



**Funded by the  
European Union**



**Ad-Hoc Query on 2023.31 Practices and challenges in identifying victims of torture and ill-treatment in the context of international and temporary protection**

**Requested by Luxembourg on 26 July 2023**

**Compilation produced on 13 October 2023**

**Responses from Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia, Sweden plus Norway, Serbia (25 in Total)**

**Disclaimer:**

*The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.*

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

## 1. BACKGROUND INFORMATION

Many individuals who flee war and armed conflict around the world, particularly those fleeing persecution, are likely to have experienced trauma, including torture and ill-treatment.<sup>[1]</sup>

Asylum seekers and refugees who have suffered torture and ill-treatment are among the vulnerable groups referred to in the Common European Asylum System (CEAS) legislative instruments.<sup>[2]</sup> Torture and ill-treatment are also prohibited under international law, including the United Nations (UN) Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment<sup>[3]</sup> (hereinafter, victims of torture and/or ill-treatment). EU law contains no definition of vulnerability for beneficiaries of temporary protection.

Across the EU Member States and EMN Observer Countries, limited data prevents a comprehensive overview of victims of torture and/or ill-treatment among applicants for international protection. A report from the International Rehabilitation Council for Torture Victims (IRCT) found that in 2010, around 400 000 torture survivors lived in the EU.<sup>[4]</sup> The same report estimated that 30-60% of applicants for international protection seeking medical attention were survivors of torture. In 2017, the European Union Agency for Fundamental Rights (FRA) pointed to the limited availability of comprehensive data on victims of torture and/or ill-treatment who arrive in Europe, are identified by the authorities, and go through the asylum procedure in the EU Member States and Schengen Associated countries.<sup>[5]</sup> This is partly because data on torture and/or ill-treatment can depend on victims' ability and opportunities to self-report.<sup>[6]</sup>

Applicants for international protection who have been subject to torture and ill-treatment are particularly susceptible to developing mental health problems. These problems can then affect their ability to properly present their claim for international protection and/or increase the likelihood of receiving a negative outcome.<sup>[7]</sup> Post-traumatic stress disorder (PTSD) is one of the most common psychological complications experienced by torture survivors, alongside anxiety, suicidal thoughts, and depression. The possibility for an applicant to have a medico-legal report (MLR) that provides important supporting evidence for their torture and ill-treatment may be crucial to the examination of their asylum claim and access to treatment and rehabilitation.

This inform will consider data from January 2022 to 26 July 2023. Its general objective is to provide an overview of:

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

- EMN Member and Observer Countries' guidance and training on early detection (before asylum interview/before claim is assessed) and identification (during asylum interview) of presumed victims of torture or other forms of inhuman or degrading treatment or punishment ('torture and/or ill-treatment') in international protection procedures;
- EMN Member and Observer Countries' procedural safeguards and guidance available to competent asylum authorities when requesting and taking into account medico-legal documentation as part of the evidence in reaching a determination on an application for international protection. This includes the criteria/parameters set by competent asylum authorities in EMN Member and Observer Countries to those authorities/entities responsible for performing the actual medico-legal assessment;
- Any practices in place to identify victims of torture and/or ill-treatment among beneficiaries of temporary protection in order to provide medical or other assistance in accordance with the relevant provisions of the Temporary Protection Directive (2001/55/EC) (Article 13(4)).

[1] Procedural safeguards and guidance documents refers to legal frameworks and any other soft law tools, such as guidelines, checklists, or manuals (e.g. Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol)) available to national authorities to collect and assess medical, legal, and psychological evidence, where relevant, as part of the identification process.

[2] Council Directive 2001/55/EC of 20 July 2001 on minimum standards for giving temporary protection in the event of a mass influx of displaced persons and on measures promoting a balance of efforts between Member States in receiving such persons and bearing the consequences thereof, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32001L0055&qid=1648223587338>, last accessed on 6 June 2023.

[EN1] Date of AHQ launch, amend if necessary

[1] IRCT, 'Falling through the cracks: asylum procedures and reception conditions for torture victims in the European Union', <https://irct.org/wp-content/uploads/2022/08/Falling-Through-the-Cracks-2016.pdf>, last accessed on 12 February 2023.

[2] Article 20(3) of Directive (EU) 2011/95 of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted (recast) (Qualification Directive), <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32011L0095>, last accessed on 12 February 2023; Article 21 of the Directive (EU) 2013/33 of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast) (Reception Conditions Directive), <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32013L0033>, last accessed on 12 February 2023.

*Disclaimer:*

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

[3] United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-against-torture-and-other-cruel-inhuman-or-degrading>, last accessed on 12 February 2023.

[4] European Network of Rehabilitation Centres for Survivors of Torture, 'Refugee survivors of torture in Europe. Towards positive public policy and health outcomes', 2018, [https://www.baff-zentren.org/wp-content/uploads/2018/08/Euronet\\_Publikation\\_English\\_online.pdf](https://www.baff-zentren.org/wp-content/uploads/2018/08/Euronet_Publikation_English_online.pdf), last accessed on 6 June 2023.

[5] FRA, 'Current migration situation in the EU: torture, trauma and its possible impact on drug use', 2017, [https://fra.europa.eu/sites/default/files/fra\\_uploads/fra-february-2017-monthly-migration-report-focus-torture-trauma\\_en.pdf](https://fra.europa.eu/sites/default/files/fra_uploads/fra-february-2017-monthly-migration-report-focus-torture-trauma_en.pdf), last accessed on 6 June 2023.

[6] Ibid.

[7] UNHCR, 'Beyond proof: credibility assessment in EU asylum systems', 2013, footnote 58, <https://www.unhcr.org/51a8a08a9.pdf>, last accessed on 13 February 2023; EUAA, 'Evidence and credibility assessment in the context of the Common European Asylum System', 2018, pp. 166-173, [https://euaa.europa.eu/sites/default/files/easo-evidence-and-credibility-assesment-ja\\_en.pdf](https://euaa.europa.eu/sites/default/files/easo-evidence-and-credibility-assesment-ja_en.pdf), last accessed on 13 February 2023; Noll, G., 'Evidentiary assessment in refugee status determination and the EU Qualification Directive', 2005, p. 311, [https://lucris.lub.lu.se/ws/portalfiles/portal/8160959/Evidentiary\\_Assessment\\_in\\_Refugee\\_Status\\_Determination\\_and\\_the\\_EU\\_Qualification\\_Directive.pdf](https://lucris.lub.lu.se/ws/portalfiles/portal/8160959/Evidentiary_Assessment_in_Refugee_Status_Determination_and_the_EU_Qualification_Directive.pdf), last accessed on 13 February 2023.

**We would like to ask the following questions:**

- 1. What kind of training (e.g. courses, workshops) is provided to competent asylum authorities to detect and identify potential victims of torture and/or ill-treatment among applicants for international protection? (Please elaborate)**
- 2. What written guidance (e.g. guidelines, handbooks, manuals) is available to assist competent asylum authorities in the detection and identification of victims of torture and/or ill-treatment during the international protection procedure?**
- 3. What criteria do competent asylum authorities use to request a medico-legal assessment of potential victims of torture and/or ill-treatment among applicants for international protection?**

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

**4. What kind of guidance (e.g. guidelines, handbooks, manuals) is available to assist competent asylum authorities to take into account medico-legal documentation as part of the evidence in an application for international protection? (Please elaborate)**

**5. What kind of training (e.g. courses, workshops) is available to assist competent asylum authorities to take into account medico-legal documentation in international protection procedures?**

**6. How do competent asylum authorities ensure that medico-legal assessments and MLRs meet the criteria required for consideration in the asylum procedure?**

**7. What are the main challenges in identifying and detecting victims of torture and/or ill-treatment in international protection procedures in your EMN Member/Observer Country? (Please elaborate)**

Please elaborate on what the challenge entails; and why the migration/asylum authority considers it a challenge

**8. Can you provide any examples of good practices in the identification and detection of victims of torture and/or ill-treatment in international protection procedures? (Please elaborate)**

Please elaborate on what the practice entails; what makes it a good practice; the authority that considers it a good practice.

**9. Has your EU Member State implemented any procedures/mechanisms to detect or identify beneficiaries of temporary protection as victims of torture and/or ill-treatment to ensure that they can access the rights guaranteed under Article 13(4) of the Temporary Protection Directive (access to medical care)? (If yes, please elaborate)**

**10. Are there practices in your EU Member State that encourage beneficiaries of temporary protection to self-declare themselves as victims of torture and/or ill-treatment? (If yes, please elaborate)**

**11. What are the main challenges in detecting and identifying victims of torture and/or ill-treatment among beneficiaries of temporary protection? Please elaborate.**

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

Please elaborate on what the challenge entails; what makes it a challenge; the authority that has identified it as a challenge.

**12. Can you provide examples of good practices in the detection and identification of victims of torture and/or ill-treatment among beneficiaries of temporary protection?**

Please elaborate on what the practice entails; what makes it a good practice; the authority that considers it a good practice.

We would very much appreciate your responses by **28 September 2023**.

## 2. RESPONSES

1


		<b>Wider Dissemination<sup>2</sup></b>	
--	--	--	--

<sup>1</sup> If possible at time of making the request, the Requesting EMN NCP should add their response(s) to the query. Otherwise, this should be done at the time of making the compilation.

<sup>2</sup> A default "Yes" is given for your response to be circulated further (e.g. to other EMN NCPs and their national network members). A "No" should be added here if you do not wish your response to be disseminated beyond other EMN NCPs. In case of "No" and wider dissemination beyond other EMN NCPs, then for the Compilation for Wider Dissemination the response should be removed and the following statement should be added in the relevant response box: "This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further."

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

	<p><b>EMN NCP Austria</b></p>	<p><b>Yes</b></p>	<p>1. High-quality asylum and aliens law procedures are a priority concern of the Federal Office for Immigration and Asylum. In this context, well-founded training for all employees as well as ongoing, needs-based training measures are important pillars of quality management, so that the necessary sensitivity in the conduct of proceedings can be ensured in all cases in addition to technical expertise. In order to meet the special and necessary sensitivity in the identification of persons who are particularly worthy of protection, and to take their special interests into account, the training program for the Federal Office for Immigration and Asylum includes numerous training and further education events on the topic of "Vulnerable Groups" in close cooperation with internal and external experts. The following recognized external experts are involved: UNHCR Austria, IOM Austria, EUAA, the LEFÖ intervention center for trafficked women and the victim protection organization MEN VIA. Since 2016, the training "Vulnerability and Flight" has been offered in cooperation with UNHCR. The training provides participants with relevant background information, indicators and advice with regard to traumatized persons, mentally ill persons and victims of torture. Furthermore, appropriate adjustments in the procedure and in dealing with and interviewing affected persons will be discussed and tried out. In addition, the participants will gain an awareness of possible psychodynamic processes when dealing with these groups of people. Furthermore, the training courses offered in cooperation with IOM on the identification of trafficked persons in the asylum procedure are a focal point of the Federal Office's education and training program. The main focus of these trainings is to get to know the possible types as well as the indicators and manifestations of human trafficking and child trafficking in Austria. In addition, case studies from practice, including possible courses of action in suspected cases, are worked through together with the participants. The offer is supported by various relevant e-learning courses developed by the Federal Ministry of the Interior, Federal Office for Immigration and Asylum, UNHCR and IOM. In cooperation with UNHCR</p>
---	---------------------------------------	-------------------	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

and IOM, e-learning courses have been developed that deal with vulnerable groups at various levels with regards to content, such as the e-learning course developed by UNHCR on "Dealing with Women, Children, Adolescents and Victims of Trauma or Torture during Flight and in the Procedure" and the e-learning course developed by IOM on "Identifying Victims of Trafficking in Human Beings in Procedures under Asylum and Aliens Law".

---

Source: Ministry of the Interior

2.

The Federal Office for Immigration and Asylum State Documentation prepares Country Information Sheets and Country Information Files on the asylum countries of origin, which contain, among others, the chapters "Security Situation", "Security Authorities", "Judicial System/"Legal Protection", "Torture and Inhuman Treatment", "General Human Rights Situation", "Death Penalty", "Detention Conditions", "Ethnic and Social Minorities", "Domestic and Gender-based Violence" (especially against women and children) and "Corruption" or, if required, specific thematic reports.

In addition, there is the possibility of a request by the officer conducting the proceedings to the Federal Office for Immigration and Asylum State Documentation in individual cases.

On the basis of these current Country Information Files, individual cases are examined before the Federal Office for Immigration and Asylum.

The Federal Office for Immigration and Asylum itself does not have any explicit manuals or guidelines, but it can refer to the comprehensive and diverse training and education (including e-learning) for employees conducting proceedings (see question 1).

With regard to victims of human trafficking and their identification, an IOM manual is available at the Federal Office for Immigration and Asylum, to which specific reference is also made in the context of the training courses.



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>---</p> <p>Source: Ministry of the Interior</p> <p>3.</p> <p>The identification of asylum seekers with special needs (in this case victims of torture and/or abuse) can already take place during the initial interview with the police or also in the initial reception centers as part of the admission procedure.</p> <p>If trauma is alleged by the party, it must be clarified to what extent verification by expert opinion is required.</p> <p>If, in the course of a general medical or psychiatric examination at the reception center, a significant physical illness becomes evident, the asylum seeker is either referred to a registered physician or to the hospital in cases of inpatient treatment. This is followed by a hypothesis-driven, multimethod examination.</p> <p>The ordering of an expert opinion depends, on the one hand, on a corresponding submission by the applicants and, on the other hand, on the outcome of the general medical or psychiatric examination and must be examined separately for each individual case.</p> <p>If there are indications of torture, traumatization, etc., these will be investigated and, if necessary, clarified by medical reports.</p> <p>---</p> <p>Source: Ministry of the Interior</p> <p>4. The Federal Office for Immigration and Asylum does not have any manuals or similar documents for official use.</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>---</p> <p>Source: Ministry of the Interior</p> <p>5.</p> <p>As part of the Federal Office for Immigration and Asylum advanced training program and the Federal Office for Immigration and Asylum educational course, the training courses "MedCOI - Medical Country of Origin Information" and "State Documentation" are offered to procedural officers. The aim of these trainings is to provide participants and users of the MedCOI database with an understanding of the coverage of the MedCOI database and the function of MedCOI in the field of international protection, as well as the investigative possibilities of the Federal Office's "State Documentation" department in this regard.</p> <p>In addition, the topic of credibility and evaluation of evidence is regularly dealt with as part of the Federal Office for Immigration and Asylum training program. In the course of these evidence assessment trainings, participants deal with the evaluation and utilization of medical documents as evidence in asylum and aliens law proceedings and with the associated legal regulations and framework conditions.</p> <p>---</p> <p>Source: Ministry of the Interior</p> <p>6. Lists of experts are kept and continuously updated by the organizational units. Pursuant to Art. 52 para 2 of the General Administrative Procedures Act, the following applies: "if official experts are not available or if it is necessary due to the special nature of the case, the authority may, however, by way of exception, consult other suitable persons as experts (non-official experts)" - thus, official experts are to be preferred to non-official experts. Official physicians are to be regarded as official experts by way of administrative assistance. Experts within the meaning of Art. 52 of the General Administrative</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>Procedures Act are persons with special expertise who, on the basis of an appointment (also informal) by the authority, assist in establishing the relevant circumstances in a procedure by ascertaining facts (findings) and/or drawing conclusions from these facts (expert opinion in the narrow sense). The prerequisite for an appointment as an expert is special expertise (training, experience and work in the relevant field).</p> <p>---</p> <p>Source: Ministry of the Interior</p> <p>7. The greatest challenge is certainly that the competent authorities in Austria have difficulty or are unable to recognize potential victims without knowledge or (initial) clues. Without this "moment of suspicion", authorities cannot provide any assistance to the potential victim.</p> <p>---</p> <p>Source: Ministry of the Interior</p> <p>8. The first grounds for suspicion arise in the course of the proceedings before the Federal Office for Immigration and Asylum through self-declaration by the party or through initial/possible clues in the course of an interrogation. However, it is more likely that victims will be discovered in the course of investigations by the security authorities.</p> <p>---</p> <p>Source: Ministry of the Interior</p> <p>9. The staff members of the Federal Office for Immigration and Asylum who conduct the proceedings are trained comprehensively and with the involvement of (among others) UNHCR and IOM in order to best</p>
--	--	--	--


Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>identify potential victims in the course of proceedings before the Federal Office for Immigration and Asylum and also in order to react in the best possible way with regard to dealing with these persons. Persons in ongoing asylum procedures as well as persons who have been granted a status have free access to medical treatment. In principle, aliens in need of assistance and protection receive the same level of medical care as Austrian citizens in accordance with Art. 6 of the Agreement between the Federal State and the Provinces on Basic Care - Art. 15a Federal Constitutional Act. Health care is provided within the framework of basic care by means of payment of health insurance contributions. Displaced persons from Ukraine who do not claim basic care benefits are also included in the health insurance scheme via the inclusion ordinance pursuant to Art. 9 of the General Social Insurance Act of the Federal Minister for Social Affairs, Health, Care and Consumer Protection.</p> <p>---</p> <p>Source: Ministry of the Interior</p> <p>10. No responsibility of the Federal Office for Immigration and Asylum.</p> <p>---</p> <p>Source: Ministry of the Interior</p> <p>11. If a person already has protection status, there is usually no further (intensive) contact with the authorities. Because of this, it is impossible (for an authority) to recognize possible clues.</p> <p>---</p> <p>Source: Ministry of the Interior</p> <p>12.</p>
--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>Proceedings before the Federal Office for Immigration and Asylum are always case-by-case examinations, which is why there are no "best practices" in identifying potential victims. Employees conducting proceedings are trained and sensitized in this area.</p> <p>---</p> <p>Source: Ministry of the Interior</p>
	<p><b>EMN NCP Belgium</b></p>	<p><b>Yes</b></p>	<p>1. The Immigration Office, which manages access to, removal from, and residence and settlement on the Belgian territory, is responsible for the registration of applications for international protection. It also decides on the application of the Dublin Regulation. Once the application for international protection has been introduced, preliminary information is gathered by the Immigration Office during the registration process. Indicators of torture can be available in the case file at this point, e.g. in the form of statements made by the applicant or as mentioned in medico-legal reports. The Immigration Department provides specific training for each employee involved in the process of registration and/or interviewing vulnerable persons, on vulnerabilities and special needs and their identification. With regard to potential victims of human trafficking/smuggling, the registration unit can also rely on the expertise of the Vulnerable Persons Unit at the Immigration Office.</p> <p>Applications for international protection, subsequent applications and applications for international protection for which Belgium is responsible under the Dublin Regulation, are transferred to the Office of the Commissioner General for Refugees and Stateless Persons (CGRS) for examination. The CGRS is an independent federal administration exclusively responsible for the first-instance procedure in terms of examining and granting, refusing or withdrawing refugee and/or subsidiary protection. Within the CGRS, experiences and acts of severe violence are commonly invoked as part of the application for international protection. However, self-identification as a "victim of torture" is probably relatively rare,</p>

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>since the person concerned will not necessarily look at things from a theoretical/legal point of view and might come from a country or place where violence is widespread and commonplace or might have suffered forms of violence which could be more subtle and psychological. Before, during or even after the personal interview at the CGRS, other indicators might appear or self-identification can happen. Concerning the personal interview, all protection officers working at the CGRS completed the EUAA module on Interview Techniques. In addition, the EUAA module on Interviewing Vulnerable Persons has been gradually made available to all protection officers since mid-2022 as part of regular trainings. It focuses on various examples of mental conditions of the applicant (notably PTSD) that may be related to torture and/or ill-treatment and that may have a significant negative impact on the applicant's ability to fully participate in the asylum procedure and, in particular, to narrate his/her story in the course of the personal interview. The EUAA module on Interviewing Vulnerable Persons also focuses on the appropriate interview techniques that can be used, if necessary, to safeguard the applicant's procedural rights in such cases.</p> <p>When interviewing applicants who might have been subjected to torture or traumatic experiences in general, the CGRS takes into consideration that psychological problems which result from such events, might have a negative impact on the applicant's ability to narrate his/her story. However, it is the CGRS' understanding that such problems will not necessarily manifest themselves in the same way for each applicant, so a tailor-made approach is applied.</p> <p>This means that, overall, the CGRS does expect applicants who suffer from e.g. PTSD to be able to participate in the interview, at least to some degree and depending on the individual circumstances. However, should the severity of the psychological condition effectively keep the applicant from participating in a meaningful way, the CGRS recommends the protection officers to shift their focus and put more effort into specific interview techniques and interview strategies. For these techniques, a</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

referral can be made to the EUAA-module on Interviewing Vulnerable Persons. Techniques which are of special interest here might include:

- Explaining the purpose and importance of the interview situation and topics to discuss, as well as highlighting the interest and rights of the applicant in this regard
- Demonstrating empathy, understanding, motivating the applicant to participate and share information
- Trying to give the applicant the feeling of safety and control by providing information, giving explanations, working according to a pre-known and agreed to schedule or even giving the applicant choices in terms of the tempo or content and themes to be discussed
- It also includes putting more effort into creating an atmosphere of trust. Or, for instance, having a person of confidence be present in the course of the interview (in addition to a legal representative or legal guardian, if applicable)
- Taking multiple breaks during the interview, or even conducting multiple, shorter interviews depending on what might work best according to the applicant
- It also entails that the focus of the interview will be on key elements rather than unnecessary details, focus will be on connections surrounding certain circumstances rather than factual details of time and place, focus will be on context leading up to and following certain traumatic events rather than the events themselves
- It will be important to follow up on spontaneous cues and information provided by the applicant during the free narrative rather than holding on to a rigid set of questions, providing the applicant with ample opportunity to offer additional information in relation to aspects that might appear incoherent or illogical at face value,...
- Provide a sense of closure by repeatedly checking the mental and physical state of the applicant to bring him back to the here & now, explaining what's next and closing out the topics and interview on neutral terms

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>In addition to the above mentioned, internal guidelines are available in relation to the topic of certain forms of serious violence (e.g. sexual violence, gender-based violence,...) that offer suggestions for the protection officers at the CGRS at the level of the personal interview and further assessment of such applications, but these are for restricted purposes only, not for public use.</p> <p>Internally, the CGRS appointed several persons of reference with a specific focus on the issue of applicants of international protection who might suffer from medical and/or psychological conditions. In-house meetings take place regularly and offer a platform at the CGRS to discuss relevant issues and developments as well as specific cases. These persons of reference also might participate in relevant workshops, thematic meetings, meetings with civil society organizations or conferences (EUAA, VULNER,...), act as liaisons further to spread useful and relevant information at the CGRS, and explore and develop ways forward.</p> <p>Use can be made of the EUAA ISPN tool, however, this is a tool broad in its scope and, therefore not that practical in use.</p> <p>2. See above</p> <p>3.</p> <p>The Immigration Office issues and uses a standardized medico-legal assessment/report yet it does not relate to applications for international protection. It relates to the procedure to obtain a residence permit for strictly medical reasons (article 9ter of the Belgian Aliens Act). Medico-legal assessments which relate to possible victims of torture are generally not standardized, and there are very few instances/organizations in Belgium providing such assessments that are generally in line with Istanbul</p>
--	--	--	--



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>Protocol guidelines and recommendations. Specific or medical documents in this context may be provided and taken into account during the procedure.</p> <p>In relation to the asylum procedure, it is the applicant's prerogative to consult with a medical examiner of his choice, in order to further substantiate his claim for international protection and provide the Commissioner General (CGRS) with additional evidence. The applicant will be informed of this possibility and invited to do so by the determining authority if the issue arises. Occasionally, i.e. when in doubt or when the lack of material evidence is striking yet can be reasonably expected, the protection officer might request the applicant to consult with a medical examiner of his or her choice to provide such additional proof. Either way, any pieces of such medical evidence will be taken into account and evaluated as part of the refugee status and subsidiary protection assessment.</p> <p>The reception agency (Fedasil), legal representative or legal guardian (in case of unaccompanied minors) might advocate for a medico-legal assessment and issuance of a medico-legal report as well. It is not uncommon for Fedasil to refer applicants to a medical practitioner (regularly one who practices at the reception facility concerned) to document any physical signs that might indicate a case of torture.</p> <p>4. Training is provided to all protection officers at the CGRS in relation to the identification and assessment of medical certificates and findings within the framework of the asylum procedure and as part of the overall assessment. However, this is based on internal guidelines which are for restricted purposes only. Overall, attention will be paid to both the form and content of the evidence brought forward, as well as to the general coherence with the account the applicant presented in relation to the claim for international protection, or other available sources of evidence (COI or other available verifiable sources).</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>For the Immigration Office, there is no such thing in place.</p> <p>5. For the Immigration Office, not applicable. For the CGRS see previous question.</p> <p>6. For the CGRS, as mentioned above, any and all pieces of such medical evidence will be taken into account and evaluated as part of the overall refugee status and subsidiary protection status determination process. Nevertheless, the CGRS is currently drafting recommendations in relation to medical certificates and medical findings which might be brought forward by or on behalf of the applicant in the course of the asylum procedure. When finalized, these recommendations will be published on the CGRS website and shared with, inter alia, medical practitioners (doctors, psychologists, psychiatrist) in the field as well as with civil society organisations in order to raise awareness in relation to the possible importance of medical proof within the specific context of the asylum procedure, and in order to streamline and improve the quality of such documentation. Immigration Office: not applicable</p> <p>7. The Immigration Office finds that some victims will go unnoticed when they do not mention this themselves during registration or interview. The context in which the processes take place does not make it easy to identify or detect these kinds of vulnerabilities during the registration phase. The CGRS finds that allegations of torture or other serious forms of psychological, physical or sexual violence are rather widespread, yet not seldom unfounded due to an apparent lack of credibility (account) and/or lack of convincing corroborating material evidence. While training (cf. EUAA module on Interviewing Vulnerable Persons) focuses on handling (credible) situations of torture et al., our</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>determining authority (CGRS) a priori will need some convincing. With a significant number of applicants potentially having been subjected to torture or other serious forms of psychological, physical or sexual violence outside their country of origin (for instance due to precarious circumstances en route to Europe and Belgium) or portraying mental or physical scars due to undetermined or multiple possible causes, the connection with valid international protection motives might be virtually impossible to establish by the determining authority while the applicant might not be in need of international protection at all;</p> <p>While article 18 of the Asylum Procedure Directive 2013/32/EU (and its transposition in article 48/8 of the Belgian Aliens Act) provide that “[w]here the determining authority deems it relevant for the assessment of an application for international protection in accordance with Article 4 of Directive 2011/95/EU, Member States shall, subject to the applicant’s consent, arrange for a medical examination of the applicant concerning signs that might indicate past persecution or serious harm,” the CGRS currently does not arrange yet for a medical examination itself since it does not have designated qualified medical professionals at its disposal at this point in time to do so. Nevertheless, the CGRS will proceed with extreme caution in case of serious psychological or physical signs that might be related to serious forms of violence or torture, and will generally invite the applicant - in close consultation with his legal representative in case there is one - to consult with a medical examiner of his or her choice to provide additional medical evidence, to be able to better verify both the reliability of the statements made by the applicant (on a procedural level) as well as the possible (causal) link with (an) act(s) of persecution/torture (status determination). Additional efforts will be put into other corroborating or refuting sources and materials as well, such as country of origin information (COI), information-sharing with other EU Asylum Agencies on possible previous applications, witness-testimonies by possible relatives... However, having designated qualified medical professionals at the ready to conduct a thorough and reliable medico-legal assessment might be a useful or even much-needed additional instrument to adequately assess the applicant’s ability to effectively participate in proceedings and/or his claim for international protection, particularly when there are really no other resources or possibilities left and the path forward remains unclear due to insufficient information regarding the core elements of the application for international protection;</p>
--	--	--	---


Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>Further good practices and training on the topic of torture, or on the identification, evaluation and assessment in this regard, e.g. in reference to the Istanbul Protocol, could be useful and welcome as well, since protection officers at the CGRS are usually not medically trained and consequently cannot be expected to interpret all medical findings or medico-legal reports correctly.</p> <p>8. In Belgium, the identification of vulnerabilities and special needs is an ongoing process, where additions and adjustments can be made throughout the procedure. This involves different authorities and actors (such as civil society organisations, lawyers, etc.) who - next to the applicant himself - can signal important information to authorities through the procedure + see above.</p> <p>9. The Immigration Office is responsible for the registration of the application to receive temporary protection and to grant temporary protection if the conditions are met. When during the registration there are some indications on specific vulnerabilities (as use of a smuggler, abuse, exploitation, bad treatment, ...) the applicant will be informed on his/her legal rights and, if necessary, referred to the relevant authorities. With regard to potential victims of human trafficking/smuggling, the registration centre can also rely on the expertise of the Vulnerable Persons Unit at the Immigration Office. Next to this, information is also provided in the form of leaflets/brochures/posters from the competent authorities (see example in annex)</p> <p>10. N/A</p>
--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>11. Given the sensitivity of this issue, it is very difficult to identify or detect such cases at the level of registration if the applicant does not mention it. Currently, after registration - if there are any indications - the person can be referred to the partners present in the registration centre, where information in this context can be shared in a more serene atmosphere of confidentiality.</p> <p>12. A good practice would be the presence of a tiered system, where the person concerned receives the necessary basic information during registration, on an individual basis and/or other ways of information provision (see e.g. leaflet in annex) and can then be referred to other authorities or actors with more specific expertise in this regard.</p>
	<b>EMN NCP Bulgaria</b>	<b>Yes</b>	<p>1. The employees of the State Agency for Refugees (SAR) - the competent authority for examining the applications for international protection - participate in internal and external trainings organised both by SAR and by its partners such as the European Union Agency for Asylum (EUAA), UNHCR, NGOs. Officials in accommodation centres and those conducting proceedings under the Law on Asylum and Refugees, receive appropriate training, including the elements listed in Article 6, paragraph 4, letters "a" - "e" from Regulation (EU) No. 439/2010 of the European Parliament and of the Council of 19 May 2010 establishing a European Asylum Support Office. (Art. 6 (3) LAR) The procedure for granting international protection to persons belonging to a vulnerable group is conducted by officers with special training designated by an order to work with persons from vulnerable groups. National trainings are prioritized for the following modules from the EUAA curriculum: "Inclusion",</p>

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>"Evidence Assessment" and "Interviewing Vulnerable Persons", which have been translated into Bulgarian.</p> <p>2. Updated tools are used for effective and personal approach to meet the special needs of vulnerable persons within the framework of admission, conducting the procedure and referral to care and services: a form for identification and assessment of the needs of vulnerable persons; individual support plan form; social consultation form. A Questionnaire for early identification of people seeking protection with traumatic experience is applied to determine the special needs of vulnerable persons and refer them to adequate psychological and medical care. The Standard Operating Procedures for Prevention and Response to Sexual and Gender-Based Violence have been updated. The EASO tool for identifying persons with special needs is used, an individual approach is applied, and social interviews and consultations are conducted.</p> <p>3. During initial registration and during the medical examination, SAR officers identify vulnerabilities by visible signs. The identification of the special needs of persons from vulnerable groups begins at the earliest possible stage during registration and/or primary medical examination at the relevant registration and reception center. The law requires the caseworker to order a medical examination when there are indications that the asylum seeker is mentally ill. When considering an application for international protection, at the discretion of the interviewing authority, an expert opinion may be requested on certain issues related to medical, psychological, cultural, or religious aspects, to children or gender.</p>
--	--	--	---


Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>The interviewing authority may request a medical examination to establish evidentiary statements of past persecution or serious harm. The foreigner's refusal to undergo a medical examination is not an obstacle to take a decision. The medical examination can also be carried out at the initiative of the foreigner and at his expense.</p> <p>4. Pursuant to the Internal Rules for the conduct of proceedings for the granting international protection, the case officer must collect all the necessary information. The interviewer collects the following written evidence: medical documents and/or medical examinations, documents prepared by an expert on social activities related to the special situation of a foreigner seeking international protection, establishing his special needs or his belonging to a vulnerable group.</p> <p>5. Training on medico-legal documentation is a part of the general training. Interviewers receive training on evidence assessment, including the EUAA module.</p> <p>6. When examining the application for international protection, at the discretion of the interviewing authority, an expert opinion on medical matters may be requested. The medical report is considered when assessing the credibility of the applicant's statements.</p> <p>7. The main challenge in identifying and detecting victims of torture and/or ill-treatment in the international protection procedure is the reluctance of applicants to self-disclose and provide information that they have been a victim of torture.</p> <p>8. N/A</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>9. There are no specific procedures/mechanisms to detect or identify beneficiaries of temporary protection as victims of torture and/or ill-treatment but they are informed of their right to medical care.</p> <p>10. N/A</p> <p>11. The main challenge is that the procedure for the registration is very fast, the time is not enough to detect and identify victims of torture and/or ill-treatment.</p> <p>12. N/A</p>
	<b>EMN NCP Croatia</b>	<b>Yes</b>	<p>1. In the context of detecting and identifying potential victims of torture and/or ill-treatment among applicants for international protection specialized training in various aspects of vulnerability are provided by The <i>European Union Agency for Asylum – EUAA</i>. In these training, such as interviewing techniques that take the special needs of vulnerable persons into account, recognition of victims of torture EUAA offers specific training modules such as Reception of Vulnerable Persons, Thematic Meeting on victims of torture in the asylum process etc.</p> <p>2. The <i>European Union Agency for Asylum – EUAA</i> provides written guidance in order to assist identification and detection of victims of torture and/or ill-treatment during the international protection procedure, including:</p> <ul style="list-style-type: none"> <li>• Victims of Torture</li> </ul>



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>Identification, support and examination of claims Mapping report, The EUAA</p> <ul style="list-style-type: none"><li>• The EUAA vulnerability toolkit, The SNVA tool</li><li>• The EUAA Tool for Identification of Persons with Special Needs, IPSN tool</li></ul> <p>3. In last few years asylum authorities did not have a case of identified victim of torture among applicants for international protection who, according to expert opinion, needed to be referred to a medico-legal assessment. Asylum authorities would request medico-legal assessment only if it is considered necessary for the examination of the applicant's claim. Possible or main reasons for referring an applicant to a medico-legal assessment would be physical and psychological signs of torture and a statement from the applicant, followed by sensory signs of torture.</p> <p>4. There is no written guidance, the conduct of asylum authorities regarding taking into account medico-legal documentation as part of the evidence is based on the provisions of the Act on International and Temporary Protection (onwards: AITP) and other relevant laws and bylaws as well as on the good practice. The AITP does not explicitly establish the possibility to submit a medical report in the procedure, so in this case the provisions of the Act on General Administrative Procedure are applied. That means that in the procedure, the caseworker determines the factual situation using any means suitable as evidence and can for this purpose, among other possibilities, make use of findings and opinions of experts. However, expert witnesses are not mandatory according to the law.</p> <p>5. Mainly courses/webinars organized by EUAA.</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>6. As previously mentioned competent asylum authorities strictly apply the provisions of the Act on International an Temporary Protection as well as provisions of other relevant laws and bylaws that regulate the scope of medical and/or psychological assessment especially ones regarding victims of torture and other vulnerable groups (persons divested of legal capacity, minors, unaccompanied minors, elderly and infirm persons, seriously ill persons, persons with disabilities, pregnant women, single parents with minor children, persons with mental disorders and victims of trafficking in human beings, rape or other psychological, physical and sexual violence, such as victims of female genital mutilation). Regarding previously mentioned asylum authorities are well coordinated with other relevant stakeholders (Croatian Red Cross, Ministry of Health) in other to secure that all rights are fulfilled.</p> <p>7. Main challenges in identifying and detecting victims of torture and/or ill-treatment in international protection procedures are lack of self-identification - recognizing themselves as victims and lack of will to self-disclosure. Applicants might suffer from post-traumatic stress disorder (PTSD) which can affect their memory and capacity to talk about the trauma, avoid thinking of violent past events as part of their coping strategy especially when sexual violence is involved (feelings of shame and guilt). Also applicants' possible mistrust in the authorities, as the torture in the country of origin might have come from authorities or simply by lack of understanding that any information shared with officials is treated with confidentiality.</p> <p>Croatian asylum authority considers it as a challenge because of lack to provide support - quick access to psychological and psychiatric care for victims of torture and/or ill-treatment since it relay on self-disclosure, and potential mental health issues of those asylum seekers. Also there are risk of re-traumatizing victims of torture when asking them to recall past experiences in case applicant is identified as a victim of torture.</p>
--	--	--	--


Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>8.</p> <p>Identification of victims of torture and/or ill-treatment in international protection procedures in Republic of Croatia can take place at any stage of the asylum process through first medical screening, initial vulnerability screening (Croatian Red Cross), during the course of work and daily tasks of staff working in reception center; reception officers, social workers, health care providers, protection officers. Victims of torture and/or ill-treatment in international are also often identified by caseworker during the personal interview/s.</p> <p>We found this particular practice good because it makes identification and detection an ongoing process, meaning that victims of torture can be detected and their needs may be addressed at any time during international protection procedures, which is extremely important since traumatized persons may suffer from specific defense mechanisms.</p> <p>After identification applicant for international protection with traumatic experiences social worker at reception center is referring them to adequate health care practitioners; psychologists, psychiatrists, MD-s, specialists in gynaecology, traumatology.</p> <p>We found this practice beneficial because it provides specific needs of victims to be met in the short notice. Regular cooperation with medical and mental health professionals and other services helps establish channels for the prompt referral of applicants. Any information shared with officials is treated with confidentiality.</p> <p>9. For beneficiaries of temporary protection access to medical care is insured. In April 2022, Croatian Parliament passed the Law on Amendments to the Law on Compulsory Health Insurance and Health Care of Foreigners in the Republic of Croatia (Official Gazette, 46/22), according to which foreigners under temporary protection exercise the right to health care to the same extent as an insured person from the compulsory health insurance.</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>By presenting the Identity Card of a foreigner under temporary protection, a beneficiaries of temporary protection can exercise the right to treatment of acute conditions and chronic diseases at doctors of family medicine, pediatrics, gynecology and emergency dental services, the right to vaccination, testing and treatment against the disease COVID-19, as well as the right for vaccination against other infectious diseases.</p> <p>Children under temporary protection are equal in rights with Croatian children and have access to full health care.</p> <p>10. n/a</p> <p>11. n/a</p> <p>12. On the web page for beneficiaries of temporary protection “Croatia for Ukraine”, all persons can find instructions, including information about health care. On that web page, there are specific instructions and contacts for people that need psychological help, if they feel anxious, anxious, insomnia or they have other psychological difficulties.</p>
	<b>EMN NCP Cyprus</b>	<b>Yes</b>	<p>1.</p> <ol style="list-style-type: none"> <li>1. EASO Module: Reception of Vulnerable persons (Block A) (March 2022)</li> <li>2. EASO Module: Reception of vulnerable persons: needs assessment and design of interventions (Block B) (November 2020)</li> <li>3. EASO Thematic Session on Vulnerability (22/10/2021 &amp; 3/11/2021)</li> <li>4. EASO Module: Interviewing Vulnerable Persons</li> <li>5. EUAA Thematic Meeting on victims of torture (June 2022)</li> </ol>

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>There are several protective measures in place, especially in concern with Pournara First Reception Center: there are special trainings on these issues for all front line employees, and especially case workers; there is in use a vulnerability assessment for all applicants (first screening tool) that enables the prioritization of cases of this kind, and refers them immediately to the Social Welfare Services.</p> <p>2. SOPs on vulnerability assessment for experts dealing with vulnerability assessments.</p> <p>3. Potential victims of torture and/or ill-treatment are identified by Asylum Services in the events that asylum seekers refer to conditions that potentially led to torture and/or ill-treatment, or they have psychological and/or psychiatric issues. For example, asylum seekers who refer to: imprisonment, torture and/or ill-treatment while imprisoned, they provide indicators of PTSD.</p> <p>4. Cyprus authorities do not have guidelines, handbooks or manuals that are drafted by Asylum Service. However, they follow the Istanbul Protocol.</p> <p>5. EUAA Module on Evidence Assessment</p> <p>6. By establishing a specific procedure to be followed. The Doctors of the Medical Board should be trained on one of the most effective tools for ending impunity related to torture, the Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Commonly known as the Istanbul Protocol, this UN document outlines international legal</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>standards and sets out specific guidelines on how to conduct effective legal and medical investigations into allegations of torture and ill-treatment.</p> <p>The referral to the Medical Board should be completed with the consent of the applicant. After that the Asylum Service will refer the applicant in writing to the Medical Board and define the need for physical and/or psychological evaluation. If there is a need for a translator the Medical Board Coordinator has to early inform the person in charge at the Asylum Service to arrange it.</p> <p>The applicants will then be called for an appointment with the general doctor and if there is a need for a psychologist so as to have a holistic result about the evaluation and the findings of the Medical Board they will arrange it too and sent the report with the results to us. The whole procedure usually takes some time ( average 6-8 months). The procedure used to be under the administration of the Ministry of Health but a year ago the procedure and the responsibility went under the administration of the State Health Services Organization (OKYPIY) that had to start all over again and we are still trying to set the actuals procedures with a meeting with the coordinator and the people involved is going to be planned so as for the procedures to be discussed and reviewed.</p> <p>7.</p> <p>As far as using the results of such assessment in the examination of the asylum application, there are some obstacles, because when having the report from the Medical Board most of the times the result is not clear. But the evaluation will help in general alongside with all the other factors that the case worker has to examine.</p> <p>Furthermore, when drafting a decision the results of the Medical Board might play an important role to it. It might change the whole course of a decision and it is wise to wait for the results. Sometimes though if the person has other serious reasons that might lead to getting a status then the case worker might continue with the decision without waiting for the Medical Board results, especially if the decision is leading towards a Refugee Status.</p> <p>8.</p>
--	--	--	--


Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<ul style="list-style-type: none"> <li>• Applicants at the First Reception Centre “Pournara” undergo vulnerability assessment. Potential victims of torture may be identified during the vulnerability assessment interview. The vulnerability assessment form is signed by the competent officer and the applicant and is part of the applicant’s file – that is, the case worker responsible for the examination of the asylum claim has access to that information. The vulnerability assessor in Pournara will proceed with referrals of the applicant according to the psychiatric/psychological and/or medical needs of the applicant/ potential victim of torture.</li> <li>• Potential victims of torture are always referred to the Social Welfare Service, as according to article 9KΣT of the Refugee Law 2000 is responsible to safeguard their access to appropriate healthcare and psychological therapy and care.</li> <li>• Follow – ups regarding the psychiatric/psychological assessment and needs of the applicant happen at a later stage, by the caseworker who is going to proceed with the assessment and examination of the asylum application.</li> <li>• Standard Operation Procedures regarding the vulnerability identification, assessment and referral have been approved and put in place since July 2023.</li> </ul> <p>9. No</p> <p>10. No</p> <p>11. No procedures are established</p> <p>12. N/A</p>
--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

	<p><b>EMN NCP Czech Republic</b></p>	<p><b>Yes</b></p>	<ol style="list-style-type: none"> <li>1. There is no self-standing training module (course, workshops) dedicated to cases of torture and/or ill-treatment. The detection and identification of potential victims of torture and/or ill-treatment among applicants for international protection constitutes an integral part of the general training undergone by all case officers. Such training is both initial and continuous and consists primarily in consultations with senior employees.</li> <li>2. There is no written guidance. Case officers rely on national law on asylum and migration and on EU or international laws, as relevant.</li> <li>3. Medical-legal assessment is not strictly required by asylum authorities to examine the application for international protection, incl. claims concerning torture/ill-treatment. At the beginning of the procedure, all applicants are informed that they can undertake a medical examination aimed at detecting signs of persecution or serious harm (if they wish to do so). As all applicants must undergo a basic medical screening after their arrival to the reception centre, they may simply consent to share the results of the screening with the asylum authority, including possible signs of torture and/or ill-treatment – should any have been found. The results of any medical examination – if/as submitted by the applicant – are taken into consideration during the assessment of the application.</li> <li>4. There is no such guidance, as the medico-legal documentation is not necessarily required by the asylum authorities during the procedure. When the applicant submits the documentation, it is taken into account and assessed in compliance with the law.</li> <li>5. There is no training focused specifically on taking into account medico-legal documentation in international protection procedures. However, this is part of the general training for all case officers.</li> <li>6. Please see question no.3.</li> </ol>
---	--	-------------------	---



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>7. The main challenge in identifying and detecting victims of torture and/or ill-treatment in international protection procedures, as observed by the Ministry of the Interior, is to successfully identify the victims while avoiding the misuse of the system by the applicants. This may be done by asking explicit and leading questions which may guide the applicant to provide false statements about torture and/or ill-treatment in order to increase their chances of being granted the asylum status. However, this only happens if there is a reasonable suspicion of an attempt to abuse the system.</p> <p>8. Generally, the Czech Republic does not have any specific example of a good practice in identification of victims of torture. The Ministry of the Interior, during the interview, rather asks the applicants indirect questions to make them sincerely state and explain whether they were a victim of ill-treatment and to genuinely describe their reasons.</p> <p>9. Q. 9/10 The registration of temporary protection applicants takes place at the Regional centres for the assistance to Ukraine. At these centres, government-supported NGOs provide vulnerability screening and referrals to further services. Once registered, TP holders are entitled to full healthcare coverage – incl. psychological and/or other care related to a history of torture/ill-treatment. Further, temporary protection beneficiaries have the possibility to visit the Centres to Support the Integration of Foreigners (hereinafter referred to as CPIC), offering assistance to foreign nationals who found themselves in a difficult situation that they are not able to solve on their own, incl. issues related to torture/ill-treatment. To detect and identify victims of torture and/or ill-treatment, methods of social work within expert social counselling are employed. The person providing information about torture/ill-treatment is the client concerned or a third person. Social workers who are in charge of the social counselling are trained in various related areas (incl. the identification of the victims of domestic violence, laws related to criminal acts, trafficking in human beings, etc.). Moreover, clients are actively offered services of legal and psycho-social counselling. Through various workshops and socio-cultural courses, the CPIC aim at motivating clients to report the</p>
--	--	--	--


Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>offenses and to address them proactively. At the same time, they are being familiarised with their rights and possibilities on how to proceed in such situation.</p> <p>Finally, the Department for Centres for Integration of the Refugee Asylum Authority (RFA), who is in charge of the CPIC, notifies responsible authorities and ministries about situation and trends in communities, incl. about the accessibility or inaccessibility for foreigners to health care or other services. CPIC also contribute to the building of public awareness and education towards clients through social networks and sharing information from partners – experts in the area of domestic violence, exploitation or other ill-treatment. Through this network of partners, the CPIC may be supported in individual case management.</p> <p>We would also point out that the Ukrainian authorities are currently working on establishing a dedicated centre for victims of torture and ill-treatment (eg. domestic violence). This activity is fully independent from the above activities but is coordinated with the Czech government.</p> <p>10. see above</p> <p>11. The main challenge identified by the RFA, Department for Centres for Integration, is the education of the target group about existing rules and social and legal norms in the Czech Republic in such a way that it is understood and accepted what the society considers acceptable, and whether and how to proceed in case of the violation of a norm. Therefore, the identification of the victim as such is challenging since a significant number of people consider ill-treatment as a norm.</p> <p>12. Identification of victims is facilitated by the individual and empathetic approach of the social worker during the counselling interview. This approach shall also be employed by the interpreter. Likewise, diffusing the information via all channels available is considered essential (namely social networks). A concentrated cooperation with intercultural workers, who are able to transfer the information into the community and from whom it is accepted in a more effective way, is recommended. These are good practices identified by the RFA.</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

	<p><b>EMN NCP Estonia</b></p>	<p><b>Yes</b></p>	<p>1. In Estonia, applications for international protection are received by border guards. This means that approximately 220 individuals (border guards) have this role and responsibility. In addition to border guards, there are case officers for international protection applications who process the applications, engage with individuals in-depth (contact them, conduct interviews), and formalize the decisions. The approach to capacity development is versatile. Firstly, case officers participate in training provided by the EUAA. These are trainer-to-trainer training programs, but due to Estonia's limited training needs, it is not possible to establish a separate training program in Estonia. Therefore, as a small country, Estonia has an agreement with the EUAA to send one person every year to these training sessions. Several modules of the training are related to the identification of torture and ill-treatment, and it is also addressed as a separate topic. The training lasts for 2-3 weeks and is conducted online. Secondly, there is a domestic training program for border officers and case officers that covers the identification of victims of torture and ill-treatment, although not as comprehensively as the EUAA training. This program is delivered through a Moodle-based training module. Thirdly, there are additional training sessions in collaboration with UNHCR for both border guards and case officers. Until now, there have been 1-2 training sessions per year, but there are plans for more training sessions in the future, as a cooperation agreement with UNHCR was signed in 2023. Finally, the Ministry of Social Affairs has also developed a specific program through which training will be procured in 2023 and 2024.</p> <p>2. The domestic training program for border officers and case officers, which covers the identification of victims of torture and ill-treatment, is delivered through a Moodle-based training module that includes written materials.</p>

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>3. There are no criteria in place to request a medico-legal assessment. When border guards or case officers receive an indication that a person is a victim of torture or ill-treatment, further proceedings, including requesting a medico-legal assessment, are coordinated on a case-by-case basis in collaboration with experts from the Social Insurance Board.</p> <p>4. There are no specific guidelines for considering the medico-legal documentation as part of the evidence.</p> <p>5. This is covered in the EUAA training received by the case officers.</p> <p>6. Case officers cannot influence a medico-legal assessment. However, when ordering the report, additional questions of interest can be included. For example, questions regarding the format of information gathering, such as whether conducting a personal interview is feasible without retraumatizing the individual, can be added.</p> <p>7. Due to the limited number of cases and their variability, and because a case-by-case approach is applied, it is difficult to pinpoint the main challenges. One challenging case for Estonian Police and Border Guard Board case officers involved a situation where suspected ill-treatment by a guardian was reported for a minor. Consequently, it was challenging to investigate and question the suspected victim, as minors cannot be interviewed without the presence of their guardian.</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>8. In the case of a small country like Estonia, it is possible to implement a case-by-case approach. The Police and Border Guard Board considers this an important advantage because each case is unique, and following common, generalized guidelines could potentially harm vulnerable groups.</p> <p>9. All refugees from Ukraine undergo an initial health check in reception centres. The purpose of this health check is to identify individuals who require immediate medical assistance and/or hospitalization. Additionally, Estonia has organized a comprehensive health check for all refugees arriving from Ukraine to Estonia, including beneficiaries of temporary protection and those staying without a visa, in all regions across Estonia. The goal of the general health check is to gain an overview of the refugee's health status, ensuring quality and solidarity in healthcare, just as for all Estonian residents. The general health check comprises a discussion, medical examination, infection control, and various tests. If necessary, the doctor will refer the individual to a specialist for ongoing or chronic disease treatment. Subsequently, health advice can be obtained from a family doctor or the family doctor's advisory hotline. Furthermore, psychosocial crisis counselling is available at the border, reception centres (if relevant staff is available), the Social Insurance Board, and accommodation centres. A crisis hotline is also accessible in Estonian, Russian, and Ukrainian languages, and counselling sessions can be arranged online.</p> <p>10. The Estonian government is investigating war crimes committed in Ukraine and has thus called on Ukrainian refugees in the country to provide information about crimes against humanity and war crimes, whether they are witnesses or victims. Incidents of war crimes should be reported either to the nearest police station or by contacting the Estonian Internal Security Service.</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>11. Ideally, the identification of victims of torture and/or ill-treatment should occur before the application for temporary protection. An initial health check is conducted for Ukrainian refugees in reception centres. Since its purpose is to identify individuals who require immediate medical assistance and/or hospitalization, victims of torture and/or ill-treatment who do not have an urgent need for medical care may not be identified. Refugees are referred from the reception centre to a general health check, which is more comprehensive and could also identify victims of torture and/or ill-treatment. However, not all Ukrainian refugees undergo it. The procedure for applying for temporary protection at the Police and Border Guard Board is simpler and faster than applying for international protection. A Police and Border Guard Board official conducts a brief interview with the applicant, during which it may also not become clear that the individual is a victim of torture and/or ill-treatment.</p> <p>12. Ukrainian refugees undergo an initial health check in reception centres and are then directed to a more comprehensive general health check. This two-step approach enables better identification of victims of torture and/or ill-treatment who do not require immediate hospitalization or medical care. Additionally, free psychological crisis assistance is provided, and crisis helplines are available for both children and adults, along with an online counselling service.</p>
+	EMN NCP Finland	Yes	<p>1. <b>Reception sector</b> Of different authorities, the reception sector is in closest contact with applicants for international protection on daily basis. At reception services applicants meet both nurses and social workers. Therefore, applicants who are victims of torture and/or ill-treatment are most often detected and identified by the reception sector. Applicants for international protection can live either in a reception</p>

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>centre or in private accommodation. Applicants who live in private accommodation get their social and healthcare services from a local reception centre in the area. In addition, there are service centres organised by the reception sector for those who live in private accommodation. Therefore, training of personnel of the reception centres and service centres is key to the identification of potential victims of torture and/or ill-treatment among applicants for international protection.</p> <p>In Finland, asylum seekers are entitled to a voluntary health examination within two weeks from their arrival. This initial health examination is carried out by a nurse. The objectives of the health examination are not only to screen for illnesses, but also to recognize vulnerable groups in need of special care (e.g. pregnant women, victims of torture and human trafficking, victims of sexual violence). Minors, vulnerable persons and those who are in need of a more thorough examination or prescription medication are entitled to a doctor's appointment after the initial health examination. If indications of trafficking in human beings are detected in the initial health examination, the potential victim is directed to the National Assistance System for Victims of Human Trafficking. The Assistance System will then offer their services for the potential victim.</p> <p>Personnel of the reception centres (nurses, social workers etc.) are offered training on a regular basis. The reception sector is in close cooperation with the EUAA and participates in different EUAA working groups and uses EUAA materials and trainings. EUAA has organised study visits at Finland's reception sector.</p> <p>Previously, a two-day training seminar was organised for personnel of the reception sector twice yearly. These training seminars dealt with timely issues with mental health being a frequent theme. During the COVID-19 pandemic training seminars could not be held in person. Since then the number of personnel of the reception sector has multiplied, and it is no longer feasible to organise in-person trainings for the complete reception sector in Finland. Therefore, trainings are organised mainly online today. Reception sector workers have access to an intranet where different trainings are advertised. Anyone working in the reception sector can participate in the trainings. Trainings are usually organised around a certain theme. Regular themes of the trainings include Istanbul Protocol, mental health, FGM</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>etc. Sometimes the trainer is from the Reception Unit of the Finnish Immigration Service, sometimes trainings are organised by other stakeholders such as the Finnish League for Human Rights. For example, a training on the Istanbul Protocol has been organised for personnel of the reception sector. In addition, currently there is an ongoing AMIF-funded project on the Istanbul Protocol. The project is led by the Psycho-neurological Centre of the Deaconess Foundation with e.g. the Reception Unit of the Finnish Immigration Service participating in the project. The project entails training personnel who are in contact with asylum seekers and refugees to detect and identify victims of torture and to ensure that the injuries of the victim are adequately documented and the victim is directed to appropriate help and support services. In addition, a new translation of the Istanbul Protocol into Finnish will be made in the project.</p> <p>There are also other projects ongoing e.g. regarding mental health, led by different institutions and in which the Reception Unit of the Finnish Immigration Service participates.</p> <p><b>Asylum unit</b> All case officers of the Asylum Unit of the Finnish Immigration Service complete the EUAA training module on Interviewing Vulnerable Persons. In addition, EUAA launched a new foundation module 'Introduction to Vulnerability' which is part of the initial training of all new case officers.</p> <p>2. <b>Reception sector</b> Reception sector workers have access to an intranet where there are a host of materials available. There are a lot of materials to assist personnel in the detection and identification of victims of torture and/or ill-treatment. A particularly important reference book is the Handbook for initial health assessment for asylum seekers in Finland. The health examination protocol as well as this handbook was developed in a national development project TERTTU (2017-2019). The project received funding from AMIF. One of</p>
--	--	--



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>the objectives of the health examination is to recognize vulnerable groups in need of special care such as victims of torture and/or ill-treatment.</p> <p><b>Asylum unit</b></p> <p>Asylum case officers are encouraged to familiarise themselves with the EUAA ISPN (Identification of Persons with Special Needs) tool which is publicly available on the EUAA website.</p> <p>The internal guidance offered to the asylum case officers available on the intranet of the Asylum Unit of the Finnish Immigration Service is strongly based on the above-mentioned EUAA training modules, UNHCR guidelines and EU jurisprudence.</p> <p>3.</p> <p><b>Reception sector</b></p> <p>As explained above, applicants for international protection are entitled to healthcare and social services arranged by the reception sector. Nurses record all appointments to the patient information system where this information can be retrieved if it is needed later on. If signs of torture or other vulnerabilities are detected, the nurse books a doctor's appointment in order to obtain a medical report which can help in examining the asylum claim of the applicant. With the consent of the applicant, the medical report can be forwarded to the Asylum Unit of the Finnish Immigration Service. Sometimes the legal assistant of the applicant requests a doctor's certificate and sometimes the Asylum Unit of the Finnish Immigration Service requests it (see 'Asylum case officers' below). Nurses of the reception sector have written guidance on how to proceed with obtaining a medical report. Key to forwarding information from the reception sector to the Asylum Unit is that it only happens with the consent of the applicant.</p> <p>The applicant is also entitled to receive his/her own medical report upon request.</p> <p>The practices are based on legislation (Act on the Reception of Persons applying for International Protection and Finnish legislation on healthcare and social services).</p> <p><b>Asylum unit</b></p>
--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>According to Section 92 b of the Aliens Act, a medical examination is arranged for the applicant, with his/her consent, to examine factors related to earlier persecution or serious harm if this is necessary for evaluating an application concerning international protection. According to internal guidelines, this used to be interpreted as meaning signs of torture or other violence.</p> <p>Since the concepts of vulnerability and special needs were introduced, a medico-legal certificate can also be asked for in situations, where there is reason to believe that the applicant concerned may have special procedural needs e.g. due to mental problems, regardless of the reason behind them. Sometimes torture/ill-treatment is discovered through that assessment if the applicant has not mentioned it before. If the applicant has reported torture, and his/her story is plausible, there may not be need for a medico-legal assessment at all.</p> <p>4. There is no special guidance concerning the use of medico-legal documentation at the Asylum unit of the Finnish Immigration Service. It is considered as part of the evidence in the assessment of the case, according to the EUAA Evidence Assessment module. Potential mental health problems and other issues that may potentially have an impact are taken into account when considering the credibility of the applicant's account. In every case there is an individual assessment of the case and a lot depends on the reasoning and outcome of the documentation.</p> <p>5. There is no special training on this at the Asylum unit of the Finnish Immigration Service.</p> <p>6. Unfortunately, Finnish doctors do not use the Istanbul Protocol. The Finnish Medical Association has published guidance on how to write a medical report. There should be a clear heading, why is it given and who asked for it. The document cannot be solely based on what the applicant tells, but there needs to be information of any former medical treatment of the patient. The conclusions should be based on what the doctor himself/herself has observed and whether there is a clear causation between the claimed events and the observations.</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>If the document doesn't fulfil that criteria, asylum case officers either ask the professional to rephrase it or ask for a second opinion. The quality of the documents varies.</p> <p>7.</p> <p><b>Reception sector</b></p> <p>Reception sector reported that even if they have a good protocol on how to approach difficult topics and ask questions from the applicants, sometimes the experience of torture is too difficult for the applicant to be able to talk about it. Some applicants have been in the reception sector for years and met nurses, social workers and doctors on multiple occasions, but the torture they have experienced has never come up in these appointments. This kind of defence is a well-known medical situation. Personnel at the reception sector try to motivate applicants to tell about their experiences, because it could help them with their asylum claim. The atmosphere of trust is important. It is also beneficial that both healthcare specialists and social workers are available for applicants in the reception sector. If help offered by nurses and/or social workers is not sufficient, vulnerable persons can also meet with a crisis counsellor or family counsellor.</p> <p><b>Asylum unit</b></p> <p>Asylum case officers only meet the applicant personally at the asylum interview. If the applicant says nothing and there are no clear signs of a traumatic experience, it may be missed completely. The Asylum Unit of the Finnish Immigration Service reported to rely strongly on the specialists at the reception services where applicants are in closer contact with the personnel on daily basis. As explained above, applicants are entitled to a medical screening shortly after their arrival in the reception centre. The Asylum Unit also reported that sometimes the lawyer of the applicant notices something and asks for a medical certificate.</p> <p>The Asylum Unit of the Finnish Immigration Service reported that if they do not have information of a traumatic experience and the consequences of it the true story of that applicant may be lost completely. It may come out later at the process. If the applicant protects himself/herself from the</p>
--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>painful memory, there is no way the asylum authorities can find it out, unless the applicant begins to have some sort of reaction, e.g. develop PTSD at the safety of the foreign country or as a result of the uncertainty at the process.</p> <p>8. A national system of healthcare and social care for applicants for international protection. It is considered a good practice, because it has a legal base (Act on the Reception of Persons applying for International Protection), and it applies to all applicants for international protection as well as beneficiaries of temporary protection. A national protocol which includes an initial health examination for all asylum seekers. <a href="https://globalcompactrefugees.org/good-practices/national-health-examina...">https://globalcompactrefugees.org/good-practices/national-health-examina...</a> It is considered a good practice, because it applies to all and standardises the process. Training offered for personnel of the reception services. It is considered a good practice because these people are in closest contact with applicants of international protection and therefore most likely to detect vulnerabilities. The National Assistance System for Victims of Trafficking in Human Beings. It is considered a good practice, because it is a real and functioning assistance system which has a legal base and funding. A responsible doctor who works at the National Institute of Health but whose wages are paid by the Finnish Immigration Service. The Finnish Immigration Service can consult this doctor if they have questions related to health and wellbeing which arise in the immigration processes. This arrangement has been in place since 2015. Since then it has been considered a useful practice because this way the Finnish Immigration Service can consult a doctor whenever need be, without long wait times. Good cooperation between the reception sector and the Asylum Unit of the Finnish Immigration Service. Source: Senior adviser Päivi Hieta, Finnish Immigration Service, Reception Unit, interview 14 August 2023.</p>
--	--	---


Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>9. An initial health examination for all asylum seekers, please see questions above.</p> <p>10. No, there are no special practices to this end. However, beneficiaries of temporary protection are accommodated by the reception sector and are entitled to the services and support there. It is possible to let the reception sector personnel know of their experience as victims of torture and/or ill-treatment, e.g. in the initial health examination or later contact with the personnel, and receive necessary support.</p> <p>11. For their first year in the country, beneficiaries of temporary protection have the right to the same kind of accommodation as asylum seekers. Accommodation and services are arranged by the reception sector. Everything that is explained above regarding applicants for international protection and their services organised by the reception sector also applies to beneficiaries of temporary protection. Regarding detection and identification, please see Q1-2. Regarding challenges, please see answer to Q7. (NB The parts that concern the reception sector – beneficiaries of temporary protection do not attend an asylum interview and therefore asylum case officers do not come into personal contact with beneficiaries of temporary protection and do not identify vulnerabilities among them.) After one year in Finland, beneficiaries of temporary protection can apply for a municipality of residence. Upon receiving a municipality of residence, beneficiaries of temporary protection move from the reception system to municipalities and become regular residents there. After that municipalities and wellbeing services counties are responsible for organising the healthcare and social services to beneficiaries of temporary protection.</p> <p>12. Same as above in Q11. Please see answer Q8 for the good practices.</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

	<b>EMN NCP France</b>	<b>Yes</b>	<p>1. The French Office for the Protection of Refugees and Stateless Persons (OFPRA), attached to the Ministry of the Interior and Overseas (MIOM), is responsible for examining applications for international protection and statelessness. It plays a major role in identifying the vulnerabilities of asylum seekers throughout the asylum procedure.</p> <p>Targeted training designed to develop the skills of OFPRA's protection officers dealing with vulnerable persons is provided as part of initial and continuous training via the Office's training plan and ad hoc training initiatives decided on the basis of emerging needs. All protection officers receive training in "dealing with stories of suffering". They can also follow training delivered by the European Asylum Agency (EAAA), in particular the "interviewing vulnerable persons" module.</p> <p>In 2013, in anticipation of the transposition of the Procedures Directive (this directive was transposed into the Code de l'entrée et du séjour des étrangers et du droit d'asile (Ceseda) by the Law of 29 July 2015 on the reform of the right of asylum, which confers on Ofpra an obligation to identify "vulnerable" applicants within the meaning of the Procedures Directive, so as to implement the specific procedural guarantees called for by their vulnerabilities), the OFPRA created five thematic groups dedicated to the main vulnerabilities, one of which is dedicated to torture and trauma (OFPRA's procedures guidelines, 2023, p.29 <a href="https://www.ofpra.gouv.fr/libraries/pdf.js/web/viewer.html?file=/sites/default/files/202306/Guide%20des%20proc%C3%A9dures%20de%20l%27Ofpra%202023.pdf">https://www.ofpra.gouv.fr/libraries/pdf.js/web/viewer.html?file=/sites/default/files/202306/Guide%20des%20proc%C3%A9dures%20de%20l%27Ofpra%202023.pdf</a>).</p> <p>The latter is composed of around 20 protection officers and trains OFPRA staff and interpreters on the subject (around 400 staff trained - March 2023). Through this training, key terms (torture, psycho-trauma) are defined and the staff's awareness is raised about post traumatic effect of torture likely to manifest themselves during interviews, including post-traumatic stress disorder. It also introduces the staff to appropriate interview techniques (e.g. to deal with the loss of coherence in their narratives due to the traumas/tortures experienced) The group is also in contact with the outside world and takes part in conferences. For example, a round table on the theme of taking into account trauma among asylum seekers was organised by the OFPRA in 2018 and the recording is available on <a href="#">YouTube</a>.</p>
---	-------------------------------	------------	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>The OFPRA works in collaboration with NGOs and mental health care professionals (doctors, psychotherapists) to improve early detection of victims and provide support during the procedure. The OFPRA's Information, Documentation and Research Division (DIDR) regularly produces country fact sheets listing events in each country that could potentially trigger situations of torture or violence. These sheets help protection officers to examine asylum applications. The OFPRA's "torture and trauma" group regularly organises meetings with associations and health professionals who work with asylum seekers.</p> <p>As part of the national strategy for the reception and integration of refugees (2018-2021), the "vulnerability" action plan published by the MIOM in 2021 proposes "10 actions to strengthen care for the vulnerabilities of asylum seekers and beneficiaries of international protection". One of the objectives of this action plan is to strengthen identification and early detection of asylum seekers presenting vulnerabilities, in particular "people who have been tortured", in application of article L. 744-6 of the Code on Entry and Residence of Foreign Nationals and Right of Asylum (CESEDA).</p> <p>Firstly, this plan foresees, under the guidance of the General Directorate for Foreign Nationals in France (DGEF) within the ministry of the Interior and the OFPRA, the development of training courses to detect vulnerability dedicated to institutional and associative players in the asylum field. This training should initially be used to disseminate the OFPRA's knowledge and expertise to the benefit of the French Office for Immigration and Integration (OFII)'s vulnerability referents and the agents of Initial Reception Centres for Asylum Seekers (SPADA) who are the first stakeholders able to identify vulnerabilities in the asylum process. In addition, annual meeting sessions for SPADA operators are organised by the Directorate of Asylum of the DGEF and the OFII in order to encourage information sharing on the early identification of vulnerabilities.</p> <p>Secondly, it plans to organise two- to three-day training sessions at the regional level for social workers in accommodation facilities to enable staff, via getting started with tools for identifying and assessing situations of vulnerability, technics to encourage people to testify, to adapt care provide guidance people when necessary.</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>Since 2021, the UNHCR France and the OFII have been organising and delivering joint training courses on the detection of vulnerabilities, and in particular on human trafficking, in the context of the asylum procedure dedicated to the OFII asylum auditors and territorial directors. In 2023, the training was opened up to social workers from asylum seeker initial reception centres (SPADA).</p> <p>2. The OFPRA updates annually its procedures guidelines (published online, last updated in December 2022), providing useful information on all the Office's procedures. As an EUAA national contact point, the OFPRA has taken part in the development of practical tools at the European level, in particular on the establishment of a report on the early identification of victims of torture (VoT), to which protection officers have access when examining applications. The OFPRA has also drafted guidelines for examining asylum applications from VoT, for the use of protection officers only.</p> <p>3. VoT can be detected at all times of the asylum application process: - As part of the information transmitted by the one-stop shop when the application is submitted to the OFPRA: the detected vulnerabilities are brought to the attention of the OFPRA if they are related to the reasons for the application for protection, subject to the prior agreement of the applicant. In France, in addition to the vulnerability interview conducted by the OFII at a one-stop shop, asylum seekers may undergo a free medical assessment by an OFII doctor. This "health appointment" is free and not compulsory. This visit, offered to all volunteering asylum seekers, helps to improve early identification of VoT and their referral to appropriate care. Applicants in vulnerable situations are given a (confidential) envelope in which to submit medical documents for the attention of the OFII doctor. However, the OFII doctor does not meet the asylum seeker, but is consulted for examining medical certificates, which the OFPRA uses in particular "when the asylum seeker's mental health seriously affects his ability to express his fears". The OFII is then</p>
--	--	--	--



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>responsible for adapting accommodation to the needs of the applicant. Specialised accommodation places for victims of THB/violence have been created as part of the vulnerability plan, particularly in relation to the mental health of asylum seekers.</p> <ul style="list-style-type: none"><li>- if the vulnerability has been identified beforehand, in particular by the associations or medical professionals responsible for supporting the applicant, the asylum application interview can take place in the presence of a mental health professional who can then communicate (through an open exchange) with the protection officer and provide information on the applicant. The aim is to improve the OFPRA's expertise, to promote mutual understanding of what could be improved and developed, and to provide a framework for reporting on individual cases, for example cases of applicants suffering from severe post-traumatic stress disorder (PTSD).</li><li>- the OFPRA may request a medical-legal assessment, for example, if the interview reveals that the applicant's ability to speak has been seriously and decisively affected by mental health problems, so that an analysis of the applicant's statements requires a medical assessment (article L 531-11 of the CESEDA). The applicant must then provide this certificate within a two months period. Medical certificates are taken into account by the OFPRA alongside with the other elements of his/her application. Refusal by the asylum seeker to undergo this medical examination does not prevent the OFPRA from processing on the application. When international protection is requested by a minor claiming a risk of sexual mutilation likely to impair his/her reproductive functions, the medical certificate, is sent to the OFPRA. A copy of the certificate is given in person to the parents or legal representative (article L 531-11 of the CESEDA).</li></ul> <p>4. The OFPRA established guidelines for examining VoT asylum applications, a tool for internal use only, intended for protection officers. Other internal documents on the consideration of medical certificates are distributed to protection officers. Also see question 2.</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>5. The OFPRA's "Torture and Trauma" reference group provides support in examining the cases of asylum seekers who may be victims of torture: they issue advisory opinions on individual cases, assist protection officers in interviews, and, under the aegis of the OFPRA's Harmonisation Committee, draw up internal guidelines on procedures and interview techniques relating to their topic, in conjunction with the information available on countries of origin. They organise training sessions and ensure dialogue with all relevant stakeholders (medical community, specialised NGOs, etc.)</p> <p>6. See question 4</p> <p>7.</p> <ul style="list-style-type: none"><li>- detect torture / trauma behind attitudes / narratives that may seem incoherent due to memory and concentration problems. Aggressions are discussed during the asylum interview, the person's narrative is questioned, as well as the resulting trauma, but they will not weigh in the decision to grant or reject the application (or only if the violence suffered during the process puts the person at risk if they return to their country).</li><li>- the language barrier/cultural codes (attitude/rejection by the family, victim's feeling of shame)</li><li>- the lack of trained mental health care professionals to identify these victims at an early stage and support them through the asylum procedure.</li><li>- the assessment procedure that exists at the one-stop shop is carried out by an OFII's agent, but this only deals with reception needs and only takes into account so-called "objective" vulnerabilities. Vulnerabilities linked to acts of torture and violence cannot be detected by this procedure. VoT and violence will therefore not be given priority for accommodation by the OFII.</li></ul> <p>8.</p> <p>1 The 2021 "vulnerability" action plan established a "health appointment" at the stage of the registration of the asylum application, in order to improve the identification of vulnerabilities linked to physical and</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>mental health. It aims to redirect them towards appropriate care (see question 3). The establishment of this health appointment, has been tested for a 6 month period in three OFII territorial directorates from the end of the first half of 2021.</p> <p>2 This plan also provides for the creation of a network of "vulnerability referrers" among asylum stakeholders, enabling the exchange of information and best practices, the coordination of all stakeholders, which are crucial for early identifying of vulnerabilities and initiating appropriate, rapid and effective care. The creation of this network is based on strengthening the existing network of OFII "vulnerability referrers", and on developing a network of regional "vulnerability referrers" and on strengthening the transmission of information between the OFII and the OFPRA referrers.</p> <p>3. The OFPRA encourages a comprehensive approach to personal interviews with VoT. In particular, interview techniques avoid evoking highly traumatic events and asking intrusive questions. Instead, questions focus on the circumstances leading up to or following the traumatic event, rather than on the event itself. Before getting to the heart of the interview, a climate of trust is established by explaining the role of the participants, the purpose of the interview and the reasons why past traumatic events can be discussed. The disclosure of bodily scars is also avoided by explaining to the claimants that caseworkers have no medical expertise and that this measure is intended to respect their dignity and privacy. However, available medical evidence is taken into consideration. If necessary, the interview can be postponed, and applicants who need it are referred to medical and social professionals on a voluntary basis</p> <p>4. The OFPRA is uploading tools and documents online to improve collaboration (updating an internal brochure with a list of associations to contact). A "professionals and associations" section has been created in its website improving visibility to rights and professionals. The OFPRA is also working in collaboration with various NGOs (Action by Christians for the Abolition of Torture, ACAT, Amnesty International, etc.) to improve early identification and support for victims.</p> <p>5 The NGO France terre d'asile (FTDA), a non-profit organisation that supports asylum seekers and advocates for asylum rights, decided to collaborate in 2016 as part of the "Time for needs" project, co-funded by the European Union. The aim of this project is to organise better identification and response</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>to the particular needs of VoT and violence and to harmonise procedures and practices at the European level in this area. Since the start of this project in January 2016, France terre d'asile has carried out a number of actions, including research to take stock of the legislation and good practices relating to this topic.</p> <p>6. The purpose of the Primo Levi Centre is to provide care and support to VoT and political violence who are exiled in France, regardless of their administrative status. The treatment offered, which lasts an average of three years, is multi-disciplinary, respecting the patient's wishes and the pace and limits of their integration in France. In 2002, a training centre dedicated to professionals and volunteers working with this public, has been established. Over 700 people are trained each year.</p> <p>9. Beneficiaries of temporary protection (BPT) are subject to common law as soon as they are granted temporary protection, and can become victims of trafficking in human beings. This is why, as soon as the French authorities identified a massive arrival of displaced persons from Ukraine, in particular a majority of women and children, potential victims of trafficking, they published a number of regulations to inform and protect them. Two circulars dealing with the situation of minors from Ukraine were issued on 1st April and 7th April 2022. The first one was issued by the Minister of Justice. The second one was issued by the Minister of justice, the Minister for Territorial Cohesion and Relations with Local Authorities, the Minister for Solidarity and Health, the Minister attached to MIOM, responsible for Citizenship, and the Secretary of State for Children and Families. In the instruction of 1st April 2022 the Ministry of Justice requested from the judicial system to pay particular attention to detecting situations of trafficking. Similarly, the instruction of 7th April 2022 stated that "particular attention must be paid to the assessment of minors with regard to the trafficking in human beings to which they may be exposed and from which they must imperatively be removed" .</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>Additionally, as part of the OFPRA's training courses dedicated to the prefectures to present the profiles eligible for temporary protection, the OFPRA drives the participants' attention to a number of points to watch out for, in particular to the risks of minors trafficking.</p> <p>In addition, regular training raising awareness on human trafficking and the issues involved in identifying victims is provided by the French Red Cross in its accommodation facilities for displaced persons from Ukraine, for the benefit of association's professionals responsible for providing support and assistance. In conjunction with the UNHCR, similar awareness-raising sessions will be held in the autumn for displaced persons from Ukraine.</p> <p>Since the start of the war, awareness-raising booklets on trafficking in human beings for adults and specific booklets for children have been developed within the coordination group on the risks of trafficking for displaced persons from Ukraine, co-piloted by the UNHCR and the Inter-ministerial Mission for the Protection of Women against Violence and the Fight against Trafficking in Human Beings (MIPROF):</p> <ul style="list-style-type: none"> <li>- "In France, all children are protected against violence and exploitation".</li> <li>- "Be vigilant - Protect yourself and your family against exploitation and trafficking".</li> </ul> <p>This coordination group on the risks of trafficking in displaced persons from Ukraine is made up of associations specialising in supporting victims of trafficking and in child protection, as well as national and international administrations and institutions (Ministry of the Interior and Overseas Territories-MIOM, Ministry of Justice, the Interministerial delegation for accommodation and access to housing (DIHAL), the OFII, the OFPRA, the Interministerial delegation for reception and integration of refugees (Diair), UNICEF, the International Organisation for Migration (IOM)).</p> <p>These tools are available on the MIOM website (<a href="https://www.interieur.gouv.fr/actualites/actu-du-ministere/situation-en-ukraine/protection-contre-violences-et-exploitation">https://www.interieur.gouv.fr/actualites/actu-du-ministere/situation-en-ukraine/protection-contre-violences-et-exploitation</a>), on the Caritas Internationalis website <a href="http://www.contrelatraite.org/fevrier_2023">contrelatraite.org (http://www.contrelatraite.org/fevrier_2023)</a> and on the page dedicated to displaced persons from Ukraine, help.fr (<a href="https://help.unhcr.org/france/informations-pour-les-personnes-qui-arrivent-dukraïne/">https://help.unhcr.org/france/informations-pour-les-personnes-qui-arrivent-dukraïne/</a>), hosted by UNHCR France. This page lists the official services to</p>
--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>contact, information about receiving displaced persons from Ukraine who have arrived in France and links to the prevention documents mentioned above.</p> <p>These tools have been widely disseminated in collaboration with the members of the group, including the DGEF, the OFII, the Youth Judicial Protection Department (DPJJ), the OFPRA, FTDA, the association Forum Réfugiés, Catholic Relief Services FR, etc and the Ukraine Interministerial Crisis Unit. The aim is to provide better information and prevent the risk of human trafficking among displaced persons from Ukraine, including unaccompanied minors. To this end, the tools have been distributed in accommodation facilities, the Initial Reception Centres for Asylum Seekers (SPADA), prefectures and associations responsible for the administrative and social support of this public.</p> <p>In addition, a brochure for adults and children entitled "Are you from a war zone?" was distributed in French and Ukrainian languages from the start of the conflict to present the support available and its usefulness for people who have suffered traumas specific to war contexts (<a href="https://sante.gouv.fr/actualites/actualites-du-ministere/accueil-ukraine">https://sante.gouv.fr/actualites/actualites-du-ministere/accueil-ukraine</a>)</p> <p>At the same time, on 1st July 2022, the Interministerial delegation for accommodation and access to housing (DIHAL), the Ministry of the Interior and Overseas Territories (MIOM) and the the Inter-ministerial Mission for the Protection of Women against Violence and the Fight against Trafficking in Human Beings (MIPROF) organised a webinar to raise awareness of the risks of human trafficking for associations involved in housing, accommodation and support for refugees from Ukraine, in collaboration with the associations Amical du Nid (Friends from the Nest ), End child prostitution, child pornography and trafficking of children for sexual purposes (ECPACT) and Committee Against Modern Slavery (CCEM). The aim was to improve the identification of situations of risk and potential victims of trafficking, and to advise on how to refer these people to the appropriate protection and assistance systems.</p> <p>In addition, greater vigilance and better support have been put in place to raise awareness of the risks of trafficking among host families of displaced persons.</p>
--	--	--


Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>All these actions are part of the "Stay Safe" campaign launched by the UNHCR at European level and the joint European plan to combat trafficking in human beings, launched on 11 May 2022 and led by the EU coordinator for the fight against human trafficking, Diane Schmitt.</p> <p>10. YES via the brochures and flyers listed at Q9</p> <p>11. The prevention of recruitment and the identification of VoT displaced from Ukraine is particularly challenging given:</p> <ul style="list-style-type: none"><li>- The context of conflict, rapid and massive displacement, which exacerbates the isolation, precariousness and instability of vulnerable groups. Victims lack resources, and depend in particular on communication routes set up by unofficial networks that are difficult to intercept, particularly in places of accommodation.</li><li>- People who are particularly vulnerable because of their age and gender (women and children accounting for a large majority of displaced persons in Ukraine).</li><li>- the rapid establishment of several exploitation networks</li></ul> <p>12. see Q9</p> <ul style="list-style-type: none"><li>• awareness-raising booklets on trafficking in human beings for adults and specific booklets for children have been developed within the coordination group on the risks of trafficking for displaced persons from Ukraine, co-piloted by the UNHCR and the Inter-ministerial Mission for the Protection of Women against Violence and the Fight against Trafficking in Human Beings (MIPROF):</li></ul>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<ul style="list-style-type: none"> <li>a brochure for adults and children entitled "Are you from a war zone?" distributed in French and Ukrainian languages from the start of the conflict to present the support available and its usefulness for people who have suffered traumas specific to war contexts</li> </ul>
	<b>EMN NCP Germany</b>	<b>Yes</b>	<p>1. The identification of possible victims of torture and ill-treatment as well as handling victims of torture and/or ill treatment cases is part of the training curriculum all case officers of the Federal Office for Migration and Refugees (BAMF) pass. The training topics "Hearing Technique" and "Special topic – Dealing with Vulnerable Persons" as part of the basic training for newly recruited asylum case officers are part of this training curriculum. The case officers are trained on how to identify vulnerable persons like victims of torture and/or ill treatment and to respond to their needs as well as on how to engage with/interviewing vulnerable persons. In addition, they successfully complete the EUAA Module "Interviewing Vulnerable Persons".</p> <p>Furthermore, BAMF has established specially-trained caseofficers in order to conduct or support other case officers who conduct the asylum procedure due to vulnerable persons like victims of torture and traumatized persons. Suitable case officers with work experience in the asylum procedure are receiving a special training to increase their skills regarding cross-cultural competence, psychology, judicial and country of origin specific knowledge.</p> <p>The specially-trained case officers should be involved in the applicant's procedure as early as possible. Even if it is not mandatory to handle the full procedure, it is necessary to be incorporated e. g. supporting his or her colleague to prepare the interview or be involved in the final decision.</p> <p>2. Identification can already be carried out by the federal states during the reception process. The identification of victims of torture initially takes place in reception and is the responsibility of the Federal States. Identification in the initial reception is governed by the Reception Directive.</p>



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

BAMF determines whether an applicant is particularly in need of protection and therefore requires special procedural safeguards within the asylum procedure. The so-called “concept of identification of vulnerable persons” (published by BAMF) includes different strategies for identification of vulnerable persons, remarks on special guarantees and the transmission of important information in consideration of the circumstances of the individual case and protection of data privacy. It also contains the basic cooperation between BAMF and the Federal States regarding vulnerable persons.

BAMF also provides adequate information like country of origin guidelines and internal guidance as well as information on handling vulnerable cases like victims of torture.

3. The request of a medico-legal assessment in case of potential victims of torture and/or ill treatment is only necessary if the complexness of the medical issues (e. g. PTSD or torture traces) is very high and involving a medical specialist is indicated. It should be taken under consideration that the medico-legal assessment itself is not an evidence of torture. A specialist such as a forensic doctor can only assess what type of injury is existent and what kind of action may have caused that injury (e. g. sustained burns, acid, trauma by tools etc.).

If it is already possible to grant protection according to the information submitted by the applicant (e. g. during the interview, documents, COI) a medico-legal assessment is not necessary for the evidence assessment. If torture is credibly presented by an applicant, obtaining a forensic medical opinion is obsolete; the same applies if a statement is generally not credible. Only in exceptional cases in which a clarification of facts regarding the connection of the applicant's statement being a potential victim of torture and his torture traces is necessary, a medico-legal assessment will be requested.

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>4. BAMF provides an internal guideline (non-public) which includes the steps of the obtaining of a medico-legal assessment as a medical expert opinion in the asylum procedure. It contains the assignment procedure of a medical expert as well as the demands on quality.</p> <p>The general guidelines for the asylum procedure (non-public) provide aid for the caseworkers in dealing with the medico-legal documentation. For the reasons mentioned above (in question no. 3) the internal guideline is rarely used in practice.</p> <p>5. Handling of medical documentation is part of the training curriculum all case officers pass. In addition, the specially-trained case officers for victims of torture/traumatized persons can support their colleagues in request and assessment of medico-legal documentation. Please refer to question no. 1.</p> <p>Assuming that the term 'medico-legal documentation' refers to the addition of medical documents (certificates, expert opinions) to the asylum file and their legal assessment in the context of the decision on the asylum application, the following also should be noted:</p> <p>As part of the examination of asylum applications, the BAMF is also obliged to make a decision on the existence or non-existence of a ban on deportation (§ 60 V, VII AufenthG). Consequently, the documents required for the examination and decision are naturally included in the document list of the asylum file. Within the framework of the "Basic Training for Newly Recruited SB-E (asylum case officer)", the topic is dealt with in the training topics "Prohibitions on Deportation" and "Special topic - Legal Assessment of Expert Opinions in the Context of a Presented Post-Traumatic Stress Disorder (PTSD)".</p> <p>6. BAMF provides information on the requirements for the report when a medico-legal assessment is requested to a forensic physician. An internal working document contains the requirements with specifications that should be considered by assigning an expert opinion in individual cases.</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

7. In Germany the responsibility for reception, accommodation as well as the medical care of asylum seekers and therefore the identification within the reception facilities and procedure, where the identification of victims of torture initially takes place, lies with the Federal States whereas BAMF is only responsible for the asylum procedure.

Reporting of any special needs or vulnerabilities as early as possible is very important for BAMF to prepare and conduct the personal interview which also gives an opportunity to react on the special needs of the applicants in advance, for example consulting a specially-trained case officer. Therefore, data transmission is the key between the Federal States and BAMF for detecting vulnerable persons, which can be sometimes challenging.


For that reason, BAMF has developed special reporting forms for mutual information about possible vulnerabilities within the framework of its identification concept. The reporting forms were also made available to the Federal States by BAMF. The standardized procedure is helpful to optimize the communication with the Federal States and BAMF and represents an important tool for the early identification of vulnerabilities.

Another challenge might be, that a victim of torture possibly feels fear and/or shame to talk to government officials about his or her traumatic experience. Moreover, internal coping processes might prevent the victim of torture from verbalization what happened to him or her; the traumatic experience might be repressed. In many cases the person might not be aware that he or she is a potential victim of torture.

8. BAMF gained good experience with their concept of specially-trained case officers for vulnerable groups such as victims of torture. These special trained experts are well prepared for working with

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>vulnerable persons. In addition, they are supporting with their in-depth knowledge their colleagues by spreading the word (as “multipliers”).</p> <p>9. Due to the responsibilities and competencies of the Federal States according the procedures and mechanism in conjunction with the Temporary Protection Directive, the BAMF is not eligible to provide any information about.</p> <p>10. Please refer to question no. 9.</p> <p>11. Please refer to question no. 9.</p> <p>12. Please refer to question no. 9.</p>
	<b>EMN NCP Greece</b>	<b>Yes</b>	<p>1. Legal framework As general information regarding the legal framework for the issue in Greece, we would like to point out the following: According to Article 67 of the Law 4939/2022 (G.G. A' 111/10.06.2022), the victims of torture, rape or other serious forms of violence, are certified through a medical evaluation from a public hospital, military hospital, or appropriately trained doctors of public health providers, including forensic doctors, and receive the necessary care, particularly access to appropriate medical and psychosocial treatment or care. According to the second par.of Article 67, the personnel involved in handling cases of victims of torture, rape, or other serious acts of violence, have received, and continue to receive, appropriate training concerning their needs and they have a duty of confidentiality for their personal data when they become aware of them during their duties.</p>

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>Also necessary and in direct connection in dealing with the relevant issues is the provision of par.2 of article 30 of L.4939/2022 on the basis of which medical care as well as treatment for mental and psychological disability, is provided, where necessary, to persons who have suffered torture or other serious forms of psychological, physical or sexual violence, under the conditions applicable to Greek citizens. Additionally, reference should also be made to the provision of Article 63 ,as well as the provision of article 82 par. 12 of Law 4939/2022. Article 63 of Law 4939/22 refers to the treatment of minors in general during the process of examination of their asylum requests and to their special needs that have to be catered for by the competent authorities. Specific reference is made in paragraph 2 of article 63 on the basis of which minors who have been victims of any form of violence or exploitation, should have access to rehabilitation services as well as be provided with appropriate psychological care and specialized treatment, if this is required. Finally, the provision of paragraph 12 of article 82 foresees the obligation of the case worker who conducts the personal interview, to "have the appropriate qualifications to take into account the personal or general conditions concerning the application, including the cultural origins of the applicant. In particular, case workers are trained especially for dealing with the special needs of women, children and victims of violence and torture.</p> <p>.....</p> <p>As mentioned above, the personnel involved in handling cases of victims of torture, rape, or other serious acts of violence, have received, and continue to receive, appropriate training concerning the victims' needs. As a result, the Asylum Processes and Training Department of the Greek Asylum Service in cooperation with EUAA delivers, each year, a number of trainings to case workers (interviewers/ decision makers), team leaders and quality focal points (QFP) of Greek Asylum Service on examining asylum applications of <u>vulnerable persons with special needs (potential victims of torture and/or ill-treatment included)</u>, following EUAA Training Curriculum Modules (e.g. Interviewing Vulnerable Persons, Sexual Orientation and Gender Identity, Trafficking in Human Beings, Interviewing Children) that adopt a crosscutting/intersectional approach. During the first semester of 2023, an "Introduction to International Protection" took place, which was adapted to the needs of the newly employed caseworkers of the two (2) new Independent Asylum Units (AU) of Vulnerable Groups in Athens and Thessaloniki. Moreover,</p>
--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>trainings on Interviewing Vulnerable Persons (May 2023), Introduction to Vulnerability (March 2023), Trafficking in Human Beings (July 2023) took place.</p> <p>Furthermore, the Asylum Processes and Training Department of Greek Asylum Service in cooperation with EUAA conducts coaching to caseworkers (interviewers/ decision makers) in relation to applicants with special needs by discussing specific cases where issues of procedural safeguards arise in relation to European directives/national legislation/internal guidelines and the related EUAA Training Curriculum modules, such as the modules Interview Techniques, Interviewing Vulnerable Persons, Evidence assessment, Sexual Orientation and Gender Identity, Trafficking in Human Beings and Interviewing Children.</p> <p>Part of the aforementioned trainings and coaching sessions is the identification of a potential victim of torture and/or ill-treatment. Also, a specialized workshop was conducted in cooperation with NGO METAdrasi on recognition of victims of torture.</p> <p>Moreover, the Directorate of Support of the Reception and Identification Service (RIS) of the Ministry of Migration and Asylum, through its Department of Procedures and Training, provides on a systematic basis training on the identification and case management of vulnerable persons, including victims of torture. These trainings are addressed not only to RIS staff but also to other actors' staff operating within the accommodation facilities.</p> <p>For the organization and delivery of the trainings, RIS cooperates with International Organizations such as EUAA, UNHCR, IOM and accredited NGOs. Indicatively, all RIS staff in the field that is assigned to support vulnerable persons, have attended the EUAA training on the Reception of Vulnerable Persons (RVP-A). In addition, a total of 339 staff of various organizations that operate within RIS facilities (including RIS, Hellenic Police, private security company, and the National Public Health Organization – EODY) have attended the training on Identifying and Addressing Racist Violence. The training was coorganized by the Department of Procedures and Training, the Ministry of Citizen Protection, and the Racist Violence Recording Network. Furthermore, RIS in cooperation with the NGO METAdrasi has</p>
--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>organized two trainings on the identification and case management of Victims of Torture, attended by a total of 40 persons, dedicated to support vulnerable persons.</p> <p>2. The Asylum Processes and Training Department of Greek Asylum Service of the Ministry of Migration and Asylum supports caseworkers and Asylum Service administrative personnel through the development and regular updates of SOPs (Standard Operating Procedures for internal use only - last updated January 2023), which include a separate chapter on “Potential Victims of Torture” where practical guidelines are provided to asylum officers about how to handle a potential victim of torture during the asylum interview and which procedure is followed. Moreover, the Greek Asylum Service has produced internal “Detention Conditions National Guidelines” which provide guidance to caseworkers on handling international protection claims related to the living and/or detention conditions in situations of legal deprivation of liberty and to the treatment of the prisoner, which may constitute torture or inhuman or degrading treatment or punishment. Additionally, the Asylum Processes and Training Department of Greek Asylum Service in cooperation with EUAA has compiled Quality Feedback Reports (QFR) based on interviews and decisions QATs (Quality Assurance Tool) on 51 cases on Remote Interviews and another one on 51 cases on Applicants with Vulnerabilities, which include a number of cases on vulnerability (potential victims of torture and/or ill-treatment included) and issues occurred during an asylum interview (taking into account psychosocial factors and methodological tools to receive the necessary information) and during the decision’s drafting, as well (taking into account interpretation of the national legal framework).</p> <p>3. The Reception and Identification Service is responsible for assessing the vulnerability of persons undergoing reception and identification procedures in accordance with Articles 37 to 44 L. 4939/2022 in conjunction with Article 62(2) L. 4939/2022. Accordingly, the Regional Asylum Offices (RAOs)/ Asylum</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>Units (AUs) will take into account this certification of vulnerability and proceed with the necessary actions during the process of examining the application for international protection.</p> <p>Additionally, when the international protection applicants do not pass through reception and identification procedures and they are registered directly by the Asylum Service, they lack the aforementioned vulnerability certification. According to the internal SOPs, when caseworkers, after the end of the interview, doubt on whether the applicant is a potential victim of torture and this element is crucial for the case, if it is possible, they may refer, according to art 77 L. 4939/2022, the applicant to a public medical institution for medical and/or psychosocial diagnosis on torture by specialized personnel of the relevant specialization.</p> <p>4. The same guidance as provided in Question 2. Moreover, relevant EUAA Practical Guides and Judicial Analysis, as well as UNHCR relevant Guidelines are available to assist competent asylum officers (i.e. EASO, Practical Guide on Evidence Assessment, March 2015_ EASO, Evidence and credibility assessment in the context of the common European asylum system — Compilation of Jurisprudence, 2018_ EUAA, Evidence and credibility in the context of the Common European Asylum System — Judicial analysis, second edition, 2023_ UNHCR, Handbook on Procedures and Criteria for Determining Refugee Status and Guidelines on International Protection Under the 1951 Convention and the 1967 Protocol Relating to the Status of Refugees, April 2019, HCR/1P/4/ENG/REV_ UNHCR, Note on Burden and Standard of Proof in Refugee Claims, 16 December 1998_ UNHCR, Beyond Proof, Credibility Assessment in EU Asylum Systems: Full Report, May 2013).</p> <p>5. The same training as provided in Question 1.</p> <p>6.</p>
--	--	--



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>According to art. 67 of L. 4939/2022 with the title of “Victims of Torture and Violence”, victims of torture, rape or other forms of serious acts of violence are certified by medical certificate from public hospital, military hospital or specialized trained Doctor of Public Health institutions, coroners included. As mentioned above, the competent asylum authorities may refer the applicant <u>only to public medical facilities with specialized personnel.</u></p> <p>7. The Greek Asylum Service faces the lack of specialized medical and psychosocial personnel in Greek medical facilities, the unavailability of the specialisation of the doctor needed in certain medical public institutions, the lack of interdisciplinary teams as requested by the Istanbul Protocol (Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment), as well as the dysfunctions and bureaucracy of the Greek medical system as a whole. Another challenge is that vulnerability is officially recognized during reception and identification procedures by the competent authority. The Asylum Service is informed about the category of vulnerability by using a specific code, in order to take into account the special situation of each applicant. The identification of a person as belonging to a vulnerable group has the effect of directly satisfying the particular reception needs of that person during his/her stay in the Reception and Identification Centre (Art. 41 v. 4939/2022) and to provide the necessary specific procedural guarantees, where necessary. However, this procedure of identification for victims of torture does not provide an official medico-legal assessment. It only provides some indicators of having a potential victim of torture and/or ill-treatment. As a result, medico-legal assessments and MLRs (medico-legal reports) for potential victims of torture cannot be provided by public medical facilities and the competent asylum authorities cannot use medico-legal documentation according to the Greek legal framework as a tool. The identification of victims of torture and/or ill- treatment seems to be impossible according to the law and there is only the possibility to detect some indicators through reception and identification procedure and/or during interview before asylum authorities.</p>
--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>Moreover, the usual challenge is the difficulty of the victims of torture and/or ill-treatment to disclose it at an early stage of the asylum procedure due to PTSD and mental and/or physical health issues.</p> <p>Finally, according to the Reception and Identification Service of the Ministry of Migration and Asylum, the main challenge lies in the fact that VoT and persons that have been subjected to ill-treatment are often reluctant to disclose traumatic experiences. Torture causes negative feelings such as guilt and shame and makes the victims unwilling or unable to reveal traumatic events, while other VoT do not consider themselves as victims. It is therefore a challenge for the professional staff to find the right way to identify, assess and support the victims and link them with appropriate services.</p> <p>8.</p> <p>Interviews with potential victims of torture and/or ill- treatment are conducted by caseworkers of the Asylum Service, who have received specialized training. If a caseworker is appointed in a case that a potential victim of torture and/or ill- treatment occurs, the interview could be postponed or be conducted by a specialized caseworker, if this is possible.</p> <p>In case a potential victim of torture and/or ill-treatment has been referred for medical assessment, the issuance of decision is postponed until the medical certificate is received.</p> <p>As mentioned above, medico-legal assessments and MLRs (medico-legal reports) for potential victims of torture cannot be provided by public medical facilities. Thus, the asylum officers inform the applicants of the possibility to visit NGO METADRASI and proceed with his/her identification and certification as a victim of torture. Following the suspension of activities of the Medical Rehabilitation Center for Torture Victims (MRCT) in 2008, METADRASI took on the responsibility of covering the gap that had been created in Greece regarding the identification and certification of victims of torture and since September of 2011, it is the only organization that follows a certification procedure by an interdisciplinary team based on the "Istanbul Protocol".</p> <p>The benefit of doubt is given in case a potential victim of torture and/or ill- treatment cannot provide medico-legal assessments and the referral is not possible according to art. 3 par. 5 Law 4939/2022.</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>Furthermore, procedural guarantees apply throughout the asylum procedure according to art. 72 Law 4939/2022.</p> <p>Also, the Reception and Identification Service (RIS), in its effort to provide enhanced support to asylum seekers with special reception needs, has recruited specialized staff to undertake the case management of asylum seekers in order to timely identify potential special reception needs and make the necessary referrals to appropriate services for further, individualized, assistance. RIS has also assigned in central and local level specialized Focal Persons for: (i) Gender Based Violence survivors, including the Victims of Human Trafficking, (ii) Child Protection, (iii) Vulnerable Persons. One of the main tasks of the said focal persons is to coordinate actions of the case management staff, provide guidance, but also be involved in the identification, provision of support and referral of persons with special reception needs (including victims of torture) to appropriate services.</p> <p>Other responsibilities of the focal points include:</p> <ol style="list-style-type: none"><li>1. Mapping of relevant actors and services</li><li>2. Update of Referral pathways</li><li>3. Guidance to Case Managers for communicating and carrying out administrative procedures related to the target group</li><li>4. Support and monitor the operation of the Help Desk</li><li>5. Assistance in designing and implementing feedback and communication mechanisms with the community</li><li>6. Participates, organizes and coordinates extraordinary or regular coordination meetings within the Facilities on topics related to the target groups.</li><li>7. Supervise and ensure the proper implementation and dissemination of standard operating procedures, instructions and other operational and administrative tools, issued centrally.</li></ol> <p>The objective is to timely identify persons with special reception needs, including victims of torture, refer to the propre actor and address the special reception needs of facilities' residents.</p>
--	--	--	--


Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>9. The Asylum Processes and Training Department of the Greek Asylum Service has developed SOPs regarding Temporary Protection, which incorporated the guidance provided in international protection procedure for the treatment of potential victims of torture and/or ill-treatment. In addition, the Directorate of Southern Greece Facilities of the RIS has a dedicated facility for displaced persons from Ukraine, namely the Elefsina Controlled Access Temporary Accommodation Facility. Medical staff of the national public health organization (EODY), and psychosocial professionals comprise the Medical and Psychosocial Support Unit of the Directorate's Controlled Access Accommodation Facilities, which operates also in this Facility and is tasked with providing health services to Facility residents, as well as performing an initial screening to any new resident at the facility. The case management project / focal point system is also implemented in Elefsina Facility.</p> <p>10. The Migration and Asylum Ministry's website provides information on support for displaced persons from Ukraine. In particular, there is a psychosocial support line which provides free psychosocial support as well as the service point and hotline of Red Cross. All information and services are available in the Ukrainian language. Also, as mentioned above, upon arrival in the controlled access facilities for the temporary accommodation of asylum applicants, a rapid assessment for the detection of vulnerabilities and special reception needs, takes place. During the individual assessment, which takes place with respect to confidentiality, beneficiaries of temporary protection (the same as with asylum seekers) are encouraged to mention any special need they may have, including self-declaring as victims of torture and/or ill-treatment. The days following the arrival at the facility, beneficiaries of temporary protection / asylum seekers are informed that they can visit during working hours the Medical and Psychosocial Support Unit, as well as the case management staff throughout the duration of their stay at the facility.</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>11. Please also see reply to question 7. Moreover, due to the provided flexibility of the entry/exit requirements and the differentiation of the international protection and temporary protection statuses, i.e., Ukrainian nationals have the right to move freely within Schengen area for 90 days, the Greek Asylum Service is not in a position to easily identify such cases.</p> <p>12. As mentioned above, medico-legal assessments and MLRs (medico-legal reports) for potential victims of torture cannot be provided by public medical facilities. Thus, the Asylum Service officers inform the applicants of the possibility to visit NGO METADRASI and proceed with his/her identification and certification as a victim of torture. Following the suspension of activities of the Medical Rehabilitation Center for Torture Victims (MRCT) in 2008, METADRASI took on the responsibility of covering the gap that had been created in Greece regarding the identification and certification of victims of torture and since September of 2011, it is the only organization that follows a certification procedure by an interdisciplinary team based on the "Istanbul Protocol". For the Ministry's Reception and Identification Service, one good practice is the collaboration between RIS and the National Referral Mechanism on the dissemination of information material designed by the latter, to staff working in RIS facilities, and especially to those who act as focal points for VoT, Child Protection and Trafficking of Human Beings. Bottom of Form</p>
	<p><b>EMN NCP Hungary</b></p>	<p><b>Yes</b></p>	<p>1. There are no specific training programmes to asylum authorities in this topic.</p> <p>2. Written guidances produced by EUAA are being used.</p>


Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>3. A medico-legal assessment may be obtained in the asylum procedure, if necessary. In practice, it is the applicant himself/herself who submits such an assessment during the procedure.</p> <p>4. There is no guidance available in this topic.</p> <p>5. There are no training programmes regarding the assessment of medico-legal documentation.</p> <p>6. The asylum authority assesses MLRs regarding the in-person interview, and in the final decision in the asylum procedure.</p> <p>7. -</p> <p>8. -</p> <p>9. In Hungary, the asylum authorities have not identified any applicants for temporary protection who could be victims of torture and/or ill-treatment</p> <p>10. No.</p> <p>11. -</p> <p>12. -</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

	<p><b>EMN NCP Italy</b></p>	<p><b>Yes</b></p>	<p>1. Competent asylum authorities regularly receive training to identify and recognize potential victims of torture/mistreatment among international protection applicants. Training is crucial in ensuring that the asylum process is tailored to the needs of vulnerable individuals. To this end, the National Asylum Commission in collaboration with the European Union Agency for Asylum (EUAA) organizes training sessions for officers of the Territorial Commissions for the Recognition of International Protection (CCTT). The officers receive specific training to ensure they are up to date with the asylum procedures. These training sessions include modules dedicated to victims of violence and torture. Among these modules are "Interviewing Vulnerable Persons" and the latest "Victims of Gender-Based Violence." These modules provide the officers with the tools and skills to identify and assist victims of gender-based violence and other forms of mistreatment during the asylum process.</p> <p>2. Asylum Competent authorities have access to various guidelines, handbooks and manuals to assist in the identification and recognition of potential victims of torture and/or mistreatment during the international protection recognition procedure. These resources include:</p> <ul style="list-style-type: none"> <li>- "Guidelines for the planning of assistance and rehabilitation interventions, as well as for the treatment of psychological and physical disorders in beneficiaries of refugee status and subsidiary protection who have suffered torture, rape, or other severe forms of psychological, physical, or sexual violence": these guidelines, adopted by the Ministry of Health on the 3rd of April 2017, outline a comprehensive path of assistance to victims, starting from early identification to the rehabilitation of the victims themselves. They emphasize the importance of certification in the asylum process and the role of cultural mediation in building relationships, with a specific focus on women and children as particularly vulnerable groups.</li> <li>- UNHCR guidelines and manuals: The United Nations High Commissioner for Refugees (UNHCR) provides various resources, including the "Manual on procedures and criteria for determining refugee status" (1979), "Interviewing asylum seekers" (2016), "Beyond proof - The assessment of credibility in EU asylum systems" (2013), and the "UNHCR-IDC Vulnerability Screening Tool - Identifying and addressing vulnerability: a tool for asylum and migration systems" (2016). These documents include</li> </ul>
---	-------------------------------------	-------------------	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>sections on identifying vulnerable applicants and the special safeguards for them.</p> <ul style="list-style-type: none"><li>- EUAA guidelines: The European Asylum Support Office (EUAA) provides several resources, including the "Practical Guide: Qualification for international protection" (2018), "Practical Guide: Evidence Assessment" (2015), and "Practical Guide: Personal Interview" (2014), which contain information related to the identification of victims of torture and mistreatment during the asylum procedure.</li><li>- Operational guidelines for Territorial Commissions: The "Operational guidelines for Territorial Commissions on the procedure for the recognition of international protection" developed by the National Asylum Commission in collaboration with UNHCR and updated in July 2022, include specific sections regarding asylum seekers with special needs, including victims of torture and mistreatment.</li><li>- Specific guidelines for trafficking victims: The National Asylum Commission, in collaboration with UNHCR, has developed the Guidelines for the identification of trafficking victims among international protection applicants and referral procedures. The Guidelines are addressed to Territorial Asylum Commissions' officers for the recognition of international protection and were updated in 2021.</li><li>- Standard operating procedures for gender-based violence: Published in April 2022, these procedures are addressed at the Territorial Commissions for the recognition of international protection and focus on identifying survivors or individuals at risk of gender-based violence during the asylum procedure. The procedures also promote collaboration between various agencies and entities involved in preventing and tackling gender-based violence.</li><li>- Vademecum for the detection, the referral and taking charge of vulnerable individuals: Published in June 2023 by the Department for Civil Liberties and Immigration, this document provides uniform tools for identifying vulnerable individuals throughout all the phases of the asylum procedure, from reception to the management of international protection requests. Webinars and pilot projects are also promoted to coordinate the efforts of all entities involved in the protection of vulnerable individuals.</li><li>- Guidelines "Border Controls. The border of control. Health checks upon arrival and protection paths for migrants hosted in reception centers" produced as part of the "National Program Health Guidelines for Migrants" developed by the Health, Migration, and Poverty National Institute (INMP) in</li></ul>
--	--	--	---



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>collaboration with the Italian National Institute of Health (ISS) and the Italian Society of Migration Medicine (S.I.M.M.). These guidelines, based on evidence-based methodology, constitute an operational tool for socio-sanitary organizations and professionals who are involved in the daily care of migrants and international protection applicants. They address the topic of health assessments to be carried out during rescue and initial assistance, as well as at various stages of the reception process, with a focus on identifying signs of trauma and/or outcomes of torture.</p> <p>3. The legal basis for the medico-legal examination request by the competent asylum authorities is Article 8, paragraph 3 bis, of Legislative Decree No. 25/2008. This article authorizes the Commission to arrange medical examinations to ascertain the consequences of persecution or serious harm suffered, always subject to the applicant's consent. The article states that based on the elements provided by the applicant the Commission may also arrange, with the applicant's consent, medical examinations to ascertain the consequences of persecution or serious harm suffered. These medical examinations are carried out following the guidelines set out in Article 27, paragraph 1-bis, of Legislative Decree No. 251/2007, and subsequent amendments. If the Commission does not arrange a medical examination, the applicant may undergo the examination at their own expense and submit the results to the Commission for the purpose of reviewing their application.</p> <p>Furthermore, the Ministry of Health has developed and disseminated the "Guidelines for planning assistance and rehabilitation interventions, as well as for the treatment of psychological and physical disorders in beneficiaries of refugee status and subsidiary protection who have suffered torture, rape, or other severe forms of psychological, physical, or sexual violence" These guidelines, in accordance with Article 27, paragraph 1 bis, of Legislative Decree No. 251/2007, provide detailed guidance on conducting medico-legal examinations and establish uniform standards across the national territory. They outline pathways for the identification, support, and treatment of victims of intentional violence and torture, bridging the gap between the refugee reception system and the socio-healthcare system.</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>The primary objective of these guidelines is to safeguard international protection applicants who are in conditions of particular vulnerability, at any stage of their recognition of protection process and regardless of their location. They aim to create conditions in which victims of highly traumatic events can effectively access the procedures established by the regulation, ensuring their condition is adequately protected. The Territorial Commissions and the National Asylum Commission rely on the directives provided by these ministerial guidelines to determine the need for a medico-legal examination, as indicated in the circular of the National Asylum Commission dated May 19, 2017, number 4039.</p> <p>4. The Territorial Commissions, in collaboration with the Prefectures, have established agreements with specialized centers in migrant health and defined protocols for the referral of cases requiring medico-legal assessments and interventions. Additionally, the Territorial Commissions and specialized hospitals in ethno-psychiatry signed protocols, such as the protocol with Niguarda Hospital in Milan, and collaborative procedures have been developed with university forensic laboratories to assess the medical health and consequences of torture and/or mistreatment experienced by asylum seekers in their country of origin or in transit.</p> <p>5. In order to facilitate asylum competent authorities in integrating medico-legal documentation into international protection recognition procedures, various training opportunities are available. These include:</p> <ul style="list-style-type: none"><li>• Training Sessions, which focus on the work carried out by specialized centers with which agreements and referral protocols have been established. These occasions provide operators with the opportunity to deepen their knowledge and acquire the necessary skills to appropriately handle medico-legal documentation in cases involving asylum seekers.</li><li>• EUAA Courses on MedCOI: The European Asylum Support Office (EUAA) has offered training courses dedicated to accessing and using "MedCOI" (Medical Country of Origin Information). This tool</li></ul>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>provides support to European migration and asylum authorities in making accurate and fair decisions in international protection procedures and other migration processes.</p> <p>Recognizing the importance of the EUAA MedCOI tool in cases involving specific health aspects and its contribution to harmonizing decisions, the National Asylum Commission has planned a training program involving at least one officers (up to a maximum of two) for each Territorial Commission for the year 2023.</p> <p>6. To ensure that medico-legal examinations and reports from specialized centers meet the criteria required for consideration in the asylum procedure, competent authorities rely on protocols and reports written following referrals by the Territorial Commissions. In particular, certificates issued by National Health Service forensic doctors, documenting physical and psychological signs resulting from torture or severe violence, provide a solid basis for the evaluation of international protection requests. According to the aforementioned Ministry of Health guidelines, it is essential that such examinations are conducted impartially and accurately, without expressing any opinions on the request for international protection. Certification should be limited to assessing the consistency of physical or psychological symptoms with the description of events provided by the applicant, as well as, if possible, indicating the time when these events occurred.</p> <p>Such certificates, along with the statements made during the applicant's hearing, information about the country of origin, and other documents or testimonies submitted, must constitute, pursuant to Article 3 of Legislative Decree No. 251/2007, the subject of evaluation for the purpose of deciding on the international protection request.</p> <p>7. A challenge often encountered is that asylum seekers appear at the hearing without specialized medical documentation related to incidents of torture and/or maltreatment they have suffered. In this regard, the difficulty of the reception system in identifying such issues early on before the asylum</p>
--	--	--	--


Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>seeker's interview at the Territorial Commission can play a role. In such cases, if elements of vulnerability not previously disclosed emerge during the interview, the Territorial Commission informs the staff or the doctor of the reception center where the applicant is hosted after obtaining the applicant's consent. Furthermore, it is noted that asylum seekers, during the interview, sometimes avoid reporting incidents of torture, violence, or maltreatment suffered, especially if these are not directly related to the protection request or if they occurred in transit countries, out of fear or shame.</p> <p>8. If, during the interview at the Territorial Commission, episodes of torture/mistreatment and indicators of severe psycho-emotional distress emerge, the interviewing officers assess whether to propose to the applicant a meeting with a psychotherapist affiliated with a healthcare center with which the Commission has established a collaboration. In this way, the Territorial Commission can, on the one hand, gather documentary evidence through subsequent referral that is useful for evaluating the asylum seeker's protection request, and on the other hand, provide effective support to the individual in relation to the psychological/emotional suffering expressed or reported during the interview.</p> <p>9. Procedures and mechanisms for the identification of victims of torture and/or ill treatment are essentially the same provided for provided for international protection applicants. In any case, at the beginning of the emergency, the Ministry of Health published an order addressed to all local health authorities aimed at coordinating their response. In particular the order underlined the importance of giving a special attention to the needs of vulnerable people such as women and minors.</p> <p>10. Following civil protection order no. 895 of 2022 the Department for Equal Opportunity (DEO) signed an agreement with the Civil Protection Department and UNHCR to offer specific support to people arriving at border crossings, aimed in particular at preventing and combating sexual and gender-based violence and persecution, trafficking and exploitation of human beings.</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>11. NA</p> <p>12. NA</p>
	<b>EMN NCP Latvia</b>	<b>Yes</b>	<p>1. There were national training sessions organized for the asylum/reception staff - based on the EUAA training modules - Trafficking in Human Beings, Reception, Information provision. Seminars for the employees of the Office of Citizenship and Migration Affairs (who daily work with clients - potentially - victims of trafficking) were organized to refresh knowledge on signs how to identify victims of trafficking, how to react and - to which authorities report for further actions. Asylum experts - interviewers received training on EUAA module - Interviewing Vulnerable Persons.</p> <p>2. No, on the national level we do not have particular written guidance to assist asylum authorities in the identification of victims. Practical aspects of cooperation between responsible authorities in asylum field (in case where are reasonable grounds to suspect that a person may have suffered from trafficking, torture, rape or any other criminal offence) are defined in the Instruction on procedures for cooperation. EUAA practical tools (for example – IPSN tool) are used for purpose to identify vulnerabilities of the asylum seekers.</p> <p>3. In case where signs of possible ill-treatment and/or torture are detected during the registration process, initial interview/personal interview or by the reception authorities – an asylum seeker is provided with medical/psychological assistance and - in case of necessity – medical expert-examination may be organized (it may be initiated upon asylum seekers request as well).</p>


Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>4. No particular guidance.</p> <p>5. No such courses or workshops so far.</p> <p>6. No particular training available on medico-legal documentation in international protection procedures at the moment.</p> <p>7. Latvia is not the target destination for many of asylum seekers, therefore quite often they are not interested in cooperation with authorities and are tended to leave country before in-depth interview and analysis of his/her situation is carried out, therefore this is challenging for the asylum or reception experts to persuade persons to cooperate with authorities regarding those issues. Where necessary medical or other support is provided immediately by the reception experts and medical staff.</p> <p>8. N/a</p> <p>9. As in all cases related to the international protection, beneficiaries of temporary protection have possibility to explain their particular situation during the interview/ registration process. When they are transferred to the appointed place of residence they are entitled to receive support from social services in particular municipality. As in current situation temporary protection for Ukrainians is regulated by the special law - Law on Assistance to Ukrainian Civilians – access to the medical or other assistance to persons enjoying temporary protection is regulated by this law.</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>10. Yes. One of Latvian institutions responsible for State Security Service issues has been appointed for gathering an information provided by victims of torture and/or ill-treatment. An information on the procedure is available at border crossing points.</p> <p>11. People hesitate to identify themselves due to psychological reasons or fear. Identification issue is challenging if a person does not have any ID documents.</p> <p>12. There is no information on good practices yet.</p>
	<p><b>EMN NCP Lithuania</b></p>	<p><b>Yes</b></p>	<p>1. <u>The officers of the State Border Guard Service (SBGS)</u> are periodically and systematically provided with courses for improving qualifications on Combating Human Trafficking, during which they receive specialized knowledge for effectively preventing and combating human trafficking. The courses aim to enhance the officers' skills in identifying potential victims of human trafficking and suspected traffickers.</p> <ul style="list-style-type: none"> <li>• 2018: 2 trainings were organized, attended by 36 SBGS officers;</li> <li>• 2019: 3 trainings were organized, attended by 53 SBGS officers;</li> <li>• 2020: 1 remote training on Moodle platform, attended by 34 officers; moreover, 28 SBGS participants attended remote training organized by the Prosecutor General's Office on the Protection of Refugees and Victims of Human Trafficking;</li> <li>• 2021: 4 trainings (3 of which were remote), attended by 82 SBGS employees;</li> <li>• 2022: the State Border Guard Service organized 2 remote trainings on Combating Trafficking in Human Beings, attended by 32 SBGS employees.</li> </ul> <p>To implement the GRETA recommendations, additional qualification improvement trainings on human trafficking have been regularly organized <u>for the staff of the Foreigner Registration Center</u> since 2019:</p>

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<ul style="list-style-type: none"> <li>• 2019: 1 seminar on Combating Human Trafficking was held, attended by 16 FRC employees;</li> <li>• 2020: 10 FRC employees attended remote training organized by the Prosecutor General's Office of the Republic of Lithuania on the Protection of Refugees and Victims of Human Trafficking;</li> <li>• 2021: training sessions were organized for RRC officers and employees to deepen their knowledge about people from other cultures, to understand the peculiarities of religions and cultures, as well as to improve the interpretation of unusual behavior or situations, including the identification of victims of human trafficking:             <ul style="list-style-type: none"> <li>○ "Features of the Vietnamese culture. Prevention of illegal migration and human trafficking" (3 remote training sessions attended by 18 RRC employees);</li> <li>○ "History of Islam, its development, types, and its relationship with other religions" (trainings were held on February 17-19, 22-26, March 1,2, 9, 10, 16-18, 22-24), attended by 78 RRC officers and employees.</li> </ul> </li> <li>• In 2022, the following trainings were organized:             <ul style="list-style-type: none"> <li>○ Vulnerability Assessment Training, organized by the EASO, attended by 23 FRC officers remotely or face-to-face.</li> <li>○ SBGS organized 2 remote training sessions on Combating Human Trafficking, attended by 16 participants from FRC;</li> <li>○ the Refugee Reception Center organized a face-to-face training "A Different Client: Challenges of Working with Culturally Different Groups", attended by 4 FRC employees;</li> <li>○ the Refugee Reception Center organized a face-to-face training "Creating a Unifying Experience: How to Create and Help Create a Safe and Supportive Environment in Various Groups", attended by 6 FRC employees.</li> </ul> </li> </ul> <p>In addition to the above, SBGS officers also participated in:</p> <ul style="list-style-type: none"> <li>• Inter-agency and international seminars on the topic of combating human trafficking:</li> </ul>
--	--	--



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<ul style="list-style-type: none"> <li>○ From May 27-31, 2019, in the city of Koszalin in Poland, a seminar on human trafficking and the prevention of illegal human smuggling took place, attended by 3 representatives from SBGS, as well as representatives from Poland and Europol. During the seminar, participants presented the situation in their countries on the aforementioned topics, exchanged experiences, and reviewed the situation in Europe.</li> <li>○ On November 10, 2020, an international remote seminar titled "The Role and Responsibility of Diasporas in Combating Human Trafficking" was organized by the Ministry of the Interior (attended by 6 SBGS employees).</li> <li>○ On December 16, 2020, the Ministry of the Interior, in conjunction with the Prosecutor General's Office of the Republic of Lithuania, organized a seminar titled "Human Trafficking. Comprehensive Assistance to Victims. Prevention" (attended by 8 SBGS participants).</li> <li>○ On September 8, 2022, 2 representatives from SBGS participated in a seminar on "Human Trafficking in the Context of Migration and Asylum" organized by the United Nations High Commissioner for Refugees (UNHCR).</li> </ul> <ul style="list-style-type: none"> <li>● Virtual training on combating human trafficking was organized by the U.S. Department of Justice on March 3, 2021, attended by 11 SBGS employees.</li> <li>● Webinars and training organized by CEPOL;</li> </ul> <p>Additionally, SBGS officers participate annually in international operations coordinated by the European Border and Coast Guard Agency (Frontex), during which they undergo primary training on recognizing victims of human trafficking:</p> <ul style="list-style-type: none"> <li>● In 2022, one representative from the Border Guard School participated in specialized training on combating human trafficking organized by Frontex in Tallinn (Estonia).</li> </ul> <p>For their part, <u>employees of the Migration Department</u> do not have separate dedicated trainings; the issue is discussed in general trainings on asylum topics. The Migration Department staff also participate in trainings organized by the European Union Agency for Asylum when possible.</p>
--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>2.</p> <p>The officers of the State Border Guard Service follow procedures for the identification of victims of trafficking. When they detect victims, they provide the required support (e.g., immediate medical or psychological support, consultation, and information about their rights, etc.). The key written guidance in this regard is the <u>Recommendations on the Identification of Victims of Human Trafficking, Pretrial Investigation, and Interinstitutional Cooperation</u>, which were approved by the joint order of the Prosecutor General, the Minister of the Interior, and the Minister of Social Security and Labor on December 17, 2015, order No. I-327/1V-1015/A1-758.</p> <p>In 2020, the Ministry of the Interior distributed to the State Border Guard Service units 1,450 information cards with information on the signs of human trafficking and recommendations on how to act if one becomes a victim. These cards are publicly available to persons crossing the state border, as well as foreigners accommodated at the Foreigner Registration Center. In 2021, the State Border Guard Service printed and distributed 2,000 memos for law enforcement officers and specialists who are likely to encounter victims of trafficking in their line of work.</p> <p>On January 17, 2022, in order to enhance the fight against human trafficking and improve border guards' knowledge about minors crossing the European Union's external air borders, regardless of whether they are accompanied or not, with the goal of identifying children at risk in airports, the State Border Guard Service units were sent printed guides and other materials published by the European Border and Coast Guard Agency, Frontex, for use in their official activities. These included VEGA Handbook: Children at Airports, VEGA Handbook: Countermeasures at Airports, Handbook on Risk Profiles on Trafficking in Human Beings, as well as leaflets for distribution at airports: "You can make a difference: help us to protect children at risk!". The electronic versions of these publications were made available on the State Border Guard Service's Central Intranet Site for Document Verification DTCIS.</p> <p>In order to facilitate the identification of victims of trafficking among the persons arriving from Ukraine, the State Border Guard Service made the following guidelines available on its intranet (DTCIS):</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<ul style="list-style-type: none"> <li>• Practical Guide on Identification of victims and persons at-risk of trafficking in human beings. The guide was prepared by the UNICEF in consultation with INTERPOL and EUROPOL.</li> <li>• Joint publication by the EUROPOL, FRONTEX and ELA (European Labor Authority) on the indicators that help identify victims of trafficking in human beings from Ukraine</li> </ul> <p><u>Employees of the Migration Department</u> rely on the guidelines prepared by the European Union Agency for Asylum and the information published by the UNHCR.</p> <p>3.</p> <p>Under Article 182.2 of the Law on the Legal Status of Foreigners, individuals who are victims of human trafficking or have suffered from torture, rape, or severe psychological, physical, or sexual violence are classified as vulnerable persons. The <u>officers of the State Border Guard Service</u> perform the initial assessment of vulnerability on the basis of the Description of the Procedure for Granting and Revoking Asylum in the Republic of Lithuania, approved by Order No. 1V-131 of the Minister of the Interior on February 24, 2016. A comprehensive vulnerability assessment of asylum seekers is carried out at the Foreigners Registration Center in Pabradė by the State Border Guard Service in accordance with the Procedure Description for Identifying, Accommodating and Assisting Foreigners with Special Needs at the State Border Guard Service's Foreigners Registration Center, approved by the Order No. 4-597 of the Head of the State Border Guard Service on December 23, 2016 (new edition by the Order No. 4-153 of the Head of VSAT on April 10, 2020).</p> <p>Specifically, <b><u>medical examinations</u></b> are regulated by Article 82<sup>1</sup> of the Law on the Legal Status of Foreigners. The Migration Department can organize and cover the costs of a medical examination if, when examining a request for asylum on its merits, it is determined that the results of a medical examination can either confirm or refute the data provided by the asylum seeker, which may have a significant impact on granting of refugee or subsidiary protection status. Medical examination requires the asylum seeker's or his/her legal representative's consent. The law does not specify any criteria, each case is evaluated individually on the basis of the totality of available data.</p>
--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.


4. Employees of the Migration Department rely on the guidelines prepared by the European Union Agency for Asylum and the information published by the UNHCR.

5. Employees of the Migration Department do not have separate dedicated trainings; the issue is discussed in general trainings on asylum topics. The Migration Department staff also participate in trainings organized by the European Union Agency for Asylum when possible.

6.  
According to Section 154 of the Description of the Procedure for Granting and Revoking Asylum in the Republic of Lithuania, approved by Order No. 1V-131 of the Minister of the Interior on February 24, 2016, when the Migration Department decides to conduct a medical examination of an asylum seeker, it contacts the territorial division of the State Forensic Medicine Service responsible for the area where the asylum seeker resides, has been accommodated, or is detained. The request is made for a forensic medical examination and for conclusions regarding the injuries, their causes, methods, and timing. The results are assessed within the context of all gathered information. A comprehensive vulnerability assessment can also be carried out on the asylum seeker. Per Section 35 of the Description, once the Migration Department receives a comprehensive vulnerability assessment of the asylum seeker from the State Border Guard Service, the Refugee Reception Center, or any other competent institution or organization, which is drafted with the participation of a social worker, medical doctor, and psychologist and includes, among other things, an evaluation of the asylum seeker's social skills, health status, and psychological state, the Migration Department reassesses the need for special procedural guarantees for the asylum seeker. If such guarantees are deemed necessary, they are noted in the person's file. While carrying out the procedures outlined in the Description, the state officials of the Migration Department ensure compliance with the special procedural guarantees marked in the person's file.

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>7. It's almost impossible to prove, for example, that certain scars resulted from torture. Therefore, all other collected data must be taken into account.</p> <p>8. We do not record such cases separately and cannot provide this information.</p> <p>9. No specific procedure is established in Lithuania. However, if such a case were identified during registration, the relevant institution would be informed based on individual circumstances, and pertinent information would be provided to the person.</p> <p>10. All involved institutions, including the State Border Guard Service and the Migration Department, publish information about the available support.</p> <p>11. We do not record such cases separately and cannot provide this information.</p> <p>12. We do not record such cases separately and cannot provide that information.</p>
	<b>EMN NCP Luxem bourg</b>	<b>Yes</b>	<p>1. Article 3(2) of the amended Act of 18 December 2015 on international protection and temporary protection (Asylum Law) stipulates that the agents responsible for examining asylum applications "shall receive relevant training in accordance with EU Regulation No 439/2010 of 19 May 2010 establishing a European Asylum Support Office."</p>

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>The agents who interview applicants under this law must also have a general knowledge of the issues that could affect the applicant's ability to be interviewed, in particular the evidence that the applicant may have been subjected to torture in the past.</p> <p>The immigration and reception authorities are responsible for assessing vulnerable persons in the international protection procedure. The staff includes amongst others social workers, an ethno-psychological team and health professionals as well as experts for people with special needs.</p> <p>With regard to the agents in charge for the examination of the applications for international protection, all the agents are trained accordingly, and continuous training is in place on the topic of vulnerable persons in general. Some staff members are specifically trained to handle cases involving vulnerable persons, including unaccompanied minors.</p> <p>The Refugee Unit staff of the Directorate of immigration has received training on human trafficking, training on sexual violence, training on interviewing children, and training on interviewing vulnerable persons, among other things. Consequently, both the processing of the application and the interviews are carried out by caseworkers who are properly trained to handle cases involving vulnerable persons.</p> <p>In terms of the reception of AIPs, the National Reception Office (ONA) maintains an effective partnership with organizations such as the Red Cross and Caritas, organizations responsible for the residents' social monitoring and support in the initial reception facility (where the Red Cross, whose ethno-psychological team screens applicants for mental disorders) and in the accommodation facilities for AIPs.</p> <p>The agents and social workers from ONA as well as its partners must undergo and have received training in detecting and identifying vulnerabilities for better care of the specific needs of vulnerable people.</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>Mandatory, ongoing training is required for both ONA staff and partner organizations. These training programs focus on key areas such as human trafficking, female genital mutilation, and LGBTIQ+ awareness, and are updated periodically to stay aligned with evolving needs in the field.</p> <p>More specifically, the ONA has set up a partnership with the Group for the Abolition of Female Genital Mutilation to provide compulsory training for all ONA staff who work in direct contact with women seeking international protection to help prevent FGM.</p> <p>2. The agents in charge of processing the applications for international protection do not have any written guidance to assist them in the detection and identification of victims of torture and/or ill-treatment during the international protection procedure.</p> <p>However, according to Article 16 (1) of the Asylum Law, the Minister in charge of Immigration can take the necessary measures to ensure that the applicant, with his/her consent, undergoes a physical examination in order to discover signs of persecution or serious harm which occurred in the past if he deems it relevant to the assessment of international protection. The medical examination is carried out at the expense of the State by a physician designated by the Minister and the results are communicated to the Minister as soon as possible. For the identification and documentation of signs of torture or other serious physical or psychological abuse, including sexual abuse, the medical examination will take into account the "Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment " (Istanbul Protocol).</p> <p>Furthermore, it may be mentioned that the European Union Agency for Asylum (EUAA) recently (March 2023) published a mapping report on the topic "Victims of torture: Identification, support and examination of claims" in order to support EU+ authorities to respond to the needs of victims of torture and deal with their claims for international protection. EUAA has also developed guidance material and tools that include references to victims of torture, and several topics relating to torture have been put</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

forward to be the subject of further guidance. These include appropriate interview techniques, tailored approaches to evidence assessment, documenting signs of torture and practices for cooperation between stakeholders in case the applicant for international protection has experienced torture. The core practical guides (Practical Guide: Qualification for international protection; Practical guide: Evidence assessment; Practical Guide: Personal Interview) on the examination of applications for international protection outline the principles, methodology and legal basis for the examination process, including information on adjustments to be made in case of special procedural needs. The practical guide on qualification also includes direct references to torture. Several COI reports and Country Guidance documents include information that is relevant in the examination of applications for international protection lodged by victims of torture. This includes profiles that are more likely to have experienced torture, as well as torture in prison or detention (as an example, see the reports on Syria, Afghanistan, Iraq and Eritrea). Finally, EUAA has also developed a tool for the identification of Persons with Special Needs (IPSN) and a tool for special needs and vulnerability assessment (SNVA).

The documentation by EUAA is distributed to each case worker and is also publicly available.

The reception authority ONA has developed a vulnerability and needs detection tool, which is currently in its pilot testing phase. The aim of this tool is to proactively identify specific vulnerabilities, including those who have been victims of torture or ill-treatment, at the earliest stage possible, specifically upon the applicant's arrival. This tool incorporates recommendations from bodies like the EUAA, specifically the guidelines issued on March 17th 2023, concerning the identification of Victims of Torture. To this end, indicators of torture have been integrated into the medical screening processes.

In the framework of the compulsory medical check-up for AIPs at the latest six weeks after arriving in Luxembourg performed by the Refugee Healthcare Department ("Service Santé des Réfugiés") of the Health Directorate, in cooperation with the Health and Social Welfare League ("Ligue médico-sociale")



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

the doctor takes a medical history and a history of the person's migratory route. Depending on the countries travelled through, the doctor asks whether the person has experienced acts of torture or violence. The Refugee Healthcare Department takes account of the WHO guidelines.

3. As mentioned above, Article 16 (1) of the Asylum Law states that if the Minister in charge of Immigration deems it relevant to the assessment of an international protection application, he takes the necessary measures to ensure that the applicant, with his/her consent, undergoes a physical examination in order to discover signs of persecution or serious harm which occurred in the past. The expenses of the medical examination nominated by the minister are covered by the State. The results are communicated as soon as possible to the minister.

This Article only applies if, in the course of examining the application, it is necessary to establish signs of torture or other serious forms of ill-treatment through a medical examination, in which case the applicant is given an appointment for medical consultation with a doctor. This happens when an applicant mentions torture or ill-treatment or when the agent has concerns that such treatment may have taken place.

This is reiterated in the answer of the Parliamentary question n°3902: "it is only when the Minister considers it relevant to the assessment of international protection that measures are taken to ensure that the applicant, who consents, undergoes a medical examination for signs of persecution. Consequently, allegations of torture or serious harm do not always require medical verification. In addition, applicants may themselves submit medical certificates attesting to the after-effects of torture, given that any applicant is free to undergo a medical examination on his or her own initiative in order to establish signs of persecution or serious harm."

However, article 16 (1) al. 2 indicates that if the applicant refuses to undergo this medical examination, this refusal will not prevent the minister from taking a decision regarding the international protection application.

It is important to mention that medical examinations ordered to establish or refute persecution claims made by applicants for international protection are quite rare.

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

4. In line with article 16 (1) of the Asylum Law, the medical examination is done by medical professionals according to international standards. Where appropriate, the outcome of the medical examination will be used to determine whether the applicant requires special procedural safeguards.

5. See answer to Q.1. There are no specific trainings on this issue.

6. As it was mentioned in the answer to Q.1, medical examinations for signs of persecution or serious harm in the context of the international protection procedure, are being carried by a medical physician appointed by the Minister. The physician appointed is an expert in his/her field which ensures that the medico-legal assessments and MRLs meet the criteria required.

#### 7. Challenges

For the immigration and asylum authorities :

The main challenge in identifying and detecting victims of torture and/or ill-treatment in international protection proceedings is that acts of torture are often not visible to the naked and untrained eye and that staff processing international protection applications have to rely on the applicant's statements to identify them as victims of torture or ill-treatment. However, victims of torture or ill-treatment are often apprehensive to disclose traumatic experiences. A possible reason is the applicants' possible mistrust in the authorities, as perpetrators of torture in the applicants' country of origin might have been part of authorities (e.g. government officers, police and military, medical professionals). Furthermore, sexual violence and torture may be seen as a very private matter. Out of shame and guilt, some applicants therefore prefer to only mention that violence happened, avoiding details. Applicants might also suffer from post-traumatic stress disorder (PTSD) which can affect their capacity to talk about their experiences of violence or they do not recognize themselves as victims of torture, as they are not aware that the violence they endured can be defined as torture. Lastly, in some cases, applicants might also avoid thinking of violent past events as part of their coping strategy (defence mechanism).

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

Another challenge lies in the credibility assessment when examining asylum claims, often because the applicant has a limited ability to provide detailed, coherent and consistent statements due to factors such as trauma, limitations related to memory, and/or lack of education. Furthermore, it is oftentimes difficult to establish whether the signs of violence stem from torture in the country of origin or from a possible accident (car accident, household accident, etc.)

For the reception authorities :

In identifying and detecting victims of torture and/or ill-treatment in international protection procedures, Luxembourg faces several challenges despite its proactive efforts.

- a. Language, cultural barriers, and mistrust of authorities: One of the primary challenges in the identification process is the obstacle presented by language and cultural differences. Translation and comprehension issues can lead to misunderstandings or misinterpretations during interviews and medical evaluations. In addition to these linguistic and cultural barriers, there is often a mistrust of authorities among asylum seekers. This mistrust can make applicants reluctant to disclose personal details or fully engage in the identification process, making it even more challenging for asylum authorities and medical professionals to accurately identify victims of torture or ill-treatment.
- b. Lack of specialized training among medical professionals: While Luxembourg has integrated indicators of torture into its initial medical screening processes, the healthcare providers conducting these evaluations are not mandated to have specialized training in identifying Victims of Torture (VoT).
- c. Limited physical evidence: Identification becomes particularly challenging in the absence of physical evidence or obvious indicators of torture. Psychological and emotional scars are less readily apparent but equally crucial for a comprehensive evaluation. As a result, reliance solely on medical indicators may not yield a complete understanding of an applicant's experiences.

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>d. Variability in medical certifications: The medical certificates indicating a suspicion of torture can be issued by any doctor, not necessarily one with forensic or legal expertise. This wide latitude may lead to inconsistencies in the evaluation process and the quality of evidence presented. Despite these challenges, Luxembourg employs a multidisciplinary approach that involves the Red Cross's ethno-psychological team stationed at the initial reception centre, as well as specialized medical-psychological teams from the Directorate of Health. Additionally, asylum seekers have the immediate right to access psychological and psychiatric support upon arrival and can also be referred to the national mental health network for more specialized care.</p> <p>For the Refugee Healthcare Department ("Service Santé des Réfugiés") of the Health Directorate: The early detection and identification of victims of torture and/or ill-treatment during our first medico-social consultation means that people can be cared for quickly and avoid the symptoms becoming chronic. Applicants are quickly integrated into the Luxembourg healthcare system so that they can receive appropriate support.</p> <p>Other challenges highlighted by Caritas:</p> <ul style="list-style-type: none"><li>• raise awareness among the medical profession of the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment " (Istanbul Protocol)</li><li>• increase the presence of psychologists and nurses in accommodation structures</li><li>• draw inspiration from existing good practices in other countries.</li></ul> <p>8. Good practices</p> <p>For the immigration and asylum authorities :</p> <p>This is a very complex and difficult subject and it is very complicated to identify good practices. However, it can be noted that the close cooperation and communication between the ONA and the</p>
--	--	--	--



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>Directorate of immigration can be considered a good practice in the identification and detection of victims of torture and/or ill-treatment in international protection proceedings.</p> <p>It is also worth noting that in Luxembourg, persons applying for international protection are examined by health professionals from the Ministry of Health upon arrival in the country and they are given a national social security number upon lodging an application, which allows them to benefit from the Luxembourg healthcare system.</p> <p>For the reception authorities :</p> <p>One of the good practices in Luxembourg is the multidisciplinary and multi-sectoral approach used for the identification and support of victims of torture and ill-treatment. This involves assembling a team of experts from various fields such as psychology, medicine, and social work to ensure a comprehensive understanding of the victim's needs. This approach is generally considered effective by the European Union Agency for Asylum (EUAA) and is also implemented by Médecins Sans Frontières.</p> <p>Another noteworthy practice is the early implementation of vulnerability and needs assessment tools. These tools, developed in accordance with guidelines from the EUAA, facilitate the early and proactive identification and subsequent support for victims, enhancing their overall well-being.</p> <p>Mandatory training on sensitivity and awareness issues, along with collaborative agreements with the Red Cross for specialized screenings, further strengthen the identification process. These practices collectively reflect a commitment to human rights and the well-being of asylum seekers.</p> <p>For the Refugee Healthcare Department ("Service Santé des Réfugiés") of the Health Directorate: Initial consultation to carry out a full health check-up and identify any psychological/psychiatric needs arising from the patient's migratory history.</p> <p>9. In accordance with the Communication from the European Commission on Operational guidelines for the implementation of Council implementing Decision 2022/382 establishing the existence of a mass influx of displaced persons from Ukraine within the meaning of Article 5 of Directive 2001/55/EC, and having the effect of introducing temporary protection (2022/C 126/I/01) under the item "Evidence of</p>
--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>being entitled to temporary protection as provided for in Directive 2001/55/EC or adequate protection under national law it is expressly stated that the right to temporary protection is immediate if the applicants fulfil the requirements laid down by the National Law and the Council Decision. In consequence, the Directorate of immigration does not conduct an interview for the purpose of determining whether the applicant is a victim of torture. However, in Luxembourg, in order to optimize and accelerate the administrative and decision-making process for the large number of applicants, the government agencies involved set up a One-Stop-Shop called “guichet unique – enregistrement Ukraine” in the heart of Luxembourg’s city center. This One-Stop-Shop, houses among others the Ministry of Health, so that the applicants can immediately be in contact with professionals.</p> <p>10. N/A.</p> <p>11. N/A.</p> <p>12. N/A.</p>
	<b>EMN NCP Malta</b>	<b>No</b>	
	<b>EMN NCP Netherlands</b>	<b>Yes</b>	<p>1.</p> <p>Asylum authorities/ case workers of the Immigration and Naturalisation Service (Immigratie- en Naturalisatiedienst, IND) receive the following training relevant to detecting and identifying potential victims of torture and/or ill-treatment among applicants for international protection:</p>

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<ul style="list-style-type: none"> <li>• All IND asylum case workers receive two mandatory trainings provided by the European Union Agency for Asylum (EUAA): 'Interview Techniques' (general) and 'Interviewing Vulnerable Persons'.<sup>[1]</sup> The aim of these trainings is to obtain as much reliable information from the applicant as possible, in particular when dealing with vulnerable persons. The training on interviewing vulnerable persons also entails how to build rapport and receive disclosure from a vulnerable person during an interview, as well as how to identify special (procedural) needs and the effect this can have on the application for international protection.<sup>[2]</sup></li> <li>• As part of the general training for asylum case workers (Basisopleiding Asiel, BOA), attention is paid to situations in which applicants may not be able to clearly and consistently express their asylum motive/story. This could be relevant in the case of trauma from past torture or ill-treatment (see also Q7).</li> <li>• In addition to the above, IND asylum case workers may follow additional courses, such as the training 'gender, gender identity and sexual orientation' (EUAA) or a training on 'trauma-sensitive asylum interviews and decisions'.<sup>[3]</sup></li> <li>• Furthermore, the IND has so-called Medical Coordinators Asylum (Medische Coördinatoren Asiel). These coordinators are specialized in medical issues during the international protection procedures and can be contacted by asylum case workers for advice.<sup>[4]</sup> In addition, every IND location has specially trained contact persons for cases in which human trafficking, domestic or honour-related violence play a role (but note that this is not equivalent to torture/ill-treatment).<sup>[5]</sup></li> </ul> <p>Other authorities in contact with applicants for international protection (i.e. reception staff of the Central Agency for the Reception of Asylum Seekers (Centraal Orgaan opvang asielzoekers, COA), the Royal Netherlands Marechaussee (KMar), or the Aliens Police Department, Identification and Human Trafficking (Afdeling Vreemdelingen, Identificatie en Mensenhandel van de Nationale Politie, AVIM) receive the following training relevant to detecting and identifying potential victims of torture and/or ill-treatment among applicants for international protection:</p>
--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

- COA employees do not receive specific training on the detection and identification of victims of torture or ill-treatment. Nevertheless, the COA has a 'guidance function' when it comes to medical problems and access to health care for applicants for international protection (the so-called gidsfunctie gezondheidszorg). This entails a.o.t. the signalling of socio-medical issues and referral to the health care service for asylum seekers (Gezondheidszorg Asielzoekers, GZA), if necessary. In addition, there are various trainings for COA employees to recognize and act on signs of human trafficking; like the IND, the COA also has special contact persons for trafficking in human beings.[6] Lastly, there are at least two appointed COA employees at every reception centre who are specialized in domestic and child abuse as well as honour-related violence (aandachtsfunctionarissen Meldcode Huiselijk geweld, Kindermishandeling en Eergerelateerd geweld). These employees receive specific training on detecting signals of abuse, and their role is a.o.t. to inform colleagues and provide advice in cases involving domestic or child abuse or honour-related violence.[7]
- Employees of the KMar and AVIM do not receive specific training on the detection or identification of victims of torture or ill-treatment. This is because the core function of the KMar and AVIM during the Identification and Registration (I&R) process that precedes the asylum procedure is to establish the identity of the applicant, and not to address potential asylum motives. However, if an applicant for international protection has visible marks of torture/ill-treatment or puts forward such signs during the I&R process, this will be included in the I&R file which is sent to the IND for the further asylum procedure.[8]

[1] Work instruction IND/SUA, 2021/13 'Nader gehoor', WI 2021/13 Nader gehoor - Immigratie- en Naturalisatiedienst (pucoverheid.nl), last accessed 31 July 2023.

[2] Interviewing vulnerable persons | European Union Agency for Asylum (europa.eu)

[3] Letter from the Minister for Migration of 22 June 2023, 5 85180.



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>[4] This information was provided by the Asylum Directorate (A&amp;B) of the Immigration and Naturalisation Service (IND) on 9 August 2023.</p> <p>[5] This information was provided by the Asylum Directorate (A&amp;B) of the Immigration and Naturalisation Service (IND) on 9 August 2023.</p> <p>[6] This information was provided by the Central Agency for the Reception of Asylum Seekers (COA) on</p> <p>[7] This information was provided by the Central Agency for the Reception of Asylum Seekers (COA) on ; see also: Central Agency for the Reception of Asylum Seekers (COA), 'Veiligheid in en rond azc's, <a href="http://www.coa.nl">COA - Veiligheid in en rond azc's   www.coa.nl</a>, last accessed 30 July 2023.</p> <p>[8] This information was provided by the Royal Netherlands Marechaussee (KMar) on 2 August 2023.</p> <p>2.</p> <p>In the Netherlands, there is not one specific guideline, handbook or manual to assist competent asylum authorities in the detection and identification of victims of torture and/or ill-treatment during the international protection procedure. However, there are several relevant procedures and (written) guidelines that are relevant in this context:</p> <p>Prior to the start of the asylum procedure, a medical examination leading to the Medical Advice Asylum Interviews and Decisions (Medisch Advies Horen en Beslissen, hereinafter: Medical Advice) is carried out; this examination assesses whether the applicant suffers from physical or psychological issues. The purpose of the Medical Advice is to assess the physical and psychological ability of the applicant to be interviewed and to advise the IND on how to take into account identified medical issues during the interview and in the assessment of the asylum claim.[1] As for the reception staff, the COA works with an operational framework (uitvoeringskader) for vulnerable persons that focuses on individual guidance and support. In the case of (potential) victims of torture or ill-treatment, this will be addressed on a case-by-case basis (including referral to medical care and other relevant parties).[2]</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>According to the Aliens Act Implementation Guidelines (Vreemdelingencirculaire, Vc 2000), the IND may ask the applicants for international protection about the presence of scars, physical or psychological complaints that are related to their asylum account during the asylum interview. However, the IND will not ask applicants to demonstrate scars, and IND employees cannot make medical diagnoses themselves. Alleged physical or psychological issues must normally be substantiated by (pre-existing) medical reports, and/or asylum case workers may request a Medico-Legal Report (MLR, in Dutch: Forensisch Medisch Onderzoek, FMO) as part of the asylum procedure.<sup>[3]</sup></p> <p>The Strategy and Implementation Advice Directorate (directie Strategie- en Uitvoeringsadvies, SUA) of the IND develops written guidelines (so-called work instructions) to assist asylum case workers with different aspects of the international protection procedure. The following work instructions contain relevant elements to the detection, identification and consideration of medical vulnerabilities during the international protection procedure, including signs of torture and/or ill-treatment:</p> <ul style="list-style-type: none"> <li>• Work instruction on conducting the detailed asylum interview (WI 2021/13): this work instruction provides general guidance for asylum case workers when conducting the detailed asylum interview. It provides that at the beginning of each detailed asylum interview, the case worker must pay attention to the physical and psychological well-being of the applicant and ask whether he or she feels well enough (mentally and physically) to conduct the interview. In case the applicant asserts that he/she is undergoing medical treatment, the case worker asks for supportive documentation. If medical circumstances could indicate that special procedural safeguards are necessary, the case worker will further examine this (see also below, WI 2021/9).<sup>[4]</sup></li> <li>• Work instruction on medical problems during asylum interviews and decisions (WI 2021/12): this work instruction addresses how medical advice issued to the IND before the start of the asylum procedure and other medical signals should be taken into consideration during the interview and the decision on the application for international protection. A medical examination is offered to</li> </ul>
--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>applicants before the start of the asylum procedure, resulting in the Medical Advice on whether the applicant suffers from physical or psychological issues that the IND has to take into account during the interview and results. This Medical Advice can also give first indications for requesting a Medico-Legal Report (Forensisch Medisch Onderzoek, FMO) later in the procedure. The IND takes into account the Medical Advice, as well as statements and documentation submitted by the applicant and signals detected by the asylum case workers (or other parties in contact with the applicant) to decide whether it is necessary to adapt the procedure and/or provide additional procedural safeguards (see also WI 2021/9 below).[5]</p> <ul style="list-style-type: none"> <li>• Work instruction on special procedural safeguards (WI 2021/9): this work instruction concerns situations in which the applicant for international protection must be offered special procedural safeguards during the procedure. Indications for offering such additional procedural safeguards can be based on a variety of reasons and factors, amongst which physical conditions (such as physical illness or pregnancy) as well as psychological features (e.g. confused, tired, anxious, nervous, aggressive, quiet, suicidal, traumatized, depressed). Indications for special procedural safeguards can also be based on statements of the applicant asserting his/her victimhood of physical, psychological, or sexual abuse, torture or ill-treatment. The type of extra safeguards that should be offered to vulnerable persons is determined on a case-by-case basis and is not further defined in the work instruction.[6]</li> <li>• Work instruction on Medico-Legal Reports as supporting evidence (WI 2016/4): this work instruction describes when and how asylum case workers may request a Medico-Legal Report (MLR or FMO in Dutch) during the international protection procedure as supporting evidence, and how they should take into account the results of such a report when assessing the application for international protection. See Q3 and Q4 below for more information on this work instruction and the use of MLR's during the international protection procedure.[7]</li> <li>• Work instruction on trafficking in human beings in asylum cases (WI 2021/16): this work instruction provides specific guidance for asylum case workers in detecting and identifying</li> </ul>
--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>victims of trafficking in human beings (both as a possible asylum motive as well as for the referral to other relevant parties and the granting of a special humanitarian permit for victims of human trafficking). The instruction offers guidance on how to detect signs of human trafficking, and describes the procedures that should be followed in case of a suspicion of victimhood of human trafficking. (Presumed) victims of human trafficking can be offered a reflection period of 30-90 days if law enforcement or the labour inspectorate confirm that the person is a possible victim of human trafficking. Victims are also eligible for a regular humanitarian residence permit on the basis of human trafficking. However, victimhood of human trafficking can also be taken into account as an asylum ground assessing an application for international protection.[8]</p> <p>[1] Work instruction IND/SUA, 2021/12, 'Medische problematiek en horen en beslissen in de asielprocedure', <a href="#">WI 2021/12 Medische problematiek en horen en beslissen in de asielprocedure - Immigratie- en Naturalisatiedienst (pucoverheid.nl)</a>, last accessed 31 July 2023.</p> <p>[2] This information was provided by the Central Agency for the Reception of Asylum Seekers on 23 August 2023.</p> <p>[3] Art. C2/4.4.4 of the Aliens Act Implementation Guidelines (Vc) 2000.</p> <p>[4] Work instruction IND/SUA, 2021/13 'Nader gehoor', <a href="#">WI 2021/13 Nader gehoor - Immigratie- en Naturalisatiedienst (pucoverheid.nl)</a>, last accessed 31 July 2023.</p> <p>[5] Work instruction IND/SUA, 2021/12, 'Medische problematiek en horen en beslissen in de asielprocedure', <a href="#">WI 2021/12 Medische problematiek en horen en beslissen in de asielprocedure - Immigratie- en Naturalisatiedienst (pucoverheid.nl)</a>, last accessed 31 July 2023.</p> <p>[6] Work instruction IND/SUA, 2021/9, 'Bijzondere procedurele waarborgen', <a href="#">WI 2021/9 Bijzondere procedurele waarborgen - Immigratie- en Naturalisatiedienst (pucoverheid.nl)</a>, last accessed 31 July 2023; see also: Amnesty International, 'Seksueel Geweld: blinde vlek in de asielprocedure? (sexual violence: blind spot in the asylum procedure?)', 2023.</p>
--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

[7] Work instruction IND/SUA, 2016/4, 'Forensisch medisch onderzoek naar steunbewijs (FMO)', WI 2016/4 Forensisch medisch onderzoek naar steunbewijs (FMO) - Immigratie- en Naturalisatiedienst (pucoverheid.nl), last accessed 31 July 2023.

[8] Work instruction IND/SUA, 2021/16, 'Mensenhandel in asielzaken', WI 2021/16 Mensenhandel in asielzaken - Immigratie- en Naturalisatiedienst (pucoverheid.nl), last accessed 31 July 2023.

3.

The abovementioned work instruction on Medico-Legal Reports as supportive evidence (WI 2016/4) describes, amongst other things, when and how asylum case workers may request an MLR:

- An MLR is generally requested by the asylum case worker after the detailed asylum interview. At that point in the procedure, the IND has already heard the asylum claim of the applicant and has made a first assessment of the credibility of the asylum account (asielrelaas).
- Asylum case workers may request an MLR if such a report is considered necessary for the integral credibility assessment (integrale geloofwaardigheidstoets) of the asylum story, and thus is required to take a positive or negative asylum decision. For example, requesting an MLR may be appropriate if an applicant claiming to have been a victim of torture/ ill-treatment was vague or unclear during parts of his/her asylum story, while the relevant country information indicates that the manner of torture he or she described is common in the country of origin. An MLR can also be requested as a second opinion in cases where the applicant has submitted supportive medical evidence by a third party, which claims that there is a causal relationship between physical or psychological marks/ conditions and the alleged torture or ill-treatment. Whether such a second opinion is necessary is decided on a case-by-case basis.[1]
- An MLR can only be conducted with the explicit consent of the applicant for international protection. The applicant will sign a consent form to that effect, indicating that he or she agrees with the medical examination, the provision of relevant information to the medical examiner, and the handing over of the MLR to the IND. The applicant also has a correction and objection right.

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>This means that the applicant receives the draft MLR and may suggest corrections on factual errors or circumstances (but not regarding the professional opinion of the examiner).[2] The applicant also receives the final MLR through his/her lawyer and may object to the handing over of the MLR to the IND within five days.[3]</p> <p>Furthermore, the work instruction (WI 2016/4) provides a list of situations in which an MLR should not be requested. This is the case when:</p> <ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>○ The decision on the asylum application is or will be positive regardless of a possible MLR (and thus, an MLR is not necessary);</li><li>○ The asylum application is not/ no longer processed;</li><li>○ The asylum application is declared inadmissible (with the exception of subsequent applications);</li><li>○ The application cannot lead to a positive asylum decision/Art. 3 ECHR risk, regardless of the result of a possible MLR;</li><li>○ The statements issued by the applicant are incredible to the extent that the results of an MLR will presumably not lead to a different judgement (for example, because of a language analysis indicating that the claimed country of origin is not credible, or country information indicating that an alleged event has not taken place in the form or time as stated by the applicant, or if the detention during which the torture is said to have occurred is incredible due to contradicting or very vague statements).[4]</li></ul></li></ul> <p>[1] However, if the applicant aims to support statements with the medico-legal assessment by a third party, where these claims have been found to be incredible beyond reasonable doubt (and the applicant has also not otherwise been able to substantiate these claims), a medico-legal report by a third party alone does usually not provide a reason to assess the claim as credible or to request a second opinion.</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>[2] If suggested corrections are not incorporated in the final report, the examiner must indicate this in the report itself.</p> <p>[3] Work instruction IND/SUA, 2016/4, 'Forensisch medisch onderzoek naar steunbewijs (FMO)', <a href="#">WI 2016/4 Forensisch medisch onderzoek naar steunbewijs (FMO) - Immigratie- en Naturalisatiedienst (pucoverheid.nl)</a>, last accessed 31 July 2023.</p> <p>[4] Work instruction IND/SUA, 2016/4, 'Forensisch medisch onderzoek naar steunbewijs (FMO)', <a href="#">WI 2016/4 Forensisch medisch onderzoek naar steunbewijs (FMO) - Immigratie- en Naturalisatiedienst (pucoverheid.nl)</a>, last accessed 31 July 2023.</p> <p>4.</p> <p>The abovementioned work instruction on Medico-Legal Reports as supportive evidence (WI 2016/4, see also Q2 and Q3) also describes how asylum case workers should take into account medico-legal documentation as part of the evidence in an application for international protection:</p> <ul style="list-style-type: none"><li>• According to the work instruction, MLR's should be considered as part of the evidence during the integral credibility assessment (integrale geloofwaardigheidstoets) of the applicant's asylum story. The asylum case worker must always embed the outcome of the MLR within the entirety of information and statements submitted by the applicant, as well as other available information such as the country of origin information. As mentioned in Q3, the IND has usually already made a preliminary assessment of the credibility of the asylum story when requesting an MLR. The outcome of the MLR can then be used to 'adjust' the judgement of the asylum case worker regarding the credibility of the asylum claims made by the applicant.</li><li>• The work instruction also clarifies that an MLR does not provide an absolute truth on the credibility of the asylum claim, but solely and objectively assesses the causality between detected medical symptoms and the claimed persecution or serious harm. The extent of causality is a.o.t. indicated on the basis of the Istanbul Protocol or the Bayesian method by the party carrying out the medical examination (for more information, see Q6 below). If an MLR</li></ul>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>indicates that there is a causal relationship between the physical and/ or psychological marks and the alleged torture/ill-treatment, but the IND issues a negative asylum decision based on the integral credibility assessment, the asylum case worker must explicitly address the findings of the MLR in relation to the asylum story.</p> <ul style="list-style-type: none"><li>• In case the MLR is requested as a second opinion (i.e. because the applicant has already submitted a medico-legal assessment conducted by a third party), the MLR requested by the IND as well as the report submitted by the applicant will be taken into account during the integral credibility assessment.[1]</li></ul> <p>[1] Work instruction IND/SUA, 2016/4, 'Forensisch medisch onderzoek naar steunbewijs (FMO)', <u>WI 2016/4 Forensisch medisch onderzoek naar steunbewijs (FMO) - Immigratie- en Naturalisatiedienst (pucoverheid.nl)</u>, last accessed 31 July 2023.</p> <p>5. All IND case workers follow the mandatory EUAA training 'evidence assessment' on how to take into account various evidence during the assessment of an asylum claim.[1] In addition, the Medical Coordinators Asylum (see also Q1) within the IND can be contacted about medico-related matters. These coordinators are specialized in medical issues during the international protection procedures, including but not limited to MLR's.[2]</p> <p>[1] See: <a href="https://euaa.europa.eu/training-catalogue/evidence-assessment-0">https://euaa.europa.eu/training-catalogue/evidence-assessment-0</a>. [2] This information was provided by the Asylum Directorate (A&amp;B) of the Immigration and Naturalisation Service (IND) on 9 August 2023.</p> <p>6.</p>
--	--	--	--



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

In order to ensure that an MLR meets the criteria required for its consideration in the international protection procedure, MLRs requested by the IND will always be performed by independent, qualified medical professionals specialized in forensics. This means that the professionals are experienced in conducting medical examinations and reports specifically for the use in legal procedures. For this purpose, the IND has a cooperation agreement with the Netherlands Forensic Institute (NFI) and the Netherlands Forensic Institute for Forensic Psychiatry and Psychology (NIFP).

When requesting an MLR, the IND gives clear instructions to the NFI and the NIFP to ensure that the report contributes to the assessment of the asylum claim. The main question to be answered in the MLR is always to what extent there exists causality between physical or psychological marks or conditions on the one hand, and the way in which the applicant claims they have originated (i.e. from torture or ill-treatment) on the other. This main question is complemented with case-specific sub-questions for the NFI and the NIFP, respectively. The extent of causality is a.o.t. indicated on the basis of the Istanbul protocol, this is the case for the report of the NIFP. The NFI makes use of the Bayesian method.<sup>[1]</sup>

In order to adequately prepare and inform the medical professional conducting the MLR, relevant documents are sent to the NFI/NIFP (with the explicit consent of the applicant). These documents concern at least the transcripts of the asylum interview(s) and the Medical Advice (see Q2, WI 2021/12). However, in order to guarantee the objectivity of the MLR, the IND does not inform the NFI or the NIFP about the initial credibility assessment of the asylum story.<sup>[2]</sup>

<sup>[1]</sup> The Bayesian method entails that the examiner looks for medical indications to support both hypotheses, namely a) that here exists causality between medical marks/ conditions and the alleged torture or ill-treatment, or b) that there is no causality between medical marks/conditions and the alleged torture or ill-treatment. The examiner also pays attention to the potential exaggeration of complaints by the applicant in order to retrieve personal benefit. However, the medical examiner does not make an assessment of the credibility of the asylum story as such, as this is the sole responsibility

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

of the IND; this information was provided by the Asylum Directorate (A&B) of the Immigration and Naturalisation Service (IND) on 9 August 2023.

[2] Work instruction IND/SUA, 2016/4, 'Forensisch medisch onderzoek naar steunbewijs (FMO)', WI 2016/4 Forensisch medisch onderzoek naar steunbewijs (FMO) - Immigratie- en Naturalisatiedienst (pucoverheid.nl), last accessed 31 July 2023.

7.

In March 2023, Amnesty International published a report[1] in cooperation with the Institute for Human Rights and Medical Research (Instituut voor mensenrechten en medisch onderzoek, iMMO), highlighting several challenges in the detection/identification of victims of sexual violence[2] during the international protection procedure, including the use of MLRs. In addition, in November 2020 Amnesty International published a report on the handling of (lack of) documentary evidence during the asylum procedure in the Netherlands.[3] The reports address, amongst other things, key challenges in relation to the identification of victims of torture/ill-treatment, including the use of medico-legal assessments. In June 2023, the Minister for Migration sent a policy response to the Amnesty International report published on victims of sexual violence.[4] Please note that the perspective of the Dutch government, the Minister for Migration and the IND with regards to the challenges raised by Amnesty International will also be considered below:

- Medical Advice for Asylum Interviews and Decisions: Before the start of the asylum procedure, applicants for international protection are generally subjected to a medical check resulting the Medical Advice for IND case workers (see also Q2, WI 2021/12). However, the Amnesty International report on victims of sexual violence concluded that in the selected case files, medical issues were often known prior to the start of the asylum procedure, but were not included in the Medical Advice and/or no instructions were given to the case workers. According to the report, this puts a lot of pressure on asylum case workers to detect possible signs of torture/ill-treatment during the interview.[5] However, as explained in the government's

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>response to parliamentary questions regarding the Medical Advice in 2023, possible scars or signs of torture generally fall outside the scope of the medical check performed before the start of the asylum procedure and the Medical Advice.[6] This is because the purpose of the Medical Advice is to assess the physical and psychological ability of the applicant to be interviewed and to advise the IND on how to take into account identified medical issues during the interview and in the assessment of the asylum claim, and not to address signs of past torture/ill-treatment in relation to the asylum claim.[7] Another critique is that asylum applications by third-country nationals subject to the Dublin regulation or originating from a 'safe country of origin' (so-called Spoor 1 and Spoor 2 applications) are assessed through a shortened asylum procedure, and these applicants do generally not receive this preparatory medical check.[8] However, the Directorate for Strategy and Implementation Advice (SUA) of the IND notes that cases falling under the Dublin regulation are not substantively assessed in the Netherlands (and the asylum account and the Medical Advice are thus technically not relevant).; in addition, IND case workers can decide to offer a Medical Advice in individual cases involving applicants from safe countries of origin (so-called Spoor 2).[9]</p> <ul style="list-style-type: none"> <li>• <u>Low number of MLR's requested by the IND:</u> In the research period of the Amnesty International report on victims of sexual violence (i.e. the past three years), the IND had only requested an MLR in six cases where applicants claimed to have been a victim of torture or ill-treatment. As a reference, the iMMO receives around 140 requests for MLRs from applicants for international protection per year. As a side note, however, this does not mean that they also handle those 140 applications each year. As a side note, however, this does not mean that they also handle those 140 applications each year. On average they handle around 80 cases. Amnesty concluded that in a few rare cases the applicant's lawyer asserted that a medical examination was necessary, but the IND did not do so because, according to Amnesty, asylum case workers found that the scars or marks did not necessarily stem from (alleged) ill-treatment but could also have originated otherwise.[10] In the policy response of the government to the report by Amnesty International, the Minister for Migration asserted that the fact that iMMO carries out</li> </ul>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>more MLRs does not imply that the IND is not compliant with its obligations under the Procedural Directive. In some cases, an MLR may not be necessary because the asylum application will lead to a positive decision anyways (see also Q3 for situations in which an MLR is not necessary).[11] Furthermore, it can be difficult for the IND to know when to request an MLR, for example because the applicant has not mentioned past torture/ill-treatment to either the IND or their lawyer due to trauma or shame, lack of trust, or even the assumption that it is not relevant for their asylum procedure.[12]</p> <ul style="list-style-type: none"> <li>• <u>Insufficient trauma sensitivity in asylum interviews and decisions:</u> The abovementioned Amnesty International report on the handling of documentary evidence concluded that the potential impact of alleged torture and/or ill-treatment was mostly not taken into account by the IND in cases where the nationality, country of origin, or identity was not considered credible. According to the Directorate for Strategy and Implementation Advice (SUA) of the IND, this is because if the IND considers fundamental parts of the asylum story (i.e. origin or identity) incredible, information on alleged torture and/or ill-treatment as an asylum motive becomes irrelevant.[13] However, according to Amnesty International, this is problematic because traumatic experiences can be the exact reason why applicants give less consistent or complete statements during the international protection procedure and the interview. Amnesty concluded that the work instructions for IND case workers insufficiently address the effects that traumatic experiences can have on an individual's memory and capability to give coherent, consistent and complete statements.[14] This could prevent the identification of potential victims of torture or ill-treatment, i.e. because their asylum story is considered inconsistent and/or incredible. It should be reiterated however that in the general training for asylum case workers (BOA), particular attention is paid to situations in which applicants may not be able to consistently and clearly express their asylum motives due to past experiences. In addition, IND case workers may follow additional trainings on trauma-sensitive interviewing (but note that only the EUAA training 'interviewing vulnerable persons' is mandatory for all case workers; see also Q1).[15]</li> </ul>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<ul style="list-style-type: none"> <li>• <u>Lack of gender-specific and intersectional approach</u>: The Amnesty International report on victims of sexual violence claims that there is insufficient consideration of gender-specific aspects in the asylum procedure. This concerns both substantive policies (for example, the recognition of gender-based violence under the Refugee Convention or in the context of non-refoulement), as well as the practice of the IND. Amnesty noted that the IND should take a more gender-specific and intersectional approach when hearing, interpreting and assessing asylum claims.[16] The report further asserts that there is lack of gender-specific training and instructions, and that asylum case workers are insufficiently susceptible to gender-specific trauma during the asylum interviews. In addition, despite the best efforts of the IND to always assign applicants a case worker and/or interpreter of their preferred gender, this is not possible in all cases.[17] According to Amnesty International, this may hinder applicants to openly talk about their experiences and to identify potential victims of gender-based violence.[18] In the government's policy response to the Amnesty International report, the Minister for Migration noted that he considered the asylum procedure to be sufficiently gender-sensitive, both on a substantive and procedural level. That is, aspects related to gender and gender-based violence are embedded in various (substantive) asylum and country policies as well as procedural safeguards. Furthermore, as mentioned above, IND case workers can follow a number of trainings that help them acquire a gender-sensitive approach during asylum interviews and decisions (see also Q1).[19]</li> <li>• <u>Victims from 'safe countries of origin'</u>: In the Netherlands, applications for international protection concerning third-country nationals from the list of 'safe countries of origin' are assessed through a shortened asylum procedure. In these cases, it is more difficult to obtain a positive asylum decision and a higher burden of proof applies. As mentioned previously, these applicants generally do not receive a medical check prior to the asylum procedure and consequently no Medical Advice is given to the IND. Amnesty International notes that third-country nationals from such 'safe countries of origin' can in some cases still be a victim of</li> </ul>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>torture/ill-treatment – especially gender-based violence - and are thus eligible for international protection.[20] As noted in its policy response, the Dutch government disagrees with the allegation that the IND does not sufficiently consider these intersectional aspects in cases involving applicants from 'safe countries of origin countries'. According to the Minister for Migration, gender-specific aspects such as sexual or gender-related violence and the situation of women in general are always taken into consideration when developing country reports and country-specific policies, including for 'safe countries'; although Amnesty International argues that it is insufficiently clear how this is taken into account.[21]</p> <p>In addition to the challenges put forward in the Amnesty International reports, the Asylum Directorate (directie Asiel en Bescherming, A&amp;B) of the IND and the COA noted that in recent years, there has been an increasing number of new employees, all of whom have to be trained and educated (including in the detection and identification of vulnerable persons). The more experienced an employee, the more knowledgeable they become on how to recognize and address signs of a.o.t. torture or ill-treatment.[22]</p> <p>[1] See: Amnesty International, 'Seksueel Geweld: blinde vlek in de asielprocedure? (sexual violence: blind spot in the asylum procedure?)', 2023.</p> <p>[2] Even though sexual violence is one specific form of torture/ill-treatment, the research findings are considered relevant to this Inform, and the report itself indicates that the (medical) analysis of indications of sexual abuse could not be fully separated from signs of torture or ill-treatment in general.</p> <p>[3] See: Amnesty International, 'Bewijsnood: wanneer nationaliteit en identiteit ongeloofwaardig worden bevonden (lack of documentary proof: when nationality and identity are considered incredible)', 2020.</p> <p>[4] Letter from the Minister for Migration of 22 June 2023, 5 85180.</p> <p>[5] Amnesty International, 'Seksueel Geweld: blinde vlek in de asielprocedure? (sexual violence: blind spot in the asylum procedure?)', 2023.</p> <p>[6] An exception is if the applicant him- or herself brings up scars or signs of torture/ill-treatment</p>
--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

[7] House of Representatives, 'Antwoorden kamervragen over het bericht afgevinkt en uitgezet (responses to the parliamentary questions on the report 'checked and expelled)', 2023, [antwoorden-kamervragen-over-het-bericht-afgevinkt-en-uitgezet.pdf](#).

[8] Amnesty International, 'Seksueel Geweld: blinde vlek in de asielprocedure? (sexual violence: blind spot in the asylum procedure?)', 2023.

[9] This information was provided by the Directorate for Strategy and Implementation Advice (SUA) of the Immigration and Naturalisation Service (IND) on 21 August 2023; see also: Work instruction IND/SUA, 2021/14, 'Spoor 2', [https://ind.pucoverheid.nl/doc/PUC\\_1272572\\_1/](https://ind.pucoverheid.nl/doc/PUC_1272572_1/), last accessed 21 August 2023.

[10] Amnesty International, 'Seksueel Geweld: blinde vlek in de asielprocedure? (sexual violence: blind spot in the asylum procedure?)', 2023; please note that applicants for international protection can also submit supportive medical assessments by third parties (such as the iMMO) to the IND as part of the asylum procedure.

[11] Letter from the Minister for Migration of 22 June 2023, 5 85180; The Asylum Directorate (A&B) of the IND confirms that in many cases, a MLR is not necessary because it is already clear that a positive decision on the asylum application will be issued.

[12] Letter from the Minister for Migration of 22 June 2023, no. 5 85180. According to the Asylum Directorate (A&B) of the IND, applicants for international often do not (or only at a very late stage) inform the IND or their lawyer of the alleged torture and/or ill-treatment; This information was complemented by the Asylum Directorate (A&B) of the Immigration and Naturalisation Service (IND) on 9 August 2023.

[13] Parliamentary Papers II, 'Beleidsreactie rapport Amnesty International inzake bewijsnood', 8 juli 2021 3153181.; This information was provided by the Directorate for Strategy and Implementation Advice (SUA) of the Immigration and Naturalisation Service on 21 August 2023.

[14] Amnesty International, 'Bewijsnood: wanneer nationaliteit en identiteit ongeloofwaardig worden bevonden (lack of documentary proof: when nationality and identity are considered incredible)', 2020.

[15] Letter from the Minister for Migration of 22 June 2023, 5 85180.

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>[16] This could concern, for example, knowledge and awareness of intersectional discrimination of specific groups in certain countries of origin.</p> <p>[17] Letter from the Minister for Migration of 22 June 2023, 5 85180.</p> <p>[18] Amnesty International, 'Seksueel Geweld: blinde vlek in de asielprocedure? (sexual violence: blind spot in the asylum procedure?)', 2023.</p> <p>[19] Letter from the Minister for Migration of 22 June 2023, 5 85180.</p> <p>[20] Amnesty International, 'Seksueel Geweld: blinde vlek in de asielprocedure? (sexual violence: blind spot in the asylum procedure?)', 2023.</p> <p>[21] Letter from the Minister for Migration of 22 June 2023, 5 85180.</p> <p>[22] This information was provided by the Asylum Directorate (A&amp;B) of the Immigration and Naturalisation Service (IND) on 9 August 2023 and the Central Agency for the Reception of Asylum Seekers (COA) on 23 August 2023.</p> <p>8.</p> <p>As explained in Q1-6, there is an elaborate framework of trainings, procedural guidelines and IND work instructions to assist asylum authorities in the Netherlands to detect and identify victims of torture and/or ill-treatment during the international protection procedure. This includes the Medical Advice prior to the asylum procedure, various trainings and guidelines on the detection of signals and vulnerabilities (e.g. regarding torture/ill-treatment, human trafficking or other), the granting of special procedural guarantees during the asylum procedure, as well as clear guidelines for the use of MLRs during the assessment of the asylum claim (for more information, see Q1-6). According to the IND and the Directorate for Migration Policy (Directie Migratiebeleid, DMB) of the Ministry of Justice and Security, this provides an adequate framework for the detection and identification of victims of torture and/or ill-treatment during the international protection procedure in the Netherlands; notwithstanding the fact that there are certain challenges (see Q7).[1]</p> <p>Although the entirety of trainings, procedural safeguards and guidelines is important for the detection and identification of victims of torture and/or ill-treatment during the international protection procedure,</p>
--	--	--	---



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>the Asylum Directorate (A&amp;B) and the Directorate for Strategy and Implementation Advice (SUA) of the IND specifically highlight a number of good practices:</p> <ul style="list-style-type: none"><li>• Various (interview) training for IND case workers, including the EUAA training on interviewing vulnerable persons and a training on ‘trauma sensitive asylum interviews and decisions’ – see Q1.</li><li>• Medical Advice carried out prior to the asylum procedure, and the structural attention given to medical issues/aspects during asylum interview(s) – see Q2.</li><li>• Knowledge sharing and consultation among asylum case workers, as well as the option to contact the Medical Coordinators within the IND in cases where this is considered relevant – see Q5.[2]</li><li>• Asylum seeker receives free legal assistance from the beginning of the asylum procedure. The lawyer is the first person to whom the asylum seeker shares their asylum account. It is the lawyer's responsibility to prepare their client as effectively as possible for the further hearing with the IND and therefore to emphasize the importance of the asylum seeker sharing all relevant information with the IND for the assessment of the asylum application.[3]</li></ul> <p>An additional good practice identified by Amnesty International refers to jurisprudence on the recognition/use of reports by the Institute for Human Rights and Medical Research (iMMO) during international protection procedures. For example, in 2022 the Council of State ruled that iMMO reports cannot be dismissed as evidence solely based on the fact that they do not indicate which specific aspects of the asylum story were affected by the applicant’s inability to give complete, consistent and coherent statements due to psychological problems (the so-called onderdelenverste).[4]</p> <p>Lastly, the COA notes that the provision of medical care to applicants for international protection (through the GZA, see Q1) is generally well organised. Within the GZA, attention is paid to potential victims of torture and/or ill-treatment and there are specialized therapists available for these cases.[5]</p> <p>The information from the GZA can be shared with the lawyer of the applicant, if the applicants provides permission for this.[6]</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

[1] Letter from the Minister for Migration of 22 June 2023, 5 85180.

[2] This information was provided by the Asylum Directorate (A&B) of the Immigration and Naturalisation Service (IND) on 9 August 2023.

[3] However, the Asylum Directorate (A&B) of the IND notes that in many cases, applicants for international protection also do not share information on potential torture and/or ill-treatment with their lawyer.

[4] Administrative Jurisdiction Division of the Council of State (AbRvS), ECLI:NL:RVS:2022:3615.

[5] This information was provided by the Central Agency for the Reception of Asylum Seekers (COA) on 23 August 2023.

[6] This information was provided by the Asylum Directorate (A&B) of the Immigration and Naturalisation Service (IND) on 28 August 2023.

9.

No, there is no specific procedure in place to identify victims of torture and/ or ill-treatment among beneficiaries of temporary protection. Nevertheless, an advice centre for psychosocial care for beneficiaries of temporary protection, the Loket Ontheemden Oekraïne Psychosociale (LOOP), has been set up by several governmental and non-governmental organizations in the Netherlands.[1] LOOP functions as a cross-regional information, referral, and advisory centre for health professionals working with beneficiaries of temporary protection. Professionals and organizations such as municipalities and healthcare providers can approach LOOP for information inquiries, finding appropriate psychosocial support services for specific needs, and obtaining reliable information on psychosocial issues in reception centres. Also, LOOP shares practical information, webinars and e-learnings to develop the knowledge and skills of health professionals on working with this specific target group (including vulnerable/culturally sensitive patients).[2]

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

[1] These are the National Psychotrauma Centre (ARQ), the Regional Public Health Services (GGDs), the Association of Regional Public Health Services and Medical Assistance in Safety Regions (GGD GHOR Netherlands), (Mental Health Care Netherlands (GGZ), the National Network of Psychotrauma Centers (NIPV), Netherlands Institute for Health Services Research (Nivel), OPORA Foundation, PsyGlobal, the National Institute for Public Health and the Environment (RIVM), the Dutch Red Cross (NRK), and the Dutch Council of Refugees (VWN).

[2] See: <https://loketoekraine.nl/>. This information was provided by the Dutch Council for Refugees (VWN) on 24 August 2023.

10.

No, there is no specific procedure or practices in place that encourage beneficiaries of temporary protection to self-declare themselves as victims of torture and/or ill-treatment.

11.

Unlike applicants for international protection, beneficiaries of temporary protection do not undergo a medical screening/ assessment and are not in close contact with (asylum) authorities (e.g. during asylum interviews). As noted by the Netherlands Red Cross (Nederlandse Rode Kruis, NRK) and the Dutch Council for Refugees (VluchtelingenWerk Nederland, VWN), the main challenge is therefore the fact that there are no procedures or mechanisms in place aimed at detecting and identifying beneficiaries of temporary protection as victims of torture and/or ill-treatment.[1] According to the Dutch Council of Refugees (VWN), this could result in a situation in which beneficiaries do not receive the needed psychological or medical care. This is a challenge firstly because it prevents the identification of potential victims; secondly, beneficiaries suffering from psychological/medical issues that are not adequately addressed can at times cause nuisance in municipal shelters and can be expelled as a consequence.[2]

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>[1] This information was provided by the Netherlands Red Cross (NRK) on 22 August 2023 and the Dutch Council for Refugees (VWN) on 24 August 2023.</p> <p>[2] This information was provided by the Dutch Council for Refugees (VWN) on 24 August 2023.</p> <p>12.</p> <p>While there is no specific good practice to detect and identify victims of torture and/or ill-treatment among beneficiaries of temporary protection, there are a few general projects and pilots in the Netherlands to improve the access to psychological and medical care for this group.[1]</p> <p>[1] The Dutch Government (Rijksoverheid), Vluchtelingen uit Oekraïne kunnen straks terecht bij psycholoog uit eigen land, <a href="https://www.rijksoverheid.nl/actueel/nieuws/2023/05/12/vluchtelingen-uit-oekraïne-kunnen-straks-terecht-bij-psycholoog-uit-eigen-land">https://www.rijksoverheid.nl/actueel/nieuws/2023/05/12/vluchtelingen-uit-oekraïne-kunnen-straks-terecht-bij-psycholoog-uit-eigen-land</a>, last accessed 28 June 2023</p>
	EMN NCP Poland	Yes	<p>1.</p> <p>Border Guard authorities as the ones responsible for receiving applications for international protection are involved in deepening the knowledge in the field of identifying potential victims of torture and ill-treatment. This aspect plays a very important role also in the context of detaining migrants. Having this in mind, the Border Guard officers are taking active participation in trainings focused on human rights and identifying vulnerable persons, including victims of torture.</p> <p>From 2019, one of the elements of mandatory basic and non-commissioned officer training for newly recruited Border Guard officers are classes on the protection of human rights, shaping anti-discrimination attitudes and the basics of intercultural communication, as well as classes on respecting human rights in the performance of official duties. At a later stage, as part of specialist courses, knowledge in the area of human rights and counteracting discrimination is expanded, in particular knowledge in the field of identifying potential victims of trafficking in human beings, victims of torture, persons subjected to mental or physical violence, including sexual violence, and people subjected to violence for based on gender,</p>

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>race, sexual orientation or gender identity. Separate training also covers the subject of international protection of foreigners.</p> <p>The Border Guard Specialist Training Center in Lubań has a wide training offer in this field, where the following improvement courses were organized in 2022: "Reasons for granting protection to foreigners in the context of issued decisions obliging them to return", "People from vulnerable groups in the administrative procedure", "Shaping and improving intercultural competences"; as well as a series of courses on socio-cultural aspects of communication with foreigners from different regions of the world. Since 2017, an e-learning course entitled "Intercultural communication in the Border Guard" has been available for officers of units for foreigners and border units in Border Guard Divisions and Stations. And from 2021, an e-learning course entitled "Training on fundamental rights for employees and officers of the Border Guard" has been introduced to the trainings offer".</p> <p>Since several years, the Border Guard officers are familiar with the subject matter of the Istanbul Protocol. In the previous years 2018-2019, trainings were held on the identification of victims of torture using the Istanbul Protocol, based on CPT experts and the Independent Forensic Expert Group. The COVID-19 pandemic period has interrupted this cycle. Further training in this field was conducted in March 2023. It was organized by the Helsinki Foundation for Human Rights, in consultation with the UNHCR Office in Warsaw, and was based on external experts from the International Rehabilitation Council for Torture Victims.</p> <p>It's a part of general training, which is focus on identification of applicants with special procedural needs. Such courses and workshops are made on asylum authorities request by external stakeholder like UNHCR or ICMPD.</p> <p>2.</p> <p>The Border Guards while performing their tasks pay special attention to persons belonging to vulnerable categories, including those who may be victims of torture. As early as in 2015, special rules of procedures were developed (modified in 2019) for dealing with detained foreigners, especially those</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

placed in detention centres, including asylum seekers. So-called "Rules of conducting with foreigners requiring special treatment" in the definitions specify the categories of vulnerable people, among which are: victims of torture, rape or other serious forms of physical, psychological or sexual violence, as well as victims of sexual violence in armed conflicts, victims or witnesses of trafficking in human beings, as well as unaccompanied minors, pregnant women, single parents and elder persons. The document specifies i.a. rules of providing foreigners with special care and assistance of psychologists, therapists and psychiatrists.

However the document is not applied only to applicants for international protection - it is a tool used in the context of detained foreigners.

In 2017 in cooperation with non-governmental organisations it was published handbook for case officers which covered all elements of identification of applicants with special procedural needs.

3.

Poland implements the obligation imposed on Member States under Art. 13 section 4 of Council Directive 2001/55/EC of 20 July 2001 on minimum standards for granting temporary protection in the event of a mass influx of displaced persons and on measures to support the balance of efforts between Member States related to the admission of such persons and its consequences (OJ EU L 212 of 7 August 2001, pp. 0012 - 0023) the obligation to provide necessary medical assistance to persons benefiting from temporary protection in the country, including persons requiring special assistance (unaccompanied minors, tortured persons, victims of rape or other forms of physical violence, psychological or sexual).

Pursuant to Art. 2 in connection Art. 3 of the Act of August 27, 2023 on health care services financed from public funds (Journal of Laws of 2022, item 2561, as amended), the right to use the services includes, among others: persons who do not have the citizenship of an EU/EFTA Member State or the United Kingdom, who have obtained refugee status or subsidiary protection in the Republic of Poland


Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>or benefit from temporary protection on its territory, as well as persons applying for such protection provided that they are covered by health insurance in Poland.</p> <p>In addition, the right to medical assistance</p> <p>on the terms and within the scope , which persons are entitled to</p> <p>covered by temporary protection under the Act of March 12, 2022 on assistance to citizens of Ukraine in connection with an armed conflict in the territory of this country (Journal of Laws of 2023, item 103, as amended).</p> <p>Only if there are some doubts regarding previous identification made during the registration of applicants or in the reception centre asylum authorities ask for additional psychologist assessment.</p> <p>4. Those kind of information could be find in the handbook mentioned in answer on question no. 2.</p> <p>5. It's a part of general training devoted to the evidence assessment.</p> <p>6. We use general criteria which could be use to assess credibility of all kinds of documents.</p> <p>7.</p>
--	--	--	--

Disclaimer:


The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>Lack of evidences, especially in cases where torture and/or ill-treatment occurs many years before foreigner ask for international protection. In such cases we have to made assessment mainly based on statements from the applicants.</p> <p>8. Use of psychologist both during the identification process and during the interview. Thanks to this it's much more easier to properly asses the case.</p> <p>9. Outside the scope of <i>Department for Refugees Procedures</i> of the <i>Office for Foreigners</i>.</p> <p>10. Outside the scope of <i>Department for Refugees Procedures</i> of the <i>Office for Foreigners</i>.</p> <p>11. Outside the scope of <i>Department for Refugees Procedures</i> of the <i>Office for Foreigners</i>.</p> <p>12. Outside the scope of <i>Department for Refugees Procedures</i> of the <i>Office for Foreigners</i>.</p>
	<p><b>EMN NCP Portug al</b></p>	<p><b>Yes</b></p>	<p>1. EUAA training and at national level</p> <p>2. EUAA/UNHCR/Other guidance</p> <p>3. N/A</p> <p>4. N/A</p> <p>5. EUAA training and at national level</p>



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>6. N/A</p> <p>7. Credibility assessment;Language and cultural barriers;The time needed to establish trustful relationships that allows the VoT to express their experiences;Absence of a full-time specialized team in the field of identification of VoT.</p> <p>8. During refugee status determination, social interviews, or initial medical screenings in reception centers</p> <p>9. Applicants for temporary protection can apply for international protection at the same time</p> <p>10. Applicants for temporary protection can apply for international protection at the same time</p> <p>11. Credibility assessment;Language and cultural barriers;The time needed to establish trustful relationships that allows the VoT to express their experiences;Absence of a full-time specialized team in the field of identification of VoT.</p> <p>12. N/A</p>
	<p><b>EMN NCP Slovakia</b></p>	<p><b>Yes</b></p>	<p>1. As part of the procedural steps within the asylum procedure, each applicant for international protection is interviewed in person, and therefore all decision-makers are repeatedly trained to identify potential victims of torture and/or ill-treatment, through EUAA, UNHCR and similar training. These trainings are focused, among other things, on the quality of interviews or the creation of a confidential environment and space for free narration of the applicant, which can support the identification of a possible victim. One of the basic pillars of the training is also to teach decision-makers to identify the initial signs of torture and then take the necessary next steps.</p>

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>In particular, the topic of victims of torture in asylum proceedings is addressed beyond the scope of some decision-makers' regular tasks. In 2022, the Slovak Republic participated, among other things, in the EUAA thematic meeting on the assessment of these applications and the update of the Istanbul Protocol in order to increase related professional capacities. Other decision-makers were subsequently informed about the content of the meeting.</p> <p>Also other staff that comes in contact with asylum seekers are provided with the vocational training curriculum of the European Union Agency for Asylum (EUAA). Taking into account the given asylum ground, the officials are trained primarily in reception and vulnerability modules.</p> <p>2. No specific instructions or guidelines are issued on the subject of torture and ill-treatment in connection with the procedural acts of the asylum procedure. In practice, an online tool created by the EUAA – IPSN (identification of persons with special needs) is available to decision-makers, which lists, for example, a list of torture indicators or types of evidence specific to such persons. In this context, it is to be mentioned this year's EUAA report - Victims of Torture: Identification, support and examination of claims, which maps practices in Member States also in identification and assessment (question 4) and can thus serve as examples of good practice.</p> <p>3. In connection with the procedural acts of the asylum procedure, no precise criteria are issued on the subject of torture and ill-treatment to request a medico-legal assessment. Under the Asylum Act, such a medical examination, which could reveal signs of past persecution or serious harm or torture, will only be carried out with the consent of the applicant. If it is considered necessary for the examination of an application for asylum, such examination may also be proposed by the decision-maker, who must have the consent of the applicant to undertake such examination. However, such an examination may also be proposed by the applicant himself.</p> <p>4. No specific guidance is issued on the assessment of evidence of torture and ill-treatment. However, there is an overall Guide to the Assessment of Evidence issued by the EUAA, which includes, inter</p>
--	--	--	--


Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>alia, this type of evidence and its assessment. The assessment would also take into account international documents such as the Istanbul Protocol, which also deals with evidence of torture and documentation standards. (<a href="https://www.ohchr.org/sites/default/files/documents/publications/2022-06-29/Istanbul-Protocol_Rev2_EN.pdf">https://www.ohchr.org/sites/default/files/documents/publications/2022-06-29/Istanbul-Protocol_Rev2_EN.pdf</a>)</p> <p>5. All decision-makers have received EUAA training this year on evidence assessment, which also includes medical evidence (including the section dedicated to the Istanbul Protocol).</p> <p>6. This issue is in the Slovak legislation regulated by Act 382/2004 Coll. on experts, interpreters and translators.</p> <p>7. The process of victim identification by the decision-maker itself can be considered the greatest challenge, especially when it is not apparent to the decision-maker at first sight that the person, whether in the past or present, might show signs of torture and/or ill-treatment. Consequently, this challenge is inherently linked to the subsequent verification and examination of the veracity of the evidence and findings presented.</p> <p>8. NA</p> <p>9. NA</p> <p>10. NA</p> <p>11. Applicants for temporary protection undergo accelerated registration, in which decision-makers are time-limited, which in practice means that more emphasis is placed on self-identification or informing the authorities by the applicant that such treatment against them have taken place.</p>
--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>12. So far, the Slovak Republic has not recorded a case in the process of granting temporary protection where the phenomenon of torture and/or ill-treatment appeared in an applicant for temporary protection or persons granted temporary protection. The identification process occurs mostly in the case of helping professions (when dealing with follow-up behaviours or other symptoms, or e.g. when reporting war crimes or violations of humanitarian law, etc.), or by self-identification, seeking help, referring by another person.</p>
	<b>EMN NCP Sloveni a</b>	<b>Yes</b>	<p>1. Employed staff working with migrants in the Government Office for the Support and Integration of Migrants undergo trainings of vulnerability, which are run by EUAA, NGOs and different international organizations and other relevant institutions. Furthermore, they have courses about human trafficking, including indicators and actions to be taken if there is a case of human trafficking. Vulnerable persons are also persons, who are the potential victims of torture and/or ill-treatment.</p> <p>Migration Directorate staff dealing with international protection procedures undergo the EUAA training on Vulnerability.</p> <p>2. There are different handbooks, guidelines, and manuals from EUAA which are available to asylum authorities.</p> <p>3. According to the Slovenian International Protection Act every applicant goes to a sanitary and disinfection check and a preventive health check at the arrival to the reception centre. If the vulnerability is recognized at that point, all the procedures afterwards are adjusted to that. If applicant is recognized as vulnerable when he/she apply for international protection and has a discussion with the officials, who run the procedure, the procedure afterwards is adopted to that fact.</p> <p>4. We do not have any specific guidance.</p>


Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>5. EUAA training on evidence assessment is envisaged at the end of this year.</p> <p>6. Medico-legal reports are written by expert witnesses, who are selected from the list of expert witnesses, appointed by the Ministry of Justice.</p> <p>7. Some victims are accompanied with their actors of torture and are thus afraid to speak up. Some victims do not wish to talk about the torture, because they have different destination countries (are only passing through Slovenia) – so they give some other reason, just to be able to move on freely as soon as possible. Some of them have talked about their story many times and never received sufficient help so they have lost faith in the authorities.</p> <p>8. Employees working in international protection procedures at the Migration Directorate approach each victim one case-to-case basis. It has been shown to be a good practice to be in close contact with the officials from Asylum home (where the responsible authority is the Office for the support in integration of migrants, who are responsible for accommodation of asylum seekers) – sometimes they give the officials at the Ministry of the Interior early warning to be aware of a potential victim of torture (before lodging of asylum claim). Another example of a good practice is the PATS project (Protection Against Trafficking and Sex and Gender-Based Violence). The project aims to inform female and male applicants for international and temporary protection about the pitfalls of trafficking in human beings, gender-based and gender-motivated violence, and to provide possible forms of support within the existing system of assistance to potential and actual victims of trafficking in human beings and victims of various forms of violence in Slovenia. It involves individual interviews conducted by NGOs in a language that the applicant understands. In the case of children and adolescents, the information is provided in a way that is appropriate and adapted to their age and stage of development. The duration of the interview is estimated at 60 minutes. In the case of unaccompanied minors, the interview shall take place</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>immediately after the application for international protection has been accepted, and in the case of women and men, within 24 hours of notification</p> <p>9. As per Article 27 of the Temporary Protection of Displaced Persons Act all beneficiaries of temporary protection have access to medical care and a request can be lodged to the medical board for the beneficiary of temporary protection to receive a greater volume of health care, which will be authorized in justified cases.</p> <p>10. No.</p> <p>11. The challenge with identification is that beneficiaries of temporary protection are mostly not accommodated in state facilities - they are also not in contact with the Government Office for the Support and Integration of Migrants or other institutions on a daily or weekly basis and there is no (or little) personal contact. These reasons identify or can hardly identify victims of torture and/or ill treatment.</p> <p>12. See reply to Q8 in regards to the PATS project.</p>
	<b>EMN NCP Sweden</b>	<b>Yes</b>	<p>1. In addition to general training regarding interview technique, interviewing vulnerable people and evidence assessment, the Swedish Migration Agency (SMA) provides an online lecture regarding migration, trauma and torture. Thereto the SMA provides access to a course in medico-legal reports of torture and the Istanbul Protocol, conducted by a psychologist and a legal expert in migration law at the Swedish Red Cross.</p> <p>2. In addition to general guidance regarding interview technique, interviewing vulnerable people, evidence assessment and determination of international protection, the SMA provides written guidance</p>

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>specifically concerning victims of torture. Among these are internal routine documents concerning initiation and the commission of a medico-legal assessments of torture. Both these documents refer to the Istanbul Protocol. The SMA's legal department has also issued a legal position paper regarding medico-legal reports of claimed injuries.</p> <p>3. The minimum requirement for the SMA to initiate the procedure for a medico-legal assessments of torture is an oral claim from the applicant concerning injuries caused by torture and/or ill-treatment in combination with documentation which indicates that the applicant has been subjected to said torture/ill-treatment.</p> <p>The SMA will however not initiate the procedure for a medico-legal assessments of torture if the applicant's injuries are not called into question, if the SMA regardless will grant the applicant international protection, if the applicant's claim has significant credibility issues or if the situation in the country of origin has improved to such a degree that the risk of torture/ill-treatment is eliminated.</p> <p>4. In addition to general guidance regarding evidence assessment, the SMA has an internal routine document concerning health status. A part of the routine focuses on the admissibility of medico-legal documentation as evidence for the claim of international protection. This part of the routine is based on judicial praxis and provisions set by the National Board of Social Affairs and Health.</p> <p>5. General courses regarding evidence assessment are made available by the SMA. There is no training regarding medico-legal documentation specifically.</p> <p>6. All forms of medico-legal reports are taken into consideration in the asylum procedure. However, when it comes to medico-legal reports of torture, these are exclusively executed by the Swedish Red Cross and thereby the validity of the report never comes into question and is always taken into consideration in the asylum procedure</p>
--	--	--	--

Disclaimer:


The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>7. It is a challenge if the applicant doesn't want to convey information regarding what he or she has been subjected to or does not want to subject themselves to the medico-legal assessments.</p> <p>8. Good practices include the posing of questions regarding the applicant's health and experiences at several different times/appointments/stages in the asylum process, that information is given on the importance of conveying any such circumstances and that medico-legal assessments are issued by a third party (i.e. the Swedish Red Cross).</p> <p>Good practices also include the cooperation with third parties. For example, there is an agreement of intent between the SMA and the Swedish Red Cross which among other areas, states cooperation regarding medico-legal assessments of torture. Therefore, in the development of the SMA's internal routine document concerning the commission of a medico-legal assessments of torture, the Swedish Red Cross input was requested and taken into consideration. The SMA also uses information material regarding medico-legal assessments of torture (in Swedish, Arabic or Persian/Farsi) compiled by the Swedish Red Cross, as it is handed out to applicants.</p> <p>9. In the SMA's decisions of granting temporary protection an information passage regarding the right to health care is always included, as well as a passage regarding witnessing or being subjected to war crimes, an armed attack or any similar violence along with contact information to the police.</p> <p>10. There is no need or incentive in regard to the granting of temporary protection for the applicant to convey experiences of torture or ill-treatment. In the SMA's decisions of granting temporary protection an information passage is included regarding witnessing or being subjected to war crimes, an armed attack or any similar violence along with contact information to the police.</p>
--	--	--	---



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>11. There is no need or incentive in regard to the granting of temporary protection for the applicant to convey experiences of torture or ill-treatment. Usually, no interviews or face to face meetings are held between the SMA and applicants/beneficiaries of temporary protection, so there are no organic opportunities for the applicant/beneficiary to convey such experiences. The lack of physical meetings also hinders the establishment of trust between the applicant and the SMA, which can further hinder the applicant/beneficiary from providing such information to the SMA without explicitly having been asked to do so.</p> <p>12. In the SMA's decisions of granting temporary protection an information passage regarding the right to health care is always included, as well as a passage regarding witnessing or being subjected to war crimes, an armed attack or any similar violence along with contact information to the police.</p>
	<b>EMN NCP Norway</b>	<b>Yes</b>	<p>1. There are currently no training or courses that are aimed specifically at detecting and identifying victims of torture among applicants for international protection in Norway. However, we are currently working on improvements to our internal routines at the Directorate of Immigration when it comes to torture victims in the asylum process, following a research report that the UDI commissioned in 2020: "Torture victims in the Norwegian asylum process" English summary (fafo.no) Training will be one of the planned activities to follow up on the report.</p> <p>2. The Norwegian Directorate of immigration (UDI) has a number of "action cards" for different vulnerable groups, such as victims of trafficking, victims of forced marriage, victims of domestic abuse, and potential victims of female genital mutilation. One set of action cards are aimed at the asylum</p>

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>authorities (UDI case workers in the Department of Protection) and the other set is aimed at staff at the different reception centres. We are currently developing action cards for victims of torture that will follow the same standards as the existing action cards.</p> <p>Alongside the action cards, we are also currently working on developing a guide for interviewing victims of torture (asylum interview). We see this as the main arena for identifying victims of torture, when we look at the asylum process as a whole.</p> <p>3.</p> <p>In Norway, it is not the asylum authorities who request a medico-legal assessment of potential victims of torture. The applicants are however urged to provide the asylum authorities with any relevant documentation of health-related issues, including documentation of torture. Usually, this information is given to the applicant during the asylum interview.</p> <p>4.</p> <p>The UDI has a guideline on health-related issues that provides caseworkers with guidance on how to assess medical documentation in general in asylum cases, and in all cases where they consider whether there are strong humanitarian grounds for granting a residence permit. This guideline has a reference to the Istanbul protocol. Link: UDI 2013-020 (udiregelverk.no)</p> <p>The UDI also has a guideline for assessing evidence and making credibility assessments in protection cases. This guideline states that applicants who have survived torture or other extreme measures, may not be able to give a coherent and detailed account of what they have endured. Link: UDI 2020-006 (udiregelverk.no)</p> <p>5. We do not provide specific training on how to consider medico-legal documentation in international protection procedures. We refer to the guideline mentioned above.</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>6. The asylum authorities will make an assessment of whether the medical assessments are in line with the criteria established in relevant act and regulations: The Health Personnel Act Section 15 cf. the Regulations on criteria for Health Personnel Certificates etc. Section 4. <a href="https://lovdata.no/lov/1999-07-02-64/§15">https://lovdata.no/lov/1999-07-02-64/§15</a> <a href="https://lovdata.no/forskrift/2008-12-18-1486/§4">https://lovdata.no/forskrift/2008-12-18-1486/§4</a></p> <p>7. There are several challenges. One is that applicants may not always identify themselves as a victim of torture, because they do not have the right understanding of the concept. Another challenge is that applicants are not always ready to give information early in the asylum process, about having been a victim of torture, both because it can be extremely strenuous to share this information with someone they do not know, and also because they do not always know/understand that this may be relevant for the outcome of their application. We also see that there is a challenge of having the time to do a mapping of health-related issues (as an identifying mechanism) in the Norwegian context, where we have a National Arrival Centre (NAC) where the idea is that most applicants will stay for the initial three weeks after arrival, and where both the police registration, the tuberculosis test and the asylum interview takes place. The challenges in respect of identifying vulnerable applicants including victims of torture at the NAC, are both of an organizational, economic and logistical nature. The health authorities (the Norwegian Directorate of Health) <u>recommend</u> that there is in place an early mapping/identification of physiological and psychological health-related issues including trauma and torture, among applicants for international protection and persons who are reunited with family members in Norway. This recommendation is however not implemented in practice. There is a separate form that health professionals are recommended to use in this respect. Please see the link above. The form is available in English as well as in Russian and Ukrainian.</p> <p>8.</p>
--	--	--	--


Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>As mentioned above, in 2020 we commissioned a research report on victims of torture in the asylum process, as we considered that we needed some further guidance on the international obligations towards victims of torture, including how we fulfil these obligations in our daily work, and we also needed raising awareness on the topic. The report was finished in 2021: <a href="#">English summary (fafo.no)</a> and contains several recommendations for the Directorate of Health, the Directorate of Immigration, the Ministry of Justice and the Ministry of Health.</p> <p>The Directorate of Immigration has put together a working group for the follow up and implementation of the recommendations directed at our work. We are currently working on new guidelines, a set of action cards and an interview guide for victims of torture. In connection with the interview guide, we are consulting with an expert in the field, Dr. Nora Sveaass, former member of both the UN Committee for the Prevention of Torture, and the Subcommittee on Prevention of Torture.</p> <p>9.</p> <p>Persons who are asylum seekers or beneficiaries of temporary protection in Norway (we are not bound by the TPD but have a national arrangement and provide collective protection cf. the Immigration Act Section 34) are provided with this information about health care in Norway: <a href="#">Your health rights as a refugee or asylum seeker in Norway - Helsenorge</a>. This information is not specifically intended to detect or identify victims of torture, but to ensure access to health care.</p> <p>We also ask whether the beneficiaries have witnessed or are a victim of war crimes. The purpose of collecting this line of information is more connected with identifying potential “security cases”, including grounds for exclusion, than for identifying victims of torture.</p> <p>The UDI also provides information to victims of human trafficking, persons experiencing threats, violence, etc. on information screens that run continuously at the National Arrival Centre.</p> <p>10.</p> <p>We have a self-registration portal, called “START”, where asylum applicants and beneficiaries of temporary protection can register information about themselves. This does not include information</p>
--	--	--	---

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>about health-related issues. We are currently considering whether we could use this tool as an identifying mechanism for victims of torture.</p> <p>11. Please see our answer under question number 7. In addition, when it comes to beneficiaries of temporary protection, they are not obligated to register at the National Arrival Centre. They are allowed to register their application with the local Police District, and more than half of the applicants have done this. As the decision-making process in these cases is automated, the asylum authorities do not always meet with the applicants, which naturally makes it challenging to identify and detect victims of torture.</p> <p>12. Please see our answer under question number 8.</p>
	<p><b>EMN NCP Serbia</b></p>	<p><b>Yes</b></p>	<p>1. The specific trainings on torture for asylum authorities are not developed. The topics related to the identification of potential victims are covered through different trainings on vulnerability and evidence assessment. In addition, there is training certified within national system for accreditation of medical doctors related to the Istanbul Protocol and medical evidence on torture. The course is open for professionals in other sectors who can be in contact with potential victims. Source: Commissariat for Refugees and Migration</p> <p>2. Only written manuals for documenting abuse, torture and ill treatment in medical context are existing. Detection during the asylum procedure is covered under general training on evidence assessment. In addition, Asylum Office uses UNHCR's Manual on medical procedures and criteria for determining refugee status.</p>

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>Source: Commissariat for Refugees and Migration</p> <p>3. In line with the Law on Asylum and Temporary Protection, particular attention is paid to the specific situation of persons who need special procedural or acceptance guarantees, such as minors, unaccompanied minors, persons with disabilities, elderly persons, pregnant women, single parents with minor children, victims of human human trafficking, severe ill persons, persons who have mental disorders, as well as persons who have been tortured, raped or exposed to other severe form of psychological or sexual violence, such as female victims of genital mutilation. Officials of Asylum Office, when carrying out official actions, may initiate the procedure of identification of potential victims of torture and/or abuse among applicants for asylum. Special procedural and acceptance guarantees provide appropriate assistance to an asylum seeker who given his personal circumstances is unable to exercise his rights and obligations without appropriate assistance. The process of identifying the personal circumstances of the mentioned category of persons is carried out by the all involved authorities continuously and any potential sign is referring immediately to Asylum Office. When it comes to referral and cooperation between competent authorities in the identification process, it takes place on a daily basis, especially with social work centers responsible for the care of unaccompanied minors, various health institutions, psychologists, pedagogues, the Center for Protection of Victims of Human Trafficking, reception staff and others, from whom the officials of asylum office can ask for an appropriate assessment within their jurisdiction. Source: Asylum Office</p> <p>4. When making a decision on submitted requests for asylum, in accordance with Article 32 of the Law on Asylum and Temporary Protection, the Asylum Office considers all relevant facts and evidence, including</p>
--	--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

		<p>the submitted medical and legal documentation. During the consideration, and in accordance with Article 5 of the aforementioned Law, the Office for Asylum procedure in accordance with the UNHCR's Manual on medical procedures and criteria for determining refugee status. Also, the officers of the Asylum Office have access to the EUAA practical evidence assessment guide, which police officers consult when assessing all types of documents, including medical and legal documentation. Source: Asylum Office</p> <p>5. Officials of the Asylum Office underwent a series of training's according to the methodology of the EUAA (European Union Agency for Asylum) on the topics: "Common European Asylum System", "Interview Techniques with Asylum Seekers", "Information on Countries of Origin", "Exclusion from the Right to Asylum" and in the context of the assessment of medical-legal documents, the most important training is in the field of "Evidence assessment", with reference to which the officials of the Asylum Office, when considering specific requests for asylum, also consider medical-legal documents. Source: Asylum Office</p> <p>6. Medico-legal reports, in order to meet the criteria required for consideration in the asylum procedure, must first of all be issued by the institutions of the Republic of Serbia that are responsible for preparing the above types of reports, such as the health institutions, court experts, centres for social work, the Centre for the Protection of Victims of Human Trafficking, IAN - Centre for the Rehabilitation of Torture Victims, the National Mechanism for the Prevention of Torture, as well as organizations established by the United Nations, Council of Europe or EU relevant in this field. Source: Asylum Office</p> <p>7.</p>
--	--	--

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>The main challenge currently faced by the asylum system in the Republic of Serbia when it comes to asylum seekers as potential victims of torture and/or abuse is the fact that the Republic of Serbia is still a transit country, and that potential victims of torture and/or abuse discovered during the asylum procedure leave its territory even before the identification carried out by the competent authorities. Source: Asylum Office</p> <p>8. While conducting asylum procedure, the officials of the Asylum Office provide all the necessary information to potential victims of torture and/or abuse, while a very good cooperation has been established with all competent authorities that carry out identification and provide adequate help and support to victims of torture and/or abuse with the aim of their recovery and reintegration, especially with centers for social work, various health institutions of the Republic of Serbia, the Center for the Protection of Victims of Human Trafficking, the Center for the Rehabilitation of Torture Victims, etc. to which the Asylum Office, if necessary, sends appropriate notices in the shortest possible time about the information it obtained during the submission of asylum applications or hearings, which relate to obvious victims of torture, so that the aforementioned institutions can start procedures within their jurisdiction. Source: Asylum Office</p> <p>9. Throughout decades of dealing with mass influx of displaced persons, Commissariat for Refugees and Migration established network of trustees in each local self-government in Serbia in accordance with the Law on Refugees. Trustees are regularly trained and well experienced in reception, identification and registration of different needs of displaced population. Immediately after Decision on Temporary Protection was issued by the Government, recommendation to the all local police and service providers was issued to refer all Ukrainian citizens to trustees in order to asses needs for material support, referral to service providers and special procedures including potential victims of trafficking, domestic or gender-based violence and torture. In such way all necessary information and access to services was provided</p>
--	--	--	---



Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

			<p>to those in private accommodation. In centres for collective accommodation, same procedure as in reception centres for asylum seekers was applied. Source: Commissariat for Refugees and Migration</p> <p>10. As described, all forcibly displaced persons are encouraged to report any need, especially those related to violation of human rights, in order to provide necessary support, protection and rehabilitation. Source: Commissariat for Refugees and Migration</p> <p>11. The main challenge is the fact that majority of beneficiaries of temporary protection are accommodated in private accommodation out of procedures for identification special needs among forcibly displaced persons. Access to education, health protection and child protection was crucial in order to identify vulnerability within regular preventive mechanisms. Source: Commissariat for Refugees and Migration</p> <p>12. Establishing system of local trustees who ensure one-stop point for all information relevant to displaced persons and ensure referral, cooperation and coordination of different service providers at local level was proven as good practice from 1990-ies. Trustees also advocate for displaced persons on local level and maintain coordination and information exchange with central level through Commissariat. Source: Commissariat for Refugees and Migration</p>
--	--	--	--

\*\*\*\*\*