



Report of the Steering Committee/Expert Meeting

of the EU ISEC project on 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

Krems, Austria

May 16/17, 2013

Main highlights of the SC/Expert meeting

The discussion centred on the Draft Training Manual produced by the Danube University of Krems and the forthcoming Pilot training to be held in Moldova on 12-13 June 2013. The Manual is one of the main final deliverables of the project along with the Pocket cards that were also subject of the discussion.

Regarding the structure of the Manual it is important to distinguish the short (one day) and the long (five days) version of the training. The short version is aimed at medical doctors who are usually too busy and need a focused training putting a highlight on the main features of trafficking. It will be important to define a target group for the long and short training version and to adapt the training modules accordingly. Those who opt for a one day/short training should be also given the possibility to attend the five day training if they wish to do so.

In the emergency unit of a hospital the most important information is the circumstantial information about the victim. The Austria emergency unit representative declared seeing two cases of trafficking in a week, or about 5% of all patients. **What is needed are a set of indicators which can help identifying the victim and information whom to call/inform once the patient is identified as a potential victim of human trafficking.** In addition, in order to trigger changes in the organisational procedures at the policy level, recommendations should be put forward to national and European policy makers.

The pocket cards need to be adapted to the national environment. The information on the pocket cards needs to be generic, in order to be applicable across a number of



different environments, but should also have to be tailored in such a way to be adapted to the large hospitals as well as small private practices.

Medical doctors should feel more responsible for the issue of trafficking not because there is a legal obligation, but because of the moral duty and general public health interest. They might be the only persons the victims can trust which could make her decide to come out in the open and share her story.

In this respect, information should be also provided to the victim about whom to contact if she decides to declare herself a victim. This could be either displayed somewhere on the hospital premises (a poster) or given directly (and discreetly) to the victim by a medical professional. It is very important that this information is handed over carefully to avoid that the trafficker, who might accompany the victim, gets hold of it.

From the law enforcement perspective it is important to raise awareness, set priorities and define the right approach to trafficking. If medical doctors have only 1-2 minutes for a patient, law enforcement and border guards have even less time to identify a possible victim. A holistic, integrated approach is needed to raise awareness among police officers. Each and every piece of information pointing to a possible trafficking case is valuable to the police; hence the importance to involve the information coming from the medical professionals. The key element of the first line officer is not to cause further harm to the already traumatised victim. In this view the human rights approach should be given a priority. Cooperation on the regional, European level is also needed, in addition to the national action against trafficking.

Unfortunately, the 2011 EU Directive against trafficking has been until now fully transposed into the national legislation of only 6 out of 27 MS, even though MS have had two years to finalise the implementation. The EU Agency Cepol has developed an E-training module against trafficking that may be of interest for the project. Trafficking is sadly not high on the priority list of police officers, hence the need to better target operational personnel that may come into direct contact with a victim. In order to have a real impact on the situation on the ground, the Manual should target operational law enforcement officers while establishing a link to senior officers and policy makers.

The Antwerp University survey carried out among general practitioners in the Antwerp region revealed several interesting findings that corroborate the project purpose. 195 medical doctors who replied were asked about their contact with victims of trafficking, their awareness of a possible health complaints related to trafficking, their reaction if faced with a victim, their knowledge of the referral mechanism and their willingness to attend a training. The average age of the respondents was 47,5, 55% of respondents were women and the average duration of medical practice 20 years. 82% declared



never to have come in contact with a victim. 9% said that they encountered a victim only once, 9% several times. 2,4% knew about medical complains whereas 65% had no knowledge about these. 27% declared that they would contact Payoke, 27,4% declared to be ready to break a confidence rule and 27% said they would contact a police. 88% had no knowledge of the referral system. 11% were willing to receive a training whereas 80% said that they would consider it.

At the end of the second day of the meeting the project coordinator provided a few key features of the final project conference that will mark the end of the project. The date is not yet set, but the conference is likely to take place after and not before the EU Anti-trafficking day, as earlier anticipated. Some 300 persons will be invited to take part. The location is Brussels.

Apart from the results of the project, the conference will focus on the multilateral cooperation achievements and will in this context put forward new ideas and initiatives. The involvement of the medical field in the fight against trafficking is still an uncharted territory and the presentation of a manual that will lead to the development of a curriculum will certainly draw the interest of major European and national policy makers. To be successful, the preparatory work should be done in advance including a good background document on identification, prosecution and reintegration.

The Steering Committee/Expert group meeting was a successful and useful event that helped clarify many issues that are the subject of the Manual. Once finalised this Manual will be tested in practice in Moldova on 12-13 June 2013. The representative of Moldova who attended the Krems meeting made sure that the Chisinau training could proceed smoothly. The next report will provide details about the impact of and the reaction to the Manual from practitioners working in the field of trafficking in human beings in Moldova.