

17 January 2012 – Data Collection Meeting, Lisbon, Portugal

Report

People Present

Sörensen, Patsy: Director Payoke, Belgium

Goncalves, Luisa Maia: Head of the Department for Criminal Investigation Surveillance and Intelligence – DCIPAI

Oliveira, Joaquim Pedro: Deputy Director, Immigration and Borders Service

Alvaredo, Igride: Project Coordinator, Social work of the Oblate Sisters of the Most Holy Redeemer – Prostitution Project

Ruivo, Joana: Manager, Support Unit of Migrant Victims and Victims of Ethnical and Racial Discrimination, APAV

Da Silva, Maria Fernanda Barreiro: Lead Nurse of Mental Health, Coordinator of Health Office CNAI

Questions

How are the first contacts with Police and Health staff?

In Portugal, the crime of trafficking in human beings is investigated by special police forces (Judiciary Police and the Border Police, called SEF – *Serviço de Estrangeiros e Fronteiras*). Those police forces receive special training to deal with trafficked victims and are responsible for searches and other kinds of intervention when there is a suspicion of trafficking. When the police identify a victim of trafficking during an active intervention, the first contact is usually satisfactory, since police officers are prepared to deal with them.

Police officers have instructions to take the victims to the hospital if they need medical assistance and to provide information about their rights. The first contact with health staff is usually reasonable as well, since the victim of trafficking have the right to receive medical assistance by the public healthcare system.

Despite of the inexistence official data about the contact between victims of trafficking and the police or the health staff, we can only answer this question based on the report from our clients.

Do you have expertise on handling highly traumatized victims?

The Portuguese Association for Victim Support (APAV) is a NGO that offers psychological, legal and social support to victims of all sorts of crime. Being so, our staff is trained to handle with high traumatized victims, such as victims of trafficking.

Is there awareness in the health sector (and Police Authorities) concerning this problem?

Both police authorities and health staff receive trainings in this area. There are currently awareness raising programs made by NGOs, financed by the government, aiming the training of health professionals on trafficking in human beings (<http://www.otsh.mai.gov.pt/?area=203&mid=000&sid=1&sid=000&cid=CNT4f07186f26e13>)

What kind of local or national action plans are linked with this issue?

The government created a national plan with political measures destined to raise awareness and train different staffs about trafficking in human beings. The II National Plan Against Trafficking in Human Beings entered in force in 2011 and goes on until 2013.

Are there specific gaps or recurring difficulties in the interaction with victims of Human Trafficking?

The main gap in the interaction with the victim consists on their identification, since most situations are hidden, making it difficult for the authorities to support the victims. Another issue is that most victims are foreign and do not know the language and the support services available, making the intervention very hard.

Conclusions and Suggestions

- 1) It is useful to cooperate with training institutions in order to raise awareness about trafficking amongst health personnel.
- 2) It is not advisable to go to the hospitals directly: they are often too busy and overwhelmed to have time and capacity for quality trainings.
- 3) It is necessary to set up guidelines (such as in the case of aggression, sexual harassment, bullying) on how to handle these situations: the initiative must come from top to down.
- 4) Problem of ethics: how to deal with the cases, what special ways are there to work with potential victims.
- 5) Proposal: a central institution, department that can create a transit situation (for example an institution to which doctors can report cases of potential victims to).
- 6) A reporting system, similar to the one of domestic violence. Need for an appointed person who is centrally responsible for it.
- 7) A person in service (at the ER, hospital) who is specialized in THB.