



TRAFFICKING OF CHILDREN

Need For Victim-Centric Trauma-Informed Counselling

AN INTERVIEW WITH
YASMIN MANJI

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In December 2018, Yasmin Manji, a Clinical Psychologist with HAART Kenya, and Sophie Otiende, a Program Consultant with the same organization, visited Prerana to understand the functioning of the organization and its various programs.

HAART or Awareness Against Human Trafficking is a non-governmental organization based in Nairobi, Kenya. It is the only organization in the country that works exclusively on eradicating human trafficking. It was founded in 2010 by a passionate group of lawyers, missionaries and humanitarians under the leadership of Radoslaw Malinowski.

When these young representatives from HAART visited Prerana, the two organizations exchanged ideas and learnings based on their years of ground work and research. We also talked to them extensively on care and protection of children.

Here is an excerpt from an interview with Yasmin Manji as she shares her experience of working with trafficked children in Kenya.

What are some mental health concerns you have observed in the trafficked and/or abused children at HAART?

There are a wide range of mental health concerns observed in the trafficked children we work with in Kenya. When the children discuss their problems during the therapy, those relate not only to the trauma associated with their trafficking experience, but other experiences during their lifetime, which have caused them pain. These vulnerable children have often suffered from a variety of painful experiences, before, during and after their trafficking incident. Therefore, their trauma cannot be addressed as a standalone problem. It needs to be addressed holistically, keeping in mind various experiences and pain a child must have undergone.

Some of the challenges a therapist helps the children work through are interpersonal relationship conflicts, behavioural and academic concerns, among others.

There are times we have to help children with clinical mental illnesses, such as, Acute Stress Disorder, Post-Traumatic Stress Disorder, Major Depressive Disorder, Generalized Anxiety disorder, and Schizophrenia.

How open are trafficked children of East Africa to counselling?

Culturally, in Kenya, people are very opposed to approaching a counsellor. Mental health concerns are seen as being “possessed” or “witchcraft”, or being overly dramatic. Moreover, when it comes to the children who have been trafficked, they are a little more reserved in opening up because their trust had been broken. The trafficking experience is hurtful and often a complete betrayal of trust. Therefore, it becomes a little more challenging when building a rapport. However, it is important to earn the children’s trust which can definitely be done.

In HAART's shelter home, we use various means to build the rapport. We use art, creativity, games and play to connect with the child and build a bond. When the children learn that they can rely on us to listen to them and care without condition, they slowly open up.

What is the age group of children in HAART's shelter home?

At the shelter, we have children from 6 to 18 years of age. When we work with them, we conduct individual sessions as well as group sessions. There are different concerns for different age groups.

How do you incorporate trauma into your therapy?

I view all my sessions through a trauma lens and often apply leading trauma techniques like Trauma-Informed Cognitive Behavioural Therapy (TF-CBT) as well as Eye Movement Desensitization and Reprocessing (EMDR). EMDR is a form of psychotherapy to help people heal from trauma using what our bodies do naturally during REM sleep – a kind of sleep that occurs at intervals during the night and is characterized by rapid eye movements, more dreaming and bodily movement, and faster pulse and breathing – prompting our brains in reprocessing the trauma and decreasing associated symptoms. EMDR helps a child, who has undergone trauma, to process and express one's ordeal without having to delve into details of the trauma. There is a current research that supports the idea that EMDR can be used with children, who are preverbal, in decreasing any trauma feeling they could be experiencing.

In all of our work at HAART, we use a trauma lens where we acknowledge that a terrible thing has happened with the child and it will affect several aspects of a person. This means that we need to be sensitive in every action we take, every system we develop and the kind of language we use.

We equip our team with trainings where they can also view things from a trauma-informed lens, using non-judgemental language and being emotionally considerate. Our social workers know that dealing with a child in an ordinary situation is different from dealing with those in the shelter.

For the children in the shelter home, one must consider the trauma the child must have gone through. We make sure that they are able to voice their opinions and speak up for themselves. One question we are always asked is around enforcing discipline at the shelter home, especially in our context where physical punishment is still widely advocated for and used. At our shelter, we strictly allow disciplining only through positive ways, focusing on teaching the children important values and lessons rather than enforcing punishment and fear.

What are some self-care strategies that you use or recommend to help protect caregivers from secondary trauma?

Initially, we used to conduct monthly self-care and self-education activities. The staff members themselves used to select and suggest these activities, such as hiking, dining out, yoga etc. I used to be the facilitator for these sessions. However, the dual relationship with the staff – with me being both management and the self-care facilitator – became challenging. We hired an expert from outside of the organization to interact with the team, both in individual and group sessions, without the management being involved. This helped the team open up in a way that they were guaranteed that there would be no consequences. They could talk about anything or complain and express themselves fully. Each staff member was able to explore her/his own individual life concerns and experiences, and grow in a way that was beneficial to both themselves and the organization. For HAART, this acted as a key strategy to help protect caregivers from the secondary trauma.

