



# **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**

**Stockholm, 11 December, 2013**

### **Summary of the meeting**

The meeting took place in the premises of the Ministry of Justice in Stockholm. About twenty five participants including those from Swedish governmental and non-governmental organisations dealing with THB, health and issues closely related to trafficking, took part in the training. After the London project training implementation (29 October 2013) the one in Stockholm provided yet another opportunity to exchange best practices with highly competent Swedish participants. What follows is the summary of **the most salient issues** raised and discussed in the course of the training:

In the opening session, our Stockholm partner underlined the importance of the ethical and trust building aspects of the project. The exchange of views and practices, the face to face contact and trust building among participants from different European countries is as important as the legal and judicial aspects of this project.

The presentation of the Project training manual conducted by the main project partner, the University of Krems, revealed the complexity and the difficulty of the phenomenon of trafficking, particularly when it comes to the active involvement of the medical profession. During the drafting of the Manual the building of cooperation between medical doctors and law enforcement was often laid with misconceptions and mistrust, aggravated by the differences in concepts, semantics and practice, characteristic to each and every profession. Cutting across different professions and building trust among practitioners turned out to be the most challenging aspect of the manual development. Drafting a manual for the medical profession was also a learning process, as it addressed various challenges, including the setting of a theoretical background, as well as putting forward practical recommendations aimed at building trust of a patient/victim of THB. Taking into account the limited time available to a medical practitioner, the manual was conceived as a tool for training of trainers. Difficult to communicate were the reasons for the medical profession to be involved in judicial proceedings, given the fact that trafficking is a crime and a grave violation of human rights. Issues that remain to be clarified further include the notion of general (standard operating) procedures as well as the instructions on how to help separate (extract) the victim from a trafficker.



Important to understand is that each and every information - however negligible it may seem - is crucial for police investigation and prosecution. A couple of apparently worthless pieces of information may produce the understanding that may help the police to track traffickers and dismantle criminal gangs- (0+0+0+0=1).

According to the experience of the Dutch Prostitution and Health Centre, building trust and promoting exchange of cooperation among principal stakeholders involved in the fight against trafficking is an essential part of the anti-trafficking effort. Victims, often reluctant to talk to the police are more willing to disclose valuable information to NGO and social workers, who in turn can help the police in the course of investigation. Partnership and team building between police, social workers, health practitioners and lawyers help victim's recovery and rehabilitation as much as it furthers judicial proceedings. Even where the principle of the medical secrecy needs to be respected, medical practitioners exchange information with social workers and the information is later passed on to the police. Nurses cooperating with the Centre are in contact with doctors in various hospitals, in case the victim's health condition requires further special examination and care. Nurses and doctors in abortion clinics are trained to recognise trafficking signals. They provide advice to victims about the possibilities of leaving the trafficking ring and finding refuge in one of the shelters or centres specialised for victims of THB. Social workers maintain regular contacts with hospitals. Because 96% of victims in the Netherlands are victims of sexual exploitation, there is a practice to ask the clients of prostitutes to give information about possible victims of trafficking. An anonymous telephone number is set up to receive calls of clients who wish to disclose information about a possible victim. The Dutch model is an example of a trust model, built upon cooperation and trust among participants. As a result, most of the victims that come to the Centre wish to press charges against traffickers. However, there is certainly still room for improvement especially with regard to the closer health/police cooperation and trust building.

If the Dutch model is an example of a good practice, the Swedish model deserves certainly the same appreciation. Based on the bottom up approach this model promotes cooperation and trust among principal stakeholders. The National Task force against trafficking in human beings serves as a mediator between various institutions and various professionals involved in the ant- trafficking efforts. The value of personal commitment of people working in the fight against trafficking is even more important than the institutional setting. The social well-being aspect is equally important as victims do not always see themselves as victims. Similarity to the rape issue and the existing mechanisms that are designed to address the rape are also used in cases of human trafficking. In the case of rape, the sentences are so high that it is relatively easy to ask the doctors to cooperate. However, in cases concerning trafficking the law is so complex that it is difficult to build a solid trafficking case and be successful in court proceedings. In this respect the changes of the Swedish penal law in 2004 and 2010 brought about in order to simplify the procedures were welcome.



Swedish health practitioners have an obligation to document injuries and can override the principle of confidentiality if there is a suspicion of a serious crime. The alerted police bring the case immediately to the prosecutor and the forensic doctor is called to intervene if need be. However, this legal provision is connected to the level of penalties which in itself is not exactly a medical issue. This is a unique and peculiar rule since it implies that doctors are capable of and are supposed to make qualified assessments of how harsh legal punishment a particular injury would invoke if caused by a crime. From the Italian point of view it was noted that for this reason the forensic assessment should be part of the doctor's training, especially in emergency service units. Forensic background and awareness would prompt the doctor to ask the right questions during the interview with a patient/victim of trafficking.

The statement provided by a Swedish healthcare official shed light on the requirements of the health sector when dealing with victims of human trafficking. What is important is to keep it simple when it comes to the training of health professionals. Manuals and training materials are welcome but need to be clear and simple, given the time pressure in hospitals. Especially important are emergency units as they have contacts with all other specialised hospital departments. The Uppsala hospital procedures are based on 3-4 training sessions a year and the web based platform on new knowledge and best practices. Cases of domestic violence are well regulated as doctors know what to do and who to call. Regarding the fight against trafficking in human beings the advice is to continue raising awareness of all health practitioners and provide simple and short guidelines on steps to take and persons to contact when faced with a case of trafficked victim. The idea of pocket cards/posters combined with a study day for health practitioners could be beneficial.

The Swedish anti-trafficking model is functional and well organised and is therefore less attractive for traffickers. The coalition of partners working together consists of the National Police Board, National criminal Police, Specialised Police Units in Stockholm, Gothenburg and Malmo, the Prosecutors office and the Swedish Migration Board in Stockholm and Gothenburg. There is nationwide consensus on training of the key actors, supported by the production of national training modules on prostitution and THB. The target group varies and can include municipalities, counties regional cooperation groups, NGOs and individual case officers. Preference is given to the operational level cooperation that is then translated into the policy level, rather than the other way around. The revision of the operational cooperation plan including the strengthening of tools for victims' identification is periodically carried out. In bigger city areas social welfare officers operate within specialised police force units which have proved to be efficient and effective in providing assistance. Holistic approach, rather than criminal justice or victims approach in isolation is applied. Open, multidisciplinary training is provided in all sectors concerned with the aim to improve knowledge about trafficking indicators. Additional tools are available on the web with training and other necessary materials. To keep up with the complexity of the trafficking phenomenon there is a need to develop and constantly upgrade skills and thoroughly analyse operational cases.



Following the identification by law enforcement, the victim is taken care of by a social welfare officer and is given support and access to all facilities that may help his/her rehabilitation and recovery. This increases the likelihood of victims' cooperation as a witness in criminal proceedings. However, health services are still insufficiently informed, trained and involved in fighting trafficking, hence the need to continue efforts undertaken by the EC/Payoke ISEC project. The key for a successful action against trafficking is the building of multidisciplinary teams composed of law enforcement, social workers, health service providers and NGO's cooperating and working together. With regard to the health service providers one idea is to combine their response to trafficking with the one concerning domestic violence.

### **Conclusion and the way forward**

The Stockholm training was a good example of best practices exchange and experience. It provided participants with the opportunity to learn about different practices and models in different countries. If these models are not transposable directly due to the administrative and legal particularities of each and every country, they still provide good lessons on what works in practice. All participants agreed that the closer involvement of health practitioners in anti-trafficking strategies should be pursued in all countries. More awareness raising and training is needed to sensitize healthcare professionals about the issue of trafficking and their role in combating the phenomena. The results and the achievements of the ISEC EU/Payoke project should be taken forward in order to ensure the sustainability of the project.

The final Project conference scheduled for 6 March 2014 will mark the end of the Joint Efforts ISEC project. It will address the issues of relevance of present and future anti trafficking policies, as well as methods of cooperation and partnership that can improve victims' identification. The complex definition of trafficking and the challenges of conviction and sentencing of perpetrators will also be discussed. The concept of multidisciplinary cooperation and the setting up of multidisciplinary teams of professionals will be given due consideration as a contribution for the future anti trafficking measures at national and EU level.

For more information about the Project please visit [www.payoke.be](http://www.payoke.be) and [www.joint-efforts.org](http://www.joint-efforts.org).

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