



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

Training Implementation

London, 29 October 2013

Summary of the meeting

The meeting took place in the premises of the Bishop's Conference and was chaired by Mr Kevin Hyland, Detective Inspector and Head of Metropolitan Police Human Trafficking Unit. About twenty participants from the UK grass root organisations dealing with THB, health and issues closely related to trafficking, took part in the training. It was one of the best project opportunities to test the training manual and receive the feedback from highly qualified individuals representing both the police and health sector.

What follows is the summary of **the most salient issues** raised and discussed in the course of the training:

There is **an overwhelming agreement that the medical professionals should know more about the issue of human trafficking**. Raising awareness and carrying out practical training sessions in which signs and indicators that point to the possible victim of THB are explained could enhance capacities of medical practitioners. It is also important that the **medical evidence** collected during a patient/victim examination could prove to be crucial for **judicial proceedings** (prosecution, sentencing and conviction of traffickers). The TV documentary presented at the meeting had highlighted the inability of social workers to recognize, due to lack of knowledge, the plight of the girls when they came to ask for help. It also showed the difficulties the police had when it came to convicting the perpetrators, to prove that the girls had been **trafficked** inside the UK. These observations give a way in to think about new ways, to form better working relationships between police and social workers and health care workers.



All participants agreed that in spite of the large number of existing mandatory trainings, one for **THB is not yet part of the agenda**. (The London session nevertheless revealed that the knowledge, practice and awareness of the UK practitioners and grass root social workers are much higher than in other countries in which the ISEC Project Manual was presented or tested). A change in attitude is needed in conjunction with a new commitment by general practitioners, nurses, health workers and the police working together, a new form of Human Rights Medicine. Because the victim is likely to be of a foreign origin with poor or no command of the language of the country where she was trafficked to, **the role of interpreters** is crucial for the correct understanding of the victims' condition. In order to be able to recognise the signs of trafficking it is important for medical practitioners to establish **a trustful relationship with the victim**, ideally over a few appointments. However, traffickers are usually very careful in avoiding the forming of bonds between the victim and any other person that may get in contact with her. Hence, the need to equip health professional with a short and clear information on THB. Equally important are the training and the pocket cards for medical professionals with key information about trafficking and the instructions on how to deal with it. **Victims' indication list** for the front line health officials which would sensitize them to abuse, THB, violence and forced marriage practice is highly recommended. Trafficked victims are often trained to give false statements and wrong answers, the reason more to design the indication list carefully.

Although the training of doctors, nurses and other medical staff could be difficult and is sometimes perceived as time consuming, the training practice introduced **on the issue of child protection** showed that **the doctors, albeit reluctant at the beginning, are now very responsive** and even ask to be trained.

With regard to the trafficking issue two critical points were reiterated several times during the meeting: **the list of trafficking indicators for health care professionals and the instructions on what to do once there is reasonable doubt that the patient could be a trafficked victim**. The latter one is extremely important and need to be further discussed as there is no clear answer at this stage on what the health practitioner should do, whom he/she should call/inform or whom he/she should refer the victim to in order to ensure her security, safety and protection. Even though domestic violence signs might resemble those of trafficking, there is still a need for training on trafficking as a specific subject. Given the lack of time of medical professionals **the training needs to be short and focused**, concentrating on "glossy" issues which first draw the attention of a practitioner. 15 hours of professional training a year would be enough to initiate a medical practitioner to the issue of THB. 1-2 hours of training for a police officer is recommended.

The training could be added to the already existing **safeguard training** which provides doctors with competences required in their child protection practice. The issue of **forensic examination** should be also addressed, as it would enable the age assessment of the victim, the issue particularly relevant regarding children and minors.



Ideally, the THB training should become **part of the GP's (general practitioner) University level curricula** and practical training. Taking into consideration the differences of each national healthcare system the training manual needs to provide a draft that should be easily **adaptable to the specific national circumstances**.

In addition, workshops with law enforcement, social actors and other professionals dealing with trafficking in human beings could enhance technical and human rights skills of health practitioners. This face to face “confrontation” should be awarded by a **training certificate** in conformity with medical profession criteria.

Main conclusions of the meeting:

- 1. Increase identification of victims**
- 2. Training more people to be able to identify victims of human trafficking - should be a statutory requirement and should include all healthcare professionals and social workers**
- 3. Training could start for doctors and nurses at university level and should be included in the curriculum**
- 4. A training model should be created**
- 5. Accountability for each practice should be in place**
- 6. Partnership between police and healthcare professionals is needed.**

Evaluation criteria for future training for medical professionals (How to evaluate the outcome of the training on THB?):

1. Raising awareness- training should achieve **high level of awareness** on what trafficking is and how it happens
2. **The number of professionals** trained (how many people learnt what trafficking is and how to identify the victim)
3. The number of identified victims



4. The **number of victims referred to** other organisations responsible for their safety, assistance and care
5. The **number of trainers** that can perform further trainings
6. **Multiagency partnership**- the result of the training should be measured by the nature, solidity and durability of partnership set up between different agencies/stakeholders (law enforcement, social workers, health professionals)

In the longer run, THB training should become part of the CPD (Continuous professionals development). Equally, health institutions should establish policies and procedures to deal with trafficking in human beings.

List of participants:

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