

Final Conference Report
of the Project
Joint Efforts of Police and Health Authorities in the EU
Member States and Third Countries to Combat and Prevent
THB and Protect and Assist Victims of Trafficking

on

"New Forms of European Partnership and Cooperation in
Combating and Preventing Trafficking in Human Beings"
Brussels, 6 March 2014

Egmont Palace,

Summary of the conference

Introduction

As a result of two years long efforts undertaken by Payoke Belgium along with the University of Krems and Pécs the **final conference** of the EU funded ISEC 2010 project on "Joint Efforts of Police and Health Authorities in the EU Member States and Third Countries to Combat and Prevent THB and Protect and Assist Victims of Trafficking" took place **on 6 March in Brussels. Project participating** governments and civil society organisations from Albania, Austria, Belgium, Hungary, Italy, Luxembourg, Moldova, Netherlands, Norway, Portugal, Sweden and UK, along with EU Agencies such as FRONTEX, EUROPOL, EUROJUST, UN specialized agencies and the NGO community sought to build **new forms of multidisciplinary partnerships** and strategies aiming at **protection of victims of trafficking while promoting cooperation between the law enforcement and health authorities.**

In presenting the results and achievements of the project the conference also discussed **innovative tools for sustainable cooperation between the medical field and law enforcement**, making thus a first step in the process of implementation of the **2011 EU Directive** on preventing and combating trafficking in human beings and protecting its victims. The conference has brought together over 200 participants representing governments from a number of EU and non-EU countries with a permanent representation in Brussels, EU institutions and Agencies, academia, NGO's and private sector. What follows is the summary of **the most salient issues** raised and discussed during the conference:

Presentation of awareness film spot by Ms Patsy Sörensen

Ms Patsy Sörensen, Director of Payoke and Mr. Peter von Bethlenfalvy Director of CEIPA opened the conference welcoming participants and offering a brief illustration of the goal, scope and results of the project. They extended their thanks to the European Commission, to the University of Krems and to all partners and collaborators who contributed to the success of the project.

The conference was opened by the film presentation produced on the basis of a survey carried out by Antwerp University and Payoke. The film demonstrated the unawareness of doctors and medical staff of trafficking but also showed the wiliness of medical practitioners to be better informed and proactive in fighting THB.

Ms Yasmine Kherbache ,Chief of Cabinet of Mr Elio Di Rupo, Prime Minister of Belgium

Since early 1990's the federal government of Belgium included fight against THB and the protection of victims among its priorities, along with actions aimed at fighting social exclusion, exploitation and smuggling of illegal migrants. Three specialised organisations (among which the Payoke organisation) as well as the Centre for Equal Opportunities, legally set up in 1995, became the main engine against THB and the source of new ideas and initiatives. Thus well before the international institutions demanded increased action against THB, the Belgian law created a de facto "National Rapporteur against THB". Every year the Centre publishes a report, including suggestions for new regulations and recommended practice. At a political level Belgium redoubled its efforts to implement EU Directive 2011/36/EU. The anti- trafficking law adopted in 2013 by the Belgian parliament in accordance with the EU Directive lays down maximum sentence for acts related to sexual and labour exploitation of victims of human trafficking. Because international cooperation is essential in further efforts to tackle trafficking, the Belgian government lends its full support to the EU Directive and EU 2012-2016 Strategy towards the eradication of THB.

Ms Krisztina Berta, Deputy State Secretary for the EU and International Relations, Ministry of Interior, Hungary

According to the ILO 880 000 persons are annually trafficked for the purpose of forced labour in the EU alone. Because THB is a complex phenomenon requiring multifaceted approach and long term solutions, Hungary fully supports the extension of anti-trafficking partnership to the health sector. Raising awareness at local and national level, while furthering cross-border cooperation are the key measures along with joint research and building capacities of all concerned stakeholders to prevent THB, protect victims and punish the criminals. As a source, transit and to a certain extent destination country, Hungary adhered to international and European legislation and has set up the necessary internal structure against trafficking, with the Ministry of Interior as the main responsible partner. Strategic planning and concrete actions are set out within the National 2008-2012 Strategy against trafficking. What is still needed is more local cooperation, among churches, NGOs, social services and law enforcement in a formal and informal manner and the better use of existing instruments provided for in different national, European and international laws and conventions.

Ms Michèle Coninx, President of Eurojust

Prosecution is one of the essential parts of anti-trafficking policy. Judicial cooperation among EU member states, enabled and facilitated by Eurojust is often essential, as trafficking more often than not involves several member states. Good prosecution usually starts with the exchange of information, for which timing is crucial, as the delay may result in missed opportunity. The European Arrest Warrant instrument greatly facilitates the otherwise complicated extradition procedures that in turn may result in subsequent conviction and seizure of criminal assets. In 2012 Eurojust registered 84 and in 2013 60 THB cases.

The so-called EU Policy Cycle which establishes a multi-annual programme (for the duration of 4 years) and defines clear methodology for setting, implementing and evaluating priorities in the fight against organised crime, includes trafficking in human beings among its eight priorities. Effective cooperation between EU member states law enforcement agencies, EU institutions, EU Agencies and relevant third parties should aim at providing coherent operational action targeting the most important threats the EU is facing. For Eurojust the main priority is a good intelligence gathering, but also the judicial follow up. Among 102 Joint Investigation Teams supported by the Eurojust in 2013, 102 were devoted to drugs and human trafficking. EMPACT (the European Multidisciplinary Platform Against Criminal Threats) is an ad hoc management environment used to provide cooperation platform of the relevant MS's, EU Agencies as well as third countries and organisations to address international organised crime priorities. Using the EMPACT analyses Eurojust is now able to take its own initiative and

launch a project without waiting for the request of Member States, as it was the hitherto practice.

Katarzyna Cuadrat-Grzybowska, European Commission, DG Home Affairs, Legal Adviser, Policy and Consultation

The project's multidisciplinary approach is fully promoted and supported by the EU. While placing the victim at the heart of its policy, the EU is keen on carrying forward the strategy based on gender and human rights underpinned by the so called 4 P's approach (Protection Partnership, Prosecution and Prevention). With all available instruments in place, framed by an ambitious legal framework, the EU is ready to fund projects aimed at the implementation of its planned strategy. The full transposition of the EU Directive which is the first legal instrument adopted after the entry into force of the Lisbon Treaty (20 MS transposed the Directive until now) should be supplemented by functional implementation in which the victim occupies a central place. Because the Directive obliges Member States to work with civil society, the Commission has launched the Civil Society Platform initiative in May 2013 encompassing 1100 organisations and providing framework for cooperation and exchange of information. All stakeholders need to be informed about the rights of victims which are listed in a document to be found on the DG Home Affairs internet site. The creation of the EU Policy Cycle for organised crime includes THB as one of its eight priorities, while promoting full cooperation amongst EU Agencies.

Ms Corinne Dettmeijer-Vermeulen, National Rapporteur on Trafficking in Human Beings and Sexual Violence Against Children, the Netherlands

The Dutch National Rapporteur presented a case depicting a young girl who fell under the spell of her boyfriend who promised her a bright future in the Netherlands. But instead of the job she was hopeful to get she was forced to prostitution. She eventually ended up in the police station but the police was not able to deal with her psychological trauma caused by trafficking. Her poor health didn't enable her to press charges either, even two years after she was freed from her trafficker. This case was presented to demonstrate the importance and necessity of developing close cooperation with health authorities. Both police and health practitioner, each of them acting from a different perspective, protect the victim and contribute to the better prosecution and conviction. Improved health state of a victim increases chances of a better and more reliable testimony in court proceedings. Medical support and care (both physical and psychological) in the course of criminal proceedings not only help the victim's rehabilitation/recovery but by facilitating prosecution and eventually conviction help the seizure of criminal assets and consequently victims' compensation for the damage inflicted as a result of trafficking.

**Prof. Dr Gudrun Biffi, Dean, Faculty of Migration and Globalisation, University
Krems**

The Joint Efforts ISEC project was a very challenging exercise for project partners. This was partly due to the lack of awareness of the medical profession about trafficking. In addition, different Member States have different traditions and access to health system, especially when it comes to illegal migrants. Not all victims of THB are migrants/irregular migrants, but many are, and in this case the prospective of victim's protection in terms of respect of human rights and gender equality depend upon the way each country deals with irregular migrants. This includes their access to health services, the regulations concerning their status, the availability of NGO support services, the sensitivity of health and mental health professionals to cultural differences, the role of interpreters and the importance of being knowledgeable about the victim social and cultural and religious background (as in the case of Voodoo victims). Apart from international cooperation and coordination of national procedures, bridges need to be built and interface created between different professions such as social workers, police and medical services. Education and training should be strengthened especially at the level of university with programmes and courses designed for the ground level management professionals. Building knowledge and providing training on especially vulnerable groups should be added to training curricula of health workers, and law enforcement, to enable professionals to deal with victims' health problems and at the same time securing evidence that can be used during judicial proceedings. Against this backdrop, Krems University, in their capacity of the main project partner, has developed the Handbook for professionals at the interface of police and health authorities, following holistic, human rights approach based on focusing on victims and ensuring their empowerment in terms of their mental and physical health and social needs.

**Ms Elona Gjebrea, Deputy Minister of Interior, National Anti-Trafficking
Coordinator, Albania**

Albania has extensive experience with trafficking in human beings and has developed a complex institutional mechanism to counter it (in 2013 Albania registered 95 VOT with 55 referrals from government institutions and 40 from NGOs). The National Action plan and Guidelines developed in cooperation with municipalities adopt the victim centred approach which encompasses medical care, education and legal advice. However, in spite of anti-trafficking measures forced labour and internal trafficking show no signs of abating. As a response, Albania has recently launched a new initiative in form of free mobile units established for the identification of trafficked victims. A Task force created in October 2013 between state police and general prosecutor is aimed at improving results in criminal proceedings and tackle the problem of a low number of convictions.

Baroness Sophie Jekeler, Director, Samilia Foundation

Set up in 2007, Samilia Foundation deals with THB for the purpose of sexual and labour exploitation. Next to the objective of raising awareness on labour and sexual exploitation the Foundation works with youth in countries of origin, seeking cooperation with business private sector to promote corporate social responsibility. Samila's ultimate objective is to promote prevention and a better protection system. The Foundation has developed partnership with different countries of origin of victims, such as Romania, Moldova and some African countries. Its focus is to create strong public-private partnership to improve prevention and enable integration/reintegration of victims. In cooperation with the ACSIS NGO in Romania, Samilia Foundation has carried out a project targeting vulnerable young people facing the risk of social exclusion. It published and distributed manuals for vulnerable single mothers which succeeded in reaching out to 1000 students through awareness raising activities, individual coaching and drawing contest. The project resulted in the increased awareness of THB and its gender aspects. Working together with big international companies such as Delhaize in Romania, Samilia has produced Manuals and DVDs for professional training aimed at endowing former victims with skills and thus enabling them to get a decent job and improve their prospects of reintegration after return. In Africa (Ivory Coast first, then extended to Benin and Senegal) a project was carried out against trafficking in football, by strengthening peer to peer contacts and reinforcing prevention of THB among young football players. More efforts are needed to protect victims in the countries of origin and improve their reintegration by strengthening cooperation with socio- economic sector, including private companies.

Dr Tom Goffin, Professor of Biomedical Ethics, and Law, Catholic University of Leuven, Representative of Medical Council of Belgium

In order to illustrate the link between the physician and the phenomenon of trafficking, a case was presented depicting a medical doctor who although being a GP, performed an abortion on a woman who was forced by her pimp to undergo an abortion. The doctor was charged and sentenced, but following the appeal the punishment was suspended so he did not spend any time in jail and was still (and still is) able to continue his medical practice. At present no direct action is yet possible in urgent situations to stop healthcare professionals from practicing (and causing damage to vulnerable victims). However, the above mentioned case raised awareness and triggered a discussion within the National Council of the Belgian Order of Physicians about the need for legislation that would prevent this kind of situation to happen. In June 2013, the Minister of Health proposed a new law aimed at preventing medical doctors from taking part in trafficking by verifying the license status and disciplinary history of a healthcare professional and in this way undertaking timely action to ensure that he/she cease practicing. The Council of Ministers approved the proposal.

Better laws and their effective enforcement should be promoted to stop physicians performing illegally or unprofessionally with cases of trafficking in human beings.

Mr Hendrik Sjölander, Director, Ministry of Justice, Sweden

The issue of medical secrecy was raised with its different legal and ethical aspects. The Swedish law enables the physician to refer the case to the police if the sentence for the suspected crime is at least one year. This provides medical doctor with a room of manoeuvre to decide whether to get in touch with the police or not. Doctors need to have some room for self-assessment, but there must be a coordination system that ties together the medical and law enforcement sector. The basic principle from the point of view of law enforcement is to protect. This should be the core of all victims' protection intervention. Because various administrative structures in EU member states are not designed to tackle a complex phenomenon of trafficking, the ISEC project is an excellent opportunity to raise the issue of medical secrecy with respect to cases of THB.

Mr Gerald Tatzgern, Federal Criminal Police, Ministry of Interior, Austria

The two topics discussed were: the responsibilities of health authorities in fighting trafficking and the information exchange between the police and health sector. Next to the usual 4 P's approach a 5th P should be added to cover Proactive intelligence investigation, as stipulated by the EU Directive. Gathering and sharing information with the health sector would greatly help police to start investigation, although the hitherto experience shows the reluctance of health professionals to actively cooperate with the police. Austrian Clinical Forensic Outpatient Centre, however, does provide reports, refer victims to the police and collect useful evidence. Medical doctors and other medical professionals should be empowered in order to be able to build trust in their relationship with the victim. The operational sequence of THB may take weeks and months, and the importance of evidence may decrease with the time. Whereas early medical doctor's report on injuries could be critical, it is also important to ensure appropriate medical support to victims in the 30 days of reflection period. It may be useful to envisage regulating the relationship between doctors and police, as there are no clear regulations for the time being.

Mr Willem Debeuckelaere, President, Privacy Council, Belgium

In spite of the difficulty to combine the protection of medical secrecy and a good will to fight trafficking in human beings there is a room for manoeuvre to find a solution. Medical secrecy can indeed be an obstacle to combat trafficking but there are provisions that give higher priority to access to information to be used by law enforcement over right to privacy. In other words, medical secrecy can be an obstacle, but also part of the solution. First, it's important to respect the victim's own privacy. Once confronted with the criminal proceedings, the medical doctor may have a liberty to breach confidentiality

if the interests of the victim are at stake. Enshrined within the Deontological Code and the Penal Code, privacy encompasses all information given by the patient to his doctor. However, if the objective to disclose medical information is a noble one and can serve to protect victim, the privacy principle could be overlooked. This is sometimes called “a grass root activist exception”. In 2000 the Belgian Penal code introduced an article stipulating that the medical confidentiality could be breached if the case involves a minor (following the Doutroux case). This principle was in 2011 expanded to all individuals in situations of vulnerability, because of age, pregnancy or other factors. Consequently, this should be applicable to THB, allowing the practitioner to disclose protected medical information to the public prosecutor (not police). Such principles are also applied to cases of domestic violence, with which trafficking share some common features.

Mr Emilio Nuzzolese, Forensic Expert, University of Magna Grazia, Italy

In order to improve victims' identification, all health care providers should have a better understanding of all types of abuse caused by trafficking. This is not only important to assure better victims' protection but to encourage their testimony and support evidence collection. Even though clinical and forensic aspects of medical disorders belong to two distinct categories they need to be blended when it comes to trafficking in human beings. The importance of the ISEC project is that it was the first initiative making a bridge between clinical and forensic evaluation. Medical doctors should be able to recognise signs of abuse or torture and gather data on medical history which they can then share with a police. However, few medical providers are trained to recognise signs of abuse, even though they may be the first to come in contact with the victim. For this reason, it would be necessary to strengthen cooperation between medical doctors and forensic experts and add forensic expertise to the medical examination. The combination of these two aspects could lead towards better victims' identification and referral. Symptoms such as pelvic pain, urinary difficulties, headache, dizziness, spells or back pain may point out to the signs of abuse. The same goes for illnesses such as HIV, unwanted pregnancies, infections, physical and psychological trauma, malnutrition, the sentiment of humiliation or denial. Apart from this, forensic experts are the best placed to assess the age of victim-minors who are often deprived of identification documents.

The representative of Philippines, **Mr. Reynaldo A/ Catapang** from the **Office of the Undersecretary for Migrant Workers, Philippines** stressed the importance of Philippines as founding member of international multi-stakeholder Group of Friends United against Trafficking. The Philippines Department of Justice and other ministries protect Filipino migrant workers by providing lawyers, paying legal fees and assisting with shelters and well-being of victims.

Ms Helga Konrad, President, Austrian Institute for International Affairs

Over the years trafficking has long been a topic of priority. Now, when all the instruments aimed at countering and fighting trafficking are in place the question is what still needs to be done. First and foremost there is still a lack a political leadership to enable and encourage those who are working on this issue. This is aggravated by the fact that trafficking, often part of a larger migration agenda, focuses on needs of the countries of destination in the interest of anti-migration measures and national security. Coupled with the confused perception about illegal migration, smuggling, trafficking and prostitution, there is a tendency to brush off the issue of trafficking to the benefit of state security and interests. Root causes that lie at heart of the problem and could be linked to a broader agenda between source and destination countries encompassing development, trade and foreign policy are often neglected and overlooked. Surprisingly, after years of anti-trafficking action little is known about the impact of anti-trafficking measures on trafficked persons, nor is it known what really works in practice. Instead of more rhetoric and academic research on factors that are difficult to change more should be done to insure better implementation of existing measures, with the emphasis placed on human rather than state security.

Mr Nicholas Le Coz, President of GRETA, Council of Europe

Since 2008 the GRETA mechanism has been established to monitor and follow progress of implementation of the Council of Europe's Convention on Actions against trafficking. Ratified by 41 countries this Convention is applicable far beyond the borders of the European Union. Even though there are no legal obligations of enforcement, national governments can give this power to national coordinators. The obligation of partnership with civil society is stipulated by the CoE Convention, whereupon GRETA assesses and reviews the success of partnership. Identifying victims of trafficking remains a very challenging task for which a full cooperation with civil society is necessary. More training is needed for health professionals to be able to recognise victims that have been trafficked for the purpose of sexual exploitation, labour exploitation and trafficking of organs.

The second GRETA evaluation round will be carried out in 2014.

Mr Duco van Heel, Anti-Trafficking Coordinator, FRONTEX

According to the ILO, out of 800 000 people estimated to be exploited as a result of trafficking only 8000 are identified. Even though this fact alone proves the challenges of identification, it is equally necessary to focus on what to do once the victim is identified. FRONTEX, for its part has developed training material designed to improve the skills of first line officers and ensure that the available procedures are used. Frontex has also put an effort in raising awareness of border guards on how to cater for trafficked victims while using standard operating procedures.

Ms Diana Muntean, Director of Labour, Social Protection and Family, Republic of Moldova

Being a country of origin of the victims of trafficking, Moldova is an example of a well-designed, inclusive and multidisciplinary anti-trafficking institutional framework in particular with regards to the policies of reintegration of returned victims

As of 2001 Moldova is endowed with the National Committee for Combating THB (further “the National Committee”) whose aim is to coordinate activities of all relevant institutions involved in anti-trafficking efforts, submit proposals to the Government, supervise the implementation of anti-trafficking policies, initiate new legal measures and organise awareness raising campaigns. The Committee is composed of a number of Ministries (Interior, Labour & Social protection, Foreign Affairs, Justice Culture, Education, Sport & Youth, IT & Communication and bodies (Office of the General Prosecutor, Information & Security service, Border guards, Licensing Chamber and the President’s office). At the local level the anti-trafficking policies are carried out by THB territorial commissions set up in each region and administrative district of Chisinau. The 2010 set up of the Permanent Secretariat (PS) of the National Committee was a further step forward aimed at increasing the efficiency and ensuring better coordination among participating ministries, NGO’s and international organisations.

Mr Steve Harvey, Law Enforcement Expert, United Kingdom

The implementation of the Payoke ISEC project will make an impact not only on victims’ identification but also on prosecution turning it into pro-active, instead of reactive investigation. Health care professionals are in a unique position (that the police officer is deprived of) to stop trafficking in human beings and prevent further exploitation. The Payoke project has a potential of making a real difference and improve effectiveness of combating trafficking in human beings.

In Concluding remarks **Ms Patsy Sörensen, Payoke Director** thanked the participants for a fruitful and interesting discussion. She recalled the beginning of the Payoke activities 27 years ago when nobody was dealing with trafficking in human beings. Represented at the 1995 UN Conference in Beijing it was the NGO involved in working with the victims and fighting trafficking. Further actions by policy makers should address the issue of the lack of NGO funding and not lose sight of the root causes of trafficking that lie in the fight against poverty.

Conclusions

By striking a **balance between human rights and security approach** the “Joint Efforts” Payoke project, concluded in the high level conference on *“New Forms of European Partnership and Cooperation in Combating and Preventing Trafficking in*

Human Beings" on 6 March 2014 in Brussels, succeeded in **raising awareness of medical professionals** that the issue of trafficking is an important societal subject in which their profession can and should play an important role. **The Manual and handbook for practitioners** developed as final deliverables of the project are an essential tool for health professionals who come into contact with victims of human trafficking. The use of the Manual, Handbook and Pocket cards designed and developed within this project will empower medical profession in **identifying the victims of human trafficking** and contributing to **their rehabilitation** and recovery while improving **victims' ability to cooperate with law enforcement authorities** during judicial proceedings.

By extending cooperation to **health professionals** this project was the first to put in practice the **multidisciplinary approach** recommendation by the EU Directive and promoted by the EU Strategy towards eradication of THB . The project experience as well as the lessons learnt can serve the EU Member States and European policy makers in further development and improvement of anti-trafficking policy

For more information about the ISEC Project please visit www.payoke.be and www.joint-efforts.org.

Contact Information

Payoke vzw. Leguit 4., 2000 Antwerpen
Belgium
E-mail: : project@payoke.be
Tel.: +32 3 201 16 90