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STOPdem
Frauenhandel
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Guidelines for safe referrals of human trafficking victims to trauma informed services



TIATAS

Transnational Initiative Against
Trafficking in the Context of
European Asylum Systems

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Table of Content

Recommendations on using this tool	5
1. National Referrals to Trauma Informed Victim Support Services	6
2. Transnational Referrals to Trauma Informed Care Victim Support Service	15
Stages of Intervention and Evaluation	23

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Recommendations on using this tool

The “*Guideline for safe referrals of VoTs to trauma informed services*” supplements the provisions of the “Standard Operating Procedures for transnational (cross border) referrals of VoT clients to service providers in other EU Member States” (SOPs) and has been designed to be used alongside of the “Individual Risks and Needs Assessment.”¹ This tool provides a guidance model and shares know-how of the working methods and effective procedures identified through the empirical analysis, case studies and testing conducted throughout the TIATAS project.

The guideline has been structured on two (interconnected) pillars: National and, if desired by the identified victims, Transnational Referrals to Trauma Informed Victim Support Services. The national referrals shall be linked to the existing National Referral Mechanisms (NRMs) of the EU Member States. The information related to the transnational referrals is aimed to be used alongside of the TIATAS SOPs, while eventually being linked to the NRMs of the EU Member States to which the VoT is referred. Regardless of whether the guidelines are being used for national or transnational referrals, it should be noted that a comprehensive, individual and victim centred risks and needs assessment should be carried out, prior to any decision of referral. In order to achieve this, the TIATAS Risks and Needs Assessment tool proposes a holistic approach in the individual assessments, encouraging the specialists to analyse vulnerabilities from an intersectional perspective and address the risks with specifically tailored mitigation measures.

Finally, the present tool deems to support specialists working with VoT in reflecting upon the causes and effects of trauma in the context of human trafficking (sexual exploitation, labour exploitation, forced criminal activities, forced begging, forced marriage, illegal organ harvesting and various other modern forms of exploitation) and in implementing appropriate and informed support and protection measures.

¹ TIATAS (2023), <https://tiatas.net/resources/>, Accessed 03.2023

1. National Referrals to Trauma Informed Victim Support Services

Throughout the TIATAS project, in person outreach visits and meetings conducted within asylum centres have boosted self-identification among asylum seekers, refugees, and migrants registered in the asylum system (e.g. women fleeing from Ukraine due to the war, who are third country nationals and at risk of returning to their home country, given the history of exploitation, forced marriage, FGM or any other neglect of human rights). They have provided opportunities to improve access to rights and services for VoTs, identify the appropriate support needed, raise awareness and provide information to VoTs, potential VoTs and persons at risk of trafficking. In more than 100 cases identified throughout the outreach activities, individual needs and risks assessments have been conducted, and referrals² to

“People who have been trafficked, or who are at risk of being trafficked in the future, may have an entitlement to international protection in a State of which they are not a citizen or permanent resident.

The entitlement to international protection arises because of a serious risk to the life or fundamental rights of any person, who is outside the State of their citizenship or country of former habitual residence, or any State where they possess the rights and obligations attached to the possession of nationality of that State, should that person be compelled to return to that State.”

(GRETA Commission, 2020)

specialised, trauma informed service providers within the national territory have been made.

² OSCE (2022), *National Referral Mechanisms, Second Edition*, https://www.osce.org/files/f/documents/f/5/510551_0.pdf, Accessed 03.2023

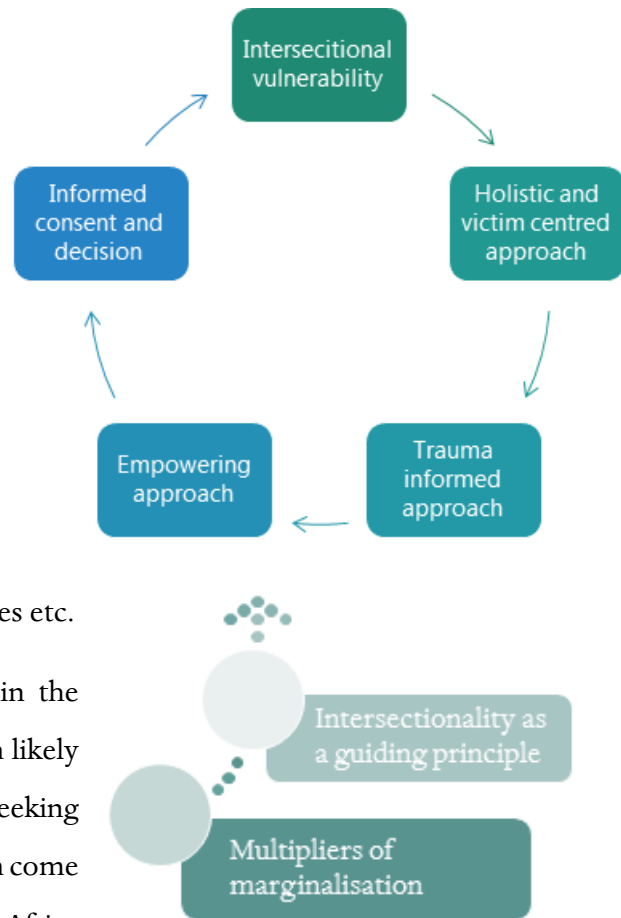
Definition: “**National Referral Mechanisms (NRM)** - A National Referral Mechanism is a co-operative, national framework through which governments fulfil their obligations to protect and promote the human rights of victims of trafficking, co-ordinating their efforts in a strategic partnership with civil society organizations, the private sector and other actors working in this field. NRMs should be established in all countries of trafficking origin, transit and destination to ensure a comprehensive and inclusive system of support that is targeted at, and accessible for all victims of trafficking. NRMs ensure that all presumed or identified victims of trafficking within the jurisdiction of a state are entitled to human rights and fundamental freedoms regardless of their background, nationality, activities they may have been involved in, or their willingness to co-operate with law-enforcement authorities. This includes those who are trafficked domestically (within the borders of one country) as well as transnationally (across international borders) and online (cyber-trafficking).”

The TIATAS referrals have improved access of identified victims and/or vulnerable persons to a wide range of locally and regionally available services, based on individual needs (Please see Individual Risks and Needs Assessment Tool, developed within TIATAS³), including specialised psychological care and/or legal assistance, migration and asylum counselling services, social welfare, safe accommodation, public health services, education and/or employment service providers, integration courses etc.

As highlighted by the European Parliament, “in the context of mixed migration flows, it is more than likely that among the migrants and refugees seeking international protection, a large number of whom come from conflict zones in sub-Saharan Africa, north Africa and the Middle East, many have been victims of trafficking in their countries of origin.

Furthermore, during their journeys to Europe, asylum-seekers and migrants are exposed to additional risks of exploitation.”⁴ Also, the Parliament recognises that the “risks of trafficking do not disappear when migrants and refugees reach EU soil. While waiting for their papers to be processed, they are still at risk of falling victim to exploitative individuals and/or networks.”⁵

Therefore, continuous outreach activities, early-stage identification, empowerment to self-identification, individualised needs and risks assessments, specifically tailored mitigation



Graphic 1 - Informed consent and decisions in cases of intersectional vulnerability

³ TIATAS, <https://tiatas.net/resources/>, Accessed 03.2023

⁴ European Parliament (2019), *Detecting and protecting victims of trafficking in hotspots*, [https://www.europarl.europa.eu/RegData/etudes/STUD/2019/631757/EPRS_STU\(2019\)631757_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2019/631757/EPRS_STU(2019)631757_EN.pdf), Accessed 03.2023

⁵ ibidem

measures, trauma informed support and care alongside of safe referrals, based on the victims informed consent, contribute to an effective prevention strategy of human trafficking from taking place in reception centres and asylum facilities. (See graphic 1)

These protection measures, linked to continuous evaluations and properly implemented follow-up procedures facilitate the rehabilitation of this vulnerable group⁶, as listed by Articles 39(5)(d) and 58(1) of the IPA: “following groups as being considered vulnerable groups: children; unaccompanied children; direct relatives of victims of shipwrecks (parents, siblings, children, husbands/ wives); disabled persons; elderly; pregnant women; single parents with minor children; victims of human trafficking; persons with serious illness; persons with cognitive or mental disability and victims of torture, rape or other serious forms of psychological, physical or sexual violence such as victims of female genital mutilation.”⁷

Where else, the EU asylum legislator “has incorporated an open-end definition of vulnerable persons and linked it to a legal obligation on EU Member States to establish specific mechanisms to identify them in the asylum process. At the same time, European jurisprudence has recognised asylum seekers as a vulnerable category per se under the European Convention on Human Rights (ECHR).”⁸

The situation of vulnerability is however more complex than the definition of the concept. Particularly victims of human trafficking have often undergone a series of negative personal or familiar events, effects of societal constructions, of geo-political decisions, of harmful cultural or religious practices, of marginalisation or/and exclusion, prior to entering exploitation. These “multipliers of marginalisation” have actually been factors which facilitated the entry into exploitation. Therefore, the analysis of vulnerability from an intersectionality perspective⁹ is the

⁶ Definition of *vulnerability* - “population within a country that has specific characteristics that make it at a higher risk of needing humanitarian assistance than others or being excluded from financial and social services.” - Marin-Ferrer, M., Vernaccini, L., & Poljansek, K. (2017). Index for risk management inform concept and methodology report—version 2017. Luxembourg. doi: <https://doi.org/10.2760/094023>, Accessed 03.2023

⁷ Asylum Information Database, <https://asylumineurope.org/reports/country/greece/asylum-procedure/guarantees-vulnerable-groups/identification/>, Accessed on 03.2023

⁸ European Council of Refugees and Exiles, *The concept of vulnerability in European asylum procedures*, https://asylumineurope.org/wp-content/uploads/2020/11/aida_vulnerability_in_asylum_procedures.pdf, Accessed on 03.2023

⁹ C. Kuran et. all (2020), *Vulnerability and vulnerable groups from an intersectionality perspective*, International Journal of Disaster Risk Reduction, <https://doi.org/10.1016/j.ijdrr.2020.101826>, Accessed on 03.2023

key in understanding the difficult and very complex situation in which victims might have been in their source countries or communities.

Further on, it is important to understand how the effects of exploitation have led to a multitude of layers of vulnerabilities, equally important in being assessed, equally important in being addressed and equally important in being considered within the national or transnational referral of a victim of human trafficking.

The experiences prior, during and after exploitation can often lead not only to an intersectional vulnerability¹⁰ as described above but also to harmful effects and traumatic experiences. Thus, when supporting victims of human trafficking, after “practical and basic needs for daily living have been met” (please see SOPs and Graphic 2), “higher psychological concerns can and should be worked on,”¹¹ as “stabilisation promotes the understanding and management of distressing mental health symptoms and provides an essential foundation for trauma-focused treatment.”¹²

Graphic 2 -

Excerpt from TIATAS SOPs on basic needs of VoTs¹³



¹⁰ K. Crenshaw (1989), *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine*, Feminist Theory and Antiracist Politics, University of Chicago Legal Forum, pp. 139-168, <https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=uclf>, Accessed 03.2023

¹¹ Maslow A.H. (1943), *A theory of Human Motivation*, *Psychological Review* 50(4), <https://psycnet.apa.org/doiLanding?doi=10.1037%2Fh0054346>, Accessed on 03.2023

¹² Human Trafficking Foundation (2018), *The Slavery and Trafficking Survivor Care Standards*, <https://www.antislaverycommissioner.co.uk/media/1235/slavery-and-trafficking-survivor-care-standards.pdf>, Accessed on 03.2023

¹³ TIATAS - Basic needs to be covered prior, during and after referral - Graphic representation (TIATAS - Standard Operating Procedures for transnational referrals of VoT clients to service providers in other EU Member States, page 28)

In order to address the identified needs, risks and problems in a coherent, effective and holistic manner, the Trauma Informed Care¹⁴ method has been developed and successfully tested throughout the years. The “trauma-informed methods of working with survivors of human trafficking and slavery are based upon an understanding of the harmful effects of traumatic experiences, together with principles of compassion and respect,” which are not to be neglected in the work with victims of one of the most harmful crimes in the spectrum of organised criminality.

Additionally, as revealed by Europol, “cross-border crimes such as drug trafficking, arms trafficking or trafficking of human beings no longer represent the category of traditional crimes but a focal point of proliferation and diversification of organized crime, often manifesting itself in hybrid forms.”¹⁵



Graphic 3 - Cycle of exploitation in hybrid criminality

These forms of hybrid criminality do not only enable traffickers to diversify their criminality spectrum, but steer the development of benefits of crime, leading to multiple forms of exploitation in one single case of trafficking (e.g. a victim has been sexually exploited, then forced into drug trafficking, then forced to commit further crimes, aiming to cancel evidence or optimize crime benefits – please see Graphic 3). These transformations produced in the modus operandi of transnational organized crime groups do not only have negative effects in the field of combatting

¹⁴ Witkin, R. & Robjant, K. (2018), *The Trauma Informed Code of Conduct For all Professionals working with Survivors of Human Trafficking and Slavery*,

<https://www.cumbria.gov.uk/eLibrary/Content/Internet/537/6683/6687/435738436.pdf>, Accessed on 03.2023

¹⁵ Europol (2021), *European Union serious and organised crime threat assessment, A corrupting influence: the infiltration and undermining of Europe's economy and society by organised crime*,

<https://www.europol.europa.eu/publication-events/main-reports/european-union-serious-and-organised-crime-threat-assessment-socta-2021>, Accessed on 03.2023

Europol (2015), *Exploring Tomorrow's Organised Crime*,

https://www.europol.europa.eu/sites/default/files/documents/Europol_OrgCrimeReport_web-final.pdf,

Accessed on 03.2023

human trafficking, but also in the fields of crime prevention and victim support, proving, once again, the necessity of interdisciplinary approach and trauma informed care and protection.

The methods embedded in informed care have been designed in such a way that they support professionals and first line responders to establish and maintain “a working relationship of trust with survivors and to impart a consistent sense of calm, security and safety throughout the course of their work.”¹⁶ Furthermore, it has been proven that “appropriate, trauma- informed communication techniques support professionals to increase the confidence of survivors and minimise the risks of distress and re- traumatisation.” This way, through appropriate trainings for non-clinicians in applying basic therapeutic principles, through ongoing consultation with treating clinicians to promote consistency of approach and through a coherent multidisciplinary approach, where law enforcement and victim support service providers meet in the middle to strengthen each other’s work, in the benefit of the victim and ultimately of the justice system, a high standard of care can be achieved.

Trauma informed care can and should be applied from the moment of identifying a victim of human trafficking, or a potential victim of this crime until the criminal and civil proceedings have come to an end (please see Graphic 4), alongside of the social and psychotherapeutic intervention measures which have reached their purpose and the victim has been rehabilitated in such a way that an acute risk of secondary victimisation does not represent a threat anymore.

These stages involve the contact with the first responders, the information session on rights and possibilities, the assessments of immediate, medium and long term needs, the referral to local or transnational specialised service providers for victims of human trafficking and the referral to, based on the needs identified, other service providers like counselling centres for victims of political crimes, counselling centres specialised in support services for LGBTQ+, counselling centres supporting victims of war etc.

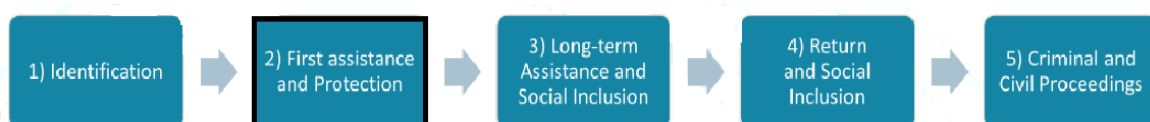
The first phase, when getting in contact with a vulnerable person, is the identification of this as a victim of human trafficking. As clear as it sounds, it is however one of the most complex phases

¹⁶ Witkin, R. & Robjant, K. (2018), *The Trauma Informed Code of Conduct For all Professionals working with Survivors of Human Trafficking and Slavery*, <https://www.cumbria.gov.uk/eLibrary/Content/Internet/537/6683/6687/435738436.pdf>, Accessed on 03.2023

and certainly one of the most important. Without the identification, victims do not receive the support services to which they have been entitled in all the EU Member States. Without identification, victims cannot exercise their rights. Furthermore, when victims have been forced into committing criminal activities, without identification, victims bear the consequences of criminal provisions, leading towards a further victimisation. Eventually, without the proper identification, victims can not protect any other direct or indirect victims. In order to support the process of identification, various European and international institutions have published lists of indicators of victimisation,¹⁷ in the hope that first responders and grass root level service providers can identify methods used by traffickers or effects of exploitation and thus refer the victims into the existing specialised support services or the National Referral Mechanism.

Practice has proved however that, without consolidated training on recognising indicators of trafficking, without having vast knowledge on what human trafficking precisely is, which are the current modus operandi, and which are the trending forms of exploitation (possible multiple forms of exploitation especially in hybrid criminality), without understanding the effects of traumatic experiences¹⁸ on behaviour and attitude and without genuine interest towards understanding the situation in which the person addressed really is, the process of identification has a low rate of success.

The next step, after the successful (preliminary) identification, either as a victim of human trafficking or as a potential victim of human trafficking, is the first stage of assistance and protection, generally offered by first responders and/or law enforcement.



Graphic 4 - Stages of referral (SOPs TIATAS)

¹⁷ UNDOC, Indicators of Human Trafficking, https://www.unodc.org/pdf/HT_indicators_E_LOWRES.pdf, Accessed 03.2023

¹⁸ Harvard University, *Trauma-informed care: What it is, and why it's important*, <https://www.health.harvard.edu/blog/trauma-informed-care-what-it-is-and-why-its-important-2018101613562>, Accessed on 03.2023

Right after (preliminary) identification, and during the first stage of assistance and protection, first responders are expected to assess the immediate needs.

	Provide the victim a calm, safe and stable environment ;
	Ensure the victim about the confidentiality of the discussion and provide him/her the opportunity of making choices ;
	Identify the name/surname on which the victim prefers to be called and the language he/she prefers to use;
	Asses age and adapt intervention methods accordingly;
	Inform the victim about your position , role, possibilities to support and limits you have;
	Provide the victim clear, simple, and basic information on the support system , the steps which have been taken and the steps which are still ahead, his/her rights and obligations; (consider the provisions of the Victims Directive 2012/29/EU)
	Collect basic information regarding exploitation (what type of exploitation it has been, without getting into further details, when the entry into exploitation started, when the exit took place)
	Conduct a basic, preliminary risks and needs assessment , and identify possible acute threats; (please see TIATAS Risks and Needs Assessment Tool)
	Assess whether further victims or indirect victims are in immediate danger and take necessary steps/measures;
	Assess if there are dependants who also need support or are missing;
	Assess if basic needs are covered and address the identified needs; (please see Graphic 2)
	Assess the possibility for the victim to cause self-harm and take necessary measures;
	Consider the effects of traumatisation and distress on the answers given and manifested behaviour;
	Consider cultural differences and language barriers on the answers given and manifested behaviour;
	Ensure that the victim is stable when finishing this stage of intervention.

The third stage of intervention involves the specialised, long-term assistance and social inclusion.

	Assess the risks and needs ; address them through specifically tailored, trauma informed, victim centred and individualised intervention methods; (please see TIATAS Tool)
	Inform the victim of his/her rights and realistic possibilities of support ; ensure that the victim fully understands the information provided (consider language, language barriers, cultural differences, age, level of education, trauma suffered, level of stabilisation - please see the provisions of the Victims Directive 2012/29/EU ¹⁹);
	Inform the victim about the reflection period (consider possible limitations, benefits, rights and legal obligations);
	Assess the victim's legal status and the possibilities to avoid secondary victimisation;
	Ensure the victim has received and understood all the information necessary to have a clear perspective about the possible future steps and can take informed legal or socio-economic decisions ;
	Officially identify the person as a victim of human trafficking, if this is the informed decision, of the victim and is according to the procedures foreseen in the National Referral Mechanism ²⁰ ;
	Inform immigration office and support the access to international protection, if agreed by the victim;
	Involve law enforcement and support the victim in filing a criminal complaint if this is the wish he/she has;
	Ensure a smooth transition from intensive support services to long term integration and rehabilitation ;
	Ensure that a regular assessment/evaluation is taking place regarding the measures taken and possible further needs and/or risks, alongside the victim and other specialists involved.

¹⁹ Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA

²⁰ European Commission, Directorate-General for Migration and Home Affairs, Gregulska, J., Healy, C., Petreska, E., et al., *Study on reviewing the functioning of Member States' National and Transnational Referral Mechanisms*, Publications Office, 2020, <https://data.europa.eu/doi/10.2837/697914>

2. Transnational Referrals to Trauma Informed Care Victim Support Service

In addition to local referrals carried out within the TIATAS Project, cross border referrals to either partner organisations or to other organisations specialised in assisting victims of human trafficking, based in EU Member States, have been included separately within the proposal, as they involve different and often more complex processes. This activity included (potential) VoTs crossing EU borders for a variety of reasons, including voluntary return, secondary movement, and voluntary repatriation under Dublin III regulations. In these cases, partners have conducted and received VoTs referrals to and from service providers in other Member States to ensure continuity of care. Transfer of case management information, with the victim's

“A person who has been trafficked to another country may be at risk in their own country, should they be compelled to return there. Apart from their own country, within the Dublin Regulation, this risk could be also established in the country where a trafficked person first applied for asylum.

Such risk could be that of **re-trafficking**, retribution by the traffickers (for example, if the person has escaped from the traffickers and/or assisted the authorities in the prosecution of traffickers), **lack of assistance** or adequate care, or ostracism by the trafficked person's family or community, to the extent that their ability to re-integrate is fatally compromised.”
(GRETA Commission, 2020)

consent, has ensured that adapted support could be provided immediately in the country of destination. Transnational referrals in the EU Member States have taken into consideration, the National Referral Mechanisms of the sending and receiving country, and specific provisions of transnational bilateral referrals, when such have been put in place by these two countries.^{21; 22}

²¹ IOM Hungary, *Comprehensive Return and Reintegration Programme for Victims of Trafficking*, <https://hungary.iom.int/ct-return>, Accessed 03.2023;

²² Bulgarian National Commission for Combating Trafficking in Human Beings, Division VIb4 of the German Federal Ministry of Labour and Social Affairs, *Bilateral Mechanism for Referral and Coordination of Cases of Human Trafficking for Forced Labour and Labour Exploitation Between Germany and Bulgaria*

A decision of transnational referral, even within EU Member States, should be carefully considered, and it has to be clearly analysed if the victim or potential victim fully understands the consequences of this decision, and the risks of revictimization associated with it. In order to reduce such risks, “when victims are repatriated or return voluntarily from the country where they were exploited to their countries of origin, timely cooperation between relevant actors for targeted assistance, support and integration measures are necessary both at the departure and at the arrival point. Such processes to enable victims’ access to their rights in cross-border cases can be facilitated by transnational referral mechanisms, i.e. platforms for cross-border cooperation of relevant public authorities and civil society involved in following up on the identification, assistance and protection of trafficked victims.”²³

Unfortunately however, as recognised by the Council of the Baltic States, “in cases of transnational trafficking, victims are often transferred from an assistance system in a country of destination to another system in a country of origin. If these systems do not complement each other and the transition is not smooth, the person is at higher risk of being re-trafficked. It has been observed that the same victims are exploited in several countries of the BSR and sometimes subjected to human trafficking for multiple forms of exploitation. In this complex reality, structured and efficient cross-border cooperation in the Baltic Sea Region is not something that should be viewed as a preferred practice, it is rather a central method in order to combat trafficking and protect victims.”²⁴

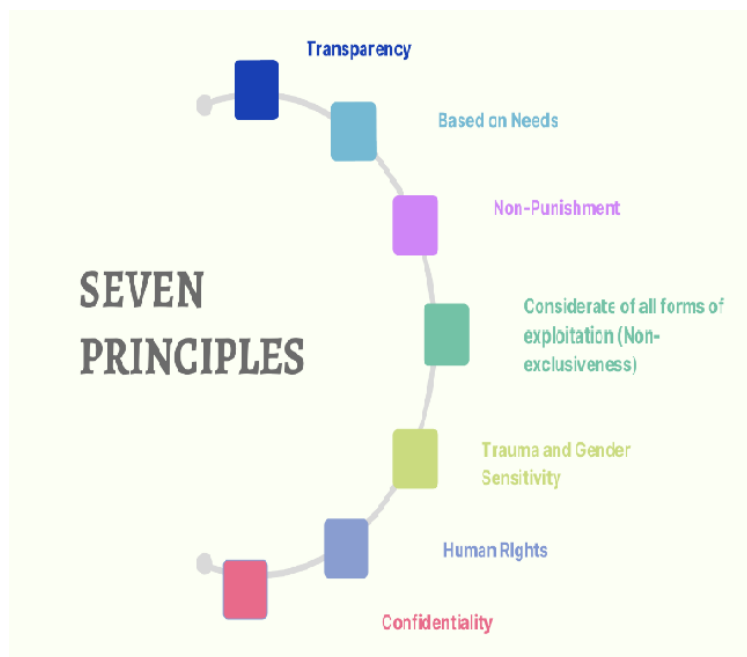
Further on, the United Nations General Assembly highlights the fact that “returns are often not desirable or even feasible options for migration management. Return efforts are expensive, difficult to implement and problematic to carry out in accordance with human rights law. Moreover, if return programmes are not coupled with robust reintegration programmes, and where root causes for irregular migration persist, migrants, including those previously returned, would still undertake perilous journeys (A/72/643, para. 39).”²⁵

²³ European Commission, *EU Strategy on Combatting Trafficking in Human Beings 2021- 2025*, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52021DC0171>, Accessed 03.2023

²⁴ Council of the Baltic States, *Transnational Referral Mechanism of the Baltic Sea Region*, <https://bsr-trm.com/>, Accessed 03.2023

²⁵ United Nations General Assembly (2018), *Report of the Special Rapporteur on the human rights of migrants*, <https://www.ohchr.org/en/special-procedures/sr-migrants>, Accessed 03.2023

It is however, in the rarest situations that these prerequisites of safe and trauma informed cross border referrals are in the line with the statements of the United Nations General Assembly, even in the cases of many EU Member States (please see Monitoring or Country Reports on various EU and non-EU States ^{26;27}). Thus, “states have an obligation to provide access to regular status when the return of a migrant may be in breach of human rights obligations, including, but not limited to, the principle of non-refoulement²⁸ under international human rights law.”²⁹



These are main reasons why, within TIATAS no forced repatriation has been supported and the tools designed have been mainly developed to be used in cases of voluntary returns with EU Member States. Within the transnational referral of such cases, a series of principles have been developed or selected to be strictly applied (please see Graphic 5).

Graphic 5 - Representation on the core principles of transnational referral (TIATAS - Standard Operating Procedures for transnational referrals of VoT clients to service providers in other EU Member States, page 4)

²⁶ GRETA, *Action against Trafficking in Human Beings*, <https://www.coe.int/en/web/anti-human-trafficking/country-monitoring-work>, Accessed on 03.2023

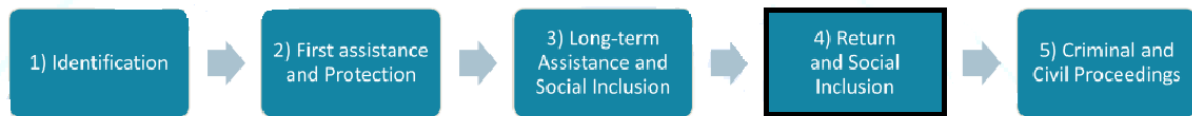
²⁷ U.S. Department of States (2022), *Trafficking in Persons Report*, <https://www.state.gov/reports/2022-trafficking-in-persons-report/>, Accessed on 03.2023

²⁸ United Nations Human Rights Office of the Higher Commissioner, *The principle of non-refoulement under international human rights law*, <https://www.ohchr.org/sites/default/files/Documents/Issues/Migration/GlobalCompactMigration/ThePrincipleNon-RefoulementUnderInternationalHumanRightsLaw.pdf>, Accessed on 03.2023

“The principle of non-refoulement forms an essential protection under international human rights, refugee, humanitarian, and customary law. It prohibits States from transferring or removing individuals from their jurisdiction or effective control when there are substantial grounds for believing that the person would be at risk of irreparable harm upon return, including persecution, torture, ill-treatment, or other serious human rights violations.”

²⁹ United Nations General Assembly (2022), *Report of the Special Rapporteur on the human rights of migrants*, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N22/431/49/PDF/N2243149.pdf?OpenElement>, Accessed on 03.2023

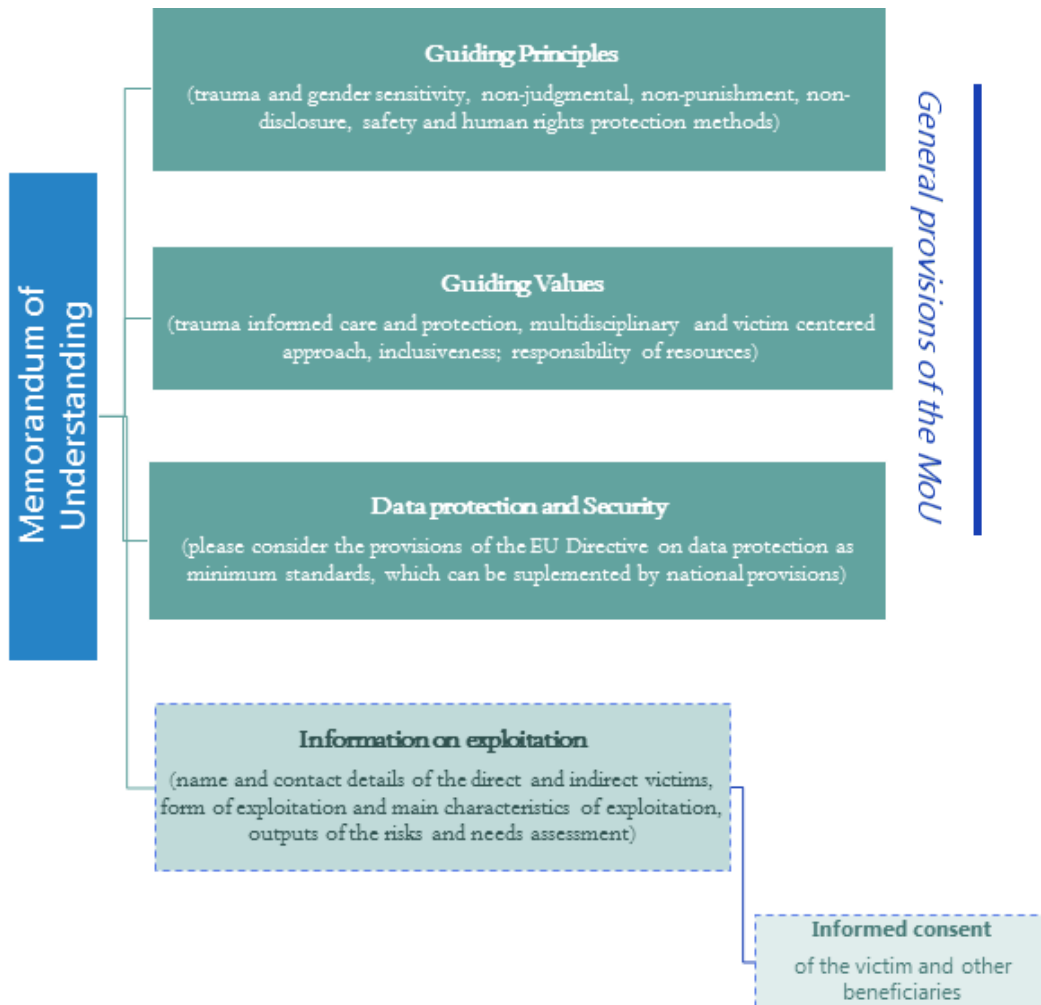
This represents the fourth step in victim identification, support, and transnational referral.



Graphic 6 - Stages of referral (TIATAS - Standard Operating Procedures for transnational referrals of VoT clients to service providers in other EU, Member States, page 2)

Further to this, the partner organisations encourage the use of a Memorandums of Understanding, signed by the sending and receiving organisations (possibly also support services based in the transit country) prior to transnational referrals.³⁰ This way, the basic guiding principles and/or standard operation procedures, alongside of the main values shared in the work conducted with victims of human trafficking can be discussed, debated and negotiated prior to the actual case referrals. This enables a focused and well considered process, without time pressure, between the sending and receiving organisation. Also, it creates the possibility to discuss about the fundamentals of their common work, without referring to a particular case, and without influencing the main process by the particularities of an individual case. In order however to individualise each transnational referral, confidential annexes can be attached to the memorandum, including the personal information of each case. These annexes need to fulfil the data protection regulations and should only be accessible by the designated case workers. Thus, human resources departments, financiers or persons holding an administrative position within the departments of the sending and receiving organisations shall not have access to the annexes containing information of exploitation. If this is not possible due to internal regulations, the personal information should be included in the outputs of the individual risks and needs assessments and shall be transmitted from the sending to the receiving organisation as individual documents, mentioning that the transnational procedure shall be conducted based on the principles, guiding values and data protection and security measures established within the memorandum of understanding. This way, providing access to third parties limited by law. In both cases, the informed consent of the victim to transfer of data regarding his/her case constitutes the fundament of data transfer.

³⁰ TIATAS (2022), <https://tiatas.net/resources/>, Accessed 03.2023



Graphic 7 – Memorandum of Understanding for Transnational Referrals

Further on, for conducting the transnational referrals,³¹ the TIATAS SOPs have been tested and various elements of models of transnational referral mechanisms have been assessed.^{32:33}

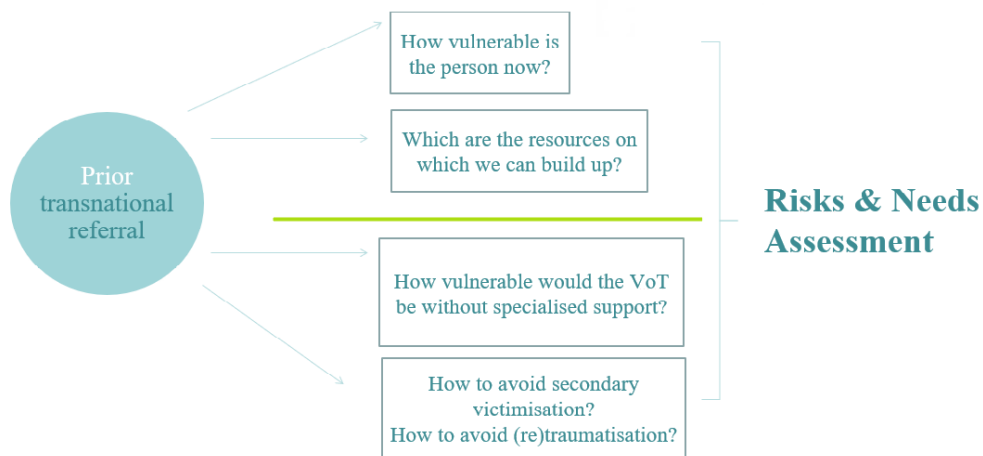
³¹ *Guidelines for the Development of a Transnational Referral Mechanism for Trafficked Persons in Europe* (2010), <https://respect.international/wp-content/uploads/2021/07/Guidelines-for-the-Development-of-a-Transnational-Referral-Mechanism-for-Trafficked-Persons-in-Europe-TRM-EU.pdf>, Accessed 03.2023

“A Transnational Referral Mechanism (TRM) is a co-operative agreement for the cross-border comprehensive assistance and/or transfer of identified or potential trafficked persons. A TRM links all stages of the referral process from the initial screening, through formal identification and assistance, to the voluntary assisted return, the social inclusion, and the civil and criminal proceedings. It is based on the co-operation between governmental institutions, intergovernmental agencies and non-governmental organisations of countries of origin, transit, and destination of the assisted trafficked persons. Through the TRM, state actors of different countries fulfil their obligations to promote and protect the human rights of trafficked persons.”

³² RAVOT-EUR (2016), *Transnational Referral Mechanism*, <http://www.ravot-eur.eu/en/transnational-referral-mechanism>, Accessed 03.2023

³³ *Study on reviewing the functioning of Member States’ National and Transnational Referral Mechanisms*, <https://op.europa.eu/fr/publication-detail/-/publication/d5542e9c-0e92-11eb-bc07-01aa75ed71a1>, Accessed 03.2023

Given the fact that “victims who are third-country nationals must have access to existing programmes or schemes aimed for them to recover to a normal life,”³⁴ when conducting the risks and needs assessment prior to the transnational referral, it has proved to be essential to assess the layers of vulnerabilities (please see Risks and Needs Assessment Tool) and understand the complex impacts caused by multipliers of marginalisation (please see Graphic 1). This supports the further assessment of existing resources which can be engaged in avoiding (re)traumatisation and (re)victimisation while steering rehabilitation, and (re)inclusion in the society and labour market. (please see Graphic 8)



Graphic 8 – Stages of assessment prior to transnational referrals

When communicating with the victim, however, one should be aware that questions about the details of the exploitation, especially questions about the violence they have experienced, can be a trigger. Such questions can provoke memories that are too painful and distressing to endure. In the reaction to questions that have a retraumatizing effect, the client can immediately show different emotional and physical reactions: she can, for example, fall silent and withdraw, a panic attack can occur, she can hyperventilate, appear absent-minded or faint. Or be tense, even react aggressively. There may also be an emotional flashback that evokes feelings of fear, shame, or threat. The psychotrauma experienced in the past is reactivated. (please see further reading on methods to address this situation³⁵)

³⁴ European Commission, *The EU rights of victims of trafficking in human beings*, https://womensos.gr/wp-content/uploads/EU-rights-of-victims-trafficking_EN.pdf, Accessed on 03.2023

³⁵ <https://www.onlinemswprograms.com/resources/how-to-be-mindful-re-traumatization/>

	Provide repeated opportunities for the victim to reflect about the decision of transnational referral, and the actors involved in this process;
	The process of organising a transnational referral can be challenging and stressful for all the actors involved – specialists, direct victims, indirect victims. Continuously consider the role and effects of emotional and, if needed, physical support to the direct and indirect victims within this process. Coordinate with the responsible psychotherapist if the victim is receiving such a support;
	Carefully assess the reasons leading to the victim behaving disconnected while discussing the steps of transnational referral and consider the springs of him/her shutting down during these discussions. Try to limit the situations in which the victim feels overwhelmed as this may lead to him/her stepping back, not because of not willing to be referred but because the whole process seems and feels to complex;
	Be aware of the reasons leading to changes in decisions or memory . These might be the outputs of changes in his/her situation, the effects of trauma or more complex medical or even social situations which might need further assessment;
	Divide tasks or bureaucratic activities linked to a transnational referral and break them down in concrete, simple steps and one at a time steps. Organise timespans in which the victim can disconnect and relax;
	Mostly organise the meetings linked to transnational referrals on days in which no other important appointments have been planned by the victim (e.g. police appointments, immigration office appointments, medical appointments, school/language course exams etc.). Plan in appropriate time spans and avoid rushing through the facts and paperwork;
	Understand the importance and impact of a transnational referral and the effects it will have prior to the referral, during the referral and after the referral. This is highly likely to impact the life of the victim fundamentally. Treat the counselling sessions linked to this subject with respect, understanding and patience;
	Give the victim the possibility to repeat the information provided in his/her own words . This will help him/her to ask questions with regards to aspects which have not been clarified and will steer the process of reflection.
	Consider the risks of secondary traumatisation and burn out of the professionals regularly involved in transnational referrals of human trafficking victims.

Another fundamental aspect which has to be considered when conducting transnational referrals, besides the trauma informed and victim centred approach which is naturally the backbone of a dignified and human rights-based approach, is the safety of both the direct victim and possible indirect victims (accompanying the victim during the transnational referral or being based in the source or destination country). Besides the information already provided in the Risks and Needs Assessment Tool (e.g. accommodation in a safe house, inclusion in a victim protection programme etc.), a European Protection Order might be considered before the transnational referral.

As defined by the European legislator, a “European Protection Order means a decision, taken by a judicial or equivalent authority of a Member State in relation to a protection measure, on the basis of which a judicial or equivalent authority of another Member State takes any appropriate measure or measures under its own national law with a view to continuing the protection of the protected person;”³⁶ Therefore, the “European Protection Order may be issued when the victim is staying or residing in another Member State and a protection measure against the trafficker has been issued such as a prohibition to enter certain locations, places and areas where the victim resides or visits, or prohibition or regulation of contact (including phone, mail). A European Protection Order applies to a protection measure under criminal law in one EU country for a victim, by extending this protection to another EU country where he or she has moved.”

Finally, simulation exercises³⁷, for developing and strengthening joint efforts in regional cooperation have proved to be effective in conducting trauma informed and victim centred cross border referrals. This way, the actors involved in such referrals have the possibility to reflect about commonly decided steps in transnational referrals, cut down to a minimum the bureaucratic steps, identify legislative and procedural gaps and address them through a common and mutually reinforcing approach. And, most importantly, adjust the time of reaction to fit the needs of crisis situations enabling the possibility of setting up transnational referrals when a crisis situation arises.

³⁶ Directive 2011/99/EU on the *European protection order*, <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32011L0099&from=EN>, Accessed on 03.2023

³⁷ Council of Europe, *Human Trafficking: Simulation of Victim’s Referral Process for Better Protection*, https://www.coe.int/en/web/portal/-/human-trafficking-simulation-of-victim-s-referral-process-for-better-protection?utm_source=miragenews&utm_medium=miragenews&utm_campaign=news, Accessed on 03.2023



Stages of Intervention and Evaluation

