

# Trends & issues

in crime and criminal justice



Australian Government  
Australian Institute of Criminology

No. 483 September 2014

**Foreword** | *Once a trafficked person has exited an exploitative situation, they may require support to return and reintegrate into their chosen community. Using data contained in the International Organization for Migration Counter Trafficking Module, the recovery, return and reintegration experiences of Indonesian victims of human trafficking are examined in this paper. Understanding these experiences has important benefits in developing a better understanding of what assists returnees to recover and may decrease the likelihood of re-trafficking. Better monitoring and evaluation of return and reintegration programs will ensure that the most effective options are developed to assist victims based on the articulated needs and wants of trafficked people.*

Adam Tomison  
Director

## Recovery, return and reintegration of Indonesian victims of human trafficking

Samantha Lyneham

Victims of human trafficking typically require a range of immediate and longer term support measures to recover from their exploitative experiences. Once the immediate health and welfare needs of the trafficked person have been met, some victims will require further assistance to either stay in the destination country, return home and reintegrate, or resettle in another country. The requirement for nations to provide assistance and protection to trafficked people is specified in Article 6 of the United Nations *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children* (the Trafficking Protocol). The Trafficking Protocol also outlines obligations with regard to the return (or repatriation) of trafficked people (Article 8) and appropriate measures that enable trafficked persons to remain in the destination country, where it is appropriate for them to do so (Article 7).

Victims' experiences of return and reintegration are often missing from research on human trafficking, partly because it can be difficult to locate victims once they have returned and because often, the return and reintegration process is complex and not well understood. Further, as Schloenhardt and Loong (2011: 143) have argued, the return and reintegration process is not always a priority in policy or research literature and is 'often distinct or absent from the core anti-trafficking themes of prevention, protection, and prosecution'. The findings presented in this paper seek to contribute to the available literature on victims' experiences of the return and reintegration process by describing the return and reintegration experiences of 3,701 Indonesian victims of human trafficking.



IOM • OIM

The victims considered here were either repatriated following exploitative experiences abroad, mainly in Malaysia or within Indonesia, and their experiences had been captured in the International Organization for Migration Indonesia Counter-Trafficking Module (IOM CTM; Box 1; see also Joudo Larsen, Andrevski & Lyneham 2013).

## What is 'return'?

'Return' in this paper refers to the act of going back to a country of origin. It can be forced, voluntary, assisted and/or spontaneous (IOM 2011). However, when a trafficked person is returned to their home country, their repatriation should be voluntary, assisted if necessary and well planned to make the process as safe as possible (Article 8 UN Trafficking Protocol; Ezeilo 2009; US DoS 2010). As such, return in this context is a process that is different from deportation (Segrave 2009). The terms 'return' and 'repatriation' are used interchangeably in this paper to refer to this voluntary process.

Principles of best practice on the return of trafficked people are contained in a variety of non-binding international guidelines (see IOM 2007; UN.GIFT 2008; UNHCHR 2002; UNODC 2009, 2008). These documents emphasise the importance of ensuring that trafficked people are voluntarily returned and that their choice to return is an informed decision. Voluntary return therefore involves obtaining the consent of the returnee, confirming that consent is given free of physical or psychological coercion and ensuring it is based on accurate and objective information that describes potential risks, the repatriation process, any assistance available and alternative options to repatriation (IOM 2012).

## What is reintegration?

'Reintegration' is the process by which a returning migrant is reintroduced into the 'economic and social structure of the country of origin, and becomes self-sufficient and able to earn his/her own livelihood' (IOM 2012: 24). The International Organization for Migration (IOM) stipulates that reintegration is complete when the returned person becomes an active member of the economic, cultural, civil and political life of a country (IOM 2007).

Reintegration programs aim to actively prevent stigmatisation; provide job training, legal assistance and health care; and protect the social, medical and psychological wellbeing of the victims (The Asia Foundation 2005). Reintegration assistance can include both 'micro-' and 'macro-level' initiatives, ranging from assistance measures provided directly to the returnees (eg monetary assistance), to assistance provided to the community the trafficked person is returning to (eg institutional assistance, such as scholarship funds, to promote education within the community; IOM 2011).

The ultimate aim of reintegration programs is to ensure the 'overall social and economic recovery' of the trafficked person by minimising 'the problems they face in reintegrating into their communities' (Ezeilo 2009: 17). Therefore, follow-up and aftercare are equally important aspects of reintegration assistance (Ezeilo 2009).

Under the *United Nations Convention on the Rights of the Child*, special consideration is given to the reintegration of trafficked children. Article 39 specifies that:

States Parties shall take all appropriate measures to promote physical and psychological recovery and social

reintegration of a child victim of any form of...exploitation

and that

[s]uch recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child (UN 1990: 11).

Specifically, child victims (ie aged less than 18 years of age) need care and assistance that is appropriate for their age and developmental level (ILO 2006). As with adult victims, consideration should also be given to whether the return of a trafficked child is in the best interests of that child (Schloenhardt & Loong 2011).

In addition to providing reintegration support to the child victim, assistance may also be required by the child's family or responsible guardian. Generally, the family or responsible guardian will need counselling and economic support, as the 'economic circumstances of the family also affect the minor's chances for successful reintegration' (IOM 2007: 102).

## Challenges for successful return

Removal from an exploitative situation does not guarantee that the trafficked person's trauma has ended and that they will not encounter problems after return (ILO 2006). Trafficked people face many challenges during and after the repatriation process, including:

- social stigmatisation;
- lack of professional and practical skills;
- depression, emotional trauma and other psychological problems;
- physical harm; and
- employment and financial problems (IOM 2007: 102).

### Box 1 International Organization for Migration Counter Trafficking Module

The IOM CTM is the largest global database containing primary data on victims of trafficking. The CTM facilitates the management of IOM's direct assistance work, specifically the Return, Recovery and Reintegration Program. In doing so, it maps the trafficking experiences of victims and contains a wealth of information regarding the characteristics and histories of trafficked people, the nature of the trafficking process (including recruitment and transportation methods), patterns of exploitation and abuse, instances of re-trafficking and the nature of assistance provided by IOM.

The CTM database holds qualitative and quantitative information relating to 3,701 trafficked Indonesians identified between January 2005 and January 2010.

Child victims are likely to lack formal education and are vulnerable to further abuses, 'sometimes becoming potential abusers or even traffickers themselves' (ILO 2006: 8). Further, victims and their families may be at risk of retribution after repatriation (US DoS 2010), particularly if organised criminal groups were involved in their victimisation (Ezeilo 2009). Therefore, there is a 'need for long-term rehabilitation that focuses directly upon the individual needs of the victim post repatriation' (Schloenhardt & Loong 2011: 145), including ongoing physical and psychological rehabilitation, educational and vocational training, and housing assistance.

In some cases, victims may choose not to receive return and reintegration assistance. Sometimes this choice is made because aspects of the return process may resemble aspects of the trafficking process and victims are not fully informed about what is happening to them (Brunovskis & Surtees 2008). Brunovskis and Surtees (2008: 5) have argued, for example, that during the repatriation process '[s]imilar promises of help are made, victims are transported and assistance toward a better life is offered'. Commonly, victims also decline assistance not because they do not need it, but because:

- accepting assistance could hinder further migration;
- the victim's family might influence the victim to decline assistance;

- victims may not understand the services being offered to them;
- the assistance may not have been offered in a form that was appropriate for, or accessible to, the victim;
- victims may not trust service providers;
- accepting assistance may identify the victim as being trafficked and lead to stigmatisation; and
- trafficked people may not consider themselves as victims (Brunovskis & Surtees 2008, Surtees 2013).

### Assisted voluntary return and reintegration provided by the International Organization for Migration

The assisted voluntary return and reintegration (AVRR) of trafficked people in the Asia-Pacific region is a priority issue addressed in the framework of the *Bali Process on People Smuggling, Trafficking in Persons and Related Transnational Crime* (Bali Process nd), which is co-chaired by Australia and Indonesia (IOM 2011). Under this framework, return and reintegration assistance is provided to trafficked Indonesians by the IOM in partnership with relevant government and non-government agencies (Bali Process nd).

The IOM assists victims in the pre-departure, departure, reception and integration stages of the rehabilitation process (UNODC 2008). In collaboration with local non-government

organisations, the IOM offers assistance to trafficked people in countries of origin and destination, as well as assisting trafficked people to resettle to a third country if the victim is at risk of harm in the country of origin.

The IOM also offers immediate protection in reception centres, as well as longer term assistance at rehabilitation centres. This includes general and specialised health care, psychosocial support, counselling, safe accommodation, education, skills development and vocational training (UNODC 2008). The assistance offered at different stages of the return and reintegration process is summarised in Box 2.

### Victim experiences of recovery, return and reintegration

The IOM CTM largely contains cross-sectional data collected at the victim's first point of contact with IOM upon return to Indonesia. IOM requests follow-up with victims within one month of their return and while this contact represents a second opportunity to collect information on the return and reintegration experiences of victims, this 'welfare check' is voluntary and victims must consent to sharing the information. Therefore, data contained in the IOM CTM about return and reintegration experiences relates only to victims who consented to at least one form of recovery, return and/or reintegration assistance, aftercare and the use of their information for research purposes.

## Box 2 The return and reintegration process

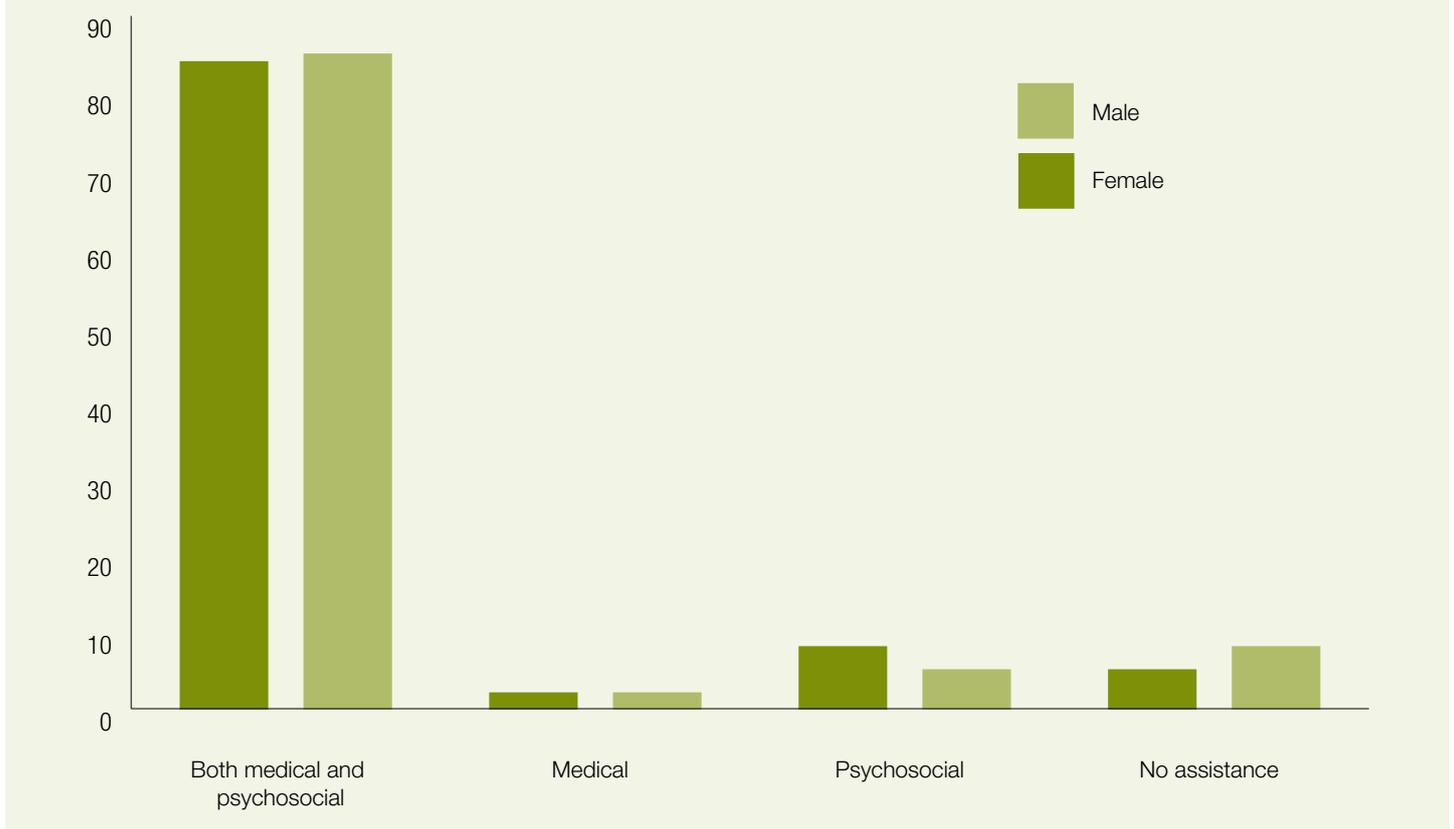
IOM's Assisted Voluntary Return and Reintegration (AVRR) involves administrative, logistic and financial support during the various stages of the recovery, return and reintegration process (IOM 2012). IOM provides worldwide return and reintegration assistance to trafficked persons, unsuccessful asylum seekers and migrants in an irregular situation who wish to return voluntarily to their home country (IOM nd). The assistance that is offered during the different stages includes the following:

**Pre-departure stage (recovery)**—counselling, medical assistance, informing trafficked people about the return process and reintegration assistance, family tracing and establishing contacts in the victim's home country, a risk assessment for the transit and home countries, making travel arrangements and preparation of travel documents, and communication between origin, transit and destination countries (IOM 2011; Surtees 2007).

**Transportation stage (return)**—supported transportation and travel (including accompanied return if needed), departure assistance (travel and reinstallation allowances), transport (movement, coordination, transit assistance, escort assistance, unaccompanied baggage, documents), pre-embarkation medical checks and medical escorts (IOM 2011; Surtees 2007).

**Post-arrival stage (reintegration)**—reception and referral upon arrival, transfers and transportation within the home country, health-related support, legal assistance, financial support, family-related support, education, the provision of job training and employment, reintegration assistance in cooperation with local authorities and non-government organisations, social services, preventing stigmatisation and follow-up monitoring (IOM 2011; Schloenhardt & Loong 2011; Surtees 2007; The Asia Foundation 2005).

Figure 1 Type of recovery provided to victims (%)



Source: AIC, IOM Indonesia CTM dataset

Between January 2005 and January 2010, a total of 3,701 Indonesian victims of human trafficking received voluntary return and reintegration assistance from IOM. Assistance was provided to 2,604 women (70%), 210 men (6%), 739 girls (20%) and 148 boys (4%). The majority of trafficked Indonesians were returned after exploitative experiences in Malaysia (76%; n=2,800; see Joudo Larsen, Andrevski & Lyneham 2013).

### Recovery experiences

The nature and extent of support and assistance provided by IOM varied depending on individual needs and wants. Recovery assistance was provided to almost all victims (99%, n=3,491) prior to returning to Indonesia. Recovery assistance is intended to assist with the immediate needs of the victims (although it is also expected that this assistance will prepare victims for the return and reintegration process, and provide lasting rehabilitative benefits). Conversely, reintegration assistance aims to provide victims with longer term rehabilitation by addressing

different types of functioning once they have returned or resettled.

### Length of recovery

Victims reported being exploited for varying lengths of time. The majority of victims were exploited for 'months' (61%; n=2,139) or 'years' (29%; n=1,005). The data recorded in the IOM CTM did not provide exact lengths of exploitation.

Data on the number of recovery days the victim received was available in 95 percent of cases (n=3,507). Victims most commonly received one to two weeks recovery (57%; n=2,003) followed by less than one week recovery (22%; n=768). Fewer victims received longer periods of recovery (2 to 4 weeks –15%; n=536 or greater than four weeks recovery –6%; n=200). Similar percentages of male and female victims received one to two weeks recovery (58% cf 57%); however, females were significantly more likely than males to receive more than two weeks recovery (22% cf 9%;  $\chi^2(1) = 24.3$  p<0.01). Similar proportions of child and adult victims received one to two weeks

recovery (58% cf 57%); however, child victims were significantly less likely than adult victims to receive greater than two weeks recovery (17% cf 22%;  $\chi^2(1) = 8.1$  p<0.01).

### Type of recovery

Victims experienced a broad range of abuses; most commonly psychological abuse (77%; n=2,766), physical abuse (49%; n=1,763) and sexual abuse (23%; n=820; see Lyneham & Joudo Larsen 2013). As such, there was a diversity of recovery assistance provided by IOM to help with the physical, psychological and social recovery of victims. The types of recovery provided by IOM to trafficked Indonesians was recorded in 99 percent of cases (n=3,682). Most commonly, victims received both medical and psychosocial assistance (84%; n=3,109), with a much smaller proportion receiving psychosocial assistance only (8%; n=301) or medical assistance only (2%; n=83). Five percent of victims (n=189) did not receive either form of assistance.

The majority of males and females received both medical and psychosocial recovery assistance (85% cf 84%). A significantly higher proportion of males received no assistance compared with females (8% cf 5%;  $\chi^2(1) = 5.4$   $p < 0.05$ ; see Figure 1) and children were significantly more likely than adults to receive no recovery assistance (10% cf 4%;  $\chi^2(1) = 43.9$   $p < 0.01$ ). Victims who did not receive recovery assistance chose to decline this form of help; their right to decline assistance is underpinned by the principle of an *informed decision*, which is applied to all victims when accessing the assistance offered by IOM.

### Return experiences

The majority of trafficked people were assisted with repatriation after they were formally identified and/or received recovery assistance (99%;  $n = 3,491$ ), with only a small number returning before receiving assistance (1%;  $n = 44$ ). Eighty-nine percent of victims were repatriated within one month of receiving recovery assistance ( $n = 3,160$ ).

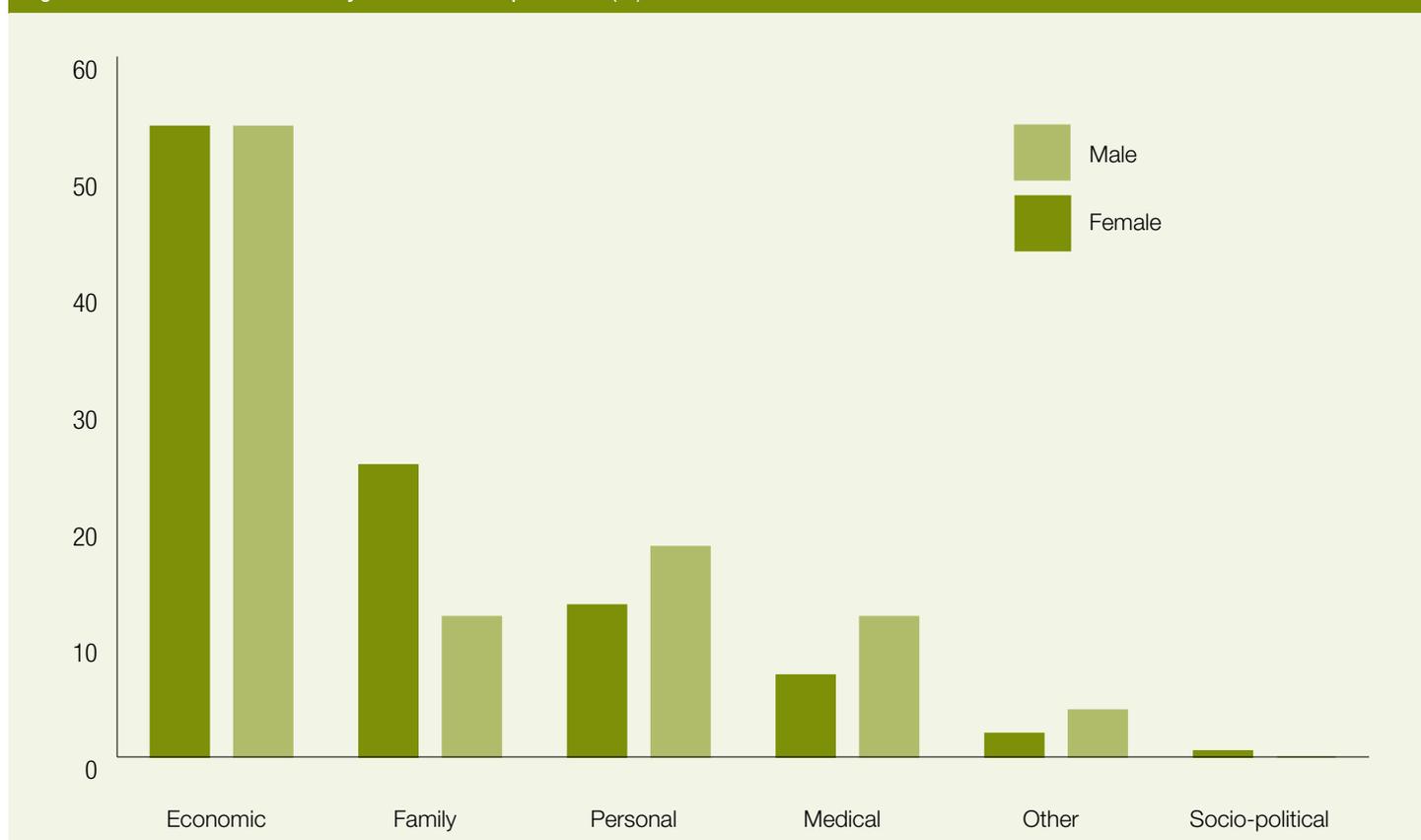
Escort assistance is provided to children, victims with medical needs and victims concerned with their safety and security. Data on whether a victim was escorted during their return was available in 96 percent of cases ( $n = 3,569$ ). Victims were more likely to be escorted than not throughout the return process (59% cf 41%). Forty-five percent of men ( $n = 93$ ) and 51 percent of women ( $n = 1,285$ ) were escorted during the return process, compared with 94 percent of boys ( $n = 136$ ) and 85 percent of girls ( $n = 606$ ). As might be expected, minors (children) were significantly more likely to be escorted during their return than adults (87% cf 51%;  $\chi^2(1) = 83$   $p < 0.01$ ).

Information about whether the trafficked person chose to return to their home town or another location was available in only 23 percent of cases ( $n = 864$ ). Where data was available, the majority of trafficked Indonesians chose to return to their home in Indonesia (88%;  $n = 761$ ), while a smaller

percentage chose to resettle elsewhere in Indonesia or in another country (12%;  $n = 103$ ). Trafficked adults who chose not to return to their home were reported as choosing to live with a relative ( $n = 21$ ), in another arrangement ( $n = 11$ ) or had rented a home in a different location ( $n = 9$ ). Trafficked children chose to live in rental accommodation ( $n = 21$ ), another arrangement ( $n = 14$ ), with a relative ( $n = 13$ ), or at a religious boarding school ( $n = 9$ ).

Monetary support, or what IOM refers to as a 'reinstallation grant', is provided to cover 'basic costs such as housing, food, clothes and other necessary items, for an initial period, usually between 30 and 90 days after referral' (IOM 2012: 94). Monetary assistance is also provided to adult victims for income-generating activities and programs (eg to start a small business), and for child victims to continue their education, including participation in vocational training programs.

Figure 2 Problems encountered by victims after repatriation (%)



Information was available in 96 percent of cases regarding whether the victim received monetary support upon their return to assist with their reintegration (n=3,560). Over half of returned Indonesians received reinstallation grants to assist with the reintegration process (55%; n=1,950). Male and female victims were equally as likely to receive reinstallation money (55%); however, a significantly higher proportion of adult victims received monetary support compared with child victims (70% cf 6%;  $\chi^2(1)=411.1$   $p<0.01$ ). Although all victims are made aware of the availability of monetary assistance, some victims choose to decline this form of help; for example, if they prefer to re-migrate and find employment abroad.

### Reintegration experiences

Returning a person to their home country, community or family does not necessarily signify the end of their trauma and hardship. In this section, the victims' initial experiences of reintegration are described, drawing on data collected one month after the victim's return.

When asked if they encountered problems after return, two-thirds of victims (67%, n=489) who provided a response reported encountering problems in the month since being repatriated; one-third of victims reported not encountering problems (33%, n=243). While victims may have encountered a variety of problems, only the problem that was of most concern or relevance to their experience was recorded. As a result, in the following analysis it is not possible to determine the range of factors or victim characteristics associated with the likelihood that victims would encounter multiple problems.

Victims most commonly experienced economic problems (54%; n=263), with smaller proportions experiencing family problems (23%; n=114), personal problems (13%; n=64) and medical problems (7%; n=35). Of the victims that experienced problems after return, 90 percent were female (n=439) and 70 percent were adults (n=342).

Economic problems were most commonly faced by both male and female victims (54% each). However, females were more likely to encounter family problems (25%

cf 12%); and males were more likely to have medical problems (12% cf 7%), personal problems (18% cf 13%) and other, unspecified problems (4% cf 2%; see Figure 2), although these differences were not statistically significant.

Adults were more likely than children to encounter economic problems (55% cf 51%) and personal problems (14% cf 12%), whereas children were more likely to encounter family problems (27% cf 22%). Similar proportions of adults and children experienced medical problems (5% cf 6%). None of these findings were statistically significant.

It is interesting to note that prior to being trafficked, victims cited the same problems as the reasons for initially leaving their home town; most commonly these were economic problems/to seek employment (88%; n=3,263), family problems (4%; n=155) and personal problems (3%; n=106).

Of the victims that experienced economic problems post-repatriation, 87 percent (n=229) reported experiencing economic problems prior to being trafficked. This was despite two-thirds of victims who reported economic problems post-repatriation having also received monetary support to assist with their reintegration (66%; n=171). Finally, victims who returned to their home town were more likely to encounter problems than victims who chose to resettle elsewhere (70% cf 53%).

### Limitations of the analysis

There are key limitations in the analysis undertaken for this paper that must be understood to place the findings in context. First, the nature of the data and the absence of additional material, such as additional explanatory variables and/or the inability to access supplementary information, excluded more sophisticated analyses from being undertaken. In essence, the data permitted only descriptive analysis, consistent with the analyses undertaken for the preceding reports in this series.

As such, the analysis did not enable a determination of a causal relationship between receiving recovery, return and/or

reintegration assistance and the likelihood of reintegrating without encountering problems. Thus, development of, or access to, an enhanced dataset is recommended for future work in order to permit an examination of the effect of a combination of variables on post-repatriation outcomes. This could include consideration of the impact of:

- age;
- gender;
- pre-trafficking problems;
- type of exploitation;
- length of exploitation;
- type of abuse;
- length of recovery;
- type of recovery;
- no recovery;
- location of return;
- escort assistance; and
- monetary assistance.

Second, as data on the reintegration experiences of victims was collected one month after a victim's return, it was not possible to make an assessment of the long-term reintegration and rehabilitation experiences of the victims. Instead, the focus was on the short-term experiences of reintegrated victims only.

Third, no data was collected on the victim's use of support (eg medical, psychological, financial), if any, after their return. Therefore, no assessment was able to be made about the adequacy of the type or length of post-repatriation assistance and what impact this aftercare may have had on reintegration outcomes.

### Discussion and conclusion

Much research has focused on the drivers of human trafficking, policy and legislative responses, prevention mechanisms and understanding victim experiences of exploitation and its many consequences. However, an assessment of the return process is often absent, despite the potential for positive repatriation to significantly contribute to the successful rehabilitation of victims.

In this assessment of the return and reintegration experiences of Indonesian trafficking victims, the majority of victims received voluntary recovery and return assistance. While this is an important first step in the rehabilitation process, some victims, most commonly men and children, chose to decline one or both forms of assistance offered to them. The decision to decline assistance may have been based on the victim's self-assessed low need for such support, because the support offered was not appropriate to their needs, or influenced by other factors, such as the denial of their victimisation or the desire to re-migrate, which may (or may not) have consequences for long-term rehabilitation (Brunovskis & Surtees 2008; Lyneham & Joudo Larsen 2013).

As two-thirds of victims reported encountering problems after return—most commonly economic problems (but also family problems for women and children), it is important that an examination into why victims choose to decline assistance is undertaken and the impact this may have on successful reintegration. While some victims may recover successfully with limited, inadequate or no assistance, research by Surtees (2013: 54) found that for victims of trafficking from the Greater Mekong Sub-region, going unassisted

directly impeded their (re)integration outcomes and potentially exposed them to additional vulnerabilities that could have led to further exploitation and even re-trafficking.

That victims encountered a range of problems after return also illustrates that the reintegration process is a potentially more difficult rehabilitative phase, where victims make decisions about whether they wish to return to their previous lives or resettle elsewhere. While it is not possible to conclude that the problems that victims encountered were also factors that led to the trafficking event, it is evident that victims who chose to return to their home were more likely to encounter post-repatriation problems. As past research has demonstrated, victims who return to their pre-trafficking conditions are at greater

risk of being re-trafficked and are less likely to successfully reintegrate (US DoS 2010); special care and additional coping strategies may need to be offered to such victims. In particular, greater focus may be needed on the development and delivery of employment programs rather than providing victims with some monetary assistance. Such approaches may have a better chance of assisting victims to manage the problems, particularly economic problems, which led them to being trafficked or exploited in the first place.

As the findings and supporting literature suggest, appropriate return and reintegration options for trafficking victims based on their best interests and self-articulated needs are essential and can have important benefits not only for the returnee but also for society—successful reintegration can result in 'social harmony, greater productivity and social cohesion' (Settlement Council of Australia 2013: 1). The safe and well planned return of trafficked people to their home country or an alternative location can also

lead to strengthened prosecutions of traffickers through improved victim cooperation and a better chance at recovery for victims who have suffered immeasurably in their destination country (US DoS 2010: 18).

This approach necessarily involves a thorough understanding of what information and assistance is effective and helpful for victims. It also requires further thought of how best to measure the concept of 'successful' reintegration and ideally the development of indicators, based on wider populations of trafficking victims. IOM does not recommend longer term monitoring of repatriated victims (ie after 12 months) as this is considered to be potentially intrusive and stressful, and may be 'counter-productive to the normalization of the situation' (IOM 2007: 104). An assessment of 'successful' reintegration may need to rely on the collection (and comparison) of information collected at several, discrete time points across the 12 month reintegration phase.

Hagar International notes that reintegration might best be understood 'not as an

event but...rather, an ongoing process', which gives reintegration 'a much more central position in the overall care-giving framework' (Reimer et al. 2007: 7). This conceptualisation proposes a phased approach to reintegration, where the focus is on 'positive movement from an undesirable state to a more desirable condition' (Reimer et al. 2007: 47). In relation to trafficked children, for example, Hagar International recommends that the trafficked child be the focus of the first phase, followed by the widening of the focus to include the child's family and then the community in subsequent phases (Reimer et al. 2007: 47).

If this approach is adopted, it may be that attempts will need to be made to assess the success of reintegration efforts, where possible, for the victim, their family and the wider community at intervals beyond the first 12 months following repatriation. If this is done sensitively, it may provide important information in determining what constitutes effective repatriation and in preventing further trafficking and exploitation for individual victims and in their wider community.

While analysis of the IOM CTM offers an initial understanding of the return and reintegration experiences of trafficked Indonesians, further research should aim to better understand how returnees use reintegration support and evaluate the effectiveness of assistance and support programs available to victims. Monitoring and evaluating recovery, return and reintegration programs will ensure the content and the delivery of such programs can be revised and adapted to meet the needs of victims (see IOM 2011).

Future research could also have the objective of understanding victim decision-making with regards to the return process, such as why victims choose to be returned to their home or resettle elsewhere and what influence this has on their recovery. In addition, special examination of the situation of children in the recovery, return and reintegration process could better assist in the delivery of appropriate services to this group.

Samantha Lyneham is a Research Analyst working within the Human Trafficking and Slavery Research Program at the Australian Institute of Criminology.

General editor, *Trends & issues in crime and criminal justice* series:  
Dr Adam M Tomison, Director,  
Australian Institute of Criminology

Note: *Trends & issues in crime and criminal justice* papers are peer reviewed

For a complete list and the full text of the papers in the *Trends & issues in crime and criminal justice* series, visit the AIC website at: [aic.gov.au](http://aic.gov.au)

ISSN 0817-8542 (Print)  
1836-2206 (Online)

© Australian Institute of Criminology 2014

GPO Box 2944  
Canberra ACT 2601, Australia  
Tel: 02 6260 9200  
Fax: 02 6260 9299

Disclaimer: This research paper does not necessarily reflect the policy position of the Australian Government

## References

All URLs correct at July 2014

Brunovskis A & Surtees R 2008. *Why victims of trafficking decline assistance*. Feedback from European trafficking victims. GMS-05 SIREN report. Bangkok, Thailand: UNIAP

Ezeilo JN 2009. *Report of the Special Rapporteur on trafficking in persons, especially women and children*. United Nations General Assembly, Sixty-fourth session. A/64/290

International Labour Organization (ILO) 2006. *Child-friendly standards & guidelines for the recovery and integration of trafficked children*. Bangkok: ILO. [http://www.ilo.org/asia/whatwedo/publications/WCMS\\_BK\\_PB\\_75\\_EN/lang--en/index.htm](http://www.ilo.org/asia/whatwedo/publications/WCMS_BK_PB_75_EN/lang--en/index.htm)

International Organization for Migration (IOM) 2012. *Assisted voluntary return and reintegration annual report of activities 2011*. [http://publications.iom.int/bookstore/index.php?main\\_page=product\\_info&cPath=41\\_7&products\\_id=819](http://publications.iom.int/bookstore/index.php?main_page=product_info&cPath=41_7&products_id=819)

International Organization for Migration (IOM) 2011. *Assisted voluntary return and reintegration (AVRR)*. <http://www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/mainsite/activities/regulating/AVRR-Leaflet-Jan-2011.pdf>

International Organization for Migration (IOM) 2007. *The IOM handbook on direct assistance for victims of trafficking*. Geneva: IOM. [http://publications.iom.int/bookstore/index.php?main\\_page=product\\_info&cPath=47&products\\_id=116](http://publications.iom.int/bookstore/index.php?main_page=product_info&cPath=47&products_id=116)

International Organisation for Migration (IOM) nd. *IOM-AVRR worldwide*. <http://avrr.belgium.iom.int/en/about-avrr/iomavrr-worldwide.html>

Joudo Larsen J, Andrevski H & Lyneham S 2013. Experiences of trafficked persons: An Indonesian sample. *Trends & Issues in Crime and Criminal Justice* no. 449. Canberra: Australian Institute of Criminology. <http://www.aic.gov.au/publications/current%20series/tandi/441-460/tandi449.html>

Lyneham S & Joudo Larsen 2013. Exploitation of Indonesian trafficked men, women and children and implications for support. *Trends & Issues in Crime and Criminal Justice* no. 450. Canberra: Australian Institute of Criminology. <http://www.aic.gov.au/publications/current%20series/tandi/441-460/tandi450.html>

Reimer JK, Langelier E, Sohpea S & Months S 2007. *The road home: Toward a model of 'reintegration' and considerations for alternative care for children trafficked for sexual exploitation in Cambodia*. Cambodia: Hagar/World Vision Cambodia. <http://hagarinternational.org/australia/our-work/research/>

Schloenhardt A & Loong M 2011. Return and reintegration of human trafficking victims from Australia. *International Journal of Refugee Law* 23(2): 143–173

Segrave M 2009. Order at the border: The repatriation of victims of trafficking. *Women's Studies International Forum* 32: 251–260

Settlement Council of Australia 2013. *Discussion paper on domestic violence*. <http://www.scoa.org.au/research-and-publications/scoa-discussion-paper-on-family-violence>

Surtees R 2013. *After trafficking: Experiences and challenges in the (re)integration of trafficked persons in the Greater Mekong sub-region*. Bangkok: UNIAP/NEXUS Institute. <http://www.nexusinstitute.net/publications/>

Surtees R 2007. *Listening to victims: Experiences of identification, return and assistance in South-Eastern Europe*. Vienna: ICMPD and NEXUS Institute. [http://www.childtrafficking.com/Docs/listening\\_to\\_victims\\_1007.pdf](http://www.childtrafficking.com/Docs/listening_to_victims_1007.pdf)

The Asia Foundation 2005. *Reintegration assistance for trafficked women and children in Cambodia – A review*. Phnom Penh: The Asia Foundation. <http://www.worldwideopen.org/en/resources/detail/810>

The Bali Process on People Smuggling, Trafficking in Persons and Related Transnational Crime (Bali Process) nd. *Information sheet: Voluntary return support and reintegration assistance*. [http://www.baliprocess.net/files/RSO/RSO\\_AVRR%20Project\\_Final\\_060912.pdf](http://www.baliprocess.net/files/RSO/RSO_AVRR%20Project_Final_060912.pdf)

UN.GIFT 2008 *The Vienna forum report: A way forward to combat human trafficking*. United Nations: New York. <http://resourcecentre.savethechildren.se/library/vienna-forum-report-way-forward-combat-human-trafficking>

United Nations (UN) 2000. *Protocol to prevent, suppress and punish trafficking in persons, especially women and children, supplementing the United Nations convention against transnational organised crime*. <http://www.unodc.org/unodc/en/treaties/CTOC/index.html>

United Nations (UN) 1990. *Convention on the Rights of the Child*. <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

United Nations Office on Drugs and Crime (UNODC) 2009. *Model law against trafficking in persons*. <http://www.unrol.org/doc.aspx?d=2468>

United Nations Office on Drugs and Crime (UNODC) 2008. *Toolkit to combat trafficking in persons*. <http://www.unodc.org/southerncone/en/trafico-de-pessoas/publicacoes.html>

United Nations Office of the High Commissioner for Human Rights (UNHCHR) 2002. *Recommended principles and guidelines on human rights and human trafficking*. <http://www.ohchr.org/Documents/Publications/Traffickingeng.pdf>

US Department of State (US DoS) 2010. *Trafficking in persons report 2010*. <http://www.state.gov/j/tip/rls/tiprpt/2010/>