untreated trauma significantly hindered their reintegration into society. Several survivors spoke about their ongoing struggles with trauma and the lack of access to adequate mental health services. One survivor shared, "Despite my advocacy work, I still struggle with trauma and wish I had access to free counseling." Survivors also recalled instances where generic or inadequate counseling left them feeling misunderstood or expose Increase the availability of free or affordable counseling and therapy services, ensuring that survivors have ongoing psychological support. Governments and NGOs should establish medical programs that offer free or low-cost treatment for survivors, including physical and mental healthcare.
Physical Healthcare	Survivors value access to medical care and support	Experienced with gaps identified	Survey and FGD	Survey: This was the second or third most cited form of assistance, particularly important for those with untreated health issues resulting from trafficking.
				FGD: The need for comprehensive medical support was also highlighted, particularly for survivors with chronic health conditions. Many participants

				noted that when they returned, they faced stigma, health issues, and mental health challenges, all of which were not adequately addressed.
				Another participant expressed concern that survivors often had to use their reintegration funds for medical bills rather than starting a business due to unresolved health issues.
Financial Support/ Economic Empowerment	Survivors value access to economic aid and financial supports	Experienced with gaps identified	Survey and FGD	Survey: While highly appreciated, economic aid was often short-term and lacked follow-up mechanisms for sustainability. Survivors wanted support that could help them become self-reliant. Survivors consistently raised concerns around the quality, relevance, and duration of economic reintegration programs. Short-term aid and one-off training programs were not sufficient to ensure economic stability.
				FGD: Economic self-reliance emerged as a critical factor in breaking the cycle of vulnerability for survivors. A lack of livelihood support often left survivors dependent, struggling with basic necessities like accommodation and feeding. Survivors discussed the limitations of programs that offer short-term business grants or support without providing proper training or access to necessary capital and equipment. One survivor emphasized that empowerment programs should extend beyond just skill acquisition, noting that there needs to be follow-up support and mentorship. The consensus was clear: economic empowerment must not stop at training but should include sustained support and resources. One survivor noted, "Sustainable
				livelihood support and empowerment programs are vital. Survivors need to have the opportunity to go back to school, receive training, or even set up micro-businesses so they can become financially self-reliant."
Legal Justice	Survivors value the ability to access legal justice, including the resources and representation to effectively do so. Survivors value access to a non-corrupt justice system. Survivors value access to legal care that is not retraumatizing.	Identified as a critical gap	Survey and FGD	Survey: Only 8 % of survivors were able to pursue justice to the extent they desired. 50% had some legal support but faced significant barriers (like cost, delays, or fear), and 42% had no access at all. 92% agreed that their country's legal system did not protect them adequately. (Survivor quotes included in the document). There was a notable absence of legal aid, court accompaniment, and safe housing in several countries. These left survivors exposed, unsupported in justice processes, and at risk of re-traumatization.
				FGD: Participants expressed dissatisfaction with the lack of legal protection for survivors, and the minimal penalties traffickers often face. One survivor shared a troubling example where a trafficker, who made millions from exploiting girls, was only fined a small amount while the survivor who testified continued to face threats and harassment. This highlights the need for stronger legal frameworks to ensure that traffickers face appropriate consequences and that survivors are given the protection they deserve.
Peer Support	Survivors value the ability	Experienced	Survey	Survey:

| | to connect with peer survivors.

Survivors value the ability to learn from the recovery and care experiences of survivor leaders. | with gaps identified | | Many survivors found great comfort and strength in connecting with others who had endured similar experiences, which contributed significantly to their healing.

67% of survivors were able to connect with peers during service delivery, and 75% shared that these connections had a positive impact on their healing journey. Peer interactions offered survivors emotional safety, validation, and the ability to learn from others' coping strategies.

In some cases, healing began with knowledge when another survivor helped name their experience and introduced concepts of trauma and recovery.

Survivors emphasized that peer-to-peer support should not be incidental but intentional and structured. Their suggestions included:
1. Train survivors as peer leaders and facilitators to lead group healing sessions.
2. Pair new returnees with experienced survivors for one-on-one support.
3. Create both physical and digital environments for survivors to share, heal, and access resources.
4. Recognize leadership potential within survivor communities and support their growth.
5. Organize survivor reunions and experience-sharing forums to combat isolation and build solidarity. |

Relationships	Survivors value access to family throughout repatriation. Survivors value the ability to connect with informal support networks post-trafficking.	Identified as a critical gap	Survey	Survey: Survivors emphasized that being able to see or communicate with family would have enhanced their emotional security. Isolation after repatriation deepened their emotional security. Several survivors emphasized that emotional healing was made possible through the presence of supportive family and friends, even when they had not disclosed their trafficking experience.
Logistical Support	Survivors value access to the transportation needed to receive services. Survivors value logistical resources and support.	Identified as a critical gap	Survey	Survey: Survivors often traveled long distances on foot to attend counseling sessions. As one survivor noted, "If I would have been provided with transportation, it would have helped me a lot… but there was no budget allocated to support me." This gap created physical strain and emotional fatigue, potentially reducing attendance and effectiveness of services. Survivors living in rural or remote areas felt excluded from support systems designed without geographic flexibility.
Language Access	Survivors value a lack of language barriers between themselves and service providers.	Identified as a critical gap	Survey	Survey: Survivors struggled to communicate when service providers used languages they were not fluent in. A survivor shared, "As a Ghanaian, my native language is Twi, but the staff spoke mostly English. This made it difficult for me to communicate my needs."

				Ensure that services can be provided in the preferred language of the survivor, especially in decision-making processes.

Incorporate language interpretation services and offer materials in local languages/ the languages of the survivors being cared for. |
| Cultural Competency | Survivors value culturally-sensitive and culturally-informed service providers.

Survivors value localized, culturally competent support. | Identified as a critical gap | Survey | Survey:

Service providers were often unaware of local customs, leading to misunderstandings and a feeling of alienation. One participant noted, "The staff were not familiar with Ghanaian culture and customs… they could not understand my perspective and needs."

Programs must foster a culture of empathy and dignity, while respecting diverse cultural contexts and survivor experiences. "Treat survivors as yourself, we are all human."

"Respect survivors' cultural differences and avoid imposing Western values."

Respect cultural and religious values and avoid making assumptions.

Practice respect for differing religious practices.

Train staff in understanding and respecting survivors' cultural and religious contexts. |

[   ]

				Develop community-based models that include survivors' cultural values in healing and reintegration processes.
				FGD:

"When you are trying to help survivors, you need to think about their culture and spiritual life. Healing is a process." This highlights the importance of providing culturally sensitive, ongoing support that goes beyond one-time sessions." |
| Autonomy and Choice | Survivors value the ability to have autonomy and choice in the services received.

Survivors value access to services that prioritize dignity, agency, and long-term sustainability.

Survivors value the ability to make decisions. | Identified as a critical gap | Survey and FGD | Survey:

Survivors expressed frustration at being passive recipients of help, with little agency in choosing what services they received. As one put it, "We couldn't decide what we wanted… other than take what we were being offered and be grateful." This undermines a key principle of trauma-informed care: empowerment through choice.

83% of survivors reported that they were not pressured to do anything they were uncomfortable with in order to receive services. This indicates some level of trauma-informed care in service delivery. However, 17% either experienced pressure or were unsure. |

				While 75% said they could give some input regarding their care and recovery, the other 25% felt sidelined, which reflects a gap in survivor-centered approaches. Empower survivors with clear information and agency over their own journey.
				FGD: Survivors voiced frustration with generic service delivery models that did not account for their unique needs. One survivor highlighted, "When all survivors are given the same type of support, it ignores our unique challenges. Instead, there should be a needs assessment before empowerment programs are rolled out." This underscores the necessity of personalized care that considers the specific circumstances of each survivor.
Trust and Communication	Survivors value the ability to feel trust in those providing services. Survivors value clear and caring communication. Survivors value trust-based relationships	Identified as a critical gap	Survey	Survey: Just 33% of survivors fully trusted the individuals providing their care. 25% were unsure, and 42% only partially trusted providers. This signals a significant trust gap, possibly driven by past trauma, lack of cultural connection, or inconsistent provider behavior. Less than half (42%) of the respondents felt that communication with providers was handled with full care and sensitivity. More alarmingly, 77% either doubted or did not believe that service providers had their best interests in mind. This undermines the very foundation of trauma-informed care, which relies on transparency, empathy, and empowerment.

				Protect survivors' data and identities. Empower survivors with clear information and agency over their own journey. Treat survivors without discrimination or judgment.
Safety	Survivors value the ability to feel safe in the environments, circumstances, and with the people involved in their care. Survivors value access to services that are personal and welcoming.	Identified as critical gap	Survey	Survey: Only 49% of survivors reported feeling safe in the environment where services were provided, while 50% were neutral. This implies that service settings may lack culturally appropriate, comforting, or survivor-sensitive design features.
Faith and Spirituality	Survivors value being able to engage their faith and spirituality individually and with community.	Identified as survivor strength.	Survey and FGD	Survey: Faith emerged as a profound source of strength for some survivors. Participation in church activities, youth groups, and scripture-based teachings provided emotional safety and meaning.

				FGD:
				One survivor emphasized the cultural and spiritual aspects of healing, stating, "When you are trying to help survivors, you need to think about their culture and spiritual life. Healing is a process."
Self-care	Survivors value the ability to engage in non-traditional therapeutic and emotional regulation practices for self-care.	Identified as a survivor strength	Survey	Survey: Survivors also engaged in creative and physical self-care activities that helped regulate emotions and provide a sense of control and joy. "I engaged in various self-care activities that helped me cope with the emotional aftermath of my experience. These included church choir, exercise, nature walks, and creative pursuits like art, crafts, and crocheting."
Education and learning opportunities	Survivors value the ability to continue to learn through school, training, reading and other avenues on topics related to healing, growth, spirituality and success.	Identified as a survivor strength	Survey	Survey: One survivor described how pursuing a degree in psychology not only offered intellectual growth but also equipped her with psychological tools to understand and manage trauma. Reading motivational books was also highlighted as a complementary tool for resilience building.
Holistic Reintegration Packages/Support	Survivors value prompt access to reintegration packages.	Identified as critical gap	Survey	Survey: The delay experienced by survivors hampers early stabilization and undermines the purpose of reintegration support. Timeliness is essential to rebuilding trust and ensuring survivors' basic needs are met.

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				A comprehensive reintegration strategy should address the full spectrum of survivor needs.
				"Provide safe housing, legal aid, and job placement– not just skills training."
Continued Support	Survivors value care that is not only immediate, but also sustained throughout the full process of reintegration and works to ensure well-being.	Identified as critical gap	Survey and FGD	Survey: Sustainable reintegration requires follow-up systems, which were absent or weak in most experiences shared.
				FGD: Many survivors criticized donor-driven projects that provided only short-term assistance, typically lasting six months to a year. Participants felt that this duration was insufficient for long-term recovery, leaving survivors in a perpetual state of instability and vulnerability.
Empathy	Survivors value empathetic service providers, in addition to clear communication, trust, and cultural competency.	Identified as survivor recommendation	Survey	Survey: Programs must foster a culture of empathy and dignity.
Evaluation	Survivors value evaluation and feedback processes for services that include their input and seek to improve processes accordingly.	Identified as survivor recommendation.	Survey and FGD	Survey: Survivors recommend routine service evaluations and the integration of survivor feedback to improve programming and outcomes.

				"Always evaluate services and see if they're making an impact." "Use data and feedback to inform decision making."
				FGD: Involve survivors in monitoring and evaluation: Oftentimes survivors are being overlooked in this process, they should be involved in the monitoring and evaluation of programs.
Flexibility	Survivors value flexibility in the services they receive, in addition to having voice and choice in them, as well.	Identified as survivor recommendation	Survey	Survey: Flexibility ensures inclusivity, especially for survivors in remote areas or with mobility barriers. "Offer flexible options like online or in-person support." "Adapt services to changing survivor needs and realities."
Coordination of services and community engagement	Survivors value when various service providers within the community are connected and in communication to avoid gaps.	Identified as survivor recommendation	Survey and FGD	Survey: "Involving faith-based organizations, community groups, and local leaders can expand the support ecosystem for survivors. "Foster collaboration between agencies to avoid gaps. "Churches and communities can play a role if formally engaged."

				FGD: A key issue identified was the fragmented nature of service provision. Survivors frequently encounter a disjointed system, where the support from one service provider ends just as another begins, creating gaps in care continuity. This fragmentation often leads to survivors falling through the cracks and not receiving comprehensive, ongoing care. There was a clear call for improved coordination among government agencies, NGOs, and community organizations to create a seamless and effective support system. Enhance coordination among service providers: Build networks among government bodies, NGOs, and community organizations to create a seamless referral system that ensures continuity of care.
Dignity/ Lack of exploitation	Survivors value when their post-trafficking circumstances do not involve further situations of exploitation.	Identified as a critical gap	FGD	FGD: Several participants expressed how they were often paraded on TV, at church events, and on radio stations, sharing their personal stories without compensation. They felt that organizations were more interested in using their stories as part of a publicity campaign rather than offering meaningful support. Survivors also reported being made to sign contracts without fully understanding the terms, leading to feelings of exploitation by organizations that used their stories for donor engagement without providing them with the help they needed.
Empowerment	Survivors value regaining self-worth and being able to make decisions on what they want in life.	Identified as a critical gap	FGD	FGD: Participants articulated their vision of justice not only as legal redress but also as reclaiming dignity and human rights. For many, justice meant being able to take control of their lives and hold perpetrators accountable.

				Similarly, empowerment was seen as more than just financial independence, it was also about regaining self-worth and having a voice in decisions affecting their lives. As one survivor succinctly put it, "Empowerment means having the resources and the confidence to make my own choices, whether it's starting a business, going back to school, or advocating for others. It's about not being seen as a victim but as a leader with potential."

12.2. Annex II : Consent form

Consent Form

Thank you for considering this survey. This survey has been developed by the African Survivor Coalition (ASC), with support from the Center on Human Trafficking Research & Outreach (CenHTRO). We aim to better understand and enhance the services provided to survivors of trafficking across West Africa by learning directly from survivor experiences.

Your responses will contribute to a values-based assessment of trauma-informed services, helping us identify the support, practices, and resources that survivors find most meaningful and effective. All information will be kept confidential and used solely for research purposes.

Thank you for your time and your valuable contributions to this work.

Do you agree to participate in this survey and for your responses to be used to inform this research and development of a trauma-informed tool?

☐ Yes
☐ No

12.3. Annex III: Survey Questionnaire

Survey Questionnaire

1. Do you agree to participate in this survey and for your responses to be used to inform this research and development of a trauma-informed tool?

☐ Yes
☐ No

2. Were you provided with services following your experience of trafficking?

☐ Yes
☐ No

3. Because you answered that you were not provided with services, please select the answer that best describes your experience:

☐ I was informed of the services available to me, but was not interested in receiving them
☐ I was informed of services available to me, but faced challenges/barriers to receiving them
☐ I was not informed of what services were available to me

4. For those who have trafficked to another country: Did you get any support with immigration?

☐ Yes, I received support
☐ No, I did not receive support
☐ I was not trafficked to another country

5. If yes, who provided the immigration support?

- ☐ Government Entity (embassy, ministry)
- ☐ International Organization (i.e. IOM)
- ☐ Civil Society Organization (NGOs, Faith-based organizations)
- ☐ Family
- ☐ I did not receive Immigration support

6. In order of priority, what types of support would have been most helpful for you?

- ☐ Shelter Accommodations
- ☐ Counseling/Therapy
- ☐ Legal Assistance
- ☐ Medical Support
- ☐ Economic Support (e.g., job training, financial help)
- ☐ Peer-to-Peer Support
- ☐ Community-Based Services
- ☐ Reintegration Support

7. Who would you have wanted to receive support from?

- ☐ Social Workers
- ☐ Law Enforcement
- ☐ Doctors/Healthcare Providers
- ☐ Civil Society Organizations (CSOs/NGOs)
- ☐ Government Agencies/Ministries
- ☐ Peer Mentors
- ☐ Community Members
- ☐ Faith-Based Organizations

8. When thinking about your personal experience receiving direct services, did the individuals who provided you with services make you feel:

- ☐ Very Unsafe
- ☐ Unsafe
- ☐ Neutral
- ☐ Safe
- ☐ Very Safe

9. When thinking about your experiences receiving direct services, did the environment where you were provided with services make you feel:

- ☐ Very Unsafe
- ☐ Unsafe
- ☐ Neutral
- ☐ Safe
- ☐ Very Safe

10. How would you describe your level of trust in those who provided you with services?

- ☐ I felt that I could fully trust those providing me with care
- ☐ I trusted them but not completely
- ☐ I was unsure about trusting them
- ☐ I did not trust those providing me with care at all

11. Did service providers communicate clearly with you?

- ☐ Exceptionally clear
- ☐ Clear most of the time
- ☐ Not totally clear
- ☐ Not clear

12. Did you feel that service providers had your best interest in mind?

- ☐ Always had my best interest
- ☐ Sometimes questioned
- ☐ Did not have my best interest

13. In the services you were provided, were you given opportunities to connect with other survivors of trafficking?

- ☐ Yes, I was able to connect
- ☐ No, I was not able to connect
- ☐ I had limited access

14. How would you describe the impact of being able to connect with peers who were also survivors?

- ☐ Positive impact
- ☐ Negative impact
- ☐ Neither positive nor negative

15. Did you ever feel pressured to do something you weren't comfortable with so that service providers would give you what you needed?

- ☐ Yes
- ☐ No

16. Did you feel understood and listened to by service providers?

- ☐ Yes
- ☐ No
- ☐ Not totally

17. Were you able to make decisions regarding your care, services, and recovery?

- ☐ Yes, fully
- ☐ Some input
- ☐ No, not able

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18. Were any of the services you received dependent on compulsory participation in activities (i.e. religious services)?

- ☐ Yes, I was required
- ☐ Yes, but I would have anyway
- ☐ No

19. Did you have access to pursue legal justice to the extent that you desired?

- ☐ Yes, fully
- ☐ Yes, but with barriers
- ☐ No access

20. Do you believe the legal system in your country provided adequate protection or justice for you or other survivors?

- ☐ Yes
- ☐ No
- ☐ Not completely

21. Did language barriers affect your ability to receive services?

- ☐ Created a lot of barriers
- ☐ Created minimal barriers
- ☐ Did not impact

22. Were services aligned with your cultural and religious needs?

- ☐ Yes
- ☐ No

23. Did you experience any challenges in receiving services related to gender/identity?

- ☐ Yes
- ☐ No

24. Were the services you received enough for your needs?

- ☐ Not enough help
- ☐ A little helpful
- ☐ Somewhat helpful
- ☐ Mostly helpful
- ☐ All the help I needed

25. Would you consider the support you received impactful in bettering your life?

- ☐ Not at all impactful
- ☐ Slightly impactful
- ☐ Very impactful
- ☐ Extremely impactful

26. Age

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 64 and over

27. Gender
28. Country of Origin
29. What form of trafficking did you experience?

- ☐ Forced Labour
- ☐ Sex Trafficking
- ☐ Organ Trafficking
- ☐ Child Trafficking
- ☐ Debt Bondage
- ☐ Domestic Servitude
- ☐ Familial/Ancestral Trafficking
- ☐ Trafficking for Begging/Street Work
- ☐ Forced marriage
- ☐ Labour Exploitation

30. Where did your trafficking occur?

- ☐ Within your home country
- ☐ Outside of your home country
- ☐ Both within and outside

31. Would you like your name to be included in the final report as a contributor?

- ☐ Yes
- ☐ No

12.4. Annex IV : Focus Group Discussion Guide

Focus Group Discussions Concept

Project Title: Values of Human Trafficking Survivors on Trauma-Informed Protective Services Across West Africa

Introduction

The focus group discussions (FGDs) are a critical component of the values-based assessment to understand the perspectives and values of survivors of human trafficking regarding trauma-informed protective services across West Africa. These discussions will be conducted by the African Survivor Coalition (ASC) in collaboration with The Center on Human Trafficking Research & Outreach (CenHTRO). The insights collected will inform recommendations to enhance trauma-informed care in the region. This tool provides a structured approach to facilitating safe, respectful, and trauma-informed focus group sessions.

Purpose of the Focus Group Discussions (FGD)

The FGDs aim to gather in-depth data from survivors to:

1. Identify what survivors value most in trauma-informed care and protective services.
2. Understand the gaps in current protective services as perceived by survivors.
3. Gather recommendations from survivors on how protective services can be improved.
4. Ensure survivor-centered feedback influences policy and practice reforms across West Africa.

The outcomes of this focus group discussion will inform the report, which will provide recommendations to service providers and policymakers to improve trauma-informed protective services.

Focus Group Organization and Structure

Platform and Time

- **Platform**: The focus group will be conducted virtually via Zoom; a secure, password-protected online platform.
- **Duration**: 60 – 90mins
- **Language**: The discussion will be conducted in English with French interpretation services provided where necessary.

Safety and Confidentiality Considerations

- **Informed Consent**: Before starting the discussion, all participants will be informed about the purpose of the focus group, how the data will be used, and the confidentiality measures in place. Participants will sign a consent form.
- **Anonymity**: Participants will have the option to remain anonymous, and no identifying information will be included in the final report unless explicit permission is given by the participant to include their names.
- **Safe Space**: A trauma-informed, survivor-centered approach will be used to ensure that all participants feel safe and supported during the discussion. Participants will be allowed to leave the discussion at any point if they feel uncomfortable.

Guidelines for Discussion

1. **Confidentiality**: All participants will be reminded to respect each other's privacy and not share any information discussed during the focus group outside the session.
2. **Respectful Dialogue**: Everyone's opinion is valuable, and there will be no interruptions or dismissals of others' contributions.
3. **Voluntary Participation**: Participants may choose not to answer any questions and may leave the session at any time.

Focus Group Questions

The following questions will guide the focus group discussion. These questions are divided into categories to ensure a comprehensive assessment of the trauma-informed practices in the region.

1. General Experience with Protective Services

- Could you please share your experience with the protective services you received after escaping trafficking?
- Were you aware of the protective services available to you at the time?
- How were you treated by the service providers (e.g., social workers, law enforcement, shelter staff)?

2. Values in Trauma-Informed Care

- What aspects of the services you received did you find most valuable in your recovery?
- Were there services that made you feel particularly safe or supported?
- Were you ever given a choice about the type of support or care you received? If so, how did that affect you?

3. Gaps in Trauma-Informed Practices

- Were there any moments when you felt that the services were not helpful or not responsive to your needs?
- Were there aspects of the services that made you feel uncomfortable or disrespected?
- What gaps do you think exist in the current protective services offered to survivors like yourself?

4. Suggestions for Improvement

- How can protective services be improved for future survivors?
- What type of support do you think survivors need that is currently missing?
- How should service providers approach survivors to ensure they are providing trauma-informed care?
- What role do you think survivors should play in shaping protective services and policies?

5. Cross-Border and Collaborative Efforts

- Have you interacted with protective services in multiple countries, or know of others who have? If so, what was your experience in cross-border services or support?
- How can countries in West Africa collaborate better to provide consistent and supportive services for survivors?

6. Personal Contribution to the Report

- Would you like your name to be included in the final report as a contributor to this project? If yes, how would you like your name to be presented (e.g., full name, first name only, pseudonym)?

Participant Feedback and Post-Discussion Support

At the end of the focus group, participants will be asked for any additional comments or feedback they may have.

END OF REPORT