



Nationaal Rapporteur Mensenhandel
en Seksueel Geweld tegen Kinderen

Report of the Second Pilot Training

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

The Hague, February 27/28 2013

The Second in a sequence of four Pilot Trainings foreseen by the project, The Hague Pilot Training, was hosted by the Dutch National Rapporteur on THB and EUROPOL that kindly provided for the venue. It followed the pattern of a two-day session with an Expert Meeting on the first day and a Pilot Training for over 40 delegates on the second day. The First Trial/Pilot Training took place on 11-12 February 2013 in Krems, Austria. The participation and support of Frontex and Europol has provided an important added value to the project as it has contributed to the implementation of the Warsaw Declaration signed by all EU Agencies during the 2011 EU Anti-trafficking day.

This Report lists the activities undertaken, provides an overview of the outcomes and summarises the conclusions of the Hague Pilot Training in order to prepare the next Training sessions (Albania and Moldova) and contribute to the drafting of the Training Manual.

Project Methodology

The four Pilot Trainings foreseen by the project are aimed at testing the draft training material and providing input for the Training Manual and Pocket Cards that will be delivered as a result of this project. Because of the differences in political organisation and administrative structure specific to each participating country, the Training Manual will be designed in such a way that can be adapted to the respective national circumstances.



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The Hague Pilot Training Event Report

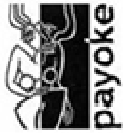
1. The Expert Meeting (27 February 2013)

The Expert Meeting was held with the aim to set the stage and **define the scope and the methods for the second day (Pilot Training)**, during which 56 participants from various organisations dealing with human trafficking in the Netherlands met in four parallel workshops to analyse and discuss the issue of reinforced cooperation among law enforcement, judiciary, NGOs and healthcare providers from participating EU and non-EU countries (Moldova and Albania). 17 experts having an in-depth knowledge of trafficking and the interface between trafficking and healthcare provided substantial input into the discussion.

1.1. Conclusions of the First Day Expert Meeting

The discussion revolved around the main theme of the project which is how to create conditions for effective cooperation between law enforcement and health practitioners with the aim to ensure the better medical protection of trafficked victims and enhance their contribution as witnesses during criminal proceedings. The experts highlighted the **differences in the system of governance** across the EU with various degrees of centralisation and competences attributed to the local, regional and national authorities. Accordingly, the healthcare system is differently organised in highly decentralised states (Austria, Germany) than it is in countries with a centralised governance. This is important with regard to the implementation of the **EU Directive on preventing and combating trafficking in human beings and protecting its victims** as well as to the establishment of the Focal points for THB considered by the project. Accordingly, the Training Manual to be produced later in the project will address the same issues, while leaving enough room for particular countries to adapt it to their national governance organisational structure. Extensively discussed were issues of trust-building and the importance of the “golden minute”, which refers to the short period of time during which the victim is ready to provide evidence. This is the first reaction of the victims which can point to the signs of trafficking and should be therefore picked up either by a police officer or a medical doctor. They need to be trained to be able to seize the opportunity of the “golden minute”.

The medical record and the patient anamnesis are also of utmost importance not only for an early and appropriate victim support and recovery but also for the purpose of judicial proceedings.

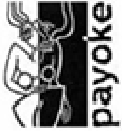


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1.2. Pilot Training Organisation and Methodology

The main purpose of the expert group meeting was **to agree upon the case study to be presented on the second day (28 February) and to select key points to be discussed by the delegates.** It was agreed that the case study should provide a background that serves as a trigger for questions about the process of victims' identification, referral, standard operating procedures, focal points and other issues which may come up during the victims' contact with medical professionals. The case study selected was based on a scenario where the medical practitioner does not have all the facts other than an individual in need of medical help but is confronted with suspicious circumstances and possible indicators in the patient's behaviour or a type of injury that can point to a trafficking case. The aim of presenting the case study was to initiate a discussion on what steps are to be taken in order to consider informing the authorities, sharing information with another medical doctors and a focal point within the hospital and in doing so, helping to facilitate the response from the law enforcement environment. As a result of the discussion in the Expert Group the following key elements have been assessed as fundamental in the process of creating a basis for the law enforcement/health professionals cooperation and exchange:

- Awareness of THB
- Trafficking signs and indicators
- Victims' identification/Default response
- Training Manual/Pocket Cards
- Protocol/Standard Operating Procedures (SOP)
- Referral to a Focal Point and or to the national referral mechanism
- Exchange of information



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2. The Pilot Training (28 February 2013) Proceedings

The Pilot Training participants were first given the privilege to listen to the intervention of the special guest and distinguished hostess of the event **Ms Corinne Dettmeijer**, the Dutch National Rapporteur for THB.

Ms Dettmeijer reminded the participants of this year's 150th anniversary of the abolition of slavery in the Netherlands. She warned about the raising concern of labour exploitation, pointing out to the importance of further improvement of knowledge about trafficking phenomena. In the period between 2007 and 2011 the number of victims identified in the Netherlands almost doubled (from 716 to 1222). Awareness raising is the most important factor in fight against trafficking. The medical professionals' involvement could be very beneficial as they may pick up the signs at different stages of trafficking and thus enable early support and rehabilitation of victims. Because of the importance of victims' testimony in criminal proceedings, the evaluation by a healthcare provider of the victims' mental and physical health can play a big role. Bridging the gap between the medical field and third parties - including law enforcement, NGO's, social partners - can improve early identification, speed up victims' recovery and provide an important input for prosecution. Trafficking is an extremely complex crime with many pitfalls for prosecutors and judges. This is why the court specialisation as well as the development of special curricula at schools and universities should be strongly supported.

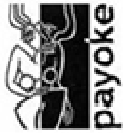
Fifty six persons attended the pilot training. The participants consisted of representatives from a variety of NGOs involved in THB response, child abuse, illegal migrants' assistance; medical professionals, law enforcement officers and government representatives.

The delegates were grouped in four parallel workshops of about 14 participants each. The chair appointed to each workshop made sure that the discussion followed the key elements recommended by the experts. The rapporteur in every workshop was tasked to summarize and present conclusions in the follow up plenary session.

Below are the key conclusions from each workshop. They should be taken into account in the process of drafting the Training Manual to be developed later in the project.

Workshop 1

Awareness raising and victims identification are the key issues to be considered by the medical field. Options to enable better and easier victims' identification include



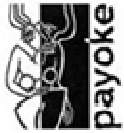
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posters in hospitals as well as training containing the instructions on how to recognise VOT even in the absence of medical conditions that could point out to a trafficking case. The experience of **Route cards** that include the relevant steps to be taken and the persons to be contacted in the occurrence of trafficking indicators or the suspicion of a trafficking case was recommended. **Focal points** should be appointed in hospitals with the aim to ensure proper follow up training of the medical doctors, information on **trafficking indicators**, advice on **confidentiality/ethical issues**, **steps to be taken by the medical doctors and other health professionals** and explanation on legal/criminal proceedings. The focal point should take up the responsibility to act as a contact with the external world. What is needed is **the chain coordination** within the medical institutions and between them and other actors involved in the fight against trafficking (social workers, shelters, NGOs police). Medical doctors should be aware of their role in the **gathering of evidence for the investigation** and the importance of such evidence in the follow up of judicial proceedings. They should also provide information on the victims' psychological condition and their ability to make a coherent statement that can be used by the prosecutor.

Workshop 2

The participants of this workshop stressed the role of **informal and formal networks** as well as the internal coordination within the institutions faced with the incidence of trafficking. They have thoroughly discussed the methods and ways of informal communication between the various professionals and fields of action. It has been concluded that centres such as initiated in Amsterdam or in Antwerp, representing innovative one stop geographic hubs, placed in the red light district of the metropolitan areas, staffed with social workers, health practitioners, medical doctors and lawyers provide an effective condition for sustainable multi-disciplinary work with considerable trust building effects between all parties and actors involved.

Providing a **training for multidisciplinary teams** may prove to be an ideal solution. Other possibility for improving cooperation among various stakeholders is the use of various traditional and online media. Because formal/official information sharing is often hampered by the rules of confidentiality and sensitive character of data, the **building of informal networks** was specially recommended. Informal networks are also much more likely to be successful in **trust building**, which is the condition for any efficient cooperation. The key point is that the cooperation and joint work is best built by a bottom-up approach. **EU Member States' best practices** in establishing multidisciplinary teams were strongly encouraged.



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Workshop 3

The workshop reiterated the need for awareness raising of medical practitioners and setting up of structures that would allow them to transmit and channel the information received in the best and the most appropriate way. This can be done through the **curricula** and medical training at the university as well as through **flyers and internet campaigns**. The participants also underlined the need for one national **protocol** dealing with a referral mechanism at the national level and operationalized at the local level. The examples of Domestic violence and Child abuse protocols were brought up as a model to be looked at, as there is an overlap with THB (i.e. the Dutch Comensha organisation). **Training** should be provided for a **variety of practitioners** including plastic surgeons (women seeking breast implants), dentists, abortion doctors, reception centres for migrants, nurses, emergency room personnel, paramedics etc. Any training manual should be short and the further development of this manual should occur at the local level involving practitioners familiar with local administrative procedures. As the information on suspected cases of human trafficking obtained during medical exam can contain important information on offenders, it is necessary to ensure that this information is passed on to the police, **without compromising the identity of the patient/victim** (the criteria of due diligence should be respected). Psycho-social care of the victim should be prioritised to ensure victims recovery and integration.

Workshop 4

The participants of this workshop underlined the need for a structured dialogue and **permanent line of communication** at both the local level and at the regional/national level between health professionals, law enforcement authorities and social workers. Whereas the prime duty of healthcare providers is to assist the patient and protect their interests while respecting the **ethical code**; the **breaking of the confidentiality** should be considered after **due diligence** and provided it can help a victim. In this respect medical doctors and other health practitioners should be able to seek advice from colleagues in order to assess and interpret the signals pointing to a trafficking case. The establishment of a **protocol within the medical institution** will clarify, enable and facilitate the dialogue and relationship between health practitioners and other stakeholders involved in the fight against trafficking. The Protocol has to protect medical doctors against the risk of disclosing personal information about the patient/victim. Early identification based on a set of comprehensible indicators should be accessible to the medical field in order to improve their anti-trafficking response. Language issue and translation is to be considered as the victims are often foreign nationals with a poor command of the language of the country of destination. The law enforcement should



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appoint several police officers to deal with medical professionals. **Child abuse and domestic violence protocols** and practice are strongly recommended. As the concern about **trafficking for labour exploitation** is growing, occupational physicians must be particularly targeted and the law enforcement authorities must better liaise with labour inspectors. ILO indicators should be the basis for training.

3. Conclusions and recommendations for the follow up

The most salient points raised by the delegates could be outlined as follows:

1. Awareness raising of health care providers is crucial for the early identification of victims
2. Trafficking indicators and signals should be made available to medical doctors and practitioners in order to enable them to recognise the trafficking cases
3. Training of healthcare providers should allow better treatment of victims of trafficking as it should enable and facilitate the access of medical information to the law enforcement, prosecutors and judges
4. Protocols, Pocket cards and SOP's can greatly help institutionalising the health providers anti-trafficking response
5. Child abuse and Domestic violence Protocols should be used as possible models for THB as they contain elements of THB cases
6. Focal points to be appointed in key medical institutions should be part of a national referral mechanism
7. Establishing structural dialogue and a permanent line of communication at the local, regional and national level between health care providers, law enforcement authorities, social workers and NGOs is of a paramount importance
8. Informal multidisciplinary network building should be privileged because of the sensitivity of confidential information and medical ethical codes
9. Trust building between health care providers, social workers and law enforcement is the condition for successful cooperation