



Minutes of the Second Expert Meeting of the 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

Danube University Krems, 22&23 May 2012

Overall goals of the project:

- to develop skills and best practices for the better medical protection of trafficked victims through closer cooperation between law enforcement, health authorities and NGOs.
- to protect, care and support (re-establish their mental and physical health) victims of trafficking, thus enabling their active participation before, during and after criminal proceedings as a witness, and consequently improving chances of successful prosecution and conviction of traffickers.
- to improve chances of successful reintegration of victims
- to strengthen member state and third country health service provisions for victims of trafficking, in particular in case of health risks of victims and the general public as part of a comprehensive and all-encompassing anti-trafficking strategy.

The meeting was the second in a series of three Expert meetings to be held in the framework of the ISEC project. It was attended by 15 experts including project partners' representatives, law enforcement and health officials. The meeting focused on "Prosecution" and was aimed at providing subject matter expertise in this field, setting the basis for the development of training curricula. The distinguished participants provided valuable analyses and opinions on strengthening cooperation between Law enforcement and Public Health authorities in order to enhance the victim's ability to provide an accurate and coherent statement which could be used for the purpose of prosecution.

The main conclusions of this meeting could be sum up as follows:

The EU Directive against Trafficking in Human Beings makes a clear reference to the health state and participation and training of the health officials, even though these provisions remain vaguely defined. However, the Directive should be a linchpin of the project, as the project results could make an added value to the fulfilment of its objectives.

Victims' identification is the most important issue which conditions all other parts of the training curricula, namely prosecution and the pre and post- trial protection and integration of the victim. A good medical overview can greatly help understanding and assessing victim's

readiness or reluctance to give information about the trafficking case. Also important is the knowledge of the victims' cultural background (Voodoo victims i.e.)

The presentation of the "**Montana case**", carried out by the Austrian Ministry of Interior, provided a clear insight into a concrete trafficking case. It shed light on the psychological state of traumatised victims and their refusal to accept medical treatment and the nature of their testimony which is more often than not inconsistent and changing. In this view, the medical evidence can greatly boost the success of investigation and prosecution through providing elements that can eventually influence judges' decision about the duration and severity of the penalty at the outcome of judicial proceedings. The Austrian system has a special judge specialised in trafficking (unless the victim is younger than 21) and there is a monitoring of victims' integration after the end of trial. The NGO work and support is also indispensable in the process of facilitating victims' recovery and reintegration. Minors have a special treatment with the guardian being appointed to act in their best interest. This model could serve as a reference for good practice in the ISEC project. It is also an illustration of the value and importance of the **chain assistance model** with several stakeholders being involved in the process. In this type of model information sharing is crucial for both the victims protection and recovery and the successful outcome of criminal proceedings.

After the entry into force of the EU Directive in 2013 the victims testimony will lose the status of a primary source of evidence and will be complemented by the medical evidence, hence the importance to involve medical doctors into the process.

Different EU Member States have different practices which excludes a one size fits all approach. The aim of the project is to develop a model that can satisfy different national circumstances while promoting those models that appear to be the most successful ones.

The precondition of developing successful common law enforcement/health officials training curricula is finding a common ground between these two professions, while taking into account the interest of the victims. The only existing procedure and training that can serve as a model are those used for **cases of violence against women/domestic violence**. The Belgian Ministry of Justice recently developed a manual on how to deal with victims of trafficking in hospitals in Belgium. What is, however, missing is the training of medical staff so that they can use these manuals effectively. The accent should be put on the quality of medical reporting. Albania has a very developed system of SOP and instructions for the medical staff on dealing with victims of trafficking, but the record and extent of implementation of these rules is more problematic.

There are still no examples of health care officials providing reports to the police. What is needed is an intermediary between the medical world and the police. The idea of appointing **focal points in hospitals** can help bridging this gap. Equally important is observing the hierarchy in hospitals and other institutions that are the beneficiaries of this project. Using the **chain model** is one of the most preferred options with the Netherlands serving as a practical example for it. Analyses should be made and lessons learnt of what works and what does not in this concrete model. Also useful is the methodology for implementation of this model consisting of building small structures first (one or two NGO's one hospital and representatives from the law enforcement) that can be later enlarged- **a step-by-step approach** with multiplying effect.

The presentation of the **Belgian domestic violence protocols for medical doctors** was very valuable as it provides a starting model for trafficking. It is developed by university experts (so that is scientifically based) and implemented in a one day training sessions for medical staff. It consists of providing information on the definition of domestic violence, victims' genesis and signs of violence, recommendations on how to handle the victim, reporting strategy and prevention. It also contains a decision tree, similar to the **Pocket cards** planned to be devised within the ISEC project. Ethical code and Confidentiality needs

are balanced with the danger for physical and psychological integrity and wellbeing of the victim.

As to the structure of the ISEC project training, it should consist of awareness raising of trafficking challenges first, followed by a joint session for both for police and health officials. The University of Pécs undergraduate training curricula for medical students will be made available for the purpose of this project.

What needs to be clarified soon is the composition of the pilot training group in Albania, Moldova, Austria and Portugal as well as the already existing hospitals' protocols which can serve to help designing training material.

Recommendations:

To design questionnaires for law enforcement officers and health professionals in order to collect information on health issues of trafficked victims related to the identification, prosecution and pre and post- trial integration

To define a target group of health practitioners to be approached and trained at the later stage of the project, particularly those concerned with the victim's physical, sexual and reproductive and mental health conditions

To draw on a body of existing models and practices particularly those used in cases of domestic violence, rape, torture as well as those related to migrants and refugees

To take into account provisions of the EU Directive 2011/36/EU on preventing and combating trafficking in human beings and other EU legislative and policy documents that may be relevant for this project

To emphasise human rights and legal aspect of the health issues of trafficked victims and their access to health care as a fundamental human right

To define methodology and develop a first draft of the conceptual framework for training curricula based on the conclusions of two Expert meetings held in Antwerp and Krems