



# CASE STUDY 3: FACILITATORS GUIDANCE

### ROLE OF THE FACILITATOR:

- **Decide whether to deliver a 60 minute (Question 1 only) or 120 minute session (all questions).**
- Encourage reflection on mental health, coercion and criminal exploitation.
- Support practitioners to think about cultural context and trauma-informed engagement.
- Facilitate discussion of the challenges of building trust with adults who feel ashamed or fearful.

## CASE STUDY 3: AMINA – 60-MINUTE DELIVERY OPTION

For a 60-minute session, this case study works best when focused on the intersection of mental health, shame, and criminal exploitation, rather than covering all cultural and recovery stages.

### Suggested structure:

- Read the initial case study overview.
- Focus on Question 2 and the related scenario stage (emotional dependency, self-blame, difficulty recognising coercion).

### Group discussion:

- How mental health difficulties can obscure exploitation
- How shame and gratitude can mask coercion
- How practitioners explain exploitation without blame

### Practice reflection:

- What helps people feel safe enough to reflect?
- What support responses reduce the risk of re-exploitation?

### Key learning focus for shorter sessions:

- How mental ill-health and low self-worth increase susceptibility to exploitation
- Recognising exploitation when individuals defend or minimise harm
- Using clear, non-judgemental language to explain coercion





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### QUESTION 1:

What are the key indicators that Amina was being criminally exploited due to her mental health, and how can social workers identify these signs early?

### READ THIS NEXT STAGE OF THE SCENARIO TO THE GROUP:

When you meet Amina for the first time, she is tearful, avoiding eye contact, and constantly apologising. She repeatedly says she “didn’t mean to cause trouble” and seems unsure of what happened during the police raid. She asks if she is “going to be punished,” even though you have not mentioned consequences.

She describes the individuals involved as “the only people who listened” and refers to them as friends, defending them even while describing behaviours that sound threatening or manipulative. She downplays her involvement and quickly becomes distressed when you ask about the group’s activities.

### Prompts to explore with the group:

- What elements of Amina’s presentation reflect vulnerability to exploitation?
- What early signs might professionals have overlooked?
- How does emotional dependence mask signs of grooming?

### Suggested facilitator points:

- Indicators include isolation, emotional dependency, fearfulness, confusion about events, sudden behavioural changes, and involvement in unfamiliar or risky tasks.
- Mental health issues can make individuals more susceptible to those who offer validation or attention.
- Early identification relies on regular engagement with mental-health services, recognising sudden new relationships, and spotting behavioural shifts.

Set aside 5 minutes at the end of the session to complete the [critical reflection survey](#).



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### QUESTION 2:

How did Amina's mental health struggles impact her ability to recognise her exploitation, and what can social workers do to help individuals in similar situations understand their coercion?

### READ THIS NEXT STAGE OF THE SCENARIO TO THE GROUP:

As the conversation continues, Amina says things like, "They were helping me," "I owed them," and "No one else cared." She becomes visibly anxious when you gently question whether the tasks she did were safe. Her explanations become inconsistent: at one moment she says she was helping friends, and at another she admits she "didn't want to do it, but didn't know how to say no."

Amina's self-esteem appears extremely low. She frequently calls herself "stupid," blames herself for being in this situation, and worries that her family will be "ashamed" of her.

### Prompts to explore with the group:

- How does trauma, depression and low self-worth cloud Amina's perception of exploitation?
- What strategies help adults understand coercion without feeling blamed?
- How do you build emotional safety when the individual feels ashamed?

### Suggested facilitator points:

- Amina's mental health made it difficult to identify red flags or understand manipulation.
- Social workers should provide clear explanations of coercion, using simple language and real examples.
- A trauma-informed approach, validation, predictability, patience, is essential to help the person reflect safely.





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### QUESTION 3:

What role does cultural stigma around mental health play in Amina's case, and how can social workers address these cultural barriers when providing support to individuals from ethnically minoritised backgrounds?

### READ THIS NEXT STAGE OF THE SCENARIO TO THE GROUP:

When the topic of informing her family is raised, Amina becomes distressed. She says, "They won't understand," and "People will talk." She explains that in her community, mental health issues are often viewed as weakness or "family shame." She has avoided seeking help at times because she feared being judged.

She also reveals that when she tried to talk about her feelings in the past, some relatives told her to "be strong" or "get on with it," leaving her feeling dismissed.

### Prompts to explore with the group:

- How does cultural stigma isolate individuals further?
- How might stigma worsen shame or reluctance to report exploitation?
- How do social workers maintain cultural sensitivity while challenging harmful beliefs?

### Suggested facilitator points:

- Cultural stigma can stop individuals from seeking support and increase vulnerability.
- Social workers must practise cultural humility: understanding belief systems without judgement.
- Linking Amina to culturally competent services, peer support groups, or community advocates may reduce shame and build trust.



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### QUESTION 4:

How can social workers help Amina to rebuild her social network to protect her from future exploitation and provide ongoing support?

### READ THE FINAL STAGE OF THE SCENARIO TO THE GROUP:

Later in the assessment, Amina quietly admits she feels “completely alone.” She says she misses having people to talk to but fears trusting anyone after what happened. She expresses shame and worries she will “never be normal again.”

When asked what she hopes for, she says she wants “a fresh start,” “people who actually care,” and “a reason to get up in the morning.”

### Prompts to explore with the group:

- What positive social connections could help Amina recover?
- How do you gently challenge her belief that she is alone or undeserving of support?
- What long-term supports can reduce the likelihood of re-exploitation?

### Suggested facilitator points:

- Rebuilding her network may involve reconnecting with safe family members, linking to community groups, and establishing peer support.
- Encouraging involvement in meaningful activity (education, volunteering, therapy groups) can rebuild confidence.
- Consistent professional relationships support trust and resilience, reducing her vulnerability to further grooming.

Set aside 5 minutes at the end of the session to complete the [critical reflection survey](#).

