




Human Trafficking: WHAT TO DO?

*A Practical Guide for Healthcare Providers,
Law Enforcement, NGOs & Border Guards*

Published by Payoke
with the financial support of the European Commission
DG Home ISEC Programme (HOME/2010/ISEC/AG/062).



Sincere gratitude is hereby extended to the following individuals and organizations without whose kind support and engagement the “*Joint efforts of Police and Health Authorities in the EU-Member States and Third Countries to Combat and Prevent Trafficking in Human Beings and Protect and Assist Victims of Trafficking*” project would not have been possible.

First and foremost our thanks to the European Commission for the financial and administrative support of this project.

We are grateful to our project partner, the Danube University of Krems, the members of the Project Expert Group and Steering Committee for their guidance and insights as well as for providing necessary information regarding the project and also for their support in completing the project. We are thankful to Soroptimist International for their financial support and engagement. Our special thanks and appreciations go to Griet Peeraer, Lucile Smith, Navjot Sanghera, Dirk Calemyn, Ward Gabriëls, Steve Harvey and Emilio Nuzzolese who have contributed to this handbook and willingly helped us with their abilities.

We would like to express our gratitude towards our partners in Albania, Belgium, Hungary, Sweden, Luxembourg, The Netherlands, Portugal, Romania, Austria, Moldova, UK, and Norway as well as selected third countries for their kind co-operation and encouragement which helped us in completion of this project.

The Payoke Project Team

Jan Broers, President Payoke

Patsy Sörensen, Director Payoke

Peter von Bethlenfalvy, Project Coordinator

Jelena von Helldorff, Project Quality Evaluator

Helga Telegdi, Project Manager

Dominique Foubert, Financial Manager

Martine Messiaen, Project Administrator

Content

FOREWORD	4		
CHAPTERS			
I. What is human trafficking?	6		
II. Legal implications	10		
III. Why are health professionals important in the fight against trafficking?	12		
IV. How do you identify a victim of human trafficking?	16		
• Initial indicators	17		
• Physical indicators	17		
• Sexual indicators	19		
• Behavioural, psychological, and emotional indicators	19		
• Social indicators	21		
• Practical indicators	21		
V. Initial questions you can ask	22		
VI. Who can you contact? How?	24		
VII. Difficulties you may encounter	26		
• The perpetrator	27		
• Emotional and psychological state of the victim	29		
• Cultural barriers	29		
• Interpreters	31		
VIII. Special advice to healthcare professionals	32		
IX. The longterm role of medical personnel	36		
• Collecting the minimum forensic evidence	37		
• Treatment plan	39		
CONCLUSION	40		
		HANDOUTS	
		I. Test yourself	42
		II. Contact/Resource list	44
		III. Case study: Is this a victim of human trafficking?	48
		IV. Do's and don'ts in communicating across cultures	51
		V. What you may learn	54
		VI. Guidelines for active listening	58
		WORKS CITED	60
		RESOURCES	62
		COLOPHON	64

Foreword

Every year children, women and men fall into the hands of traffickers, whether it be within their own countries or abroad. Almost every country in the world is affected by such activities, and the trade is highly lucrative, bringing in an estimated \$32 billion per year in international trade (ILO, 2005). The underground nature of trafficking means it remains one of the toughest crimes to tackle.

This guide has been designed as part of the project: *“Joint efforts of Police and Health Authorities in the EU-Member States and Third Countries to Combat and Prevent Trafficking in Human Beings and Protect and Assist Victims of Trafficking”* (HOME/2010/ISEC/AG/062), funded by the European Commission ISEC Programme. This project calls for the diversification and broadening of anti-trafficking stakeholders with special focus on the involvement of medical personnel. It is geared towards increasing broader security interests and cooperation between law enforcement, healthcare professionals, judiciary, and non-governmental organizations in combating human

trafficking in Albania, Belgium, Hungary, Sweden, Luxembourg, The Netherlands, Portugal, Romania, Austria, Moldova, UK, and Norway as well as selected third countries. The Joint Efforts Project aims at ensuring that every area of society is aware and able to take part in the fight against this clear violation of human rights and enabling them to take action using the Directory of Hotlines that has been created within the framework of this project. The role of law enforcement officials, healthcare professionals, social workers and border guards is especially crucial. This guide aims to inform practitioners and is part of a broader need to improve cooperation and the protection of the rights of victims of human trafficking.

We hope that this guide will provide those who come in daily contact with the victims - law enforcement officials, healthcare professionals, social workers and border guards - with the necessary theoretical and practical knowledge needed to combat human trafficking, as well as enable them to provide better assistance, medical protection and victim support with the help of pocket cards and the Directory of Hotlines. Firstly, by identifying a victim these practitioners can contribute to the legal process of tracking down and hopefully prosecuting the victim’s perpetrator. Secondly, the needs of victims of trafficking are extremely significant. They suffer from extensive physical and mental health problems including “deprivation of sleep, extreme stress, the hazards of travel, as well as violence from the perpetrators” (Barrows and Finger, 2008). Moreover, the nature of their work is also dangerous. Prostitution often leads to violence, unwanted pregnancies and sexually transmitted diseases. Those working on farms or in factories are often placed in unsafe and unpredictable conditions. Due to the illegal nature of such activities, victims have often never been provided with any legal assistance, healthcare and support which compounds their mental and physical health problems, social exclusion and marginalization (Barrows and Finger, 2008). Therefore, combating trafficking in human beings is not only a security matter but a deeper issue of protecting fundamental human rights and equality for everyone.

We need your help!

I. What is human trafficking?

Human Trafficking is the process of recruitment and transportation of an individual from their community or country to a destination, through the use of deception or force, coercion, fraud, abuse of power, vulnerability, and/or giving payments or benefits to a person in control of the victim for the purpose of financial exploitation. It is classified as a modern day form of slavery and is a serious violation against an individual's human rights.

The International Labour Organization (ILO) estimates that an average of 10.9 million people have been in forced labour at any given point of time between 2002 and 2011.

There are many different types of human trafficking. It is a crime, and takes place 'underground' in illegal markets or industries that cater to criminal activity. Human trafficking also occurs within legitimate settings such as hotels and restaurants.

It is also important to understand that there is no standard definition of a victim of human trafficking nor can one generalize how they will react to their situation. Each trafficked person has a different story, a unique experience and will respond differently to their situation.

Some types of human trafficking include (but are not limited to):

Sexual

Pornography, prostitution, agencies (employment, au pair, modelling), Internet, nightclubs, bars, and cafes.

Labour

Domestic work, construction work (carpentry, renovation, tile laying), hospitality services and tourism (restaurants, bars, night shops, hotels), agriculture (fruit sector, greenhouse, farming), food industry



Throughout this guide you will find quotes from some of the victims of trafficking Payoke assisted. The space below each quote allows you to assess which 'type' of victim it is.

(slaughterhouse, canneries), street sales (pirated CD/DVDs, flower selling, advertisement leaflets), agencies (sub-contracting, employment), automotive and ship work (professional transport, car wash, pot work).

Organ trafficking

'Transplant tourism' involves not only the purchase and sales of organs, but also other elements relating to the commercialization of organ transplantation. The international movement of potential recipients is often arranged or facilitated by intermediaries and healthcare providers who arrange the travel and recruit donors. The Internet has often been used to attract foreign patients.

Other types of trafficking

Child trafficking, forced marriages, fake marriages, forced begging, pick pocketing, drug smuggling, illegal adoption of children, kidnapping and child soldiers.

II. Legal implications

Human trafficking is considered a crime through various bodies of law at the national, European, and global level. Most notably, the United Nations developed the UN Convention against Transnational Organized Crime in 2000 and the Palermo Protocol specifically to prevent, suppress and punish trafficking in persons, especially women and children in 2000. This protocol has been ratified in 154 states, indicating the breadth of its outreach and scope, binding all states to the international fight against human trafficking. The United Nations Office on Drugs and Crime (UNODC) is responsible for the implementation of such protocols and assists states to create national anti-trafficking policies, so that each state can make the fight against trafficking a priority.

At the European level there are numerous laws and treaties that adhere to the above definitions of human trafficking. The following legislations are the basic legal documents in Europe surrounding the issue of human trafficking:

- The Charter of the fundamental rights of the European Union (2000)
- The Council of Europe Convention on Action against Trafficking in Human Beings (2005)
- Directive 2011/36/ EU on preventing and combating trafficking in human beings and protecting its victims (2011)
- The European Union Strategy towards the Eradication of Trafficking in Human Beings (2012-16)

As such, human trafficking is a crime to be considered seriously and retains severe consequences for both the trafficker and the trafficked.

Member States shall take the necessary measures to ensure that an offence referred to in Article 2 [Offences concerning trafficking in human beings] is punishable by a maximum penalty of at least five years of imprisonment (European Union Directive 2011/36/EU, Article 4).

III.

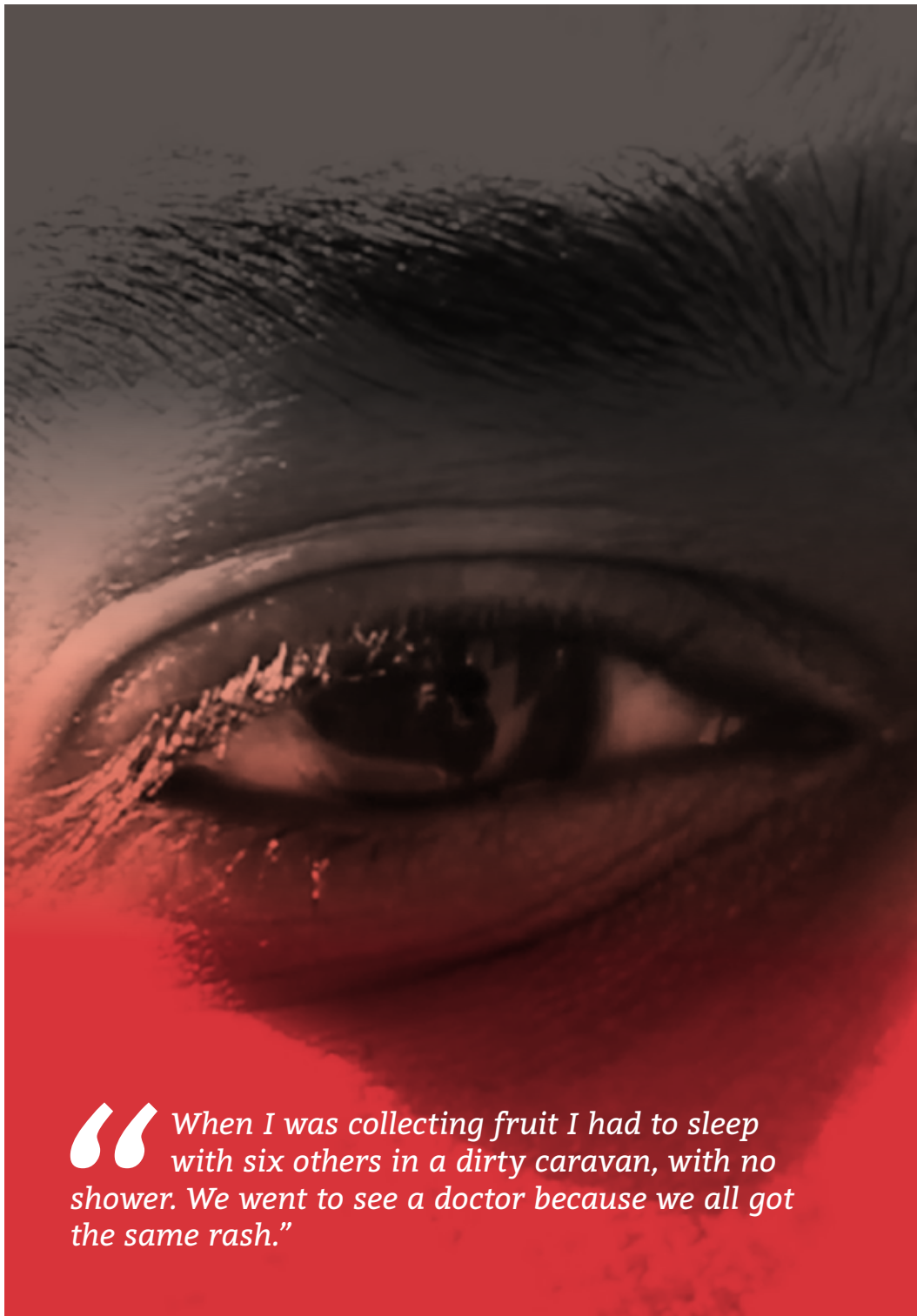
Why are healthcare professionals important in combating trafficking?

Healthcare professionals provide medical services to individuals, families, and/or communities. This includes nurses, family doctors, medical specialists working in hospitals, pharmacists, and other allied health practitioners. Healthcare professionals working in the medical field are important on multiple levels in a trafficked person's struggle towards receiving help, and even exiting the system of exploitation entirely.

Firstly, a medical personnel is sometimes the only person a trafficked person comes into contact with outside his/her exploitative environment: this is relevant to medical doctors, dentists, nurses, paramedics, receptionists. Healthcare professionals are in a unique position to see these victims while they are still in captivity (physical and/or emotional), and thus have a chance to free them (Barrows and Finger, 2008). This help can come in the ways of being able to collect concrete **evidence and data** during the medical examination that would support a trafficked person's case (see part IX), as well as referring them to other resources that can provide them with further assistance emotionally, mentally, legally, etc. Cooperation between healthcare professionals, law enforcement officials and NGOs is therefore indispensable.

Second, "as a result of their horrific ordeal, these victims suffer from many unique **health consequences** that require accurate diagnosis and treatment from properly trained professionals" (Barrows and Finger, 2008). Many times victims of human trafficking will not have access to adequate health care due to their oppression and control by the trafficker. By offering patients a complete examination, healthcare professionals can give them a better chance at life and escape from illness that is so often accompanied by their situations of physically and/or sexually abusive environments.

Finally, the relationship between doctor and patient is usually one in which a patient will hold much trust in their doctor or the healthcare professional. There are not many other instances where a patient will



“When I was collecting fruit I had to sleep with six others in a dirty caravan, with no shower. We went to see a doctor because we all got the same rash.”

disclose or be able to disclose personal details about their life (i.e. rape, beatings, emotional distress, etc.), and a professional will be able to aid them knowing the entirety of their oppression as a victim of trafficking. Thus, doctors can have a great deal of privilege in shaping a better, healthier world for this person, but also immense responsibility in terms of balancing confidentiality and the trust of their patient, with legal and ethical concerns.

66%

of medical doctors are not familiar with the physical complaints related to Human Trafficking. (Payoke - University of Antwerp)

82%

of medical doctors say they have never been in contact with a victim of Human Trafficking. (Payoke)

88%

of doctors are not familiar with the referral system related to Human Trafficking, but would like to know. (Payoke)

28%

of Trafficked Persons encountered a healthcare personnel while they were being trafficked. None of them were freed. (World Childhood Foundation, 2005)

IV.

How do you identify a victim of trafficking?

Initial indicators

- Is the person/patient accompanied by another person that seems to be controlling?
- Is the accompanying person giving the information?
- Is the person/patient fearful or submissive?
- Does the person/patient speak the native language?

Physical indicators

- Contusions, cuts, burns, and broken bones from abuse or torture.
- Appearance of extreme exhaustion (dark circles under the eyes or puffy eyes, slow body movements), ashen complexion.
- Any pharyngeal trauma (lacerations, tears), weak eyes from working in a dimly lit environment or sweatshops, agricultural or construction condition.
- Appearance of malnourishment, general poor health (teeth, hair, skin).
- Dental conditions are especially common with child trafficking victims who often suffer from retarded growth and poorly formed or rotted teeth.
- Complaints of stress-related physical reactions, insomnia.
- Dependence on drugs/alcohol.
- Undetected or untreated diseases (diabetes or cancer, infectious diseases such as tuberculosis).
- Chronic back, hearing, cardiovascular or respiratory problems.
- Gingival pain.
- Neck pain/indications of strangulation.
- Any exposure to chemicals, fumes, asbestos or other occupational exposures, scabies, lice, scant or fine hair, burns (e.g. cigarette burns, scalds from hot water).
- Impetigo and fungal infections.



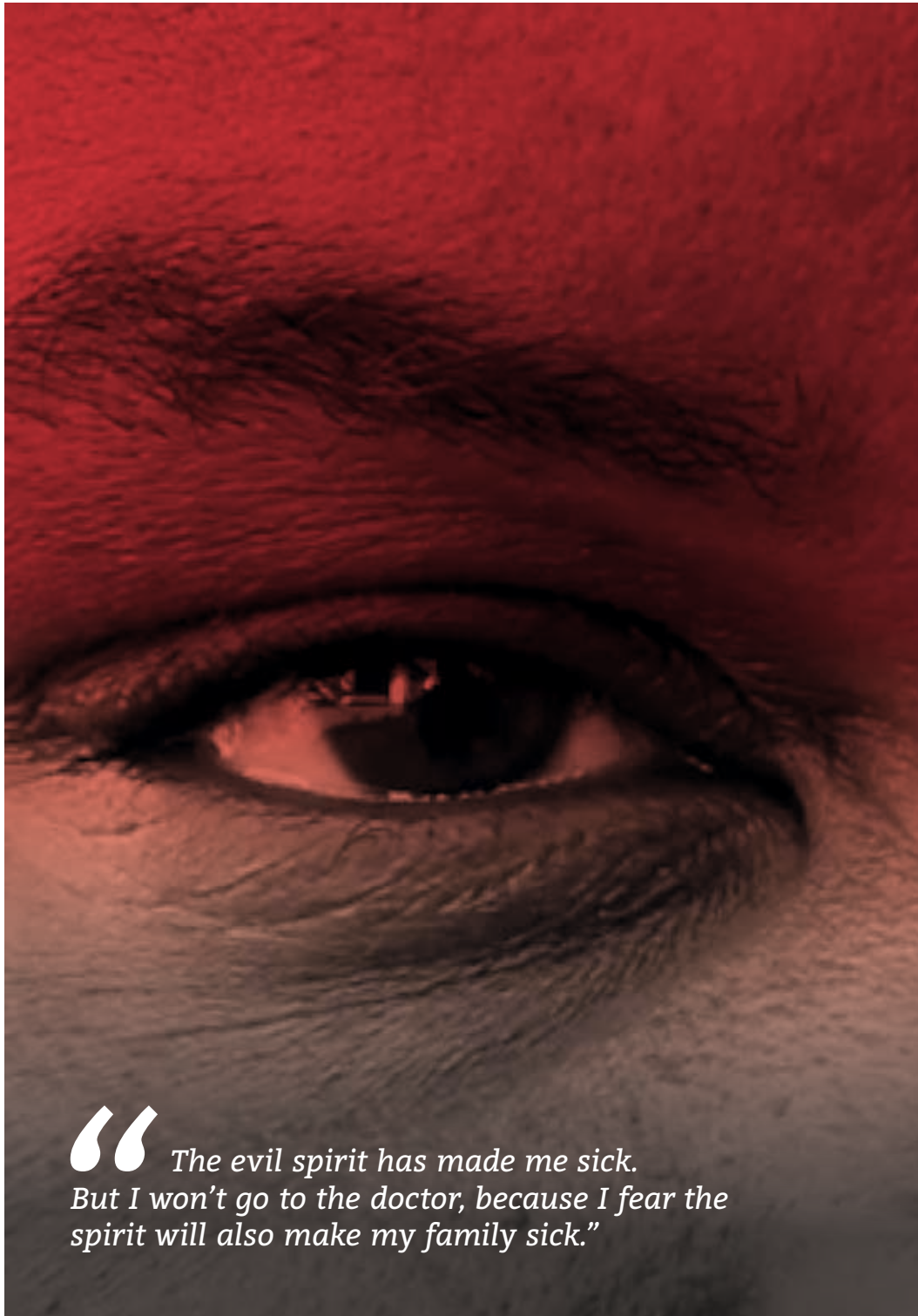
“*Recently, I had 5 abortions in the same hospital. No one seemed to find that strange.*”

Sexual indicators

- The presence of any Sexually Transmitted Infections (STIs), HIV/AIDS, pelvic pain, rectal trauma, and/or urinary difficulties from working in the sex industry.
- Unwanted pregnancies from working in prostitution, infertility, inflammatory disease, poor reproductive health, inability to have sex, abortions.
- Infection or mutilation caused by chronic, unsanitary, and dangerous medical procedures performed by the trafficker's so-called 'doctor.'
- Sex-industry victims are often beaten in areas that won't damage their outward appearance, such as their lower-backs.
- Enuresis or encopresis.

Behavioural, psychological & emotional indicators

- Depression, anxiety, hostility, submissive behaviour, and/or reluctance to speak/disagree.
- Shame and humiliation (sex workers from all cultures are often ashamed of the work they do, self-blame and/or hold low-esteem).
- Having the feeling of not belonging and not being a part of society (whether due to being a foreigner or being someone who has experienced something no one could possibly understand), isolation, disorientation, and/or confusion.
- Being resistant to accepting the new culture (perhaps due to cultural differences, cultural shock, or feeling that they cannot return home).
- Feeling confused and helpless.
- Feeling outside of one's own body or life (dissociation) and avoidance of feelings.
- Trauma (PTSD), stress-related disorders, panic attacks, shock, denial or disbelief, flashbacks, suicidal ideation or attempts, triggering re-experience symptoms through dreams, triggers, and/or thoughts.
- Phobias.



“ *The evil spirit has made me sick.
But I won't go to the doctor, because I fear the
spirit will also make my family sick.*”

According to the ILO, the main forms of exploitation have been forced labor (68%), sexual exploitation (22%), and state-imposed forced labour (10%).

Social indicators

- Changing the story, being evasive, denying, minimizing or validating the situation.
- Not knowing the language, not knowing where one lives/address/phone number.
- Susceptible to great victimization, integration or re-integration problems, discrimination, racism, stigmatization.
- Linguistic or cultural barriers: Is there a translator/person with the victim?
- Does the victim seem to rely/depend on them?

Practical indicators

- Lack of passport, identity card, travel documents, birth certificates.
- May identify themselves with false passport.
- May only provide first name.
- May know by heart all the information on passport or identification but cannot explain details or inconsistencies.
- May provide evidence of being unable to move or leave job.

Please note that these indicators are only a general guideline to get you thinking about what kind of signs could point to a victim of human trafficking. The presence of some of these symptoms occurring together does not necessarily mean that a person must be trafficked. But, due to the prevalence of human trafficking it is important to keep these indicators in mind.

V. Initial questions you can ask

Working conditions

Do you have an employment contract? Where do you work? How many hours do you work? Can you leave your work if you want? Do you have an employment contract? Do you ask permission to eat, sleep, or go to the bathroom? Is there a lock on your door or windows so you cannot get out? Do you get breaks?

Living conditions

Whom do you live with? Where do you sleep and eat? What do you eat? Can you leave this place if you want?

Coercion and control

Has anybody threatened you or your family to keep you from leaving your job or your accommodation?

Identity documents

Where are your papers/passport? Who has them?

Migration history

How did you get to this country? Who arranged your travel? What did you expect before you came? Are you now being (or have you ever been) held against your will? Were you ever forced or intimidated to do something against your will?

Translations into 47 languages of the 'General' Questions can be found at: www.doctorsatwar.org/multilingual-phrasebook/

General

Do you have a choice of where you work and how much you work? Have you ever been physically beaten, sexually, psychologically abused by your spouse, employers, or others? Can you come and go as you please? Are you paid for the work that you do? How many hours do you work? Have you/your family been threatened to prevent you from leaving? Did someone ask you to pay back debt? Are you doing what you were told you would be doing? Are there locks at the doors to prevent you from leaving?

VI.

Who can you contact? How?

When suspected that a person may be a victim of human trafficking it is crucial to recognize that a practitioner's role is most importantly to detect and inform an anti-trafficking organization and/or the law enforcement. Usually the police, an organization or social service will then go on to investigate the situation further according to the (medical) information and suspicion. Medical professionals, social workers and border guards are not required to investigate into the situation themselves since law enforcement and the specialised organizations working with such victims usually have the best resources to help them.

All professionals, however, must be prepared to **refer information** and contact details to trusted support persons for a range of assistance, including anti-trafficking centres, shelter, social services, counselling, legal advocacy, and law enforcement. If providing information to persons who are suspected or known victims who may still be in contact with their traffickers, the handing of such information must be done **discretely** (e.g. with small pieces of paper that can be hidden or taking the person aside, particularly if the trafficker is present with the patient).

Finally, each professional should fill in the Contact/Resource List for his particular city/town in order to be prepared to provide victims of human trafficking with the best and most efficient response and help (see Handout 2 and refer to the Directory of Hotlines for national contacts).

VII.

Difficulties you may encounter

The perpetrators

Traffickers seek out vulnerable people to exploit for financial gain using false promises, coercion and/or force. The relationship between the trafficker and the trafficked person is very important. In trafficking networks, victims' public interaction are mediated, monitored or entirely controlled.

If a you encounter a patient that you believe may be a victim of human trafficking, it is imperative that the person be separated from the potential trafficker and sensitively questioned regarding his or her situation.

Some important points to consider...

- The trafficker is often someone that the victim knows on a personal basis (trusted family friend, family member, community member etc.).
- They may be psychologically/emotionally attached to them (please refer to loverboy below).

Loverboys: males who develop a relationship with women, convincing them that they love them or want to marry them, and then when they have gained their trust, persuade the women to work for them as prostitutes. They often use drugs-particularly cocaine, to convince them.



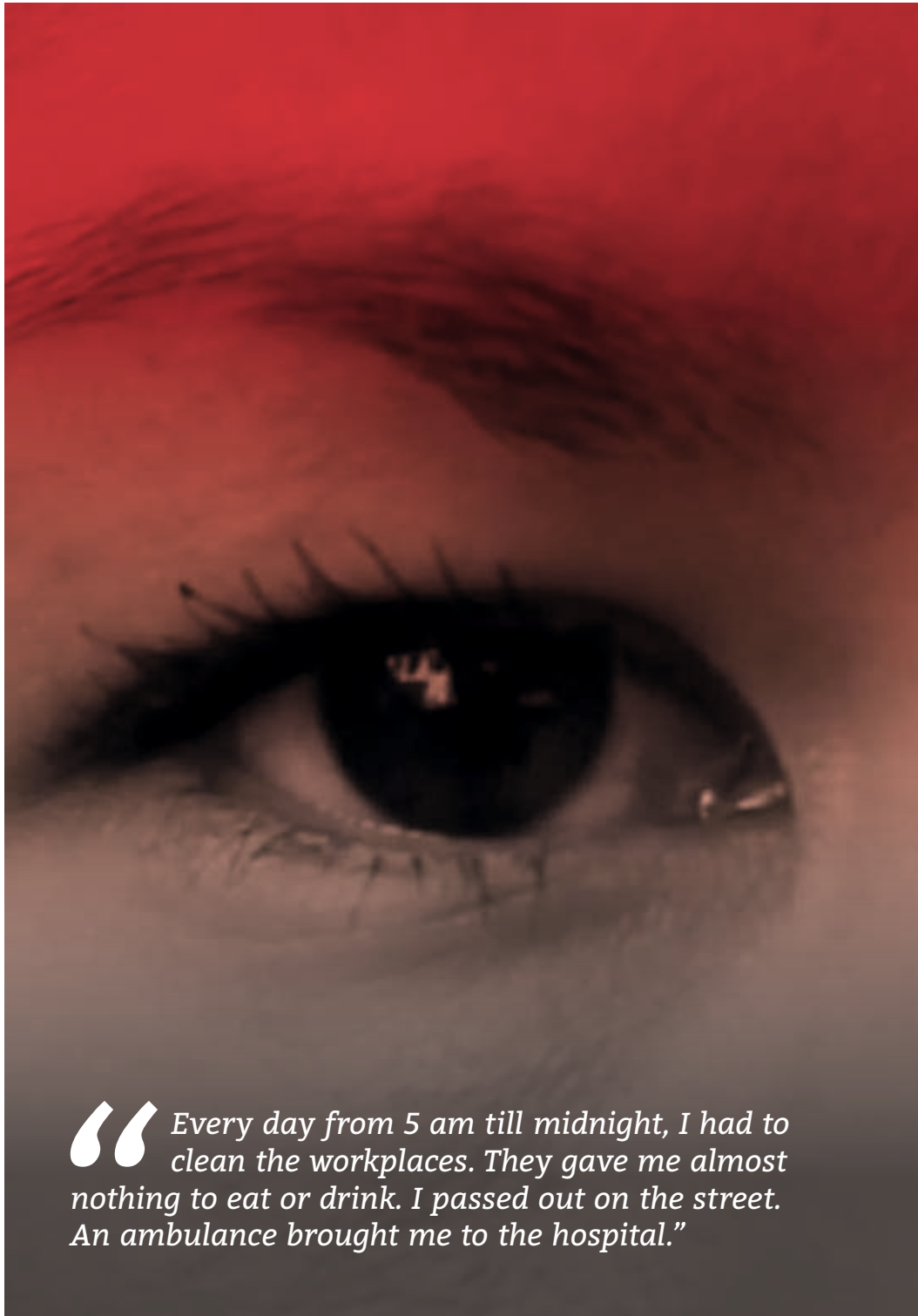
“*The press machine had crushed all the fingers of my right hand. My boss told me to say I had crushed my fingers myself whilst on vacation in Antwerp. The doctors believed me.*”

Emotional and psychological state of the victim

- Professionals must keep in mind the **Behavioural, Psychological and Emotional Indicators** (Section IV). The vulnerable state of the victim will create barriers when trying to help them.
- The victim can be attached to the trafficker (as mentioned above).
- At times the victim may not even know they have been trafficked.
- Professionals should be aware of the **safety concerns** of trafficked persons and potential dangers to them or their family members.
- A victim of trafficking may be unwilling to divulge information due to such dangers.
- Some clients are not able to explain everything about their experiences due to shame, feeling that their story is too horrible to be told or that they will not be believed.
- **The professional must listen** to their story regardless without judgment, prejudice, or overt displays of shock.
- Contact with trafficked persons must be treated as a potential step towards improving their situation. Each encounter with a trafficked person can have positive or negative effects on their health and well-being.
- Well-trained personnel, **clear protocols** for supporting patients, as well as acute and ongoing care can minimize the potential for re-traumatizing the patient. For example, it may be helpful to show patients how their records will remain in locked filing cabinets or access-coded computer files and to explain that a professional code of ethics prevents others from seeing these files without the patient's permission or a court order. Inadvertent disclosures of trafficking history, breaches of confidentiality, judgmental comments or probing unnecessarily or in an insensitive manner about the patient's abuse history may contribute to individuals' mistrust and fear of health care settings.

Cultural barriers

- The provision of respectful, equitable care that **does not discriminate** based on gender, age, social class, religion, race or ethnicity is very important. Professionals should respect the rights and dignity of those



“Every day from 5 am till midnight, I had to clean the workplaces. They gave me almost nothing to eat or drink. I passed out on the street. An ambulance brought me to the hospital.”

who are vulnerable, particularly women, children, marginalized and minorities.

- The victim might not know where they are, let alone speak your native language or have the same cultural norms and gestures.
- Information should be delivered in a way that each trafficked person can understand. Communication of care plans, purposes and procedures with linguistically and age-appropriate descriptions, taking the time necessary to be sure that each individual understands what is being said and has the opportunity to ask questions. This is an essential step prior to requesting informed consent.

Interpreters

- **An interpreter**, both for linguistic and cultural purposes will be helpful to ease communication, particularly if the victim does not speak your native language or in some cases does not even know where they are. This will allow for asking the patient more relevant questions about working conditions and enable them to establish rapport with the patient.
- However, **working with interpreters can be problematic**. Interpreters are supposed to provide a neutral and impartial service. It is imperative that they know about the confidentiality agreement of the patient.
- The healthcare personnel must be observant of the interpreter by ensuring they are not speaking for the patient.
- The use of an interpreter can be confusing for the client. They may speak directly to the interpreter instead of the care provider. It is important to make clear at the beginning of all conversations that the client knows the role of the interpreter.
- The interpreter **must have no prejudice** towards the patient's case and show sensitivity.
- The interpreter must not be connected to the trafficker in any way or referred by him/her. It is best that the interpreter is a separate, impartial entity that will not result in any biased translation.
- The patient should not be surrounded by too many people. This may overwhelm them, particularly if they have been working in a secluded environment.

VIII.

Special advice to healthcare professionals

A founding staff member of the Gender Violence & Health Centre at the London School of Hygiene and Tropical Medicine, Cathy Zimmerman generated the first-ever data on health risks and outcomes associated with trafficking. Her manual “Caring for Trafficked Persons; Guidance for Health Providers” gives in depth detail for health professionals on how to treat victims of human trafficking. The following information has been extracted from her work:

- Communicate slowly and clearly throughout the visit – this includes knowing how to respectfully assess patients’ level of literacy and language comprehension, and how to use visual aids to ensure that an individual understands what is happening. This may also involve working with interpreters.
- Provide accurate and easy-to-understand information to patients regarding what will happen during the exam – before it happens – is crucial to keep patients informed and empower them to make well-considered decisions. This is particularly important given trafficked persons’ lack of information and control during trafficking experiences.
- Be prepared to discuss informed consent using verbal, visual and written tools. Throughout the visit, providers should reiterate the voluntary nature of the clinical history taking, exam and other services or treatment. Provide information both verbally and in writing; offer multiple opportunities for patients to ask questions.
- The general medical examination itself should include a tailored interview in order to obtain the patient’s medical history. The interview should incorporate widened information about work conditions and lifestyle, in order to achieve knowledge about any possible mental impairment, malnutrition, hygienic conditions, and other circumstantial information related to the patient’s detention.
- Always empower patients – clinical services are voluntary and patients have the right to decide what they are comfortable with (or not) based on a clear explanation of the procedures, exam or treatment beforehand. The right to refuse should be reiterated at regular and appropriate stages during complicated, lengthy or stressful procedures.



“ I had to clean chemical containers without a mask. After a couple of months I had to see a doctor for pneumonia. No one thought that was suspicious.”

- Offering the patient the option of interacting with male or female staff or interpreters. For interviews and clinical examinations of trafficked women and girls, it is of particular importance to make certain female staff and interpreters are available.
- Maintaining a non-judgmental and sympathetic manner and showing respect for and acceptance of each individual and his or her culture and situation.
- Showing patience. Do not press for information if individuals do not appear ready or willing to speak about their situation or experience.
- Asking only relevant questions that are necessary for the assistance being provided. Do not ask questions out of simple curiosity, e.g., about the person's virginity, money paid or earned, etc.
- Avoiding repeated requests for the same information through multiple interviews. When possible, ask for the individual's consent to transfer necessary information to other key service providers.
- Do not offer access to media, journalists or others seeking interviews with trafficked persons without their express permission. Do not coerce individuals to participate. Individuals in 'fragile' health conditions or risky circumstances should be warned against participating.
- Providers and office staff must understand the limits of confidentiality. Clinical settings have different mandates for reporting certain behaviours or situations, including suicidal or homicidal tendencies or reports of sexual abuse. Patients should be made aware of these limits to confidentiality prior to any delivery of clinical services.
- Promote access to a network of resources to support patients' various needs.
- Providers should be familiar with the established procedures for contacting other health services and support organizations to address needs such as food, housing, shelter, education, legal aid and job-skills development (see Handout 2). (Zimmerman, 2009)

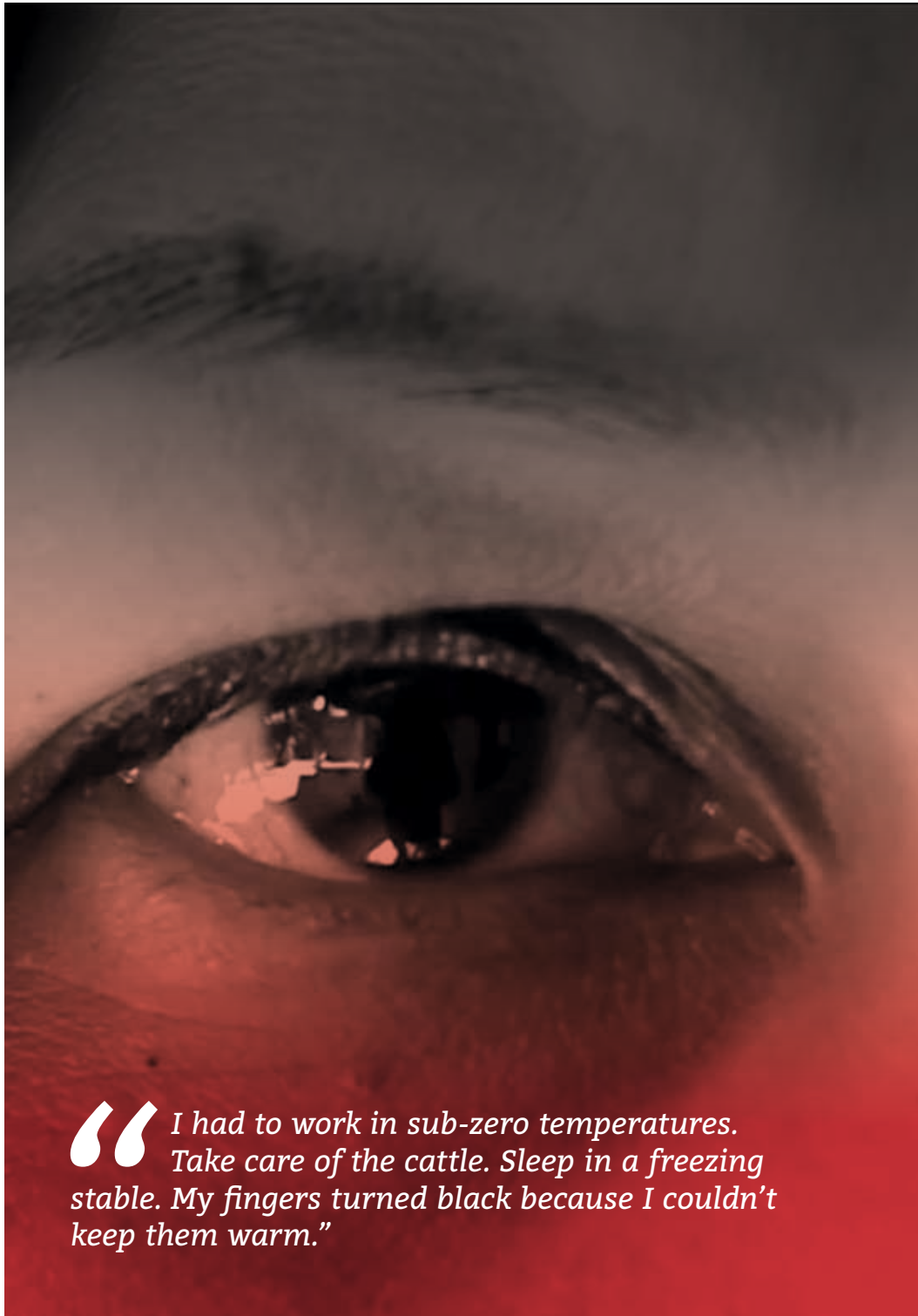
IX.

The longterm role of medical personnel

Collecting the minimum forensic evidence

The collection of forensic evidence is an integrated aspect of the medical examination of victims of human trafficking. Alongside the medical examination provided by healthcare professionals, forensic evidence can be used by the law enforcement as important evidence in a victim's legal case. It can also help identify the traffickers, and provide redress for the victims.

- Local legal requirements and laboratory capabilities determine if, and what, evidence should be collected for use in criminal proceedings, and by whom. If available, it is best to have forensic evidence collected by specially trained forensic professionals. Health workers should not collect evidence that cannot be processed or that will not be used.
- Provide accurate information about the purposes and use of evidence for criminal proceedings. Avoid making false promises or raising expectations unrealistically about criminal proceedings.
- Ensure patient that the information will only be released to the authorities with their consent.
- Keep a careful written record of all findings of the medical examination of all cases of sexual violence; this may assist the management of care and any subsequent legal investigation. The medical chart may become part of the legal record and submitted as evidence in a court case (Zimmerman, 2009).



“ I had to work in sub-zero temperatures. Take care of the cattle. Sleep in a freezing stable. My fingers turned black because I couldn't keep them warm.”

Treatment plan

After a detailed medical examination, forensic assessment, and referral of the appropriate resources, all healthcare professionals should offer their patients follow up treatment as well as more general instructions on how to care for their long-term health.

- Provide immediate anti-bacterial, anti-viral, anti-parasitic, anti-malarial or anti-fungal treatment, when indicated.
- If STI testing is not available, the syndromic approach to treating STI is adequate.
- Assure treatment adherence to anti-TB drugs. Involve public health authorities knowledgeable about DOTS and who can provide ongoing instruction and guarantee an uninterrupted supply of drugs.
- Nutritional rehabilitation is vital to the treatment of infectious diseases. Appropriate nutrition should be provided, including correction of vitamin and mineral deficiencies.
- Consider prophylaxis for patients exposed to diseases where there is potential for prevention. For example, post-exposure prophylaxis for HIV; hepatitis B immunoglobulin (HBIG) for hepatitis B; and tetanus toxoid for tetanus.
- Teach patients about personal hygiene and offer soap, hand sanitizers and similar items. Be aware that basic knowledge regarding hygiene and transmission of disease may not be well understood.
- Persons who have recently left a trafficking situation may still be vulnerable to some infectious diseases as a result of the physical conditions in which they are living (e.g., if they are living in temporary housing, in camps or in detention). Medical professionals are responsible for treating those diseases to which the patient may be vulnerable, and for providing information about prevention, risk reduction and mitigation of the negative health impact of living in such circumstances (Zimmerman, 2009).

Conclusion

proceedings and trials. At the same time, it will greatly reinforce the human rights approach of victims and improve their well-being, thus increasing chances of their permanent reintegration into society, both from the psychological and socio-economic perspective. In this regard the guide follows the letter and contributes to the better implementation of the 2011 EU Directive on preventing and combating trafficking in human beings and protecting its victims.

The first objective of this handbook was to develop skills and best practices for the better protection of trafficked victims through closer cooperation between law enforcement, health authorities and NGOs. This objective reflects an emphasis on the multidisciplinary cooperation with the involvement of a very diverse group of actors recommended in the 2012 EU Strategy towards the eradication of trafficking in human beings.

The second objective was to protect and rehabilitate victims of trafficking thus enabling their active participation before during and after criminal proceedings, and consequently improving chances of successful prosecution of perpetrators.

The third objective was to **improve chances of successful victims reintegration** into society through early detection and awareness raising among professionals who can come in daily contact with victims of trafficking.

The fourth objective was to harmonize practices related to the risks and consequences of THB as part of a comprehensive and all-encompassing anti- trafficking EU strategy for which this guide can be a useful tool.

We hope that the Guide will help supporting EU Member States in addressing the challenges of human trafficking while reinforcing their prevention, prosecution, protection and partnership capacities.

Let's continue the fight against trafficking together.

This guide was made with the goal to **address the issue of the inadequate health assessment and care of victims of human trafficking** based on the concern about victims' inability to actively participate in criminal proceedings as well as their successful reintegration into society. From this perspective the guide aims to **reinforce cooperation** between health authorities and law enforcement, border guard officers and NGOs who will thereby be informed and enabled to provide adequate and timely care and attention to victims of trafficking. While addressing the physical and psychological situation of victims, this cooperation between professionals will help strengthen criminal justice response in criminal

Handout I.

Test yourself

Knowing the facts about human trafficking can guide you toward providing better assistance for your clients. Before continuing, take a few minutes to assess your current level of knowledge about human trafficking by responding to the following statements with either 'true' or 'false'.

Test yourself	True	False
1. Some victims of trafficking travel abroad knowing that they will work in prostitution.		
2. It is rare for a victim of trafficking to be re-trafficked.		
3. Only women fall prey to traffickers in the sex industry.		
4. Trafficking occurs only when a person is illegally transported across borders.		
5. All victims of trafficking want to be rescued.		
6. Most victims of trafficking will directly seek out assistance from NGOs and shelter services.		
7. People who pay other people to transport them illegally to other countries are not victims of trafficking.		
8. Some victims of trafficking are in love with their traffickers.		
9. Human trafficking involves only organised crime.		
10. If a woman is told by a 'madam' that she must prostitute herself, she can easily say 'no' and leave the situation.		

(Payoke, "How to Establish a Shelter")

Handout II.

Contact / Resource list

Local anti-Trafficking centers	
Telephone hotlines	
Counter-trafficking hotline	
Family violence hotline	
Child services hotline	
Suicide hotline	
Missing persons hotline	
Shelters & housing services	
Counter-trafficking shelter	
Children & adolescent shelter	
Migrant & refugee shelter	
Homeless shelter	
Domestic Violence shelter	
Religious or community-based organizations	
Health services	
Sexual health clinics and Outreach services	
Reproductive health services, including (where legal) pregnancy termination services	
General practitioners	
Alcohol or drug clinics	
Mobile clinics or outreach services	
Free health services	

Mental health & counseling services	
Psychologists or therapists	
Specialists in violence-related counseling	
Mental health/psychiatric clinics	
Non-governmental & community organizations	
Counter-trafficking	
Family violence	
Rights organizations (e.g., human rights, women's or children's rights, labour) Refugee or immigrant services	
Social support services	
Religious or community-based organizations	
Legal services	
Independent lawyers (immigration & criminal)	
Community legal aid services	
Local government contacts	
National anti-trafficking center	
Children's offices or services	
Women's offices or services	
Immigration services	
Housing and social services	
Embassy and consular offices	
Embassies & consular services for most common migrant or trafficked populations	

Police, law enforcement services	
Local police contacts	
Sexual and domestic violence focal point	
Children's focal point	
International organizations	
International Organization for Migration	
International Labour Organization	
Office of the High Commissioner for Refugees	
Office of the High Commissioner for Human Rights	
United Nations Children's Fund	
United Nations Office on Drugs and Crime	
Non-governmental organizations in other countries	
Counter-trafficking organizations based in common countries of origin	
Interpreters (list likely languages required)	

(Zimmerman, 2009)

Handout III.

Case study: Is this a victim of human trafficking?

The following story is from a client we assisted. Take a couple of minutes to read the story. When you have finished reading the story, answer the questions that follow. If you have trouble answering a question, do not worry. Return to the previous section and reread information if necessary to see if it helps you find an answer.

Amenze was a young woman living in a small village outside of Benin City, Nigeria. She had been working at a legitimate job as a market salesperson in the village but was having difficulty making enough money to take care of herself, her aging mother, and her terminally ill sister. One day she was approached by Ivie, a woman she knew in the village, who told her she could find better-paying work in Europe. Ivie stated that the work to be done in Europe was prostitution but that it was only to be short-term, would bring her a great deal of money quickly, and that she could leave it any time she wanted. Ivie also stated that the initial \$30,000 USD would be paid by her 'madam', her travel documents and transport would be arranged, and her arrival at the destination would be facilitated. The only action Amenze had to take was pay off the debt once she got a job in Europe. Amenze agreed to this arrangement, signed a contract with Ivie, and then went with Ivie to a local voodoo shrine to swear that she would pay the debt back and that she would not go to the police.

Amenze was driven by car from Benin City to Lagos. From Lagos, she and other women went by foot to Cotonou. From Cotonou, she travelled by car to Niger and then four days by Jeep across the desert to a house near the border of Morocco. Once in Morocco, she travelled to Oujda, Fez, Rabat and Tangiers. Outside of Tangiers she stayed in the woods for a short time and then went to Ceuta. In Ceuta, she applied for asylum. She then travelled to Spain. Throughout her trip, she was escorted by 'trolleys' or men hired by the 'madam' to facilitate the travel and keep close watch on the women.

When in Spain, Amenze contacted her 'madam' who told her to come to Belgium. She arrived in Belgium a day later and was brought to

her 'madam's' house. Once there, she was given a week to rest and recuperate, and assured that work would come shortly. The 'madam' held onto Amenze's papers and documents and told her she would get them back once her debt was paid off. The 'madam' got some working clothes for Amenze and started to teach her how to prostitute herself. Amenze reluctantly started to work, keeping in mind that she had to do it to pay off her debt. Once Amenze had paid off her debt, she was informed that she had to pay back 30,000 euro rather than USD. This was a substantial difference. When Amenze told her 'madam' that the debt was paid off, the 'madam' warned her that if she refused to provide the additional money, she would use voodoo and make bad things happen to her family.

Questions

1. In your opinion, is this a victim of trafficking?

2. In what ways was Amenze controlled or manipulated?

3. At what point in Amenze's story do you think she was exploited?

4. What type of exploitation do you think Amenze is a victim of?

5. What factors may have led to her being trafficked?

6. How many people were involved in getting her to her final destination point? How many of these people would you consider key criminals or accomplices to the trafficking process?

7. What might be Amenze's primary concerns/ needs?

Handout IV.

Do's and don'ts in communicating across cultures

Do	Don't
Build up awareness of other cultures. Learn about other cultures to understand how values may influence actions and behaviors.	Do not over-generalize or develop stereotypes about cultures based on your interactions with a few individuals.
Remember that while culture may shape the way a person acts or responds to various situations, culture alone does not determine the full person. Other factors influence the way people act, perceive events, or interpret situations.	Do not judge a client's culture through your own culture. Understand that there are differences, with no culture being superior or inferior.
Actively seek out opportunities to learn about other cultures. Do research, attend activities sponsored by various ethnic/cultural communities, talk to leaders of cultural groups, or learn some phrases in their languages.	Do not be 'culturally blind', assuming we are all the same, with the same thought patterns and reactions to situations. Recognize that cultural differences do exist and interpretations of situations may differ across cultures.
Know what is appropriate behaviour and speech in cultures different from your own. Learn about non-verbal cues that might be offensive or confusing to people of specific cultures and adapt your language to their needs.	Do not expect immediate acceptance by the client of your culture and cultural values. Expect some resistance and confusion while your client is making sense of everything.

Do	Don't
Recognize that your clients are in a culture not of their own and thus may feel a loss of their own identity. Understand the client's need to retain his/her cultural identity while integrating into your culture.	Do not underestimate the difficulty clients may have in adapting to your culture. Allow them time to move through normal cultural adaptation processes.
Respect all clients equally regardless of country of origin.	Do not treat people differently based on the culture they are from. Treat all clients with the same level of respect regardless of their backgrounds and cultures.
Treat each client as an individual.	Do not make sweeping generalizations about people from various continents (Asians, Africans, Europeans). Remember that each continent is made up of individual countries, within which there are individual states, provinces, territories, regions, ethnicities, and cultural communities.
Listen actively and empathetically. Try to imagine yourself in your client's situation.	Don't be afraid to ask your client for more explanation if you don't understand something. Make sure you get the information needed that will be of greatest assistance to your client.

Handout V.

What you may learn

When meeting and speaking with people who might be victims of trafficking, you will have the opportunity to learn more about the particular experiences your potential clients have had and gain more insight into how they arrived at their current situations. It is only through listening closely and empathetically to what they say that you can understand more fully what has happened to them and make a determination of what further actions should be taken to protect and assist them. In your encounters with potential victims, you may learn the following:

Issues relating to documents and identity

- The person's documents were confiscated by their employer/trafficker (passport, identity card, travel documents, birth certificates)
- The person may have no documents (illegal entry with status being abused)
- The person may identify him/herself with a false passport (fake name/nationality, use of another person's passport)
- The person may obscure the truth or lie about his/her true country of origin/nationality
- The person may refer to themselves by a nickname given to them by their pimp/exploiter
- The person may have a tattoo indicating he/she belongs to a certain group of exploiters or a particular pimp (sexual exploitation)
- The person may only provide a first name
- The person may know by heart all the information on the passport or identification paper but may not be able to explain details.

Living conditions: Your potential clients may describe the following in relation to their living conditions:

- Poor living conditions (lack of space, heat, water, food, privacy)
- Extremely high rent costs
- Extremely high living expenses
- Confinement / isolation (being prevented from contacting other people)
- Having no access to a phone
- Living and working in the same place
- Living in a region away from where they work

Work conditions

Your potential client may describe his/her work conditions as follows:

- Doing a job he/she did not want to do
- Doing a job he/she did not expect to do
- Working extremely long hours
- Working without protection (condoms, safety equipment)
- Having no access to first aid or medical services
- Being forced to work in different locations
- Being at the bottom of a chain of subcontractors
- Being hidden from others
- Being forced to commit criminal acts (counterfeiting, theft, drug smuggling)
- Being forced to provide sexual services to employers/exploiters and their friends
- Being forced to rent their own window for long hours (prostitution)
- Feeling objectively better off than in the country of origin
- Being forced to take drugs or alcohol to do work

In addition, the employer/exploiter

- Does not provide any form of social protection
- Does not comply with social, health or labour laws
- Promises to take initiatives to have the worker regularized but does not follow through
- Abuses or terrorizes the person (pressure, harassment, violence, etc.)

Work contract

- The person had to sign a new contract once in-country that has different conditions than that signed when first recruited
- The contract is signed in a language the person does not know
- The person had an oral contract with his/her employer/exploiter
- The person has a contract with unilateral sanctions ('stranglehold' contracts)

Payment and debts

- The amount of payment is very low for the type of work
- There is no payment provided (with a promise by the employer/exploiter that payment will arrive later)

- The person is forced to pay a part of his/her payment to a third person
- The person is forced to pay back a debt at extortionate rates
- The person has to buy his/her freedom from the exploiter
- There is a significant difference between the price paid upfront for the voyage to the country of destination and the actual cost of the trip

Transport/Arrival

- Another person organised the travel to the destination country (this person is often unknown or difficult to identify by the potential client)
- The person was confined or isolated during the journey
- The person was subjected to sexual violence/ rape during transportation
- There were pre-arranged hiding places on vehicles, in safe-houses or at workplaces
- There was a diversity of nationalities in the group being transported
- During transport, violence was used to force the person to call his/her family to pay for the next leg of the trip
- There are identical or stereotypical answers or stories concerning the transportation or reasons for leaving country of origin

Recruitment

- The person was deceived regarding the nature of the work
- False promises were made to study abroad
- Fake and false marriages took place to avoid extradition
- Pimps presented themselves to new women in prostitution to offer 'protection'
- On demand of the employer, a third person brought in a different group of workers
- The person felt considerable pressure from family to work

Control

- The person was controlled by other people hired by traffickers/exploiters
- Control through voodoo (our Nigerian clients)
- Threats were made or indications given that threats would be made to families in home countries
- The person was told they would be arrested or deported if they went to the authorities

(Payoke, "How to Establish a Shelter")

Handout VI.

Guidelines for active listening

When working with victims of trafficking, we must be able to listen to our clients carefully and reflect upon what they say. We must also demonstrate understanding of and empathy for what they say, genuinely accepting their feelings and trusting their ability to find solutions for themselves. When we listen empathically, we hear our clients' thoughts, beliefs, and feelings in addition to their words. This involves actively listening and asking questions of ourselves such as: Do I understand what he/she is saying? Does he/she understand me? What are the feelings that accompany what he/she is saying? What is the context in which his/her story is told? What is the client's frame of reference? Some guidelines for active listening include the following:

- Decide to listen and concentrate on the client.
- Avoid distractions (looking away, looking at documents, glancing at watch)
- Do not confuse content and delivery – assume the client has something important to say, even if he/she is having trouble saying it.
- Cultivate empathy with the client – try to put yourself in his/her place.
- Use your imagination and enter the client's situation.
- Concentrate and try to imagine his/her frame of reference and point of view.
- Avoid time pressure, whenever possible.
- Do not interrupt – let the client finish what he/she is saying.
- Remember key phrases or use word associations to remember specific aspects of the client's story.
- Observe the client's intonation, pitch, volume and style of delivery.
- Pay attention to the client's facial expressions and other nonverbal cues.
- Give the client time to re-evaluate, remember details, or correct errors and let him/her continue when ready.
- Use simple gestures or phrases to demonstrate listening.
- Ask questions that encourage thinking.
- Respond neutrally.
- Use paraphrasing or clarifying questions to confirm that you have understood his/her story correctly.
- Reflect upon what the client has said before giving feedback.

(Payoke, "How to Establish a Shelter")

Works cited

- Barrows, Jeffrey, and Reginald Finger – **Human Trafficking and the Healthcare Professional.**
Southern Medical Journal 101.5, 2008.
- Doctors at War – **Multilingual Phrasebook: Human Trafficking Questions in 47 Languages.**
Doctors at War, 2009. Web. 18 June 2013.

- European Union Agency for Fundamental Rights – **Child Trafficking in the European Union: Challenges, Perspectives, and Good Practices.**
FRA, Vienna, 2009.
- Family Violence Prevention Fund, World Childhood Foundation – **Turning Pain into Power: Trafficking Survivors' Perspectives on Early Intervention Strategies.**
- International Labour Office – **A Global Alliance Against Forced Labour.**
Geneva, International Labour Office, 2005.
- Nuzzolese, Emilio E. – **Forensic Examination in THB.**
Payoke, Antwerp, 2013.
- Payoke – **Payoke Lanceert Met De Steun Van De Universiteit Antwerpen Sensibiliseringsfilmje Rond Mensenhandel.**
Dir. Payoke. University of Antwerp, 2013. Online Video.
- Payoke – **How to Establish and Operate a Shelter for Trafficked Persons: The Payoke Way.**
Antwerp: Payoke 2009.
- Trafficking in Human Beings – **American Medical Student Association.**
American Medical Students Association, 2013. Web. 18 June 2013.
- United Nations Office on Drugs and Crime – **Global Report on Trafficking in Persons.**
UNODC, 2009.
- World Health Organization – **Understanding and Addressing Violence against Women: Human Trafficking.**
WHO 2012.
- Zimmerman, Cathy, ed. – **Caring for trafficked persons; guidance for health providers.**
International Organization for Migration, 2009.

Resources

European Union institutions and agencies

- **European Commission:**
ec.europa.eu/justice_home/fsj/crime/trafficking/fsj_crime_human_trafficking_en.htm
- **EUROJUST:**
eurojust.europa.eu
- **EUROPOL:**
www.europol.europa.eu/
- **Fundamental Rights Agency:**
fra.europa.eu/fraWebsite/attachments/Childtrafficking-09-country-be.pdf
- **FRONTEX:**
frontex.europa.eu/
- **The Expert Group on Trafficking in Human Beings:**
ec.europa.eu/justice_home/doc_centre/crime/trafficking/doc_crime_human_trafficking_en.htm#Experts%20Group%20on%20Trafficking%20in%20Human%20Beings
- **The Council of the European Union:**
www.consilium.europa.eu/

International and inter-governmental organizations and institutions

- **Anti-Slavery International:**
www.antislavery.org
- **Coalition Against Trafficking in Women (CATW):**
www.catwinternational.org
- **Global Alliance Against Trafficking in Women:**
www.gaatw.org
- **International Organization for Migration:**
www.iom.int/jahia/Jahia/pid/748
- **International Labour Organization:**
www.ilo.org
- **Stop Child Traffic Campaign and Terre des Hommes:**
www.childtrafficking.com/
- **The United Nations Office on Drugs and Crime:**
www.unodc.org/unodc/en/human-trafficking/index.html
- **The International Centre for Migration Policy Development:**
www.icmpd.org/
- **UNICEF:**
www.unicef.org/protection/index_exploitation.html
- **Women Watch:**
www.un.org/womenwatch/

Medical

- **American Medical Students Association:**
www.amsa.org/AMSA/Homepage/About/Committees/CEH/HumanTrafficking.aspx
- **Dr. Cathy Zimmerman (London School of Hygiene and Tropical Medicine):** www.lshtm.ac.uk/aboutus/people/zimmerman.cathy

Colophon

Human Trafficking: What to do? A practical guide for healthcare providers, law enforcement, NGOs and border guards.

Project: “Joint efforts of Police and Health Authorities in the EU-Member States and Third Countries to Combat and Prevent Trafficking in Human Beings and Protect and Assist Victims of Trafficking” (HOME/2010/ISEC/AG/062).

NGO Payoke

Leguit 4
2000 Antwerp
Belgium
www.payoke.be

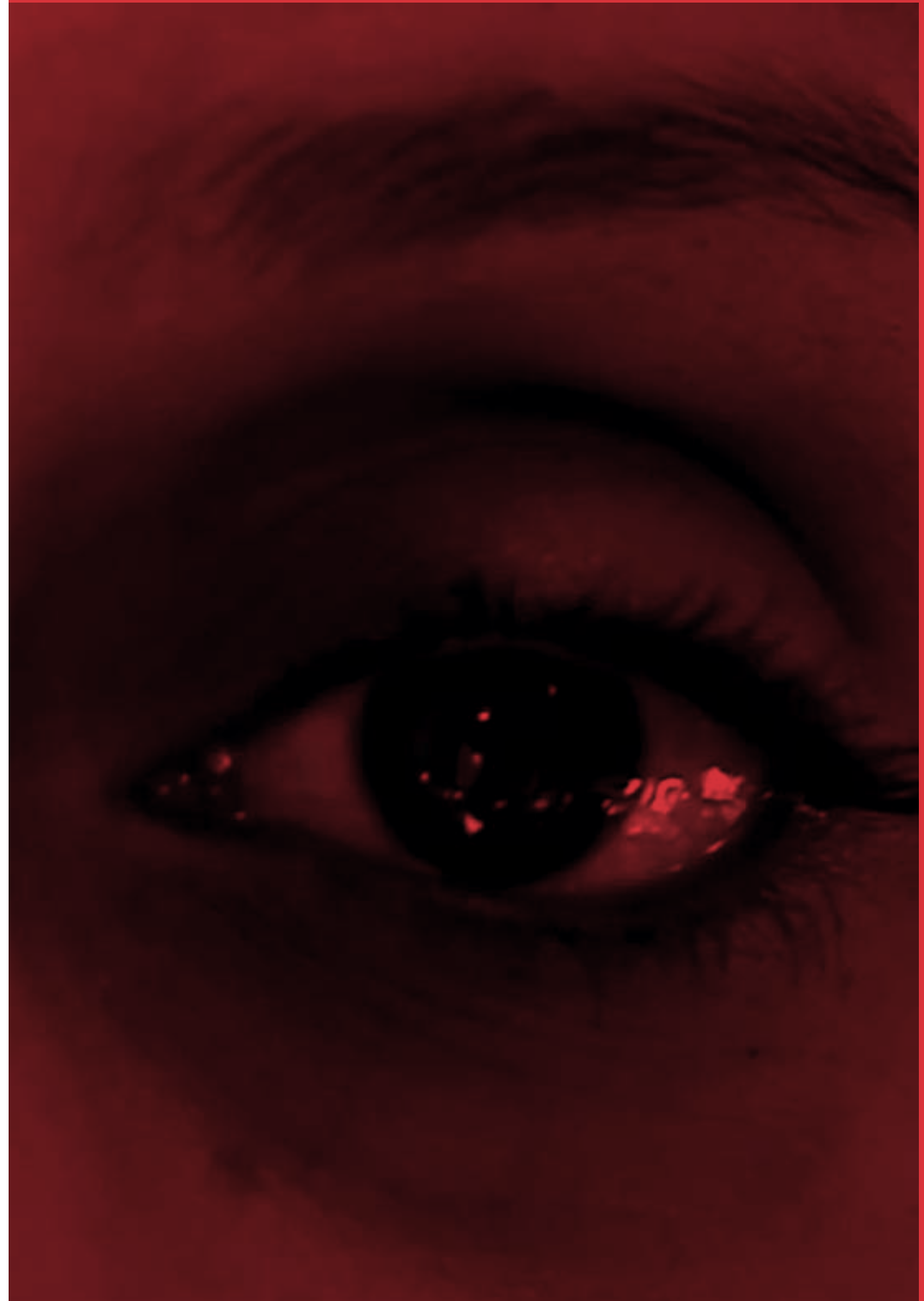
Danube University of Krems

Doktor-Karl-Dorrek-Straße 30
3500 Krems an der Donau
Austria
www.donau-uni.ac.at

Production: Payoke
Graphic Design: Sharon Neiryneck
Printing: Nevelland

ISBN: 9789081243407

© 2014, Payoke / Danube University Krems



Trafficking in Human beings is widespread. Forced labour, sexual exploitation and child labour are an ongoing reality for many people around the globe. Every year children, women and men fall into the hands of traffickers, whether it be within their own countries or abroad. Almost every country in the world is affected by such activities and the trade is highly lucrative. Therefore, combating Trafficking in Human beings calls for enhanced cooperation among countries, professionals and all actors in the field.

We hope that this guide will provide those who come in daily contact with the victims – law enforcement officials, healthcare professionals, social workers and border guards – with the necessary theoretical and practical knowledge needed to combat human trafficking, as well as enable them to provide better assistance, medical protection and victim support with the help of pocket cards and the Directory of Hotlines.



With financial support from
the Prevention of and Fight against Crime programme
of the European Union, European Commission
– Directorate General Home Affairs

This publication reflects the views only of the authors,
and the European Commission cannot be held responsible
for any use which may be made of the information contained therein.