AMELIE

enhAncing Mechanisms of idEntification, protection and muLti-agency collaboration through transnational and multi-sectoral actors' Engagement

Manual for the training of health care professionals in Trafficking in Human Beings

WP2_D2.1_Trainers' manual

May 2023

KINDLING A BETTER WORLD

ASSOCIAZIONE COMUNITÀ PAPA GIOVANNI XXIII FONDATA DA DON ORESTE BENZI

DIFFERENZA DONNA DONNE E RAGAZZE CONTRO LA VIOLENZA

Payoke

SOLWODI Solidarity with women in distress Solidarität mit Frauen in Not

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1. Introduction

Trafficking is not only a serious violation of human rights but also an individual and a public health problem at the same time. However, to date, there has been minimal engagement by the global health community in the dialogue on or in response to trafficking, with the health needs of survivors having received limited attention compared to law-enforcement and immigration responses (Van der Laan P, 2011; WHO 2012; Zimmerman, 2017). Healthcare professionals are amongst the very few service-providers victims may encounter while still in a trafficking situation. If equipped with the right tools and knowledge, they can be the first and foremost line of identification and protection for presumed victims.

This manual, designed by five victim support organizations within the framework of the EU-funded project AMELIE, is centred around providing support to trafficked persons in a healthcare setting. This initiative aims to increase awareness of human trafficking among healthcare professionals, help them to identify victims, and provide catered care through a gender- and trauma-sensitive approach.

Through this guide, we aim to offer trainers and healthcare professionals a helpful tool to recognize the indicators of human trafficking, and that this will result in more preliminary identification and informed referrals of victims. The training will also help healthcare professionals better understand how to treat victims and provide them quicker and better access to aid and safe treatment.

This manual begins with an overview of human trafficking and its legal implications, especially in relation to the rights of victims, and it provides healthcare providers with an understanding of why healthcare professionals are vital in identification. The following explains how healthcare professionals can identify victims based on certain red flags and indicators, as well as how they should approach and communicate with them in consideration of individual factors. It concludes with special consideration of the impacts of the Covid pandemic on human trafficking. Each chapter is followed by an exercise to help participants reflect on and practice what they've learned, as well as a glossary with key terms.

We are deeply grateful to all the professionals from the healthcare sectors who participated in the research and pilot workshops and to all the experts who contributed, with their invaluable insights, to the development of this material.

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It is our wish that this manual will help anti-trafficking organizations to inform healthcare professionals of their importance in identifying victims of human trafficking as well as enhance their capacity and confidence to recognize victims who consult their services. As trusted service providers, it is essential that healthcare professionals detect possible trafficking situations so that they can provide patients with appropriate and sensitive care and referrals. Improved identification mechanisms among healthcare providers will translate into an improvement of the overall anti-trafficking system and efforts.

1.1 References

Zimmermann, C., Kiss, L., (2017). Human trafficking and exploitation: A global health concern. PLOS, DOI: https://doi.org/10.1371/journal.pmed.1002437

Van der Laan P et al. (2011). Cross-border trafficking in human beings: prevention and intervention strategies for reducing sexual exploitation. Campbell Systematic Reviews.

WHO - World Health Organization. (2012). Human Trafficking. WHO/RHR/12.42

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2. About human trafficking

2.1.1 Abbreviations

EC	European Commission
EU	European Union
NGO	Non-governmental Organisation
OHCHR	United Nations Office of the High Commissioner for Human Rights
UNODC	United Nations Office on Drugs and Crime

2.1.2 Learning objectives

Upon the completion of this module, trainees will be able to:

- **Define** *human trafficking* and the *three elements included in the international definition*.
- **Evaluate** whether *a case fits the three elements* included in the international definition of trafficking.
- **Define** the *core forms of trafficking*, namely sexual exploitation, labour exploitation, and exploitation of criminal activities.
- **Describe** the *conditions under which trafficked persons are oppressed and controlled*, hindering their escape.

2.2 What is human trafficking?

Human trafficking is a criminal business exploiting women, men, and children for different purposes of economic gain. It is a serious violation of human rights affecting the lives of millions of people around the world.

For health care providers, trafficking is best understood as a serious health risk, because of the often severe and sometimes lethal physical and psychological harm associated with the abuse.

The international definition of trafficking includes the three A-M-P constituent elements: the **acts**, the **means** and the **purpose**.

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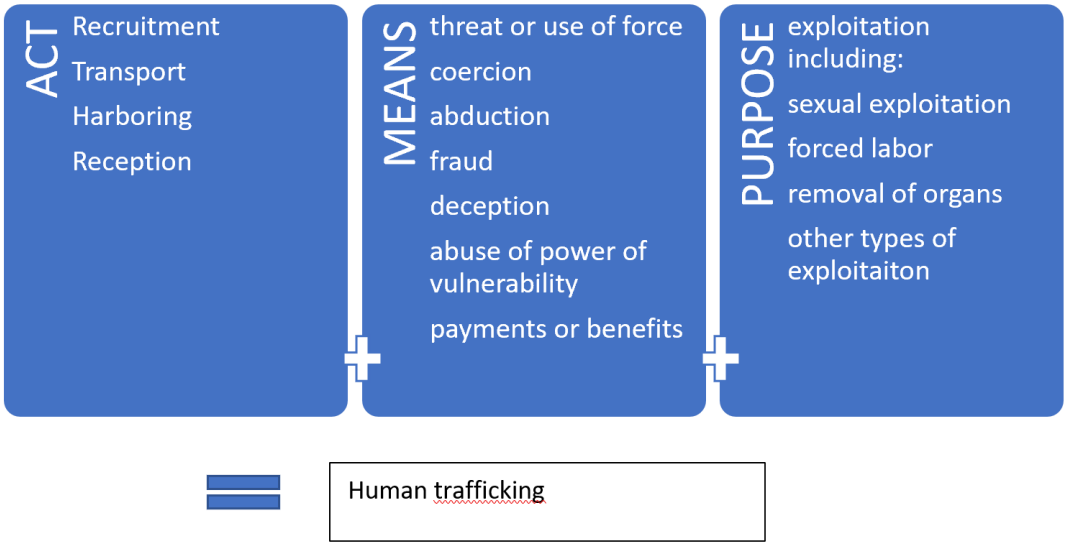

Trafficking does not require the crossing of an international border. It can be internal, occurring within one country, or it can involve cross-border movements. This means that people can be trafficked within their own country, even their own town. Some groups are at greater risk of this type of trafficking such as the homeless or runaway youths[1].

In contrast to human trafficking which can take place both domestically and transnationally, **human smuggling** is a crime that takes place only across borders. It involves the illegal transport of an individual across a national border. Whereas trafficking is a crime committed against an individual, smuggling is a crime committed against a state. However, smuggling is increasingly associated with serious human rights violations and deaths, in particular when it occurs by sea.

2.3 How does trafficking manifest itself?

Trafficking can appear in different forms.

Sexual exploitation is the most reported. It includes the exploitation of people through prostitution or other forms of sexual exploitation, including strip clubs, the pornography industry,

[1] UNITED NATIONS OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS, 2014. Available at: https://www.unodc.org/unodc/en/human-trafficking/faqs.html

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escort services, modelling agencies and massage parlours[2]. It is a strongly gendered form of exploitation, with women and girls being the overwhelming majority.

Labour exploitation refers to coercion to work through the use of violence or intimidation, or by more subtle means such as accumulated debt, retention of identity papers or threats. Traffickers can also use sexual violence as a form of power and control. Many victims of forced labour have to endure deplorable working conditions. Industries often associated with trafficking are construction, agriculture and livestock farming, domestic service, manufacturing and food processing. These industries come with dangerous working conditions and the exposure to chemical, bacterial or physical dangers. Exploitation by forced labour and services was 28.5 % in 2021 was the second most common form of exploitation in the EU[3].

Trafficking for the purpose of **forced criminal exploitation** is an increasingly significant phenomenon in the EU. Adults and children are trafficked and forced to beg or to commit crimes such as bag snatching, cash machine theft, pickpocketing, fraud, drug dealing or cannabis cultivation. Certain groups, such as children and people of Roma origin, are particularly vulnerable to this form of exploitation due to the many social disparities they face (European Roma Rights Center, 2019).

Other forms include **forced marriage**, a marriage concluded without the consent of one or both partners, including child marriage, **domestic servitude**, and **organ removal**.

[2] EU Commission, Working Together Against Human Trafficking: Key Concepts in a nutshell. Available at https://www.abbilgi.eu/en/assets/docs/BOOKLET%20-%20working%20together%20to%20address%20trafficking%20in%20human%20beings%20KEY%20CONCEPTS%20in%20a%20nutshell%20-%20ENG.pdf

[3] Eurostat, Trafficking in human beings statistic. Data extracted in January 2023 https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Trafficking_in_human_beings_statistics&oldid=574250#Number_of_registered_victims_and_of_suspected_and_convicted_traffickers

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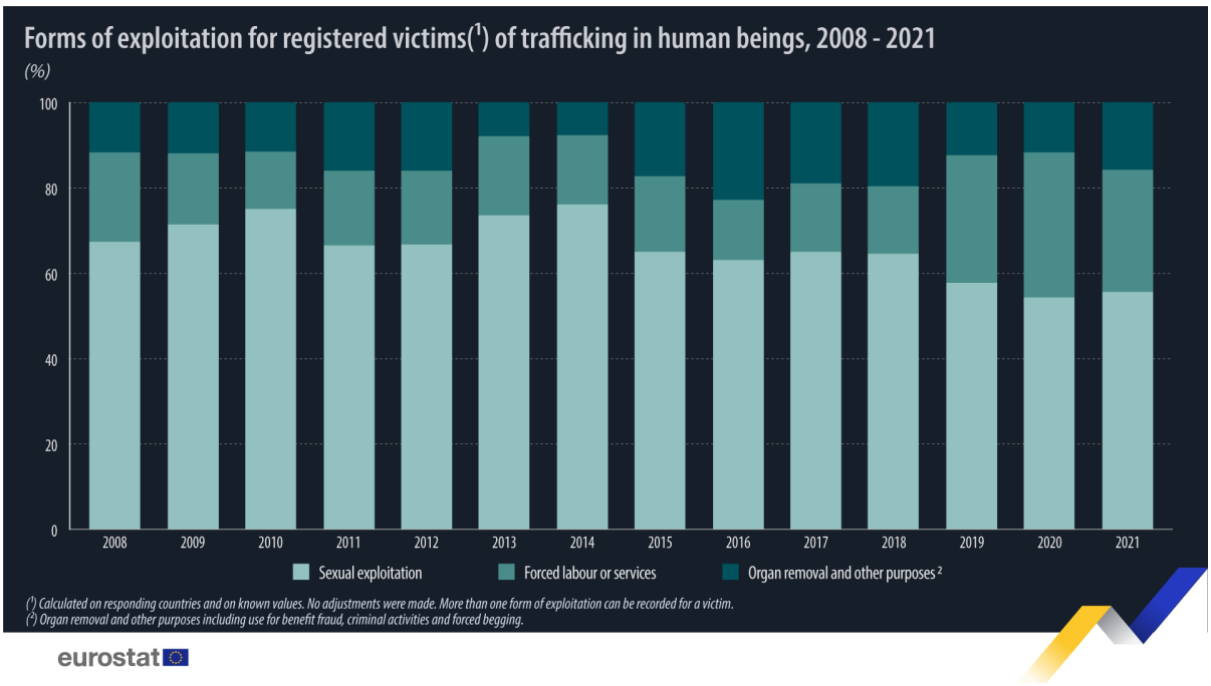

Figure 1 Eurostat, Trafficking in human beings statistics, Data extracted in January 2023

2.4 What is the profile of a trafficked person?

There is no single profile of a victim of human trafficking. Each trafficked person has an individual story with unique experiences and will therefore act and respond differently.

It is important to know that women, men, and children can all be victims of different forms of trafficking. The different forms of trafficking affect gender and age groups in various ways. For example, there is a correlation between females and sexual exploitation and between males and labour exploitation.

The stereotypical human trafficking victim is often portrayed as uneducated, poor, or otherwise disadvantaged and helpless. Traffickers tend to target people in vulnerable circumstances: those who are marginalized, undocumented migrants, and people who are in desperate need of employment. However, many victims do not fit that image, as trafficking can happen to people of all social strata, education, and economic levels.

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Some trafficking situations can be very complex. For instance, some people may be in an intimate relationship with their abuser. In the phenomenon often referred to as "loverboy trafficking", "Romeo pimps", "teenage pimps" or "boyfriend pimps", the abuser establishes a romantic relationship with the victim that quickly turns into an emotionally, psychologically and physically abusive one.

Other special conditions include children that may be exploited by a family member or someone they look up to as a parental figure (Zimmermann, 2015). Sometimes victims are forced to commit criminal acts, for example by recruiting new victims, collecting proceeds, imposing punishments, or posting advertisements for sexual services (UNODC, 2020).

Under these circumstances, and in many other trafficking cases, victims are often reluctant to accept support and care due to loyalty to the trafficker, fear, or intimidation.

2.5 Why don't trafficked persons run away?

Although running away or dialling for help may seem to be a straightforward solution, trafficked persons are often subject to both physical and psychological abuse that hinders the possibility of escape, and they frequently see no other alternative than to stay under the control of the perpetrators.

Trafficking is commonly understood as kidnapping and confinement, and victims as people who are waiting to be "rescued"[4]. However, often the perpetrators are not complete strangers who use violence and brutality. They can be instead close to the victims, as we have seen, such as romantic partners, family members, parents, friends, and relatives.

Therefore, the trafficking dynamics are complex, and the forms of power and control are often psychological rather than physical, similar to domestic violence. Such tactics may include physical, sexual, and psychological abuse, debt-bondage, threats against families (especially children), lies, brainwashing and manipulation, withholding documents, keeping individuals under uncontrollable conditions, and promises of romance or a better life.

[4] Trafficking is complex in its forms and manifestations, and the term "rescue" reduces it to a simplistic story, disempowering survivors and promoting misconceptions about traffickers and how they manipulate and control their victims.

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Figure 2 "The Polaris Project Human Trafficking Power and Control Wheel is adapted from the Domestic Abuse Intervention Project's Duluth Model Power and Control Wheel. "

2.6 What is the prevalence of human trafficking in the EU?

Trafficking is recognized as a global phenomenon, but because of the hidden nature of the crime, there are no reliable statistics on the number of people impacted.

However, data is regularly collected from the EU Member States on the number of presumed and identified registered victims. According to the latest report, 7 155 victims were registered in the EU

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in 2021[5]. However, as these statistics only capture victims who are known to one of the registering entities, the actual number of victims is likely much higher than reported.

Over half (55%) of the registered victims were trafficked for sexual exploitation. Nearly three-quarters (68%) of all registered victims were female (women and girls)[6], and around every fifth victim is a child [7].

In 2021, 43.9% of the registered victims came from the reporting country, 15.4% from other EU countries and 40.7% from non-EU countries[8].

The countries with the largest number of registered victims were France, The Netherlands, Italy, Romania and Germany. Where the focus is on population ratio, the top Member States are Netherlands, Austria, Cyprus, Romania and Sweden[9].

EU citizens accounted for 53% of all registered victims, demonstrating the scale of internal trafficking [10].

2.7 Activity

Title	*About Human Trafficking*
Type of activity	*Initial inquiry of knowledge to kick-off the meeting*
Estimated duration	*15 minutes*
Tools	*Mentimeter or different platform/software to be used by trainers and/or participants, smartphone, tablet or laptop/computer*

[5] Eurostat, Trafficking in human beings statistic. Data exported in January 2023 https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Trafficking_in_human_beings_statistics&oldid=574250#Number_of_registered_victims_and_of_suspected_and_convicted_traffickers
[6] Eurostat, ibidem.
[7] European Commission, Statistics and trends in trafficking in human beings in the European Union in 2019-2020, SWD (2022) 429 final
[8] Eurostat, ibidem.
[9] European Commission, Statistics and trends in trafficking in human being in the European Union in 2019-2020, SWD(2022) 429 final
[10] European Commission, ibidem.

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Learning outcomes	*Upon the completion of the activity, participants will be able to:* • **List** the parts of the *three elements included in the international definition of trafficking*. • **Describe** the *conditions under which trafficked persons are oppressed and controlled*, hindering their escape. • **List** *initial signs of trafficking*.
Description of the activity	*Explanation of the activity/task (2 minutes)* *Question to be answered: What terms come to mind when you think of human trafficking? (10 minutes)*
	Restitution by the trainer (3 minutes) *Each group presents results* *Linking the presented content to the terms which come up during the presentations and discussion*
Materials offered	*Handout paper (summary about human trafficking: forms etc.; indicators and counselling centres)*
References	*Payoke (2014): Human Trafficking: What to do? A practical Guide for Healthcare Providers, Law enforcement, NGOs & Border Guards.* *European Commission (2022): Trafficking explained. Trafficking explained (europa.eu).* *UNODC (2022): Human Trafficking and migrant smuggling. https://www.unodc.org/e4j/en/secondary/human-trafficking-and-migrant-smuggling.html*

Handout

What is Human Trafficking?

Act: Recruitment, transport, harbouring, reception
Means: Threat or use of force, coercion, abduction, fraud, deception, abuse of power of vulnerability, payments or benefits
Purpose: Exploitation including Sexual exploitation, forced labour, removal of organs, other types of exploitation

Trafficking in human beings does not necessarily involves crossing borders, ≠ Smuggling, instead, is the illegal transport of a person across international borders.

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Why don't trafficked persons run away?

Subtle, complex mechanisms of control and power may be in place such as loyalty, fear, intimidation, threats, etc.

Identification of victims of trafficking

Possible Indicators that MAY point to trafficking situation, although it is important to consider the overall context:

- Inappropriate clothing
- Patient does not speak the language
- Escort takes over the conversation/ reassurance from escort person
- Identity papers or insurance documents are kept by escort person
- Insecurity, **fear**, tension
- Signs of physical abuse/sexual abuse
- Poor health condition
- Suspected, unwanted or late detected pregnancy
- Lack of documents and health insurance
- No knowledge of the location/area
- Do not know their address, telephone number
- Downplay, deny, change their narrative
- Want to make phone calls before answering questions
- Forced, involuntary abortions
- Complications resulting from unsafe abortions
- Sexually transmitted diseases and Infections
- Health consequences of forced, unsafe sexual practices
- Mental/psycho-somatic conditions, etc.

Since trafficked individuals are isolated, health care professionals may be their only contact.

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3. Victims' rights and access to healthcare

3.1.1 Learning objectives

Upon the completion of the module, trainees will be able to:

- **Break down** the *rights of the victims that are prescribed in EU law,* namely the Palermo Protocol and the EU Directive 2011/36.
- **Outline** the provisions for *accessing healthcare in Belgium, Germany, Italy and Greece*.
- **Evaluate** the *information* about accessing healthcare *that should be provided to beneficiaries, depending on their needs*.

3.2 International legislation

The criminalisation of human trafficking and victim protection has taken form throughout various bodies of law at national, EU, and global levels. From a healthcare perspective, the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, also referred to as the Palermo Protocol, provides a common definition of trafficking and sets international standards. Amongst other things, it requires governments to implement measures to provide for the victims' physical, psychological, and social recovery. These include different types of support, such as shelter, medical aid, psychological support, interpretation, rehabilitation, skill training, and education (Article 6).

The EU Directive 2011/36 marked a significant step forward in holistically handling trafficking in the EU with a victim-centered approach. The Directive established robust provisions to prevent and prosecute the crime and to protect and support its victims. Particular attention is paid to the rehabilitation and recovery of trafficked persons emphasizing their physical and psychological health. The Directive promotes a gender- and age-sensitive approach in the provision of support, assistance, and protection. Article 11(5) mandates that assistance and support shall include necessary medical treatment, including psychological support.

The victim-centered approach is reflected in the current EU Strategy on Combatting Trafficking in Human Beings (2021-2025), where special attention is given to the capacity building of service providers such as health care professionals, with a gender-sensitive and victim-oriented approach.

3.3 National legislation

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Because EU member states are free to choose how they see fit to fulfill the objectives required in the EU directives, victims' rights may differ from country to country. Moreover, while the EU has significant competence in public health, healthcare systems remain the responsibility of Member States.

Since many trafficked persons are undocumented, it is essential to understand how access to healthcare is granted to third-country nationals without legal residence [11], as it largely depends upon the entitlements provided by the different welfare regimes[12]. While no EU member state's legislation expressly forbids access to health care for undocumented migrants, access to publicly subsidized health care, either partially or fully, is not entirely guaranteed in Europe[13].

Some countries apply a restrictive health policy where all health care (even emergency care) is provided only on a payment basis. Other countries provide universal access to health care. Therefore free access to healthcare is also offered to undocumented migrants[14].

Country	General health care system	Access to healthcare for undocumented migrants	The procedure and financing of the system
Belgium	Belgium has a system of compulsory national health insurance for the entire population. The system is mainly financed by social contributions proportional to income and privately provided health care.	Undocumented migrants have the right to access urgent medical assistance free of charge. The Royal Decree states that: I. The assistance provided should be exclusively medical; II. the urgency must be certified by a doctor; III. health care provided can be	Before consulting a doctor, the undocumented migrant has to go to the social welfare centre in the municipality where they live. The social welfare centre will then conduct a social-economic investigation to see whether this person is residing irregularly in the country, and if this person lacks financial means. If this is the case the applicant can visit a doctor. The doctor will evaluate the urgency of the matter and provide the

[11] Björngren-Cuadra, C. (2012). Policy towards Undocumentend Migrants of the EU27.
[12] Biffl, G. (2012). Migration and health in nowhere land: access of undocumentend migrants to work and healthcare in Europe. Bad Vöslau: Omnium, p 97.
[13] PICUM. (2007). Access to Health Care for Undocumented Migrants in Europe.
[14] PICUM, ibidem.

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		preventive and curative; IV. the assistance cannot consist of financial help or any other provision of service in kind	patient with a certificate of urgency which the social welfare system needs to pay the medical costs and to be reimbursed by the state. In case of emergency assistance, the undocumented migrant can bypass the social welfare centre and go directly to the hospital.
Germany	Health care is provided via the public health insurance system funded by national contributions, which are withdrawn from employee salaries, or via private health insurance.	For undocumented migrants, the provision of public subsidized care is limited to a small number of cases, such as emergency care. Otherwise, undocumented migrants have to successfully apply for a temporary residence permit to receive public subsidies from the social welfare office which, in turn, will allow them to receive additional healthcare services.	To obtain public subsidies for health care, undocumented migrants have to apply in person at the social welfare office. However, public authorities have an obligation to report undocumented migrants to the Foreigner's office; this makes it impossible for undocumented migrants to access secondary health care without disclosing their immigration status.
Italy	Italy's public health system grants universal access to certain health care services to everyone in the country	Undocumented migrants have the right to access urgent and essential care free of charge. For specialized care and outpatient treatment of contagious and chronic diseases, undocumented migrants have to pay a minor contribution.	Undocumented migrants must obtain the temporary residing foreigner (STP) code to access urgent and essential healthcare. The code has a validity of six months and is renewable.

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		Treatments provided to undocumented migrants shall be reimbursed to the regions by the central government.	The Ministry of Interior covers the cost of urgent and essential care.
Greece	The Greek healthcare system lies in the coexistence of (1) the Hellenic National Health System (NHS) which provides universal coverage to the population, (2) compulsory social insurance covering the whole population, and (3) a voluntary private healthcare sector.[15]	Undocumented migrants have the right to access public health services, only in case of emergency or in case their life is in danger. In order to book an appointment at the hospital, they need to have AMKA (National Insurance Number) or PAAYPA (Temporary Social Security Number for Third Country Nationals); if not, a competent organisation shall call the national line or directly the hospital and follow the provided instructions. Arranging an appointment might take a few weeks or months, depending on the medical speciality and examination required[16].	In case of an emergency, the undocumented migrant can visit the hospital, in order to receive medical services, free of charge.

[15] Papadopoulos, I., Shea, S., Taylor, G. *et al.* Developing tools to promote culturally competent compassion, courage, and intercultural communication in healthcare. *J of Compassionate Health Care* 3, 2 (2016). DOI: https://doi.org/10.1186/s40639-016-0019-6

[16] UNHCR. (N.D.) Access to Healthcare. Accessible at: https://help.unhcr.org/greece/living-in-greece/access-to-healthcare/#:~:text=Access%20to%20healthcare%20services%20for,secondary%20and%20tertiary%20health%20care

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3.4 Activity

Title	*Access to the health care system, all-inclusive or discriminatory?*
Type of activity	*Thought experiment before starting the session with a discussion at the end*
Estimated duration	*40 minutes*
Tools	*Whiteboard (can be digital) for participants to participate and make notes on who can and can't access medical care and why.*
Learning outcomes	*Upon the completion of the activity, participants will be able to:* • **Outline** the provisions of *accessing healthcare in their country*. • **Evaluate** the *information* about accessing healthcare *that should be provided to beneficiaries, depending on their needs*.
Description of the activity	*Thought experiment before starting the session (10 minutes)* – *Opening question exploring participants knowledge on who can and can't access medical care and why* o *Followed by a focus on migrants' access to medical care; questioning the limits in access* – *Provide participants with (digital) tools to write down their thoughts and put them on a whiteboard* *Suggestion: use a ven diagram to compare the difference in medical access between migrants of different statutes.* – *Go through responses and recap what's been written down*
	Informative presentation about victim's rights and access to urgent medical care (20 minutes)
	Reflection and discussion of thought experiment after the informative presentation (10 minutes) *Discuss how/if their perceptions changed*

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4. Healthcare professionals' role in addressing human trafficking

4.1.1 Learning objectives

Upon the completion of this module, trainees will be able to:

- **Discuss** the *importance of healthcare professionals in the identification of trafficking victims*.
- **Explain** how medical professionals can *come into contact with a trafficked person*.
- **List** some of the main *reasons victims of trafficking may seek medical assistance*.

4.2 Identification of victims

Human trafficking is a harmful practice and leaves behind physical and psychological indicators that can be spotted by healthcare professionals, if properly trained (Zimmermann, 2009). Healthcare workers can thus play a crucial role in anti-trafficking efforts precisely because health care is a central form of prevention and support in anti-trafficking assistance, mainly through identification.

A health care worker may come into contract with a trafficked person in different ways:

- A patient may disclose a trafficking situation; or
- the practitioner may detect signs that suggest the patient has been trafficked.

Often, health care professionals are some of the few people who interact with the victims outside of their traffickers. Studies show that at least a quarter of trafficked victims in Europe come into contact with health care professionals yet don't get recognized or referred (Barrows & Finger, 2008). Similarly, many healthcare workers admitted that they had probably come into contact with trafficked persons before but never referred them because they wouldn't know whom to contact and how to approach the patient (Ross & et al, 2015).

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Anyone in a health care setting may be in a position to recognize a human trafficking situation, with the medical personnel most exposed being:

- Primary care providers
- Emergency room personnel
- Sexual and reproductive healthcare workers
- Dentists
- Ophthalmologists
- Outreach care providers in fields such as sexual health, sex worker, refugee and migrant health
- Front desk personnel
- Neurologists
- Nurses
- Radiologists
- Sexual Assault Response Centers personnel

Trafficked persons may seek medical attention:

- In an emergency
- After an assault
- After a workplace injury
- For gynaecological services
- For prenatal care
- For mental health services
- For pre-existing conditions
- For health issues unrelated to trafficking (NHTRC)

Healthcare professionals can develop a relationship of trust based on confidentiality with the presumed trafficked person, from which they can acquire more information and perhaps even evidence of the abuse the person is being subjected to (Payoke, 2014). This can benefit the trafficked person and aid other specialists in investigating the crime and persecuting the offenders.

Due to their background, healthcare professionals are also specially equipped to distinguish the more subtle differences between harm done by human trafficking and that by other forms of

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exploitation. They can provide catered care to address their patients' trauma and improve their health.

4.3 Activity

Title	*TedMed talk*
Type of activity	*Video and discussion*
Estimated duration	*50 minutes*
Tools	*Screen to display the video*
Learning outcomes	*Upon the completion of the activity, participants will be able to:* • **Discuss** the *importance of healthcare professionals in the identification of trafficking victims*. • **Explain** how medical professionals can *come into contact with a trafficked person*. • **List** some of the main *reasons victims of trafficking may seek medical assistance*.
Description of the activity	*The facilitator will play the TedMed video https://youtu.be/Cpx-YWNpU54* *Susie Baldwin recounts stories of trafficked people to illustrate the importance of teaching health professionals to recognize the invisible signs of human trafficking and provide trauma-informed care to patients suffering from this hidden crime.* *Susie Baldwin is a Public Health and Preventive Medicine physician whose career has focused on sexual and reproductive health, women's health, epidemiology, and supporting survivors of human trafficking through clinical care, research, training and advocacy.* *The video is 13 minute long.*
	-What caught your attention in this talk? *-Can you relate to Susie's account?* *-Do you feel like you can make a difference in anti-trafficking efforts?* *-What barriers do you think you experience or would experience in trying to help trafficked persons?* *-What are your motivations for attending this training?*

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	-What are your expectations? *15 minutes*
	Restitution by each group in a plenary session *10-15 minutes* *Restitution by the trainer* *5 minutes*

4.4 References

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5. Applying a trauma-informed approach

5.1.1 Glossary

Trauma	Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014).
Trauma-informed	A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization (SAMHSA, 2014).
PTSD (Post-Traumatic Stress Disorder)	An anxiety problem that develops in some people after extremely traumatic events. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.
Complex PTSD	A condition that involves many of the same symptoms of PTSD along with three additional clusters of symptoms: emotional dysregulation, alteration in attention and consciousness, and changes in interpersonal relationships and self-perception.

5.1.2 Learning objectives

Upon the completion of this module, trainees will be able to:

- **Outline** how trauma, PTSD and C-PTSD *may affect the way patients interact with medical personnel.*
- **Summarise** *the principles and steps of trauma-informed care*, including recognising signs of trauma exposure, establishing patients' physical and emotional safety and empowering the patient.
- **Adapt** their *practice to the principles of trauma-informed care*, including recognising signs of trauma, establishing patients' physical and emotional safety and empowering the patient.

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- **Give original examples of** *ways to create a clinical safe space*.

5.2 Addressing the trauma of trafficked persons

Individuals who have been impacted by trafficking will have suffered one or more traumatic events, often leading to severe mental or emotional health consequences, including trauma. **Trauma** can be defined as the individual response to a physically or emotionally harmful or life-threatening event or series of events, with lasting adverse effects on the person's functioning and mental, physical, social, or emotional wellbeing.

In addition to the most reported post-traumatic stress disorder (PTSD), trafficked persons are at risk of suffering from complex PTSD (Hopper, 2018). Whereas PTSD is caused by a single traumatic event, for example, a car accident or a natural disaster, C-PTSD can be diagnosed in people who have experienced a series of traumatic events, sometimes for months or years. In addition to PTSD symptoms, those with C-PTSD may also show emotional dysregulation, alterations in attention and consciousness, and changes in interpersonal relationships and self-perception.

The C-PTSD response to trauma is a physiological reorganization of the individual's natural reflexes that puts them constantly on high alert to react to stressors (UNODC, 2019), as if they were ready to respond to a new assault at any time (van der Kolk, 2014).

These conditions may influence the way patients interact with medical personnel. For instance, the patient may appear hypervigilant around being examined, show mistrust, see health care providers as unwelcome interlocutors, fear medical procedures, or display anxiety about sitting in a waiting room with other people. Moreover, trafficked persons are likely to have a history of multiple victimizations prior to the trafficking experience, which can create cumulative harm, such as extreme poverty, war, community violence, domestic violence, or adverse childhood events.

5.3 A trauma-informed approach

A trauma-informed approach is non-judgemental and person-centered. It prioritizes restoring the survivor's feelings of safety, choice, and control, by creating a clinical "safe space." The primary goal is not for the victim to disclose their history but for the provider to address the patient's overall health. The clinical "safe place" is thus for providers to inform, treat and empower the patient. Against this backdrop, a trauma-informed approach includes:

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A. Recognizing and responding to the signs of trauma exposure

Potential victims will react in different ways in a health care setting. Practitioners should not expect to be seen as "rescuers"[17]. Some patients might, but many others may see the healthcare provider as an unwelcome interlocutor. If a patient reacts in a hostile or aggressive way, if they are detached or untrusting, their behavior may have nothing to do with the care provider as a person, their role, or the clinical setting. Part of a trauma-informed approach is knowing that these reactions can be symptoms or consequences of the abuse.

Practitioners can integrate a variety of tools to both support patients who are actively experiencing trauma responses and avoid processes that may be re-traumatizing. For example, they should avoid:

- Mislabeling symptoms as personality or other mental disorders, rather than as traumatic stress reactions
- Being overly authoritative when interacting with patients
- Using confrontational verbal or non-verbal communication
- Challenging or discounting reports of abuse or other traumatic events
- Labeling the patient's behavior or feelings as pathological (Payoke, Danube University Krems, 2015)

B. Establishing the physical and emotional safety of patients

Promoting physical and emotional safety involves first the clinical facility and the behavior of the staff. An intake form that may be obvious to someone who can think clearly could be a maze for someone dealing with trauma and cannot speak or read the language fluently. A crowded hall can make it impossible to talk privately, which can feel threatening and triggering.

Safety risks should be assessed as quickly as possible. For example, the person may be accompanied by the perpetrator, or there may be a risk of harm and reprisals from the traffickers

[17] The concept of rescuing should be avoided. Trafficking is complex in its forms and manifestations, and the term reduces it to a simplistic story, disempowering survivors and promoting misconceptions about traffickers and how they manipulate and control their victims.

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against the patient or their family members. The person may also fear negative consequences in relation to their immigration status, housing and welfare, and current relationships.

Confidentiality must be respected at all times, by requesting the patient's consent, reiterating the voluntary nature of the clinical exam or treatment, explaining how their records will be filed and data protected, explaining the safeguarding of the professional code of ethics, providing safe spaces for taking histories and for the physical exam.

The patient must also be made aware of the limits to confidentiality. Patient confidentiality and mandatory reporting laws about specific behaviors, including suicidal or homicidal tendencies, and child or sexual abuse, may vary from country to country. Patients should be made aware of existing statutory duties to report.

If the patient is referred to other services (for shelter, further medical support, legal advice, etc.) the practitioner shall take time to explain if there is a connection to the authorities (for example, police, government agencies, immigration) or not (Robjant, 2018).

Many trafficked persons are not aware of being victims of a crime. The concepts of 'trafficking', 'exploitation' or 'slavery' may have little meaning to them. Instead, 'safety' is more easily understood, and practitioners can communicate and extend a sense of calm and security by reassuring the patient that the room is safe for them to talk and relax, asking if they feel safe, or if they have a safe home to return to after the visit (Robjant, 2018).

C. Building trust

The medical staff can build trust by treating and listening to the patient respectfully and patiently, remaining non-judgmental, in a way that empowers the victim. This includes ensuring that patients' **rights** are communicated clearly, verbally, and in writing.

Practitioners will always strive to ***do no harm***, which may include unintended disclosures of trafficking facts, breaches of confidentiality, judgmental comments or unnecessary questioning, or interacting with the patient in an insensitive manner about their history which may contribute to mistrust and fear of health care settings (Zimmerman, 2009). The minimum requirement to exercise the do no harm principle is that the trafficked person must not be placed in a worse

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situation, in the short term or longer-term, than they would have been if they had not received the service or intervention.

D. Promoting patient's empowerment

The repeated abuse trafficked persons have experienced over time, loss of control, captivity, or toxic power dynamics often results in feelings of being out of control. The defining features of a trafficking experience are the unpredictability and uncontrollability of events (UNODC, 2019).

Therefore, a trauma-informed approach must provide clear information and encourage decision-making. This implies offering patients choices to decide what procedures they are comfortable with based on clear explanations, that they have the right to refuse treatment, inviting them to take breaks during the visit, or come out of discomfort whenever possible.

The practitioners will recognize the patient's autonomy, including the fact that a potential victim may not want to be "rescued." In fact, the healthcare provider's priority is to give every potential victim the necessary time, space, and professional support to make informed decisions about their current needs and options. The safest way for them to free themselves from damaging situations or relationships is by personal choice (Robjant, 2018).

E. Provide care that is sensitive to the patient's ethnic and cultural background, and gender identity

When there are language barriers, medical staff will communicate slowly and clearly throughout the visit. This includes knowing how to assess patients' level of literacy and language comprehension respectfully and using visual aids to ensure that an individual understands what is happening. This may also involve working with interpreters (Cathy Zimmerman, 2009).

5.4 Activity

Title	*Clinical safe space*
Type of activity	*Brainstorming*

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Estimated duration	*45 minutes*
Tools	*Slide with the following content:* – *Keep parking lots, common areas, bathrooms, and entrances/exits well lit* – *Decorate with warm colors and create spaces for staff to relax* – *Keep noise levels in waiting rooms low* – *Ensure a quiet, uninterrupted atmosphere, where patience can feel at ease (door, phone, others)* – *Ensure confidentiality and communicate these assurances to patients* – *Make eye contact and be present* – *Show acceptance and understanding, not judgements or disapproval* – *Help 'normalise' symptoms by sharing information about common responses to trauma* – *Use positive and welcoming language* – *Ask patients whether they are comfortable with having the door shut during exams or meetings*
Learning outcomes	*Upon the completion of the activity, participants will be able to:* • **Summarise** *the principles and steps of trauma-informed care*, including recognising signs of trauma exposure, establishing patients' physical and emotional safety and empowering the patient. • **Adapt** their *practice to the principles of trauma-informed care*, including recognising signs of trauma, establishing patients' physical and emotional safety and empowering the patient. • **Give original examples of** *ways to create a clinical safe space*.
Description of the activity	*Presentation of the activity 5 minutes* *The trainer will introduce the activity as a brainstorming about creating a clinical safe space intended as psychologically and physically safe space for disclosure and discussion.* *The trainer will say that people with histories of trauma may feel unsafe in unfamiliar environments, leading to anxiety and dysregulation. Minor changes to a medical setting or practice can go a long way to improve patients' feelings of safety, and create an atmosphere that reduces the likelihood of re-traumatization. This activity is aimed at generating ideas about small changes in one's practice or physical setting that can create a more welcoming environment for both patients and staff.*

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	The trainer will show the slide with tips about creating a clinical safe space and ask the participants to split in small groups to discuss what a "clinical safe space" may be like -both physically and psychologically. Participants will be asked to elaborate on what tips they consider doable in their work setting, and what cannot be changed.
	working sessions in small groups -20 minutes
	restitution by each group in a plenary session and by the trainer 20 minutes

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6. Providing gender-sensitive and culturally competent care

6.1.1 Glossary

Sex	a biological construct based on genetic, anatomical, reproductive or hormonal characteristics, owing to which individuals, starting from birth, are typically classified as male, female or intersex.
Gender	a social and cultural construct developed, learned and internalised in the process of socialisation on the basis of cultural assumptions, beliefs, expectations, attributes and roles societies ascribe to different sexes.
Gender identity	an individual's innermost concept and perception of self as being male, female, a combination of both, neither, or any other possible variant along the gender spectrum they identify their gender with.
Gender expression	the manner in which an individual chooses to state and express their gender identity (e.g., name, pronouns, clothing, voice or body features).
Gender nonconformity	a general term referring to the experience of individuals whose gender expression, behaviour or role does not conform to the societal norms and expectations typically associated with the sex they were assigned at birth.
Transgender	an umbrella term used to describe individuals whose gender identity or expression differs from the sex they were assigned at birth.
Intersectionality	the term, coined by Kimberlé Crenshaw (1989), refers to an analytical framework to facilitate acknowledging how intersecting factors of disadvantage (gender, class, ethnicity, nationality, sexuality, gender identity, disability, etc.) can create multiple and compounded forms of discrimination and oppression.

6.1.2 Learning objectives

Upon the completion of this module, trainees will be able to:

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- **Define** την έννοια της *πολιτισμικής επάρκειας.*
- **Give examples of** the *gender dimension and consequences of trafficking.*
- **Summarise** the principles and steps of *culturally competent* and *gender-sensitive care*, including overcoming linguistic barriers, providing clear information and taking the gender dimension of trafficking into consideration.
- **Adapt** their practice to the principles of *culturally competent* and *gender-sensitive care*, including overcoming linguistic barriers, providing clear information and taking the gender dimension of trafficking into consideration.

The 2012 Victim's Rights Directive establishes that victims of crime, including human trafficking, should be recognized and treated, by all competent authorities and service providers, *"[...]in a respectful, sensitive and professional manner, without discrimination of any kind based on any ground such as race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age, gender, gender expression, gender identity, sexual orientation, residence status or health"* (2012/29/EU). To fulfil the obligation and duty to deliver equitable and non-discriminatory care, health providers should strive to develop, cultivate and foster, professional awareness and understanding of gender, ethnic, cultural, and socio-economic diversity.

6.2 Cultural competence

Cultural competence, sometimes called - or closely associated with - cultural responsiveness, cultural sensitivity, cultural humility, cultural safety, refers to the reflective, developmental, and multidimensional process that enables professionals to communicate, cooperate and work effectively in cross-cultural or culturally diverse situations.

Culture can be considered a dynamic set of integrated patterns guiding human thought and behaviours, encompassing and influencing crucial aspects of the individual such as communication style, preferred language, perception of self and others, values, customs, attitudes, practices, traditions, etc. In this sense, cultural diversity may relate to the diversity of age, gender, sexuality, ethnicity, literacy, political or spiritual beliefs, socio-economic, legal or health status (e.g., disability).

In health care, cultural competence refers to the providers' awareness of how cultural factors may interact, influence, and contribute to the quality of care delivered to the patient or service user, engaging, acting, and responding accordingly. It also involves awareness of potential or existing cultural barriers and health disparities affecting vulnerable, minority or underserved populations.

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6.3 Providing culturally competent care to trafficked persons

The provision of culturally competent care to people impacted by human trafficking is particularly important, given that the provider and the patient may not share significant cultural common ground in most cases, such as language, ethnicity or literacy level. In particular, when caring for trafficked persons, health providers should:

- Be mindful that trafficked persons, owing to differing circumstances (isolation, trauma, multiple cross-border movements, destitution, etc.):
  a) may not be aware of their geographical whereabouts,
  b) may not be familiar with the health care system or clinical setting,
  c) may be unaware of their health rights in the destination country,
  d) may be wary of figures associated with formal institutions, including medical personnel,
  e) may have trouble reading or writing, and thus respond better to visual aids,
  f) may attach different cultural or spiritual meanings to illness, healing and health,
  g) may be more at ease with gender-specific medical care, and
  h) may communicate with an indirect instead of direct style.

- Actively seek to overcome linguistic barriers (or any other cultural hindrance), when possible, with the aid of a qualified interpreter, who should be identified in advance. The work of linguistic and cultural mediators is precious in this context, given the insight they can offer into the victims' cultural frame of reference, including different interpretations and definitions of illness and health (ZIMMERMAN, 2003).

- Be aware of cross-cultural medicine and its implications within the victims' understanding of medical care and the role of health practitioners. For example, several cultures worldwide practice cupping therapy, a form of alternative medicine involving the application of heated cups on specific areas of the body to ease pain. The practice leaves circular marks on the body, which in Western clinical settings are frequently mistaken as signs of abuse (VITALE & PRASHAD, 2017).

- Take the time to provide clear information, explain recommended therapies in plain language, tell the patient where they can buy medication, what to expect from the treatment, how to seek further medical examinations, etc. All this information must be explained clearly and, where possible, with a note in writing in a language the person can understand. (Zimmerman, 2009). Trafficked persons sometimes come from countries where the time of care is linked to collective and not individual social contexts and require more extended visits.

6.4 Gender Sensitivity

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6.4.1 The gender dimensions of trafficking

Human trafficking is a highly gendered human rights violation and crime.

While trafficking affects individuals of all sexes and genders, women and girls' increased vulnerability to victimisation stems from pervasive, deeply-rooted, and intersecting patterns of systemic gender-based discrimination, inequities, and violence (UN, 2020).

The power imbalance between sexes and its resulting patriarchal societal structures, as well as setting women at a disadvantage in the social and economic sphere, fosters harmful cultural notions of women, which entail the objectification and commodification of their bodies and sexuality, together with a widespread normalisation or legitimation of the use of coercion, violence, and brutality against them. In human trafficking, therefore, inequality between women and men shapes the gender dimensions of both the demand and the supply.

In addition to gender-based inequality, sexism and violence, women and girls can be concurrently exposed to other intersecting, layered forms of oppression, such as racism, homophobia, or disability discrimination. For this reason, factors such as nationality, ethnicity, migration background, class, caste, age, disability, sexuality, gender identity or expression, further exacerbate women and girls' vulnerability to recruitment and exploitation.

6.4.2 Providing gender-sensitive care to victims and survivors of trafficking

Sensitivity for gender issues in healthcare means that practitioners have the knowledge and competence to perceive existing gender differences and inequalities and incorporate this understanding into their decision-making, procedures and operational response. In their professional interactions, they consider differing needs of women, men, and transgender/non-conforming individuals, and recognize how gender identities shape and interact with people's histories, socio-economic statuses, treatment needs, experiences and perceptions of physical and mental health.

In reference to trafficked persons, gender-sensitive care delivery entails acknowledging that:

- Human trafficking affects individuals of all sexes and genders.
- Women are disproportionately affected.

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- Owing to the different purposes for which women and men tend to be trafficked, victims experience different health risks, consequences and needs.
- Regardless of the purpose for which they were trafficked, the overwhelming majority of women experience physical, sexual, reproductive, psychological and economic violence while trafficked.
- Women and girls are often subjected to one or multiple forms of violence, including harmful practices such as female genital mutilation, before being trafficked.

6.4.3 Recommendations for health service providers caring for trafficked women

Recommendations for health service providers caring for trafficked women include (ZIMMERMAN, 2006):

- Acknowledging that addressing the health consequences of trafficking is a multi-stage process that entails:
  a. crisis or emergency intervention care;
  b. support for women's physical and psychological recovery;
  c. care for long-term symptom management.
- Ensuring that all medical testing is carried out voluntarily and in accordance with international human rights and ethical, health, and professional standards.
- Providing physical, sexual, reproductive, and psychological health assistance adapted from models of good practice employed for survivors of domestic violence, sexual assault, and torture, as well as resorting to good practice guidelines for migrants, refugees, and other minority communities.
- Respecting women's sexual and reproductive health rights by facilitating access to any healthcare service required (i.e., safe abortion services, counseling for voluntary HIV testing, anti-retroviral drugs, post-prophylaxis, etc.).
- In the event care is offered to women in situations of ongoing exploitation, ensuring safe and linguistically appropriate outreach, including referral to mobile health units and clinics.
- Coordinate closely with local organizations assisting trafficked women in offering the range of healthcare services they may need.
- Ensuring the confidentiality of women's medical records, respecting their rights to all medical and healthcare documents by implementing privacy and file security measures, and making their health-related documentation available to them.
- Collaborating with NGOs to advocate for the implementation of legislative measures that avoid delays and procedural complications in granting trafficked women the legal status that, depending on the country concerned, may encourage, ease or enable them to access basic health care services.

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Moreover, wherever possible, health practitioners should seek to participate in gender-sensitive training initiatives to learn or increase their knowledge on identifying trafficked women in the health care context and addressing their relevant needs.

6.5 Activity

Title	*Identifying a trafficked woman in a clinical setting (gender-sensitive approach)*
Type of activity	*Simulation Exercise*
Estimated duration	*40 minutes*
Tools	*computer, projector, loudspeaker system* *pen, paper*
Learning outcomes	*Upon the completion of the activity, participants will be able to:* • **Summarise** the principles and steps of *culturally competent* and *gender-sensitive care*, including overcoming linguistic barriers, providing clear information and taking the gender dimension of trafficking into consideration. • **Adapt** their practice to the principles of *culturally competent* and *gender-sensitive care*, including overcoming linguistic barriers, providing clear information and taking the gender dimension of trafficking into consideration.
Description of the activity	*Presentation of the activity (5 minutes)* *The trainer describes that they're going to show participants a simulated of a clinical encounter between a health care provider and a potential vict trafficking, asking participants to take notes during the video (as if they in the position of the health practitioner).*
	Activity execution - part 1 - video is shown (15 minutes) *https://www.youtube.com/watch?v=ZS2kDwG0ODM&ab_channel=AssociationVideo*

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	Activity execution - part 2 - discussion (20 minutes) *Trainer asks participants questions about the videos.* *For example:* ○ *What did you write down?* ○ *What red flags did you notice?* ○ *What did you notice about Shannon's non-verbal language?* ○ *In what ways was the health provider's care delivery gender-sensitive?* ○ *Would you have done something different from the health practitioner?*
Additional material	*http://centervideo.forest.usf.edu/video/center/htandhealthcare/start.html*

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7. Reading the red flags of a trafficking situation

7.1.1 Glossary

Identified victim of trafficking in human beings	a person who has been formally identified as a victim of trafficking in human beings, according to the relevant formal authority in EU Member States.
Presumed victim	a person who has met the criteria of EU regulations and international conventions but has not been formally identified by the relevant authorities as a trafficking victim or who has declined to be officially or legally identified as trafficked.
Potential victim	people who have not yet been trafficked, but due to their vulnerability or other circumstances, are at risk.
Vulnerable person	being vulnerable encompasses many different types of people, but especially those with undermined or no abilities to take care of themselves, and are therefore more at risk of being in harmful situations as well as those subjected to any forms of violence. This definition is general; any factors must be considered when evaluating a person.
Indicators	signs that suggest the possibility of a crime and can be discovered through events associated with criminal activity, statements from the victim or signs of harm associated with trafficking.

7.1.2 Learning objectives

Upon the completion of this module, trainees will be able to:

- **Identify** the *difference* between a potential, a presumed and an identified victim of trafficking.
- **Describe** *the steps of identification* of presumed victims.
- **Identify** *key indicators of trafficking*, namely practical, physical, sexual, and behavioural, psychological and emotional indicators.
- **Evaluate** *their personal* and *their patient's safety*, in case they suspect a trafficking situation.
- **List** *measures* they can take *to ensure their own safety*.

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7.2 About identification

The EU legislation provides a holistic framework for identifying and protecting victims. EU Member States have set up systems for the early identification[18] of victims and are required to provide additional support to vulnerable asylum applicants, including victims of trafficking in human beings.

What is identification?

This term refers to "the process of confirming and characterizing a situation of trafficking in human beings for further implementation of support" (Varandas & Martins, 2007). The process of confirming that a person can be a victim of trafficking is very complex because traffickers go to considerable lengths to ensure their activities are difficult to detect and victims are subdued. At the same time, victims rarely identify themselves due to the nature of the trafficking experience and exploitation.

Who can identify a victim?

Health professionals, psychologists, social workers, anti-trafficking operators, and security forces may identify a victim. A trauma-informed, non-judgemental and person-centered approach is key to their support role.

Why is victim identification important?

[18] The Anti-trafficking Directive introduced into EU law the difference between the concepts of detection and identification. According to the EMN Asylum and Migration Glossary, from Varandas & Martins (2007), detection is *"the process of identifying a possible situation of trafficking in human beings"* which may be followed by identification, which is the formal confirmation that the detected person(s) can be considered a presumed victim of trafficking according to the competent authorities. Since not all countries have a clear distinction between detection and identification and the authorities involved vary from country to country, this manual refers to the preliminary identification of the victim where the role of healthcare professionals is relevant. *"Whilst having multiple authorities responsible for the identification of (presumed) victims is sometimes challenging, it can also be advantageous, as it reduces the chances that a victim will go unnoticed"* (European Migration Network, 2022:21)

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Early identification is crucial to promptly assist, support, and protect trafficked persons and enable police and prosecution authorities to better investigate and punish traffickers (European Commission, 2021:13).

In summary, the identification of victims is a fundamental preliminary step in anti-trafficking efforts for the following reasons:

- to ensure victims are recognized and offered options
- to provide early protection and assistance
- to facilitate their access to victims' rights
- to stop the trafficking process and prevent the exploitation of other individuals
- to prosecute the perpetrators

What are the steps of identification?

Initial identification should activate the following measures and safeguards:

- To separate the presumed victim from the person accompanying them, if there are signs that they might be controlled and to provide for a private, safe space
- To provide an interpreter or a cultural mediator as soon as possible
- To promptly address immediate basic needs
- To provide concise information on the procedure and rights of victims of trafficking in human beings in writing in a language and form they understand (OSCE, 2019:13)

However, whereas healthcare professionals can play a key role in helping a person in a trafficking situation, they should also bear in mind that this may not always be possible due to security risks for themselves or the patient. Providers should know that the responsibility for their identification and care is not theirs alone. Some safety recommendations include:

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- ! Do not try to intervene in a situation if your action could put you or your patient in danger.
- ! Avoid inquiring about trafficking-related issues in the presence of other people.
- ! Do not disclose your address to the patient or attempt to arrange shelter for them in private accommodations.
- ! Do not contact the authorities (e.g., police, immigration) without explaining that this is an option, how this communication will affect them, and gaining the patient's explicit consent (Payoke, 2015).

7.3 Initial indicators of a trafficking situation

Red flags, commonly called 'indicators', can alert to a potential trafficking situation. The initial analysis of the circumstances may indicate that the person concerned is a presumed victim of trafficking or is at risk of becoming trafficked. Here are the general indicators for this initial phase.

A possible trafficking situation can be spotted by linking physical indicators and circumstantial clues:

Physical indicators:	+	Circumstantial clues:
⚠ Neglected general health conditions. This includes poor personal hygiene, malnutrition and dehydration, oral health problems, digestive, skin and neurological disorders, sleeping and eating disorders, vision problems. ⚠ Health problems left untreated. Generally, they do not have any access to medical resources or are forced to stop medical treatments even in the case of serious diseases (e.g., diabetes, cancer, heart conditions and hepatitis, HIV infections). ⚠ Signs of physical abuse. These include contusions, bruises, cuts, forced tattoos, scars, burns (for example, cigarette burns), bone fractures or other physical injuries. Generally, the victims can have difficulties explaining how it happened or		⚠ Migration history: the patient looks like a foreigner and doesn't speak the local language. They seem to come from areas or countries particularly exposed to trafficking, due to environmental, social, cultural or political climate, including emergency or post-conflict settings. ⚠ Age: depending on the type of exploitation, the victim's age is important. In sexual exploitation due to client demands, traffickers usually prefer young victims. ⚠ Gender: due to entrenched gender inequalities and societal position, women and girls are more vulnerable and prone to trafficking for sexual purposes. Boys and men are more vulnerable to being targeted for labour exploitation. ⚠ Lack of identity documents or insurance or money to pay for medical examinations.

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show anxiety and fear when they talk about it	⚠ Coercion and control: the patient is accompanied by a controlling person. ⚠ Poor knowledge of their whereabouts: patients may be confused about the town or even the country where they are. ⚠ Belonging to a discriminated group or does not have equal rights in society (sex, refugee/asylum seeker, ethnicity, disabled, orphan, homeless, belonging to a religious minority etc...).
= potential trafficking situation	

Adapted from: Payoke, 2015

What other indicators can be spotted by a health professional, and how?

The following section illustrates other useful indicators to detect potential clues of trafficking and questions health care professionals can ask to inquire about trafficking-related circumstances safely and respectfully.

Practical indicators

- ⚠ The patient does not have a passport, identity card, travel documents, birth certificate, health insurance.
- ⚠ Victims may identify themselves with a false passport.
- ⚠ They may only provide first names.
- ⚠ They may be unable to move or leave their job.
- ⚠ They may have no contact with persons or organizations in the host country.
- ⚠ They may dress in a way that is inappropriate for their age, the circumstances, or the weather.
- ⚠ They may be accompanied by individuals who introduce themselves as friends, family, employers, or associates of the patient and offer to interpret or speak for them. These persons may be part of the trafficking situation.
- ⚠ Victims may change the story, be evasive, deny, minimize or validate the situation. They may appear confused and disoriented.
- ⚠ They may be unable to narrate events in chronological order and find it difficult to recall events or concentrate.
- ⚠ They may not know where they live, their address, or phone number. They may ask to speak on the phone with their minder before answering any questions.

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- They may not know where health services and hospitals are located and do not know how to access health care (where to apply for a health card, how to book a visit, where to buy medicines and how to follow therapy).
- They may not speak the local language at all, and only know basic words or words they learned while sexually or work-wise exploited.
- Victims of trafficking for labour exploitation may not have insurance or money to pay for medical examinations. They may receive payment in "goods"or "in-kind" or be deceived about wages or be paid less than the minimum wage.
- They may appear confused, not know about their work contract, and not have health and social insurance. Some hide signs of pain, mistreatment, or work-related hazards.

Sexual indicators

- Victims of trafficking for sexual purposes may be recognised for deprivation of sexual and reproductive rights. These include signs of sexual abuse and rape, unwanted or late detection of pregnancies, an inability to decide whether to continue with the pregnancy, forced prostitution while pregnant, and forced or involuntary abortions, complications resulting from unsafe pregnancy interruptions.
- Sexually transmitted diseases and infections. Sexual health problems are due to forced unsafe sexual practices. Consequently, victims may also experience pelvic inflammatory disease, chronic vaginal pain, infertility, menstrual cycle disturbances, injuries and illness of the urinary tract, injuries or bruises of the thighs or wrists, and in rare cases bleeding from vaginal lesions due to the use of foreign bodies.
- Alterations and inhibitions in sexual response which prevent or hinder the enjoyment of sex. Generally, the victims can have difficulties answering these questions even with female health professionals.

Behavioural, psychological and emotional indicators

- Survivors may experience stress and excessive psycho-physical fatigue as a result of being denied breaks, free time, sick leave, or working 24 hours a day, full week, with heavy or excessive workloads.
- In addition, presumed victims may show anxiety symptoms as tension and generalized anxiety, high susceptibility, worry, a permanent state of alertness (hypervigilance), nervousness, tremors, panic attacks, rumination, tachycardia, sweating, alterations in the digestive system, feeling threatened or in danger, difficulty falling asleep and/or achieving restful sleep.
- Psychological indicators include various psychosomatic disorders: headaches, back or chest pain, abdominal distress, generalized fatigue, dizziness, fainting, blurred vision, tremors, sweating, and immunosuppression as consequences of chronic stress, trauma, and violence experienced.

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- They may also show symptoms of depression: feelings of guilt and sadness, low self-esteem, apathy, loss of interest in things, despair about the future, inability to experience pleasure and positive emotions, suicidal ideation, excessive crying, and reduced ability to concentrate, psychomotor slowing or agitation.
- Moreover, the patient may display PTSD symptoms including flashbacks and intrusive thoughts, avoidance behaviors, hypervigilance, sleeping disorders (e.g., insomnia, night terrors) or dissociative symptomatology. Some show signs of depersonalization (feeling unreal or disconnected from oneself or from one's own body as if the individual is just an observer) or derealization (the environment feels unreal as if it was a dream).
- Victims often have had other traumatic experiences (multiple traumas) before trafficking and sexual exploitation.
- There may also be the presence of one or more disorders simultaneously (comorbidities).
- They may show hostility (irritability, challenging behaviours, a general sense of mistrust of others, frequent fights, frustration, rage and difficulties in controlling anger) and negative feelings such as shame, disgust, guilt, humiliation, stigma.
- Substance abuse. This can lead to dependence, overdoses, infections from using syringes, risky behaviours, involvement in criminal activities, and violence. As a way to control and exercise power, traffickers can and often force their victims to engage in substance abuse and criminal activity.
- They may have self-destructive behaviors such as suicide attempts and self-harm.

7.4 Activity

Title	*Guess who is!* *If you know the signs of trafficking, you can recognize its victims*
Type of activity	*Role playing*
Estimated duration	*60 minutes*
Tools	*Slide with the following content:* • *Indicators* • *Gender, culturally sensitive approach and person-centred*
Learning outcomes	*Upon the completion of the activity, participants will be able to:* • **Describe** the *steps of identification* of presumed victims. • **Perform** the *steps of identification* of presumed victims.

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	• **Identify** *key indicators of trafficking*, namely practical, physical, sexual, and behavioural, psychological and emotional indicators. • **Evaluate** their *personal* and *their patient's safety*, in case they suspect a trafficking situation.
Description of the activity	*The trainer will introduce the activity and explain what the role play activity entails. It must be explained that the role play takes place in three phases: briefing, performance of the activity and debriefing.* *In the briefing, the trainer explains the context and that the performance takes place in the reception of a health service (e.g. in a women's health center for gynecological control). The patient has severe abdominal pain. She's accompanied by a woman older than her who speaks for her. In fact, the patient speaks only her own dialect and French. The doctor contacted a linguistic mediator and...* *In small groups participants identify who will cover the proposed role and with which profile.* *The participants may continue and elaborate the scene freely, taking into account the steps in the referral mechanism for human trafficking (chapter 8).* *The debriefing may include participants' self-assessment and observations, feedback, strengths and weaknesses.*
	Presentation of the role play - 5 minutes. *Working sessions in small groups to identify which participant will cover the proposed role and with which profile - 10 minutes*
	Once in groups allow participants to get to know each other and plan their performance – 10 minutes *<u>Role play</u>* *Briefing - 5 minutes* *Performance – 20 minutes* *Debriefing – 20 minutes*

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8. Communicating with a presumed victim

8.1.1 Learning objectives

Upon the completion of this module, trainees will be able to:

- **Apply** the appropriate *steps for communicating with a victim of trafficking*, including separating the patient from any accompanying party, ensuring a safe environment and addressing basic needs.
- **Give examples of** questions to ask to *assess the presence of a minder*.
- **Give examples of** *ways to follow a patient-centred, trauma informed, culturally responsive, age- and gender-sensitive approach*.
- **List** the questions to ask to *assess whether a patient is a human trafficking victim*.

8.2 Steps health professionals can follow

Service providers should always bear in mind that each trafficking situation is different and unique, as well as the persons trafficked and the care they require. If they suspect a case of trafficking, health providers should, first and foremost:

1) Secure privacy by separating potential victims from any accompanying party

Regardless of their alleged relationship with the victim (e.g., relative, partner, spouse, employer, community member proposing to serve as an interpreter, etc.) or the victim's approval of their presence. Traffickers or their associates tend to accompany victims to health facilities for surveillance, intimidation and control. Potential victims should be separated from their accompanying parties discretely, to avoid raising any suspicions, for example by explaining that the health facility's policy is to examine the patient alone, or that it is a mandated requirement; asking the accompanying party to fill in some paperwork, etc[19]. If the accompanying person refuses to leave, or patients refuse to be separated from them, providers should evaluate the best course of action on a case-by-case basis, carefully weighing the benefits against the harms of examining a patient in the presence of a presumed exploiter (HEAL, 2017), particularly by considering the following:

[19] Watch the following video of an example of a successful attempt to separate the presumed victim from the perpetrator, in a healthcare setting: https://www.youtube.com/watch?v=Mvxem3WwQaY&ab_channel=FuturesWithoutViolence

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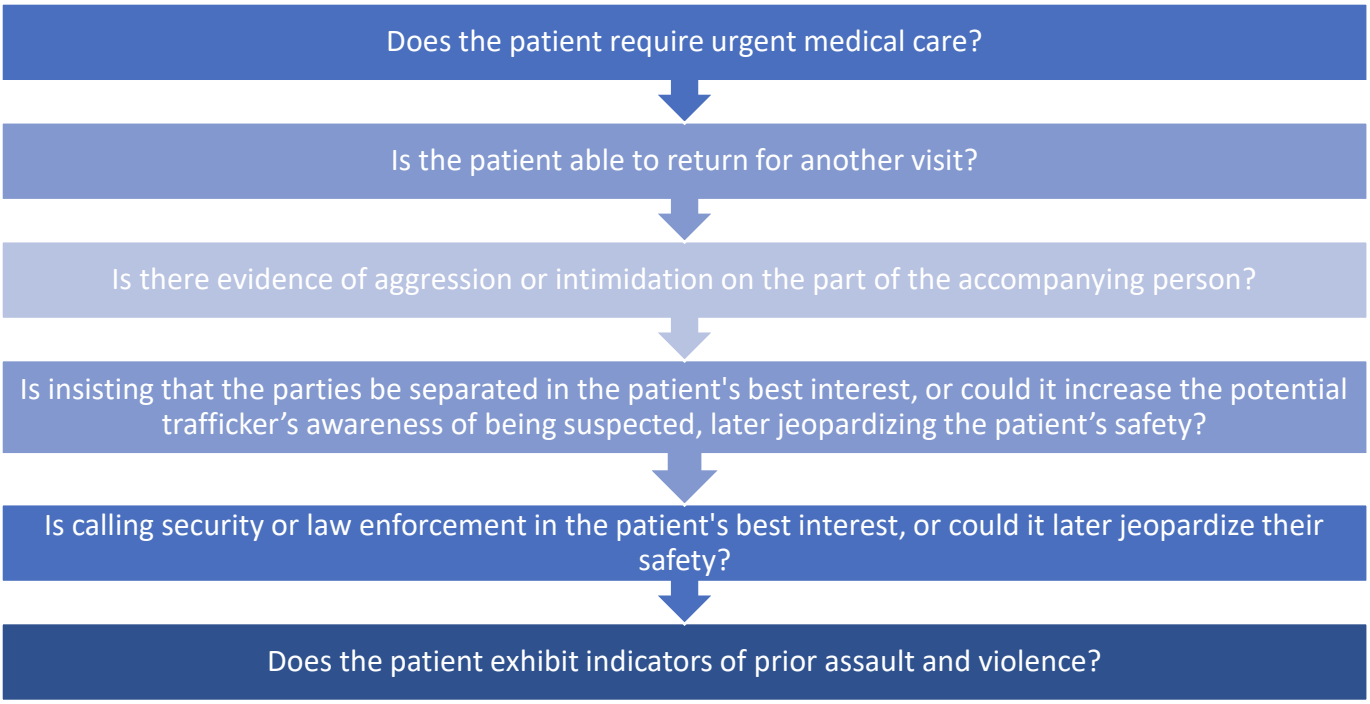

In all cases, health professionals should strictly avoid confronting a potential trafficker or associates refusing to leave for their own safety and the patient's.

2) Ensure a safe, calm, confidential clinical setting for the medical examination and/or further assessment

If there are no accompanying parties or if health providers have separated them from the patient, they shall conduct the medical examination or further assessment in a clinical space that ensures the patient's privacy and where there are no interruptions. This entails not only closing doors and ensuring that verbal communication with the patient is out of anybody's earshot, but also preventing the risk that the conversation with the patient may be overheard and monitored via digital means by traffickers. Providers should ask the patient to switch their digital devices off, provided it is safe for them to do so. Or else, they can ask the patient to leave their phone in a different area from where the examination is to take place. Health providers should also consider switching their phones off to avoid unwarranted interruptions.

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Useful Questions at this Stage: Assessing the presence of a minder

- *For the examination (e.g. an ultrasound) we need to move to another room. The hospital safety and hygiene regulations say that only patients and medical staff can enter this room, not visitors and accompanying persons. Is this ok with you?*
- *Do you feel comfortable to leave the person who accompanied you in the other room?*
- *I would like to see you for a follow up meeting next week. Would you be able to come back?*
- *It is important that you feel relaxed and safe during the visit. Do you have any concerns about speaking with me?*
- *Are you worried this visit could create any problems for you, your family, or anyone else close to you?*

3) Address any immediate physical needs the patient may have and ensure they feel comfortable

Health providers should keep in mind that trafficked victims experience varying degrees of physical deprivation, including lack of food, water, sleep, and freedom to use restrooms. For this reason, if appropriate, they should offer patients water or a snack, and ensure that any other immediate and basic physical need has been met before conducting the examination or further assessment. Moreover, health providers should ask the patient whether they would prefer being examined by a health professional of a different gender.

4) Establish the need for a professional interpreter or cultural mediator

In the event of language or other cultural barriers impeding effective communication with the patient, health providers, wherever possible, should resort to neutral, third-party interpreter or cultural mediator identified in advance, able to provide their professional services either in-person or remotely. However, when employing third parties to provide linguistic or cultural mediation during the clinical encounter, health professionals should consider the following precautionary issues:

⇒ Whether the patient feels comfortable with the professional interpreter or mediator, including their place of origin, or gender

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⇒ Whether the interpreter or mediator has signed a confidentiality agreement
⇒ Whether the interpreter or mediator is trained to provide a trauma-informed, culturally competent and gender-sensitive approach
⇒ Whether the interpreter or mediator's ties to the patient's community may result in a conflict of interest or place a potential victim at increased risk.

Wherever possible, the patient's preference for an interpreter or mediator of a specific gender or culture should be accommodated.

5) Seek to attend to potential victims with a patient-centred, trauma-informed, culturally responsive, age- and gender-sensitive approach to establish a trusting, respectful, and non-judgemental rapport

Developing the foundations for a trusting, caring, and respectful provider-patient relationship is paramount to a successful outcome for the patient. In addition to providing the patient with a safe and calm clinical environment and meeting any immediate physical needs they may have, useful tips for relationship-building include (Macias-Konstantopoulos & Owen, 2018):

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Adopting an open, non-threatening body position	Engaging the patient empathetically	Employing patient-centred responsiveness
• Remain at eye level • Remain close to the patient, while respecting personal space • Refrain from touching the patient, if not necessary for medical inquiries, and when touch is necessary, ask for the patient's consent and explain the procedure • Be aware of what your body language may convey (e.g., avoid arm crossing)	• Maintain a calm and steady tone of voice • Maintain culturally appropriate eye contact • Keep a warm, natural facial expression • Use active listening skills	• Match the patient's pace and avoid hurriedness • Avoid specialist terms and mirror the words the patient uses • Use clear and empathetic language, periodically explaining your actions and intentions to the patient and asking if everything is clear to them, where appropriate

Practitioners should be mindful of only asking for information relevant to their scope of action, avoid judgment, refrain from asking questions out of curiosity, and put pressure on the patient to obtain answers. To reduce the anxiety that the visit may generate and put the patient at ease, the practitioner should explain the next steps.

Communication tips: Putting the patient at ease.

⇒ *If it's ok with you and whenever you are ready, I will ask you a few questions to understand how to help you with your injury/illness/infection, etc.*
⇒ *I am here to listen to you.*
⇒ *Sometimes I get things wrong. If I misunderstand something you say, please tell me.*
⇒ *If I ask you to explain or clarify something, it's not because I doubt you, it's because I need more information to understand better your condition.*

6) Carefully document clinical findings of the physical examination

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Medical documentation is essential in cases of suspected trafficking and may be used in future legal proceedings. Health providers should accurately document any findings relative to the patient's physical and mental health, including written observations, sketches, or photographs (with the patient's consent) of all signs of abuse, scars, surgical incisions, birthmarks, skin lesions, tattoos, and piercings (Shandro et al., 2016). The patient's words should be included and placed in quotation marks where appropriate. Moreover, the medical report should include the terms "suspected human trafficking case" as a finding, diagnosis, or problem.

Useful Questions at this Stage: Understanding how the patient experiences their state of health.

- *What is bothering you? How do you describe what is going on?*
- *What do you think has caused your problem? How?*
- *Why do you think the problem started when it did?*
- *How does it affect you?*
- *What worries you most? (Severity? Duration?)*
- *What kind of treatment do you think you should receive?* (IOM Zimmermann)

7) Establish whether or not to carry out a trafficking assessment

After all pressing medical concerns have been addressed, providers should carefully consider whether the circumstances allow for a trafficking assessment with no harmful consequences for the patient, particularly taking into account:

- **Possible risks and safety issues**. These must be assessed with the patient. For instance, the provider may ask: *"Do you feel safe staying here and talking to me?", "Do you feel this is a good time and place for me to ask you some questions concerning your well-being, or is there a better time and place?"*.
- **Informed consent**. Health providers must clarify their reason and intention to ask the patient personal and possibly distressing questions, making sure they understand their right not to answer and terminate the assessment at any time, without giving an explanation, as well as their right to ask questions themselves.
- **Professional secrecy and its limits**. Health professionals should clarify that any information disclosed by the patient will be kept confidential to the extent possible, explaining the limits to professional secrecy imposed by mandated reporting and other legal requirements.
- **Readiness to refer**. Health providers should be prepared to provide information in the patient's native language on any valuable resource (safe housing, legal support,

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health screenings, social and security services, etc.) and help with referrals, wherever safe and necessary.

If the patient does not wish to be asked any further question and wishes to leave, provide them with unlabeled telephone numbers of the National Human Trafficking Hotline or other resource information, written down on a small piece of paper, which can be hidden in a purse or a shoe (Shandro, 2016), provided the patient believes it is safe to do so.

8.3 Initial questions you can ask

The table provides a series of sample questions, a combination of which should be chosen on a case-by-case and tailored basis, carefully and periodically re-assessing the patient's emotional and mental state, as well as making sure to follow the recommended practices for interviewing potential victims as listed further below.

LIVING ENVIRONMENT	? *Where do you live?* ? *Do other people live with you?* ? *To recommend a treatment for your infection, I need to know more about your situation at work/at home. Are you staying in a house with other people? Are you sharing your bedroom with other people?* ? *You look very tired. Do you get enough sleep?* ? *Your skin looks pale. Can you open the windows for fresh air in the place where you work?* ? *You look weary. Can you tell me what you normally eat and drink? How many meals a day do you have?* ? *Where do you get your food?*	WORK ENVIRONMENT	? *You look very tired. How many hours do you work per day? How many days a week?* ? *Do you take breaks at work? When was the last time you took a day off or a vacation?* ? *Were you injured while working? Can you tell me about your work and how this injury happened?* ? *Did you have similar injuries in the past? Do you have other injuries you want me to look at?* ? *Are you exposed to dangerous substances at work?* ? *Do people who work with you have the same symptoms?*

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LEGAL STATUS AND	• *Just for the medical records, do you have your documents with you or do you know how we can get them?* • *Do you have health insurance?* • *Do you have any healthcare documents or reports?* • *Does anybody other than you keep them?*	HEALTH AND MEDICAL CARE	• *Can you access medical care easily? Do you know where to go if you need to see a doctor?* • *Have you visited an emergency room or received urgent care in the past year? Did you get a check-up, take medical tests, or undergo a physical examination?* • *Do you ever take or have to take medicines without knowing their purpose?* • *Do you suffer from a chronic illness requiring daily treatment? If so, are you managing to follow the treatment prescribed?*
COERCION AND CONTROL	• *Your medical condition requires rest. Will you be able to take a few days of sick leave this week?* • *For a complete check, I would advise that you stay overnight. Would you like to stay?* • *Do you feel pressure to go back to work?* • *Do you have family or friends who can help you if you need some treatment or have to stay in bed in the coming days?*	VIOLENCE AND FORCE	• *Is anyone hurting you?* • *Have you ever been physically or sexually assaulted?* • *Has anybody harmed or threatened to harm you or your family?* • *Have you ever been deprived of food, water, sleep or medical care?* • *Have you ever been forced to have sex for money, food, shelter, or other needs?* • *Have you ever been forced to use drugs?* • *Have you ever been forcibly tattooed?* • *Have you ever been forced to do something you didn't want to do?*
ASSESSING POTENTIAL FOR HELP AND SUPPORT			
• *Are you afraid to get help?* • *What do you think would happen if you asked for help?* • *Have you ever asked for help before?* • *Would you know where to seek help if you needed it?* • *Would you like to receive support at this moment?* • *Would you like me to refer you to other services that can help?*			

Best practices for interviewing potential trafficked victims suggest the need to:

- Begin the assessment with the least-sensitive questions, progressively moving on to the more sensitive issues (e.g., asking about general living and working environments before asking about possible episodes of deprivation, coercion, and violence) (IOM, 2007).
- Consider, on a case-by-case basis, how the patient could respond to varying degrees of directness (e.g., weighing the difference between *"Do you have a choice of where you work?"*, and *"In my years of professional practice, I have sometimes met patients who*

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were not able to choose the work they did, and were forced to do something they didn't want to do. Do you believe something similar may be happening to you?").

- Ask questions in a supportive, trauma-informed, non-judgmental, non-interrogative manner (WHO, 2003).
- Avoid risking re-traumatization. Health providers should clarify that the patient is free to take all the time they need to answer (including taking breaks if desired), and free to terminate the assessment at any time. They should refrain from asking unnecessary details out of curiosity, and obtain only the information needed to provide appropriate care or make relevant referrals.
- Keep in mind that providers may encounter trafficked persons at very different stages of their trafficking experience (before, during, after), eliciting different kinds of questions and referrals.
- Be mindful that trafficked persons may be unaware that trafficking is a crime and may not identify themselves as victims at that moment. Health professionals should avoid using the terms "victim", "trafficking", "exploitation", "slavery", "coercion", "perpetrator", "pimp", "sex worker".

8.4 Activity

Title	*Encountering Trafficked Victims in a Clinical Setting*
Type of activity	*Role playing*
Estimated duration	*Anywhere between 30 and 90 minutes, depending on the training time schedule*
Tools	*Cards for the role playing*
Learning outcomes	*Upon the completion of the activity, participants will be able to:* • **Apply** the appropriate *steps for communicating with a victim of trafficking*, including separating the patient from any accompanying party, ensuring a safe environment and addressing basic needs. • **Give examples of** questions to ask to *assess the presence of a minder*. • **List** the questions to ask to *assess whether a patient is a human trafficking victim*. • **Evaluate** the *possibilities of a case being trafficking in human beings*.

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Description of the activity	*Pre-activity preparation:* *Before the activity, trainers should prepare a series of cards briefly outlining the identity of an imaginary potential victim.* *An example of a card for the potential victim could be:* ***Name: Hope*** ***Country of Origin: Nigeria*** ***Age: 20*** ***Sex: Female*** ***Proficiency in the local language: low to medium*** ***Literacy level: low*** ***Medical issue reported: Abdominal pain*** ***Victim of Trafficking: Yes*** ***Type of Trafficking: Forced Begging*** ***Other Features: Avoids eye contact, is thirsty*** *Activity Presentation (5-10 min)* *Trainers describe the role-playing activity, explaining that they need the willing involvement of 2 (or 3) participants, to re-create a possible encounter with a trafficking victim in a health care setting. One participant will act as the health provider, the other participant will act as the patient and potential victim. The latter participant will be given a card, privately, briefly outlining the specific identity they will portray. They must not disclose that identity to the other participants, merely using it as the basic structure of the character they will portray during the encounter with the participant acting as the health professional, whose role is to address the patient's medical concerns, meet their immediate needs, ascertain whether or not this could be a victim of trafficking and act accordingly. After identifying the willing participants, the trainers give a card to the participant who will act as the presumed victim. If providing the training on a digital platform, they can send the card or the identity information to the participant via private chat.* ***Note that:*** – *Participants of any sex or gender can play the role of a potential victim of any sex or gender.* – *In the event of no participant willing to be the presumed victim, trainers can play the role themselves for the participants' benefit.*

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	– *It is best to refrain from including extremely sensitive issues in the victim's identity description (i.e., physical assault, sexual violence, etc.), to avoid potential re-traumatizing stressors in participants who may have had their own experiences of violence.*
	<u>Performance of the activity (15-20 min)</u> *The simulated clinical encounter ensues.* *At the end of the simulated clinical encounter and the role-playing activity, the participant posing as the victim may disclose the information on their identity card.*
	<u>Discussion with participants and trainer's restitution (10 mins):</u> – *How much did the health professional find about the patient's identity?* – *How were they able to do so?* – *What did they miss?* – *What difficulties did they encounter?* – *Which red flags particularly elicited their concern?* – *Could they have done something differently?* *Trainers will wrap up the session with highlights from the discussion.*

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	1. *In order to provide a reality-based experience, in some cases the cards should state that the patient is **not** a victim of trafficking.* 2. *If the trainers wish to do so, the role-playing activity can also include a third participant posing as the victim's accompanying party. In this case, they should also prepare in advance a series of cards outlining the identity, or the alleged identity, of the accompanying party.* *An example of a card outlining the identity or alleged identity of the accompanying party could be:* ***Name, age, country of origin: Unknown*** ***Sex: Female*** ***Alleged relationship with the victim: Aunt*** ***Proposing to serve as an interpreter: Yes*** ***Other features: Hostile, domineering attitude***
References	https://dirittialcuore.it/it/i-nostri-progetti/in-italia/oceam/11 https://cri.it/2016/11/08/giornata-internazionale-del-migrante-unoccasione-per-scoprire-lo-youth-on-the-run/

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9. Referring a presumed victim to specialised services

9.1.1 Glossary

National Referral Mechanism (NRM)	A cooperative framework between government and non-governmental agencies to help victims of trafficking access their rights, making sure that they are referred to entities that can provide advice, accommodation, and support.

9.1.2 Learning objectives

Upon the completion of this module, trainees will be able to:

- **Describe** the role of *National Referral Mechanisms.*
- **Use** the *national referral paths*.

In every country, there is a **National Referral Mechanism** for ensuring victims of human trafficking are identified and receive appropriate protection and assistance.

The role of formal and informal NRMs is to help victims of trafficking access their rights, making sure that they are referred to entities that can provide advice and services, first of all accommodation and protection from physical and psychological harm. The rights protected under an NRM are broad and also include legal and administrative assistance, data protection, privacy, informed consent, psychosocial counselling, medical assistance, recovery and reflection periods, temporary or permanent residency, facilitation of voluntary return, and protection from unsafe return to countries of origin, among others (OSCE/ODIHR, 2022).

The structure of NRMs varies from country to country. However, each is designed to optimize cooperation between government agencies and civil society organizations, to ensure that all victims, presumed or identified, have access to their rights regardless of their origin, identity, activities they may have been involved in, or their willingness to co-operate with law-enforcement authorities. Indeed, referring a potential victim doesn't mean that the person is under any obligation to cooperate with the police.

First responders like healthcare professionals can use specific entry points to refer a presumed victim to their NRM:

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9.1 Belgium

The three specialized centres for victims of human trafficking are the preferred entry point:
PAG-ASA : 02/511.64.64 – Brussels – info@pag-asa.be
PAYOKE : 03/201.16.90 – Antwerp – admin@payoke.be
SÜRYA : 04/232.40.30 – Liège – info@asblsurya.be

9.2 Germany

Due to its federal system, Germany does not have a nationwide, formalized national referral mechanism for victims of trafficking - a so-called National Referral Mechanism (NRM). In NRMs, the identification of trafficked persons is to be facilitated through cooperation between involved actors - government agencies, police, judiciary, specialized counselling centres, local welfare associations, trade unions, labour inspectorates, youth welfare offices, etc. - to enable a referral system. The legal prosecution of trafficking in human beings and the provision of protection and assistance to victims are carried out by the federal states. Nevertheless, procedures are being implemented (on federal and state level) to improve the cooperation of all involved stakeholders.

Additional, different non-governmental organisations whose services address and cater to a broad variety of target groups (female, male, trans*, queer, with and without migration background, affected persons or perpetrator, relatives and people close to persons affected). SOLWODI is one of those organisations and has 21 victim support centres and seven safe houses all over Germany. A full list of all organisations that have victim support centres is provided by the Bundesweiter Koordinierungskreis gegen Menschenhandel e.V. (KOK e.V.) – a network that connects different providers/victim support centres in Germany. The information provided includes contact information and geographical location with addresses:

Fachberatungsstellensuche | KOK gegen Menschenhandel (kok-gegen-menschenhandel.de)

9.3 Greece

The Hellenic National Referral Mechanism for the Protection of Victims of Human Trafficking constitutes the coordinating mechanism responsible for helping trafficked persons access the stages of the Greek protection system. These stages include identifying the victim, providing protection and support services and the voluntary repatriation of the victim or their integration

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into the host society. The Hellenic NRM also provides templates and guidelines for the facilitation of the relevant procedures; these pertain: consent form, reporting forms, guidelines for filling in the latter, file protection guidelines, file for the service provision monitoring, list of the organisations cooperating with the NRM, information on victims' rights, a handbook and a practical guide addressed to first line professionals, as well as a list of signs of trafficking. The National Referral Mechanism is responsible for issuing annual reports on human trafficking in the country.
EKKA - National Centre for Social Solidarity. (N.D.). National Referral Mechanism. Available at:
https://ekka.org.gr/index.php/el/ethnikos-mixanismos-anaforas

The Organized Crime & Anti-Trafficking Division of the Hellenic Police is responsible for the tackling of the phenomenon and the support provision and protection of the victims.
Hellenic Police Organized Crime Division (GR):
http://www.astynomia.gr/index.php?option=ozo_content&perform=view&id=3711&Itemid=656&lang=
Anti-Trafficking Services (EN):
http://www.astynomia.gr/index.php?option=ozo_content&perform=view&id=226&Itemid=226&lang=

The international NGO A21, which operates in Greece, provides information to vulnerable groups to enhance prevention and cooperates with the competent authorities to identify the victims through the National Human Trafficking Resource Line (1109).
General information about A21: https://www.a21.org/content/greece/gr4wco
The National Human Trafficking Resource Line 1109 helps self-reporting individuals and other professionals find referrals for first assistance, accommodation, psychosocial support, medical care, and repatriation of trafficking survivors, based on the individual needs.
National hotline: 1109
Website: https://1109.gr/index.php?linkid=26

9.4 Italy

In Italy, the Department for Equal Opportunities is the central authority that coordinates the actions implemented on the national territory for preventing and combating trafficking in persons, for the assistance and social reintegration of victims. In 2016 the Department published a National Plan of Action against trafficking approved by the Italian Council of Ministers, which provided for the adoption of the NRM. The referral mechanism allows coordination and standardised reporting of victims of trafficking and their specific needs to the authorities or specialised services against trafficking. These services are coordinated by the National Anti-trafficking Hotline that links the

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regional projects activated by public or private bodies, directing the reports to the territory of competence. The referral mechanism also facilitates the reporting to anti-trafficking services of persons seeking international protection, for whom there is reasonable doubt that they may be or become victims of trafficking, for adequate assistance and protection. The anti-trafficking projects, developed within the scope of the 'Integrated Plan for Identification, Assistance, and Social Integration' pursuant to Prime Ministerial Decree of 16 May 2016, are implemented by public authorities and/ or private organisations (provided that they are entered in the appropriate Section of the Register of associations and bodies which carry out activities in favour of migrants).

The National Anti-trafficking Hotline can be reached at the following number: 800 290 290. The toll-free number is anonymous and available 24 hours a day, 7 days a week, every day of the year. Anybody can resort to it: potential victims of trafficking or exploitation, but also private citizens, law enforcement agencies, representatives of public or private bodies and members of professional associations. The operators include linguistic and cultural mediators, with knowledge of all the required target languages (English, Spanish, Albanian, Romanian, Russian, Moldovan, Ukrainian, Nigerian, Chinese, Polish, Portuguese and Arabic).

A full list of all projects and anti-trafficking organisations is provided at the following link: https://osservatoriointerventitratta.it/bando-5-2022-2024/

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10. Special advice to healthcare professionals & the long-term role of medical personnel

10.1.1 Glossary

Burnout *'A syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. Three dimensions characterize feelings of energy depletion or exhaustion, increased mental distance from one's job, or feelings of negativism or cynicism related to one's job, and reduced professional efficacy'* (WHO, 2019).

Vicarious trauma *'The impact on a therapist of repeated emotionally intimate contact with trauma survivors. More than countertransference, vicarious trauma affects the therapist across clients and situations. It results in a change in the therapist's own worldview and sense of the justness and safety of the world. Therapist isolation and overinvolvement in trauma work can increase the risk of vicarious traumatization. Also called secondary traumatization'* (American Psychological Association, n.d.).

10.1.2 Learning objectives

Upon the completion of this module, trainees will be able to:

- **Determine** the *basic aspects of collecting evidence*, including the timely examination, items of forensic medical examination, and other indications of a trafficking situation.
- **Define** *burnout* and *vicarious trauma*.
- **List** the *symptoms of vicarious trauma*.
- **Apply** steps to *prevent vicarious trauma*.

10.2 Collecting the minimum forensic evidence

The role of medical professionals is crucial, not limited to the examination, provision of immediate care and identification of trafficked persons. They can also play a critical role in collecting evidence. Apart from injuries and wounds they might have, victims may face *'permanent loss or abnormality of psychological, physiological, or anatomical structure, or function'*, which might also lead to permanent impairment that physicians should examine to make a comprehensive diagnosis. This documentation may support the claims against the perpetrators in court. Thus, the forensic medical

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examination of trafficking victims is of utmost importance and should be done *accurately* and *adequately* (Alempijevic, Jecmenica, Pavlekic, Savic, & Aleksandric, 2007).

Considering the crucial role medical records can have in court, examinations need to be conducted as soon as possible, after the victim has addressed the respective competent authority or organization, to avoid any deterioration of evidence. Professionals should also follow a case-by-case approach regarding follow-up that might be needed, depending on their conclusions upon examination (Alempijevic, Jecmenica, Pavlekic, Savic, & Aleksandric, 2007).

Although standard guidelines for the forensic examination of victims of trafficking are not widely available due to the uniqueness of each case, medical practitioners should strive to cover all the elements of forensic medical examination, upon the provision of a valid and informed consent by the patient, and decide on the type of samples that should be taken, along with photos of injuries and wounds (Alempijevic, Jecmenica, Pavlekic, Savic, & Aleksandric, 2007).

Apart from the examination and documentation of injuries (blunt force, sharp force, thermal) and their patterns (e.g. configuration of the weapon used, date of a contusion), professionals should also record other indications related to their patient's victimization, such as malnutrition, vitamin deficiency, and other relevant alterations. Health providers should also strive to collect samples of hair, blood, urine, genital and orifice swabs immediately after the patient's admission, as well as in a systematic way for the near future. With regards to the patient's age diagnosis, physicians shall record body measurements, evaluate the signs of sexual maturity and proceed to the dental examination of the patient. Lastly, professionals should test patients for sexually transmitted diseases and infections to provide the right treatment plan for the patient (Alempijevic, Jecmenica, Pavlekic, Savic, & Aleksandric, 2007).

Medical professionals shall cooperate closely with law enforcement authorities and remain updated regarding the evidence required for the legal proceedings, also bearing in mind what is envisaged in the national law. The records with all the findings of the victim's examination shall be stored for future use, as they may be used as court evidence (IOM, UN.GIFT, London School of Hygiene & Tropical Medicine, 2009).

10.3 Treatment plan and encouraging patients to follow treatments and regular check-ups

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Upon the urgent treatment and care, a detailed medical examination, forensic assessment, and referral, health professionals should work with the patient to create a treatment plan. This participatory and victim-centred approach will support the provision of individualized care while empowering the person to actively engage in decision-making processes about themselves (Dovydaitis, 2010).

Practitioners should offer their patients follow-up treatment as well as more general advice on self-care in the long term:

- ⇒ If sexually transmitted infection (STI) testing is not available, ensure the adequate syndromic approach to treating STI.
- ⇒ Nutritional rehabilitation is vital to the treatment, and appropriate guidance on nutrition should be provided, including correcting 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.

10.4 Self-care and vicarious trauma

Vicarious traumatization is defined as *'the impact on a therapist of repeated emotionally intimate contact with trauma survivors. More than countertransference, vicarious trauma affects the therapist across clients and situations. It results in a change in the therapist's own worldview and sense of the justness and safety of the world. Therapist isolation and overinvolvement in trauma work can increase the risk of vicarious traumatization. Also called secondary traumatization'* (American Psychological Association, n.d.).

Such trauma can also be experienced by health professionals working with victims of trafficking, who are exposed to the victims' traumatic experience and history, affecting their psychological and physical wellbeing. Some of the common symptoms include:

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To prevent vicarious trauma, practitioners are recommended (IOM, UN.GIFT, London School of Hygiene & Tropical Medicine, 2009):

- To discuss the cases they handle with their supervisor or colleagues, not only to ensure effective management, but also to share their concerns and seek advice.
- To strive to follow a participatory and victim-centred approach, engaging the patient in the configuration of the treatment plan and the set goals, to avoid setting unrealistic goals and, thus, preventing potential feelings of helplessness, alienation, and hopelessness.
- To create an enabling environment of peer support, caring, and understanding in the workplace.
- To seek psychological support and supervision.
- If the practitioner wants to share their experience with people who are not bound by confidentiality, they should ensure that they do not share confidential information or keep the case anonymous.
- Socialization and close connections are key to self-care, as well as taking the time to relax, taking annual leave when needed, and using this time to wind down.
- If excessive workload is a contributing factor, they should address the matter to their supervisor to resolve the issue and avoid the potential harmful consequences to themselves and their patients.

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10.5 Activity

Title	*Personalizing treatment and discussion* *How would you approach and follow up on a potential victim?*
Type of activity	*Peer discussion and brainstorm*
Estimated duration	*Approximately 60 minutes*
Learning outcomes	*Upon the completion of the activity, participants will be able to:* • **Apply** steps to *approach their patients.* • **Apply** steps for *their patients' follow up.*
Description of the activity Παρεχόμενο υλικό	*Presentation of the activity (5 minutes)* ○ *Divide participants in groups [optional] and explain that they will be asked to assess victim scenarios and brainstorm ways to safely refer victims as well as provide potential treatment plans and explanations of what specific issues they hope to address (or cater to)* ○ *Trainer can provide scenarios of potential victims for participants to create a plan for.* *Example scenarios:* ○ *A woman comes into the ER with her brother-in-law. From a first glance, the woman avoids eye-contact with the staff and her brother-in-law. When asked to leave, the brother-in-law says harsh words to the woman in a foreign language. It turns out the woman has a stomach ulcer, and that her situation at home involves 12 hours of work taking care of the house and child-care. She expresses her distress but also worry that she cannot afford medical care and has even been diagnosed before at another hospital.* ○ *A supposedly 19-year-old girl comes to get an HIV exam. Meanwhile, her appearance/development seems younger, although the girl denies it. The girl describes that she in a relationship with a 30-year-old man. After the results indicate she has other STIs but not HIV, the girl reveals she sometimes has sex with other men and that she doesn't always use protection due to their preferences. She admits that this situation isn't meant to be permanent but that she hopes it will only last until she and her boyfriend can afford to stop.* ○ *Similarly, 16-year-old boy was trafficked sexually, which started virtually then shifted to physical exploitation. He has been to see medical providers before but mainly for regular check-up and he*

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	didn't talk about his exploitation. When initially describing his story, he shows signed of guilt. He describes how he was affected by a lonely childhood due to divorce, youth homelessness, and was treated as an outcast for being gay. Physically the abuse was not always very noticeable.
	<u>Working sessions in small groups (30 minutes).</u> ○ *Planning your approach and follow up:* *Groups discuss and create treatment plans; point out special needs of potential victims; determine how and when would they refer the victim; discuss how they would approach patients and ensure their safety while potentially separating them from their abuser.* ○ *Halfway through: Share with other groups, compare, and contrast plans. Critique each plan and point out strong points* *<u>Debrief and sharing (25 minutes)</u>* ○ *Culminate ideas (possibly visually on a white board) and discuss all or any missing possible plans and approaches/discussions with victims.* ○ *Try to encourage participants to mention one treatment or approach they found especially useful or unique.* ○ *Finally, to wrap up, discuss the importance of medical follow ups, and of discussion as a means of coping with trauma. Relate this exercise as an example for discussion and peer support. [note] This floor can be used to relate experiences and share support.*
Additional material	*For scenarios and real life stories:* *https://humantraffickinghotline.org/sites/default/files/Recognizing%20and%20Responding%20to%20Human%20Trafficking%20in%20a%20Healthcare%20Context_pdf.pdf* *https://polarisproject.org/survivor-stories/* *https://www.payoke.be/wp-content/uploads/2019/05/Handbook-for-Professionals.pdf*

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11. The impact of the Covid-19 pandemic on trafficking

11.1.1 Learning objectives

Upon the completion of this module, trainees will be able to:

- **Give examples of** the *impact of Covid-19 on trafficking victims and survivors*, including the risk of exposure, financial instability, and psychological well-being.
- **Give examples of** the *impact of the pandemic on the provision of services*, including the transition to online services, lack of funding, and increased workload.
- **Give original examples of** the *adaptations of services* during the pandemic.
- **Criticise** *how these adaptations can be exploited in the post-pandemic era*.

The Covid-19 pandemic has affected all spectra of everyday life, and has disproportionally impacted minorities and vulnerable groups, including victims of human trafficking. Trafficked persons were likely to be affected by the virus in terms of potential contraction and lack of access to healthcare (UNODC Human Trafficking and Migrant Smuggling Section, 2020). Nonetheless, Covid-19 also had a negative impact on the *individuals at risk of being trafficked*, on the identification of victims and survivors and on the delivery of services (Todres & Diaz, 2021).

During the pandemic and due to the restrictive measures applied in the different States, the existing gaps in the prevention, tackling, monitoring and protection mechanisms were exacerbated, while additional barriers emerged (ODHIR, UN Women, 2020). Delays in the victims' identification, barriers in accessing services, such as accommodation and health care, that could lead to the re-traumatisation and re-victimisation of survivors, and the need for training of mental health professionals were some of the issues emerged by the Covid-19 crisis. At the same time, the long-term impact of the pandemic is expected to exacerbate poverty, unemployment and gender inequality, which are some of the causes of human trafficking (Council of Europe - GRETA Group of Experts on Action against Trafficking in Human Beings, 2021).

11.2 Impact on victims and survivors

The living conditions of the victims of trafficking intensified the risk of them being exposed to and contracting the virus, considering that exploitative labour in many contexts continued despite the restrictive measures applied by the governments, while the place of accommodation of the victims was in many cases not deemed safe, e.g. having shared communal spaces) (UNODC, 2021).

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The general *shift of focus* towards and the prioritisation of the elimination of the spreading of the Covid-19 virus has led to limitations in the provision of support to victims of human trafficking. Furthermore, the socioeconomic impact of the pandemic, including high levels of unemployment and low wages, has also affected those that have been living in precarious circumstances and exacerbated their situation. Victims of labour exploitation were also likely to face even harsher conditions, as production costs needed to be cut to a minimum (UNODC Human Trafficking and Migrant Smuggling Section, 2020).

Apart from the limited access to basic needs (e.g. food, water, safe accommodation) and Covid-19 testing, survivors that participated in the latest survey conducted by ODHIR and UN Women reported that the pandemic has had a negative impact on their financial and psychological well-being as well, due to the lack of employment and the general climate of uncertainty, as well as due to the measures applied that pertained the restriction of movement, which in some cases retriggered PTSD (ODHIR, UN Women, 2020). Measures of shutdowns and the respective isolation associated with them could have inflicted further traumatisation to survivors, negatively affecting their mental health recovery (Todres & Diaz, 2021). Most female participants in the ODHIR and UN Women research (60%) reported that their psychological state has worsen, as a result of the pandemic, whilst the same applied to the overall sample that participated in the study (69% of the participants reported negative life changes as a result of the pandemic) (ODHIR, UN Women, 2020).

The measures taken to prevent the spread of the virus had an impact on the situation of VoTs. For example, restrictions of movement have worsened the situation of victims that were still in confinement, making it easier for traffickers to cover their operations and making victims even more invisible (UNODC Human Trafficking and Migrant Smuggling Section, 2020). The same applied to the reporting of trafficking cases by the public, which showed a decrease during the pandemic (UNODC, 2021).

Women were amongst the groups that were mostly affected by the pandemic, along with children and migrants, with some of them being exploited in private places and not being able to escape. During the pandemic there has been an increase in domestic and gender-based violence, which are amongst the factors that contributes to women's vulnerability to trafficking (UNODC, 2021).

11.3 Impact on the provision of services

The provision of services to victims and survivors was another aspect that was negatively affected by the pandemic and its general consequences, with several services being inaccessible (UNODC, 2021). ODHIR and UN Women's study revealed that trafficking survivors faced difficulties in

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accessing medical services (67%), employment (60%), access to psychological services (54%), legal assistance (53%) and social services (43%). At the same time, delays in legal procedures were also reported, including the recognition of the victim status, which negatively impacted the person's access to accommodation, compensation and other rights (ODHIR, UN Women, 2020).

Trafficking survivors had to wait longer to receive psychological attention, due to the increase of mental health support requests received by professionals. In addition, whereas often healthcare services have been adapted for online delivery, many people were unable to access them, either because they lacked the technology (e.g. computer, internet connection), or because they did not have a private and safe space for connecting with their practitioners. These barriers affected the provision of all types of support, including medical, psychological and legal counselling (UNODC, 2021).

Service providers also faced lack of funding (potentially due to the re-direction of funding to the response to the pandemic), although the needs increased, which had a direct impact on the quality. Moreover, the workload increased due to the emerging needs associated with the pandemic (UNODC, 2021).

Furthermore, the existing protocols for eliminating the spread of the virus may raise further difficulties in the provision of health services, pertaining to the development of a relationship of trust between the survivor and the professional. Considering the victims' frequent distrust of authorities, masks and other protective equipment might hinder the development of a friendly environment and a connection between the two parties, making it harder for the survivors to confide in the service providers. In this context and bearing in mind the difficulties mentioned in the present chapter, medical professionals, who are on the front line of identifying and providing support and assistance to victims and survivors, ought to think creatively to provide comprehensive and integrated services. In contrast, mental health care should be enhanced to ensure a more holistic approach. Collaboration with other services (e.g. NGOs and CSOs providing services to victims and survivors) was also proven to be greatly needed by professionals to overcome the barriers posed by digital service provisions, and the barriers experienced by patients (e.g. technological equipment) (Todres & Diaz, 2021).

11.4 Activity

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Title	*How do we move forward?*
Type of activity	*Brainstorming, closing activity*
Estimated duration	*45 minutes*
Tools	*A whiteboard or an online board like ideaboardz if the training takes place online*
Learning outcomes	*Upon the completion of this activity, participants will be able to:* • **Give examples of** the *impact of Covid-19 on trafficking victims and survivors*, including the risk of exposure, financial instability, and psychological well-being. • **Give examples of** the *impact of the pandemic on the provision of services*, including the transition to online services, lack of funding, and increased workload. • **Give original examples of** the *adaptations of services* during the pandemic. • **Criticise** *how these adaptations can be exploited in the post-pandemic era*.
Description of the activity	*<u>Introduction to the activity (5 minutes)</u>* *The facilitator explains that the activity is aimed at discussing Covid-related barriers and enablers experienced by the participants.* *<u>Explanation and implementation of the activity (10 minutes)</u>* *The facilitator asks the participants to write down on a sticking note one or more ways they had to adapt in terms of care and follow-up of patients in vulnerable situations. Each participant shall stick the note on the whiteboard.* *<u>Discussion in a plenary session (20 minutes)</u>* *After all participants have written down how they adapted, the facilitator reads the notes, and the group has the chance to discuss the points. Participants can say whether they agree on the new measures or adjustments adopted or if they would have handled things in a different way.* *<u>Restitution by the trainer (10 minutes)</u>*

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	The facilitator summarises the examples and lessons learned reported highlighting how these can be applied to the professionals' day-to-day practice to improve the provision of services.

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