

GUIDE FOR HEALTH PROFESSIONALS ON THE INTERVENTION WITH HUMAN TRAFFICKING VICTIMS



Edited:

APRAMP

Association for the Prevention, Reintegration and Care of Prostituted Women

C/. Jardines, 17- 28013 Madrid

Tel.: 91 530 32 87

Email: apramp2003@yahoo.es

www.apramp.org

Design, draft and production: PardeDós Artes Gráficas S.L.

Index

Prologue.....	7
Proposal for the Health Sector.....	13
1.- Understanding what human trafficking is.....	17
1.1.- Human trafficking, an unknown reality.....	19
1.2.- Trafficking of human beings and its health consequences.....	22
1.3.- Understanding the rights of victims:	
Royal Decree 16/2012.....	24
2.- The role of health professionals.....	31
2.1.- How to detect a situation of trafficking.....	33
2.2.- How to intervene under the suspicion of a situation of trafficking.....	52
3.- APRAMP's proposals for collaboration with the health sector.....	71
3.1.- APRAMP's collaboration with health professionals.....	73
3.2.- How to contact APRAMP.....	80



The trafficking of human beings is the buying and selling of individuals for their exploitation. In Spain, this market exists for different means of exploitation. The most documented is that of sexual exploitation. It is a complex and hidden reality. The answer to this problem is still emerging.



Prologue

APRAMP focuses its intervention on individuals who have suffered sexual exploitation and, specifically, those who are victims of human trafficking for the purposes of sexual exploitation. It can be affirmed (data also supported by the Ministry of Interior) that 90% of women in situations of prostitution are or have been victims of trafficking and/or sexual exploitation.

The Association is aware that the reality of modern slavery in Spain encompasses other forms of exploitation that are not being addressed; and outlines how to respond to these other needs which are emerging, such as trafficking for the purposes of labor exploitation, domestic service or street-begging, among others.

Over time the Association has evolved and, today, offers a variety of useful services and resources - medical, social and legal- for these individuals in 6 Spanish cities. Aware of the need to facilitate the access to employment as an alternative to the situation of exploitation which they come out of, APRAMP provides continuous training so these individuals can gain their personal, social and economic autonomy.

Additionally, APRAMP engages in collaboration projects with the countries of origin of the women it assists, like Brazil and Paraguay. They are projects centered on the prevention of trafficking and coordination with authorities in order to guarantee, when appropriate, the adequate return to the country of origin. Always directed towards the needs of individuals, the Association does not cease to innovate and generate proposals of collaboration and training with authorities, with other entities and, with society.

APRAMP has been able to develop its own methodology, based on the profound knowledge of reality and the close work with the affected individuals. This unique methodology has made APRAMP an association of reference, capable of detecting situations of exploitation and trafficking to contribute to restoring the freedom and dignity of over 500 individuals every year.

Rocío Nieto
APRAMP President

APRAMP Association for the Prevention, Reintegration and Care of Prostituted Woman

APRAMP has worked for over 25 years next to sexually exploited women and/or victims of trafficking, offering them holistic care.

APRAMP was established in 1984 as an association aimed at the Prevention, Reintegration and Care of Prostituted Women. It emerged as the first comprehensive resource directed towards working with women in situations of sexual exploitation; “the excluded among the excluded”, in the words of its founder.

The Association intends, from the very first moment, to attend to the unmet needs of sexually-exploited women and to bridge the gap between them and public services. Its purpose was and is to contribute to changing reality, overcoming assistentialism and making the woman the protagonist, offering her opportunities and contributing to the recovery of her freedom, rights and dignity.

All interventions are carried out with flexibility and adaptability. These criteria have allowed the Association to adapt its programs and services to the needs detected in its daily work, focusing on the identification, empowerment and protection of sexually-exploited persons, particularly those who are victims of human trafficking.

APRAMP has seen first-hand the evolution of prostitution in Spain. When we began our work, only 10% of the individuals in situations of prostitution were foreigners; today the percentage has reversed and they now make up 95%.

This characteristic makes them even more vulnerable to exploitation, given that they are completely unaware of both the State’s obligation to protect them and the resources that are available to them. They are not familiar with the system and distrust what they do not know.

APRAMP has progressively become the resource of reference for women and girls in situations of sexual exploitation, thanks to its special intervention model considered, today, an example of best-practice.



Recognition of Best-Practice

APRAMP is recognized by Spanish society and has received numerous awards for its work.

Additionally, it is recognized by State bodies and security forces and the Prosecutor’s Office, being that the majority of victims attended to by the Association decide to collaborate in police investigations and the judicial process.

However, without a doubt, the most important recognition for the Association is the trust expressed by hundreds of individuals affected by human trafficking and sexual exploitation who have recovered the freedom that was stripped away from them.

Proposal for the Health Sector

Often, trafficking victims only come into contact, outside of the context of exploitation, with medical personnel. A healthcare system prepared to detect and act before a possible case of trafficking can contribute to putting an end to the exploitation of individuals.

APRAMP makes available its experience to the health sector and presents proposals for collaboration to improve the identification and referral of trafficking victims.

Table of Contents

1.- Understanding what human trafficking is.

- 1.1.- Human trafficking, an unknown reality.
- 1.2.- Trafficking of human beings and its health consequences.
- 1.3.- Understanding the rights of victims:
Royal Decree 16/2012.

2.- The role of health professionals.

- 2.1.- How to detect a situation of trafficking.
- 2.2.- How to intervene under the suspicion of a situation of trafficking.

3.- APRAMP's proposals for collaboration with the health sector.

- 3.1.- APRAMP's collaboration with health professionals.
- 3.2.- How to contact APRAMP.



1. UNDERSTANDING WHAT HUMAN TRAFFICKING IS

1.1.- Human trafficking, an unknown reality

According to statistics of the United Nations, it is estimated that **every year close to 70,000 individuals enter Europe in situations of human trafficking**. The trafficking of human beings, known as slavery of the 21st century, is a reality in Spain. Around 2,000 victims are identified every year by security forces and there are many more who remain hidden.

The large majority of victims in Spain are foreign women who are sexually exploited, but there have also been documented cases of minors, as well as women and men exploited in domestic service, agriculture, construction, hospitality and in forced marriages.

Some have been forced to enter the country, but the majority are forced to “work” through a system of debt-bondage. This debt, “voluntarily” acquired, allowed them to come to Europe to initiate a migration plan. However, it is at the time of arrival when they discover the conditions in order to settle that debt, which does not leave them another option but to be exploited by their “co-workers”.

Many victims accept the situation from the beginning as the price they have to pay for migrating; others will be subjected to force, through physical and psychological violence.

It is important to know that many exploited persons do not consider themselves victims of crime. This complicates identification by professionals and their collaboration in the criminal report with State security forces and bodies.

Others find themselves terrified, not knowing the environment or the language, and fear the possible retaliation from the police and authorities. They believe they will be placed in jail or deported back to their home country, making it impossible for them to settle their debt; and by not paying they would have to face reprisals against themselves and their families.

“Frequently, victims are not able to tell the doctor what their occupation is because they are ashamed”

1.2.- Trafficking of human beings and its health consequences

The trafficking of human beings has grave impacts on the health of those who have suffered it. The situations of violence, coercion and exploitation which they have lived have as a consequence disorders and damages to their physical and psychological health.

Health professionals are in a privileged position to detect situations of exploitation, but without adequate information and preparation, it is likely they will not be able to detect victims or, that victims will go unnoticed.

Upon gaining their freedom, trafficked individuals require specialized medical attention and therapy in order to properly recover.

Given this scenario, it is crucial that medical professionals **know and recognize** situations of trafficking, and that they understand how to intervene in the face of such cases. It is also essential to implement specialized programs to guarantee holistic care which includes their short and long-term physical and psychological recovery. Only then will they be able to **rebuild the life which they have been robbed of**.

1.3.- Understanding the rights of victims: Royal Decree 16/2012

A trafficked individual, it is to say, marketed for her exploitation, is a victim of a severe Human Rights violation.

The Spanish Government has signed and ratified international human rights conventions in which they are committed, in addition to persecuting the crime, to guaranteeing the Right to the Protection of Victims.

However, the transposition of these rights into Spanish legislation is very recent and still has shortcomings. In practice, this results in victims facing large obstacles in their identification, assistance and protection.

The Framework Protocol on the Protection of Victims of Human Trafficking approved by the Government on 28 October 2011 notes that medical assistance is one of the pathways to the detection of victims of this crime.

The Royal Decree 16/2012 establishes that victims of human trafficking who find themselves in the so-called "Period of Reflection" will have access to medical attention. In the same way, coverage is being provided to those trafficking victims who have decided to collaborate with police authorities.

Currently, the majority of victims are identified by State security forces and bodies or, by specialized entities like APRAMP.

WHAT SHOULD TAKE PLACE AFTER THE IDENTIFICATION OF A VICTIM? INTERVENTION ACCORDING TO THE FRAMEWORK PROTOCOL

Period of Reflection

When a victim is identified by security forces, she is provided the option of a **30-day Period of Reflection**. The purpose of this time is so that victims can recover and make an informed decision about whether or not they want to collaborate with the justice system, away from the control and influence of her exploiters.

Residence and Work Permit

If they accept to cooperate in the police investigation and the judicial process, they may opt for a **residence and work permit for collaborating with authorities**. Or, they may opt for Voluntary Return to their country of origin and will be assisted in the best and most secure conditions.

Expulsion or Extension

If, once the Period of Reflection has finalized, the victim does not want to collaborate because she considers that she would be putting herself and her family at great risk, the process for expulsion will be initiated. There also exists the option that victims can opt for a residence and work permit in attention to her personal situation, provided that reports are presented by those entities which have worked with the victim during her recovery and social integration. **The health status of victims falls within the circumstances allowing for the request of Residence and Work on personal grounds.**

National Police is responsible for carrying out the Identification Process of victims. This implies the responsibility of informing the victims of her rights and providing her with information on specialized resources and assessing the victim's situation of risk and health status, which will determine the time requested for her necessary recovery before the victim makes a decision.

Lawyers and specialized entities may participate in this process, -the victim will have the right to request a specialized organization- but the participation of medical personnel and social workers is not included.

WHAT HAPPENS IN PRACTICE?

Without the help of NGO's

In the years of implementation of measures taken for victims of human trafficking, **the majority rejected the right to protection**. The large part of those who accepted the period of reflection disappeared without leaving information on their whereabouts.

With the help of NGO's

However, those victims who had **the support of specialized entities** for their recovery **could better understand the meaning of their rights and the opportunities being offered to them**. The majority of them decided, in the end, to file a complaint and collaborate with the justice system. That, in spite of the huge difficulties that the system still presents in guaranteeing the rights recognized by law.

Obligating victims to make a decision when they still have not recovered physically or, above all, psychologically -one month is a short amount of time for such a decision- and, when they still have not had a medical assessment, places additional stress.

Best-practices of collaboration between authorities and specialized entities demonstrate the importance of victims finding support and protection so they can feel their most basic needs are attended to and, later, can collaborate in the judicial and criminal process. Precisely for respecting such process is part of the success of APRAMP's work.

REFLECTION PERIOD

The purpose of this time is so victims can recover and make an informed decision about whether or not they want to collaborate with the Justice system, away from the control and influence of their exploiters.



2.- THE ROLE OF HEALTH PROFESSIONALS

2.1.- How to detect a situation of trafficking

It is possible that health professionals have had contact with an individual exploited through human trafficking without realizing her circumstances and who, therefore, have lost the opportunity to help her escape her situation.

On occasion, health professionals are the only people outside of the environment of exploitation who have the opportunity to speak with victims.

One study carried out in the United Kingdom showed that 28% of freed victims had come in contact with a medical professional while they were being exploited. None of these encounters led to the liberation of these individuals due to not being able to identify the situation for lack of specific training.

It is important to highlight that the majority of individuals in situations of trafficking and exploitation do not access Preliminary Care Centers, given that they do not have health coverage. However, there are some exceptions of regrouped minors and individuals of legal age who have regularized their situation as a result of matrimony.

Due to the difficulties of accessing the healthcare system, the services in which individuals in situations of trafficking can typically gain access to, are those of emergency care facilities or health centers in nursing services (post-operation), after being treated in general medicine, obstetrics, gynaecology, delivery, psychiatry, etc.

A victim can have an appearance very similar to other patients, for that reason it is necessary to learn to look under the surface. The large majority of victims are foreigners, but they are also Spanish individuals who are being exploited, taking advantage of, at times, their situation of vulnerability.

The control and violence, which the victims have been subjected to, can generate cognitive impairments and memory disorders that the health professionals should be prepared to identify. Facing this situation of physical and psychological violence over extended periods of time without the hope of escaping can cause these individuals to accept the reality to which they are subjected through the loss of consciousness and details as a strategy of survival.

When the traumatic experience continues over a long period of time, the individuals' capacity to respond, and their mechanisms of alarm may be altered, not responding physically or emotionally to negative stimuli.

An ongoing situation of distress can destroy the cognitive system and affect the instinctive response to particular stimuli.

It is important that health professionals know how to justify in their reports how the memory of the victims has been seen to be affected. This data could be essential for awarding veracity to the incomplete or complete account of some victims, so that it will not be considered a weakness in the facts presented at the hour of recognizing the victim's status or condition as a protected witness or, in the evidence at trial.

Methods of Slavery

Traffickers use diverse methods to ensure victims remain enslaved. Some of them even keep their victims under lock and key. However, the more frequent practice is to use less obvious techniques including:

- **Debt-bondage** (financial obligations, honor-bound to satisfy a debt).
- **Isolation from the public** (limiting contact with outsiders and making sure that any contact is monitored or superficial in nature).
- **Isolation from family members** and members of their ethnic and religious community.
- **Confiscation of passports**, visas and identification documents.
- **Constant change of cities**, in the case of sexual exploitation (the victims are isolated and disoriented; it is possible the victims do not even know what city they are in).
- **Use or threat of violence** toward victims and families of victims
- **Threat of shaming victims** by exposing the circumstances to their family.
- **Telling victims they will be imprisoned or deported** for immigration violations if they contact the authorities.
- **Control of the victims' money** (e.g. holding their money for "safe-keeping").

NINE INDICATORS OF SUSPICION IN A CONSULT

1. Someone accompanies her who appears to have a certain control over her.
2. Presents signs of physical violence or abuse.
3. Is unable to speak Spanish or does so with great difficulty.
4. Her residence in the city or country is recent and shows an inability to provide address details.
5. Lacks a passport and/or healthcare documentation.
6. Presents signs of fear, submission or depression.
7. Comes from Eastern Europe, Latin America (Paraguay, Brazil, etc.), Africa (Nigeria, Ghana, etc.) or Asia (China).
8. Goes to the hospital or sees professionals as a last resource, therefore presenting deterioration or abandonment of her state of health.
9. Presents with sexually transmitted infections or comes for sexual and reproductive health issues (unwanted pregnancies, botched terminations of pregnancy, etc.)

Evidently, the observation of one or more of these indicators does not make the patient a victim of exploitation. However, the indicators written above should put health professionals on alert, seeing as though they could encounter a victim or possible victim of trafficking and they should know how to act accordingly.

Identification of Signs of Abuse

Trafficking victims suffer serious impacts on their physical, mental and social health as a consequence of the situation of exploitation in which they were subject to. And, they require, for their recovery, an adequate diagnosis and specialized treatment by specialized and trained professionals.

The physical pain and disorders detected in trafficking victims can have a biological, physiological or somatic origin. The symptoms can derive from a physical or psychological origin, as many of these women externalize the stress they are suffering and, therefore, present physical symptoms, such as cephalaeas (headaches), loss of appetite, asthenia (exhaustion), epigastralgia (stomach pains).

Many trafficked women have been subjected to physical violence and harm. It is important that what the women comment about their health be correctly diagnosed and analyzed in detail in order to determine the real cause of the illness. The absence of a diagnosable infirmity does not reduce the severity or the importance of a symptom or the repercussion on the quality of life of the patient.

Given the variety of symptoms and indicators described in these pages, the need for protocols and specialized services for individuals in situations of sexual exploitation or those who have been through it, is increasingly evident. It is necessary to be familiar with their health issues and not generate more stigmatization with interventions and considerations that could re-victimize the victims.

Other symptoms to consider:

Physical Health Symptoms:

- Headaches.
- Fatigue.
- Dizziness.
- Infectious and contagious diseases as a consequence of unsafe sexual practices.
- Unwanted pregnancies and consequences of botched abortions.
- Infertility as a result of diseases or abusive sexual practices.

Mental Health Symptoms:

1.- Signs of depression:

- Lack of interest or hope for the future.
- Sadness and loneliness.
- Suicidal thoughts.
- Lack of self-esteem.

2.- Signs of anxiety:

- Fear, restlessness and scares without apparent motive
- Tension, state of alert
- Panic and terror attacks
- Nervousness and shakiness

3.- Signs of irritability:

- Attempts to harm or injure others or, to destroy objects.
- Frequent fights.
- Becomes irritable or upset easily.
- Uncontrollable ill-tempered outbursts.

4.- Related to post-traumatic stress:

- Recurrent nightmares and frightening thoughts.
- Feelings of estrangement and remoteness.
- Inability to feel emotions.
- Difficulty in concentrating: becomes absent-minded easily.
- Trouble sleeping.
- Constant nervousness and alertness.
- Inability to remember parts of the traumatic or painful events.

Places for Special Care

A) EMERGENCY SERVICES



Since the exploiters normally prevent trafficking victims' access to health care until the illness presents complications or impedes the ability to carry out the "job", emergency services is a habitual way individuals in situations of exploitation access care. For this reason, both the personnel and potential victims receiving services as well as medical professionals should be able to detect possible situations of trafficking.

Some Aspects to Consider:

PROFILE OF AFFECTED INDIVIDUALS

Women, young, foreigner, with little time in Spain and with scarce knowledge of the city/culture/language.

PATHOLOGY PROFILE

Specifics: Sexually-transmitted infections, or any other exceptional or concrete health problem. Here, we would have to additionally consider other types of signs: constantly accompanied by individuals who are not family members, feelings of being afraid or a lack of trust in everyone, etc.

Un-specified: anxiety, somatization: headaches (persistent, without criteria of severity), stomach or gastric (also without signs of severity, signs of alarm or, of large duration), diffuse muscular pains, etc.

B) HEALTH CENTER CONSULTATIONS



When a victim goes to a health center, this is the environment in which it is easiest to detect the presence of an unwanted escort (exploiter) and other preoccupying signs such as unfamiliarity with the city, lack of adequate nutrition and hygiene, etc. The privacy of the consultation also facilitates the possibility of asking questions that can lead to the detection of possible situations of human trafficking.

Additionally, the regular presence of **social workers** in many primary care centers permits resorting to these professionals, whose experience can make them sensitive to cases such as those we try to detect.

The time designated to each patient in primary care, however, can make it difficult to detect signs. It is important that healthcare staff have the necessary information for referral and know who to turn to when facing suspicious signs.

C) SEXUAL AND REPRODUCTIVE HEALTH SPECIALISTS



Some of the most frequent reasons for consultation for victims of human trafficking –in the case of sexual exploitation– are related to sexually transmitted infections as a consequence of the high-risk behavior of prostitution, to unwanted pregnancies, or to the consequences of botched abortions. Given that these circumstances make it difficult or impossible for them to continue in prostitution, thus affecting the flow of income for their exploiters, it is probable that the exploiters are willing to allow the women to receive medical attention in these situations. For these reasons, medical personnel in **family planning centers** and sexual and reproductive health specialists should be especially alert in order to detect patients who could be subjected to slavery.

D) IMMIGRATION DETENTION CENTERS

Medical personnel present in Immigration Detention Centers could be the first to come in contact with victims or potential victims of human trafficking. Although it could be difficult to differentiate them from disorientated migrants who are not subjected to trafficking but who also are unfamiliar with the language or country, an effort has to be made to identify the signs of trafficking cases (see section “suspicious signs”).

In the case that an individual has been in a situation of prostitution it is much clearer, and faced with signs healthcare personnel should put in practice a warning and detection mechanism, informing the authorities, which would implement the Victims of Human Trafficking Protection Protocol.

E) AIRPORTS AND BORDER POSTS



Similarly, medical personnel who assist in airports and border posts should know the reality of trafficking and its possible indicators in order to be able to alert the authorities.

2.2.- How to Intervene Under the Suspicion of a Situation of Trafficking

If there are indicators of possibly being before a victim of trafficking, it is necessary to attend to her separately from her escorts, who could be her controllers. At the same time, it is important not to raise suspicion amongst her controllers so as to not put the victim at risk.

Once alone with the patient, it will be possible to ask her about her exploitation situation in a sensitive way.

If unable to communicate with the patient due to language difficulties, you can call APRAMP's 24-hour helpline (609 589 479) to request help. APRAMP can counsel her.

Previous Considerations

It is important to always begin with health-related questions, being that victims will express great apprehension in speaking openly about their situation.

Language can be a big obstacle. If the health-care system provides translation services or cultural mediators, it is convenient to utilize them. It is always necessary to check that the patient accepts interpretation, given it is common that the person accompanying them is from the same community and have some type of relationship with the exploiters.

Barriers to Obtaining Information

It is possible the patient will avoid responding, as she might not want to give information or, she really might not know the answer to the questions. It is not a matter of interrogating, rather, as in the case of victims of gender violence, the objective is to try to obtain information that permits the ability to help.

It is important to understand the barriers that impede victims from speaking or filing a complaint about their case:

- They are **afraid** of reprisals from their traffickers.
- They feel **guilty** because they believe they are perceived as accomplices.
- They feel at fault for having participated in some criminal activity.
- They feel **ashamed** of what they have done, especially if they have had to work in prostitution.
- They have very **little trust** in authorities, the police and including health-care professionals.
- On occasions, the traffickers (generally from Eastern countries), maintain an emotional relationship with the victim in order to dissuade her from fleeing or filing a complaint.



SOME GUIDELINES ON FORMULATING QUESTIONS

1. Before beginning to ask questions, it is important to make the patient feel the concern for her current situation and begin asking her how she is and how she feels.
2. **Offer security and confidence**, continuing the conversation calmly and without pressure.
3. **Explain and inform**, aiming to guarantee comprehension. If she does not understand something, it should be repeated slower or, in another way.
4. **Do not insist**. Leave the difficult questions for another moment.

What to ask:

1. **About her feelings**, pain or discomfort: How do you feel? Do you have habitual pain or discomfort?
2. **About her physical needs**: Are you hungry or thirsty? Do you need to use the restroom?
3. **About her security**: Is there something that concerns you right now?
4. **About her insecurities or fears**: Do you want to share anything with me before we begin? Do you have any questions?

How to ask:

Be at her side. It is critical professionals make the potential victim feel as though she matters and that she will not be judged. The way of asking is essential:

- Better: “what did they do to you?” than: “what did you do?”.
- Better to ask: “do you feel free to go wherever you want?” before: “why didn’t you try to escape?”.
- Better: “did someone hurt you when you came to Spain?” before: “how did you come into this country?”.

BASIC PRINCIPLES OF MEDICAL ACTION:

- Ensure confidence, security and comfort.
- Guarantee confidentiality.
- Facilitate information.
- Listen in a sensitive and responsible way, asking questions and offering explanations, giving time for the individual to respond and being receptive to what she says.
- Watch for signs of the need for rest.
- Avoid prejudices. Believe and do not judge.
- Ensure the individual acts independently, that she is not being controlled by third-parties. For example: escorts who speak for her or, constant interruptions due to phone calls or messages.
- Inform her of her right to analytical tests and a legal (forensic) medical report and of her right to have access to such information in the form of a copy.
- Always remind trafficked individuals of their abilities and strengths.

HOW TO APPROACH A VICTIM THROUGH QUESTIONS

The questions proposed next, are intended to be a guide on how to approach a potential victim.

Sensitivity, the information, the offering of help and the medical criteria should prevail in all circumstances. In no way should a victim be forced to make any decision immediately.

Health professionals should **be aware of the rights of victims** of this serious Human Rights violation, the difficulties the person being attended to could be facing and **the specialized resources available** in her environment.



In case of doubts or, if there is no protocol established in your Medical Center, it is recommended to always solicit APRAMP's specialized evaluation.



HOW TO APPROACH A VICTIM THROUGH QUESTIONS

RELATED TO THEIR STATE OF HEALTH

It is possible they seek the doctor as a last resort and that before they have received treatment administered by the traffickers, being that in many occasions the victims are not permitted to seek medical services as long as they do not find themselves in a serious situation or as long as it does not impede in the performance of the enslaved individual. The idea is to see if the individual has not had the opportunity to seek help before and try to understand the reasons.

- Since when have you felt/been like this?
- What is the reason you have not sought medical help before?
- Do you work a lot and are you not able to miss work?
- Do they give you permission to come? Could you come tomorrow?



HOW TO APPROACH A VICTIM THROUGH QUESTIONS

ABOUT THEIR "WORK" CONDITIONS

Trafficked individuals are, in general, exploited for sex or labor and are exposed to long hours of work. In the case of sexual exploitation that occurs in open places (industrial parks, plazas, streets, etc.) they tend to work 12 hours, in days shifts: from 8:00 to 20:00h and night shifts: from 20:00 to 8:00 in the morning.

In the case of particular flats, saunas or clubs, the victims have 24 hour shifts during periods of 21 days to 3 months, until once again they are moved to another place of prostitution, either in the same province or in another Autonomous Community.

- Do you work sitting or standing up? How many hours a day? What is your schedule?
- Do you always work at night? Do you have breaks in your work schedule? Do you have permission to use the restroom or to eat?

HOW TO APPROACH A VICTIM THROUGH QUESTIONS



ABOUT THEIR EATING AND RESTING HABITS

Poor conditions of rest and nutrition are typically more present in cases of labor exploitation, although it is very probable that individuals exploited sexually suffer sleep problems or have been deprived of food and water in order to achieve their submission.

Deprivation of food, water and rest are very common in individuals who suffer sexual and labor exploitation, with the purpose of the submission of victims.

- Do you sleep well? How many hours? Where do you sleep?
- What did you eat yesterday? What do you typically eat? Do you eat very little?
- Have they ever left you without water or food?

HOW TO APPROACH A VICTIM THROUGH QUESTIONS



ABOUT THEIR DOCUMENTATION

It is common that exploiters confiscate the passports or other personal identification documents of trafficking victims. It is a matter of checking to see if they have free access to these documents, but always in the interest of the provision of health services.

- Do you have a medical card? Identification document? Passport?
- Could you bring it to me tomorrow? It is necessary in order to prescribe you medication...
- Does someone have your passport?



HOW TO APPROACH A VICTIM THROUGH QUESTIONS

ABOUT THEIR SOCIAL RELATIONS

Victims tend to be isolated and they only relate with those individuals within the environment of exploitation.

- Do you have family here? Where are they? Do you speak with them often?
- Do you have friends?
- Do you know anyone in the city?



HOW TO APPROACH A VICTIM THROUGH QUESTIONS

ABOUT THEIR ENVIRONMENT

Finding out how long she has been in Spain or, in a specific city will indicate the level of knowledge she should have about her environment. The victims tend to live confined within, or with limited freedom from, their work environment.

In the case of sexual exploitation, they can be subjected to a constant rotation from city to city, only knowing the name of the club which they are at. Almost everything they need is provided for them at the club (clothes, hairdressing, etc.)

- How much time have you been in Spain? In this city?
- Were you in another city before? Which one?
- Do you know XXX Plaza (or something very significant)? Do you go out for walks?
- Where do you buy your clothes?

HOW TO APPROACH A VICTIM THROUGH QUESTIONS



ABOUT THEIR EMOTIONAL STATE

Victims subjected to exploitation suffer anxiety, fear and depression.

- Do you feel well? Are you nervous? Are you scared?
- Are you doing something you do not want to do? Are they forcing you to do something you do not want to do?





3.- APRAMP'S PROPOSALS FOR COLLABORATION WITH THE HEALTH SECTOR

3.1.- APRAMP's collaboration with health professionals

APRAMP, as a specialized entity in the identification of and assistance to victims of human trafficking, carries out proactive and on-going work in order to identify victims.

In the first moments of contact with individuals in environments of prostitution, **APRAMP offers information on and accompaniments** for the prevention of STI/HIV, focusing on periodic medical revisions, directing the individuals who are able to obtain a medical card, but who due to a lack of awareness of the process had not solicited it, to normalized health services. Furthermore, those persons who suffer from a chronic disease will be channeled through to obtain the Medical Card without Residency (TIR).

State security forces and bodies habitually refer victims to APRAMP for their assistance and protection.

The first thing APRAMP's team of professionals does is **evaluate the situation of each individual**, which implies being familiar with their state of physical and mental health, as well as their principle physical and emotional needs. They are offered a medical check-up, which they are informed about and agree to, and a mental health evaluation.

This assessment is the starting point to making a **proposal for the individual's recovery and social and labor insertion**. This tailored and holistic itinerary should allow the victim to leave her situation of exploitation, respecting the decisions and rhythms of each individual.

The care of her health is fundamental. Every one of them has faced physically and mentally violent situations. Her adequate recovery will depend on her future capability to once again confront daily challenges.

When a trafficking victim is not recovered, because she has not had adequate therapy, there is a large probability that she will be re-victimized in other exploitation situations.

RECOMMENDATIONS FOR THE HEALTHCARE SYSTEM FOR EFFICIENT ACTION

1. Healthcare services should recognize that the medical attention of victims is a multi-stage process which should include:
 - Emergency care in situations of crisis,
 - Psychological assistance for her recovery,
 - Long-term medical care for the maintenance of her treatment.
2. Healthcare services should guarantee that all of the medical check-ups are voluntary and agreed upon, respecting international legislation on human rights, professional ethics and medical standards. It is necessary to ensure confidentiality and copies of the victims' reports.
3. It would be desirable for health services to adapt experiences and best-practices already applied in protocols on gender violence or asylum seekers, to victims of human trafficking and/or sexual exploitation.
4. Healthcare services should offer special sexual and reproductive services that include access to safe abortions, HIV tests, etc.

5. Sanitary institutions should adapt and make health services more accessible to the population in situations of trafficking and/or exploitation. The already-existing services (NGO and specialized consultancy services in STI) should **be trained** to recognize these situations and know how to offer information and assessment and, conduct patient referral in the necessary cases.
6. Medical staff in contact with potential victims of trafficking should initiate **coordination** with entities specialized in the identification and holistic care of victims and, receive training in order to be able to offer specialized assistance.

COLLABORATION WITH NGO's

It would be very appropriate for medical staff to collaborate with the NGO in order to carry out advocacy activities, proposing and calling for:

- Training on the detection of trafficking situations and specialized assistance.
- The elaboration of intervention protocols for the detection of situations of trafficking.
- Specific assistance and recovery programs.

3.2.- How to contact APRAMP

APRAMP is aware of the need for collaboration of all key actors in the identification of and attention to victims in order to guarantee their rights.

Healthcare personnel play an extremely important role in the detection of possible cases of trafficking. Likewise, to ensure the adequate recovery of exploited individuals, they are crucial in the provision of specialized healthcare services.

Additionally, in order to support victims, it is necessary to put adequate intervention protocols in practice which provide the knowledge on how to act if believed to be in contact with a possible victim in both hospitals and health centers.

For that reason, **APRAMP recommends healthcare officials to develop intervention protocols in collaboration with specialized entities** in order to refer potential cases and, to always offer victims the adequate care of their needs.

APRAMP makes available specialized resources to healthcare professionals on:

- The identification of victims.
- The holistic attention to victims.
- The assessment of and referral to other resources in the necessary cases.

Healthcare personnel can get in contact with APRAMP at **609 589 479**, active 24 hours a day, for:

- Consultations or to raise questions/concerns on trafficking-related issues.
- The request of support in concrete cases. In that event, APRAMP professionals can:
 - Meet up and get in contact with the victim.
 - Offer mediation and translation services by phone in order to facilitate the interview with the healthcare professional.
 - In the case that transport is not possible, information on specialized resources in the immediate surroundings will be provided.
- The request of specialized training.

APRAMP recommends, upon even the slightest suspicion of a possible trafficking case, that all healthcare professionals call the direct intervention number. It is very likely that you will be offering the victim the opportunity to gain her freedom.

FOR MORE INFORMATION:

24 Hour Helpline – 609589479

www.apramp.org

apramp2003@yahoo.es