

IOM Mission in \_\_\_\_\_

Individual ID: \_\_\_\_\_



## Victim of Trafficking: Screening Interview Form

IOM Mission in \_\_\_\_\_

Confidential

### INFORMED CONSENT

Has the individual been informed that IOM and/ or (name of partnering organization) reserves the right to share her/ his individual case data for assistance purposes and only with IOM missions and partnering organizations involved in direct assistance? (Yes/ No)

Has the individual further been informed that IOM reserves the right to make a limited disclosure of non-personal data based on the information collected at the interview to law enforcement for the purpose of rescuing other victims that remain under the control of traffickers or preventing other potential victims from being trafficked? (Yes/ No)

Has the individual further been informed that IOM reserves the right to use (only anonymous, aggregate) data for research purposes? (Yes/ No)

Has the individual's full and informed consent been obtained to conduct the screening interview based on information given regarding the role of the organization, the voluntary nature of the interview and the use of the information provided by the individual as outlined above ?

Note: Informed consent is necessary for all services, such as medical examination and procedure, health assessments, assisted voluntary returns and reintegration assistance. (Yes/ No)

If the individual is a minor, has the consent of the parent(s)/ guardian(s) been obtained? (Yes/ No)

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

### Registration Data

IOM Individual ID: \_\_\_\_\_

First name(s):

Family name(s):

Sex: (M/ F)

Date of birth:

Is date of birth an estimate? (Yes/ No)

Age (In number of years):

Citizenship:

Ethnicity:

Country of birth:

Place of birth:

Last place of residence in country of origin:

Identity document (Type, country, number and expiry date):

## Case and Interview Data

**Type of referring organization/individual:** (NGO/ International organization/ Law enforcement/ Immigration/ Government/ Embassy/  
IOM Mission/ Hotline/ Self-referral-walk-in/ Family/ Friend/ Client/ Other/ NA/ NK)

**Specify - Name:**  
- **Location:**

**Screening date:** (dd-mm-yyyy)

**Screening location:**

**First name and family name of Interviewer:**

**Name of Organization/ Institution:**

**Contact Details of interviewer:**

**Address and telephone number of referring organization:**

**Interviewee's language:**

**Interpreter?** (Yes/ No)

**First name and surname of interpreter:**

**If Minor, first name and family name(s) address(es) and telephone number of parent(s) or guardian(s):**

## PROCESS: ENTRY INTO TRAFFICKING

### 1.0. How did the individual enter the process (Indicate multiple options if necessary)?

(Kidnapping/ Sold by member of family/ Sold by non-family member/ Adoption/ Educational opportunity/ Family visit/ Friend visit/ Labour migration/  
Marriage/ Tourism/ Other/ NA/ NK)

1.1. If OTHER, please specify:

### 2.0 Did entry in to the process involve recruitment? (Yes/ No)

2.1 If YES, how was contact initiated between the individual and her/his recruiter?

(Personal contact/ Employment agency/ Travel agency/ Internet advertisement/ Newspaper advertisement/ Radio advertisement/ Television  
advertisement/ Other/ NA/ NK)

2.1.1. If OTHER, please specify:

### 3.0. If labour migration, what activity did the individual believe s/he was going to be engaged in following arrival at the final destination (indicate multiple options if necessary)?

(Agricultural work/ Begging/ Child care/ Construction/ Domestic work/ Factory work/ Fishing/ Low-level criminal activities/ Military service/  
Mining/ Prostitution/ Restaurants and hotel work/ Study/ Small street commerce/ Trade/ Transport sector/ Other/ NA/ NK)

3.1. If OTHER, please specify:

3.2. If FACTORY WORK, please specify manufacturing sector:

### 4.0. What was the individual told would be their benefits following arrival at final destination?

4.1. Salary (Equivalent in USD per month)

4.2. Other benefits:

### 5.0. In which month/year did the individual enter into the process?

### 6.0. Minor at time of entry into the process: (Yes/ No)

### 7.0. From which place/country did the individual enter into the process?

8.0. What place/country is the last (or intended) destination?

9.0. Did the individual travel alone? (Yes/ No)

9.1. If NO, who did the individual travel with (indicate multiple options if necessary)?

(Husband/ Wife/ Partner/ Relative/ Friend/ Recruiter/ Transporter/ Unknown persons/ Other/ NA/ NK)

9.1.1. If OTHER, please specify:

10.0. Did the individual spend any time in transit place(s)/ country(ies)? (Yes/ No)

10.1. If YES, please specify in chronological order:

10.2. Did s/he engage in any activity in this place(s) country(ies)? (Yes/ No)

10.3. If YES, which activity in first/only transit place/ country:

(Agricultural work/ Begging/ Child care/ Construction/ Domestic work/ Factory work/ Fishing/ Low-level criminal activities/ Marriage/ Military service/ Mining/ Prostitution/ Restaurants and hotel work/ Study/ Small street commerce/ Trade/ Transport sector/ Unemployed/ Other/ NA/ NK)

10.3.1. If OTHER, please specify:

10.3.2. If FACTORY WORK, please specify manufacturing sector:

10.4. If MORE PLACES/COUNTRIES in which individual engaged in activity, please add respective places/country(ies)/activity(ies) below:

11.0 Were any of the following means used to control the individual?

Physical abuse	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Psychological abuse	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Sexual abuse	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Threats to individual	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Threat of action by law enforcement	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Threats to family	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
False promises/deception	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Denied freedom of movement	(Yes/Partial/No/NA/NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Giving of drugs	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Giving of alcohol	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Denied medical treatment	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Denied food/drink	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Withholding of wages	(Yes/Partial/No/NA/NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Withholding of identity documents	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Withholding of travel documents	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Debt bondage	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
Excessive working hours	(Yes/ No/ NA/ NK)	If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)
If OTHER means of control, specify:		

## THE EXPLOITATION PHASE

12.0. What activity has the individual undertaken since her/his arrival in the last destination (Indicate multiple answers if necessary)?

(Agricultural work/ Begging/ Child care/ Construction/ Domestic work/ Factory work/ Fishing/ Low-level criminal activities/ Marriage/ Military service/ Mining/ Prostitution/ Restaurants and hotel work/ Study/ Small street commerce/ Trade/ Transport sector/ Unemployed/ Other/ NA/ NK)

12.1. If OTHER, please specify:

12.2. If FACTORY WORK, please specify manufacturing sector:

13.0. How old was the individual when the activity began? (Age)

13.1 How long did the only/ most significant activity occur? (Years/ Months/ Weeks/ Days and/or hours)

## 14.0. Were any of the following means used to control the individual during the activity?

Physical abuse	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Psychological abuse	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Sexual abuse	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Threats to individual	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Threat of action by law enforcement	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Threats to family	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
False promises/deception	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Denied freedom of movement	(Yes/ Partial/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Giving of drugs	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Giving of alcohol	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Denied medical treatment	(Yes/ Regular/ Occasional/ Only in emergency cases/ No/ NA/NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Denied food/drink	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Withholding of wages	(Yes/ Partial /No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Withholding of identity documents	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Withholding of travel documents	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Debt bondage	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Excessive working hours	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
<b>If exploited for prostitution (sexual exploitation):</b>		
Denial of freedom to refuse client	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Denial of freedom to refuse certain acts	(Yes/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
Denial of freedom to use a condom	(Yes/ Partial/ No/ NA/ NK)	If YES, who by? (Receiver/ Exploiter/ Clients/ Other- specify)
If OTHER means of control, specify:		

## 15.0. Did the individual experience exploitation? (If NO, proceed to 16.0) (Yes/ No/ NA/ NK)

## 16.0. If NO exploitation took place, was there any indication of a real and substantial threat of exploitation? (Yes/ No/ NA/ NK)

## 16.1. If YES, what were the reasons that exploitation never took place? (Rescue/ Escape/ Other/ NA/ NK)

## 16.1.1. If OTHER, please specify:

## CORROBORATIVE MATERIALS

## 17.0. Additional corroborative materials

Police or other official reports	(Yes/ No/ NA/ NK)
Identity documents	(Yes/ No/ NA/ NK)
Travel documents	(Yes/ No/ NA/ NK)
Medical reports	(Yes/ No/ NA/ NK)
Copies of employment contract or recruitment offer	(Yes/ No/ NA/ NK)
Personal writings by the individual	(Yes/ No/ NA/ NK)
Hotline reports	(Yes/ No/ NA/ NK)
Other	(Yes/ No/ NA/ NK)

If OTHER, please specify:

DECISION

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18.0. Is the individual a VICTIM of TRAFFICKING? (Yes/ No)

18.1. Please justify the decision made in 18.0:

19.0. Decision made by whom (Specify name(s)):

20.0. If the individual is a victim of trafficking, was the type of trafficking in-country or transnational? (In-country/ Transnational/ Both)

21.0. If the individual is a victim of trafficking, is s/he eligible for the IOM VoT assistance Programme? (Yes/ No)

21.1. If NO, why? (Does not meet project criteria/ Has deportation order/ Suspected infiltrator/ Other)

21.1.1. If OTHER, please specify:

22.0. If the individual is eligible for the IOM VoT assistance programme, is s/he willing and able to accept assistance? (Yes/ No)

22.1. If NO, what are the reasons? (Please specify all that apply)

(Does not trust IOM or partnering organization/ Is afraid/ Is self-sufficient/ Wants to apply for asylum/ Wants to stay in the country/ Other)

22.1.1. If OTHER, please specify:

23.0. If the individual is NOT a victim of trafficking, is s/he in need of assistance? (Yes/ No)

23.1. If YES, what is the individual's situation? (Please specify all that apply)

(In need of emergency medical assistance/ Irregular status/ Victim of sexual or gender-based violence/ Other)

23.1.1. If OTHER, please specify:

If YES, please refer the individual to the appropriate service agency.

24.0. Additional Remarks: