



Novel Strategies to Fight Child Sexual Exploitation and Human Trafficking Crimes and Protect their Victims

H2020 – 101021801

www.heroes-fct.eu

D7.4 – Design and development of a training plan to health care workers and other child-serving professionals regarding THB and CSA/CSE

Authors: Dr Jordan Greenbaum (ICMEC CH), Zoé Colpaert (ICMEC CH)

Deliverable nature	Report (R)
Dissemination level	Public (PU)
Version	1.0
Date	30/05/2023



Document Information

Project Acronym	HEROES
Project Title	Novel Strategies to Fight Child Sexual Exploitation and Human Trafficking Crimes and Protect their Victims – HEROES
Grant Agreement No.	101021801
Project URL	www.heroes-fct.eu
EU Project Officer	Markus Walter

Deliverable	Number	D7.4	Title	Design and development of a training plan to health care workers and other child-serving professionals regarding THB and CSA/CSE	
Work Package	Number	WP7	Title	Multi-Disciplinary Victims Assistance Strategies to Avoid Victim's Revictimisation	
Date of Delivery	Contractual		M18	Actual	M18
Status	Version 1.0			Final	
Nature	R		Dissemination level		PU

Responsible partner	Name	Zoé Colpaert	E-mail	zcolpaert@icmec.org
	Partner	ICMEC CH	Phone	+44 7455 219282
Contributing partners	N/A			
Reviewers	Elena Petreska, Madalina Lepsa-Rogoz (ICMPD), Sergio Rivera (RENACER)			
Security Approval	Vassileios Roussakis (Hellenic Police)			

Abstract (for dissemination)

This deliverable presents a training plan aimed at equipping health workers and other child serving professionals with the knowledge and competence to recognise potential patients/clients (of up to 18 years of age) who have experienced THB/CSA/CSE, and those at risk, and to respond in a trauma-informed, rights-based manner. This will enable them to offer more appropriate care and to support the child in the best way possible, while reporting the abuse if the patient is vulnerable to further risk of abuse, exploitation and trafficking.

Keywords	Trafficking in Human Beings, Child Sexual Abuse, Child Sexual Exploitation, Trauma-informed Care, Health Workers, Training.
-----------------	---

Disclaimer:

This document contains information that is treated as confidential and proprietary by the HEROES Consortium. Neither this document nor the information contained herein shall be used, duplicated, or communicated by any means to any third party, in whole or in parts, except with prior written consent of the HEROES Consortium.



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No. 101021801. The opinions expressed and arguments employed herein do not necessarily reflect the official views of the funding body.

Version History

Version	Date	Change Editor	Changes
0.1	21/04/2023	Zoé Colpaert (ICMEC CH)	Inclusion of the Framework developed by Dr Jordan Greenbaum into the HEROES template
0.2	24/04/2023	Dr Jordan Greenbaum (ICMEC CH)	Review of deliverable
0.3	26/04/2023	Zoé Colpaert (ICMEC CH)	Actioning of the review and finalisation for peer-review
0.4	27/04/23	Sergio Rivera (RENACER)	Official deliverable review
0.5	11/05/23	Elena Petreska, Madalina Lepsa-Rogoz (ICMPD)	Official deliverable review
0.6	15/05/2023	Zoé Colpaert (ICMEC CH)	Actioning feedback from peer-reviewers from ICMPD and RENACER, and final changes on the deliverable
0.7	26/05/2023	Vassileios Roussakis	Security review – approved
0.8	30/05/2023	Zoé Colpaert (ICMEC CH)	Final read before submission
1.0	30/05/2023	Luis Javier García Villalba (UCM)	Final version for submission

Table of Contents

Executive summary	iv
Abbreviations	v
Definitions	vi
1. Introduction.....	1
1.1. The importance of such training	1
1.2. Course development.....	1
1.3. Target audience	1
2. Outline of the Training Plan.....	2
2.4. Background and Need.....	2
2.5. Goal.....	2
2.6. Objectives.....	2
2.3.1. Activity 1	3
2.3.2. Activity 2	3
2.3.3. Activity 3	3
1.4. Outputs and Outcomes.....	3
2.3.4. Outputs.....	3
2.4.2. Outcomes.....	4
3. Conclusions.....	6
References	7

Executive summary

Many individuals who experience trafficking in human beings (THB) and/or child sexual abuse/exploitation (CSA/CSE) develop physical and mental health symptoms that require evaluation and treatment by a health worker. Because affected children may not spontaneously disclose their traumatic experience(s) to health professionals, staff need to be aware of the risk factors and potential indicators of THB/CSA/CSE, competent in screening for exploitation, and able to respond in a trauma-informed, sensitive manner that addresses the myriad needs of affected patients, and those at risk. However, preventing and appropriately responding to THB/CSA/CSE requires specific training which is not traditionally taught in medical and nursing schools, or in psychology training programs. This deliverable addresses this gap by providing an education and intervention training plan for health workers and other medical first responders to identify and appropriately respond to suspected abuse and exploitation amongst children.

The goal of this training is to equip health workers with the knowledge and competence to recognise patients/clients who have experienced THB/CSA/CSE, and those at risk, and to respond in a trauma-informed, rights-based manner. This will enable them to offer more appropriate care and to support the patient/client in the best way possible, as well as report to authorities when indicated.

More precisely, after completion of the training, health workers will be familiar with the definitions of THB/CSA/CSE and basic epidemiology. They will be able to describe risk factors and potential indicators of THB/CSA/CSE that may be identified in the health setting as well as give examples of behaviours that reflect the basic tenets of a trauma-informed, victim-centred, rights-based approach to care. They will also be able to explain the process of reporting suspected THB/CSA/CSE, making appropriate referrals and offering resources, based on a holistic approach to care. Finally, they will be familiarised with the Multidisciplinary Teams Protocol on Trafficking in Human Beings and Child Sexual Abuse and Exploitation, from HEROES Task 7.3.

Abbreviations

CAMH	Centre for Addiction and Mental Health
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CSE/A	Child Sexual Exploitation and/or Abuse
HEROES	Novel Strategies to FigHt Child Sexual Exploitation and Human TRafficking Crimes and PrOtect thEir VictimS
HRBA	Human Rights-Based Approach
ICMEC	International Centre for Missing and Exploited Children
ICMEC CH	International Centre for Missing and Exploited Children, Switzerland office (Official HEROES partner)
ICMPD	International Centre for Migration Policy Development
THB	Trafficking in Human Beings
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

Definitions

Child: The Convention on the Rights of the Child defines child as “every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.” [1] In this deliverable, we will consider a child to be anyone under the age of 18.

Child sexual abuse (CSA): The World Health Organization defines CSA as “[t]he involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performances and materials.” [2]

Child sexual exploitation (CSE): Per the Luxembourg Guidelines, CSE involves engaging a child in a sexual activity in exchange for something (or the promise of such). [3] According to the United Nations, the term refers to “Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.” [4]

Culturally responsive: Cultural responsiveness involves learning from and relating respectfully to people of one’s own and other cultures. It recognizes and respects the variety of cultural values, practices, and beliefs, and emanates from cultural curiosity, inclusivity, recognition, and dignity.

Human rights-based approach: A medical approach whereby the mechanisms and procedures (as well as individual measures) should be normatively based on international human rights standards and operationally directed to promoting and protecting human rights, especially those of the victims. According to the World Health Organisation, “[a] human rights-based approach (HRBA) aims to support better and more sustainable development outcomes by analysing and addressing the inequalities, discriminatory practices (de jure and de facto) and unjust power relations which are often at the heart of development problems.” [5]

Potential victim of trafficking: An individual identified before being exploited that shows strong signs of being in the trafficking process. This differs from a presumed victim, the definition for which appears below (also referred to as “potential trafficked person”). [6]

Presumed victim of trafficking: A person who is presumed to be a victim of trafficking but who has not been formally identified by the relevant authorities or has declined to be formally or legally identified (also referred to as “presumed trafficked person”). Presumed victims are entitled to the same treatment as identified victims from the beginning of the identification process. In some countries, this category of persons is referred to as “potential victim”. [6]

Trafficking in human beings (THB): Per the Palermo Protocol, trafficking in persons involves, “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.” [7] Importantly, the protocol indicates that when the definition is applied to children (<18 years of age), the ‘means’ described are not required.

Trauma: According to the Canadian Centre for Addiction and Mental Health (CAMH), “Trauma is the lasting emotional response that often results from living through a distressing event.” [8] Trauma may occur when an individual experiences one or more events or conditions they perceive as physically or emotionally harmful or

life threatening. In response to such an event, a child may show various signs of traumatic stress including nightmares, changes in eating habits, social withdrawal, aggression, difficulty controlling emotions, anxiety and other symptoms in the mental, physical, social, emotional, or spiritual domains. [9]

Trauma-informed approach: An approach to working with others that acknowledges the impact of trauma on the feelings, beliefs, cognitions, and behaviours of impacted individuals and incorporates this awareness into behaviours, policies, and practices so as to minimize causing further distress, and to facilitate resilience and healing.

Rights-based, child-centred care: Care that is based on the basic human rights outlined in the Convention on the Rights of the Child [10] (ex., right to voice, information, confidentiality, respect, dignity, etc.) and care that prioritizes the child's best interests in all decisions and actions involving that individual.

Victim: According to the Directive 2012/29/EU adopted by the European Parliament, a victim is “a natural person who has suffered harm, including physical, mental or emotional harm or economic loss which was directly caused by a criminal offence, as well as the family members of a person whose death was directly caused by a criminal offence and who have suffered harm as a result of that person's death.” [11]

1. Introduction

1.1. The importance of such training

Health workers, such as physicians, nurses, paraprofessionals, social workers, psychologists, counsellors and other professionals working with children in a health or mental health setting, may need to treat patients who have experienced or are at risk of trafficking in human beings (THB) and/or child sexual abuse/exploitation (CSA/CSE). To do so, health workers need to be aware of risk factors and potential indicators of THB/CSA/CSE, have the skills to screen for exploitation, and the ability to respond in a trauma-informed, sensitive manner. They may be the first person in authority to recognize the abuse and can serve as a liaison to connect a child with critical resources in the community (helpline, social and protective services, law enforcement, etc.). However, a large proportion of health professionals lack this training and are unfamiliar with appropriate responses to suspected THB/CSA/CSE, since this information is not typically covered in many medical, nursing or psychology training curricula.

This HEROES deliverable aims to address the gap in knowledge and skills by providing an education and intervention training plan for health workers to identify and appropriately respond to suspected abuse and exploitation. The plan will assist in fulfilling the Task 9.3 deliverable which requires the development of a full training curriculum.

The goal of this training is to equip health workers with the knowledge and competence to recognise patients/clients who have experienced THB/CSA/CSE, and those at risk, and to respond in a trauma-informed, rights-based manner. This will enable them to offer more appropriate care and to support the patient/client in the best way possible, as well as report to authorities when indicated.

1.2. Course development

This course is being developed by a team of HEROES experts led by ICMEC's Medical Director, Dr Jordan Greenbaum, MD, who has decades of experience in training professionals on trauma-informed care to children, especially victims of child sexual abuse, exploitation and trafficking. The content of the course relies on the experience and expertise of the team members, on desk research and on other HEROES deliverables, such as D4.4, developed by ICMPD anti-trafficking experts Elena Petreska and Edgar Federzoni dos Santos (together with HEROES partners), entitled "Manual for Early Identification of Potential Victims of THB and CSA/E", which provides indicators for early identification of THB and CSA/CSE victimhood.

1.3. Target audience

The course targets health workers, including physicians, nurses, paraprofessionals, social workers, psychologists, counsellors, paediatricians, obstetricians/gynaecologists, psychiatrists, and other professionals working with children in a health or mental health setting, in countries represented in the HEROES consortium at first, with the ultimate goal of opening it up to an international audience. While the course will be created in English, using video recordings of an expert trainer, the course will be subtitled into languages used in countries represented in the HEROES Consortium, including Spanish, Portuguese, Greek and French. Moreover, the course aims to be relevant to professionals regardless of their cultural backgrounds.

2. Outline of the Training Plan

2.4. Background and Need

Many individuals who experience trafficking in human beings (THB) and/or child sexual abuse/exploitation (CSA/CSE) develop physical and mental health symptoms that require evaluation and treatment by a health worker (e.g., physicians, nurses, paraprofessionals, social workers, psychologists, counsellors and other professionals working with children in a health or mental health setting). Affected children may seek care before the period of exploitation (while experiencing vulnerability), during the phase of exploitation, or after leaving the exploitative situation. Their experience of THB/CSA/CSE may or may not be known to the health worker. Most affected individuals do not spontaneously disclose their victimization to professionals, which places the responsibility on the health worker to identify vulnerable patients.

This requires awareness by staff of the risk factors and potential indicators of THB/CSA/CSE, competence in screening for exploitation, and the ability to respond in a trauma-informed, sensitive manner that addresses the myriad needs of affected patients, and those at risk for THB/CSA/CSE. Health workers may serve as important liaisons that connect vulnerable individuals to critical services.

However, preventing and appropriately responding to THB/CSA/CSE requires specific training which is not traditionally taught in medical and nursing schools, or in psychology training programs. Cultural norms regarding discussion of sexual matters and child molestation make it extremely difficult for children to disclose abuse and families to face this possibility. Health workers may have little knowledge of how best to approach this sensitive issue with parents, caregivers, and authorities, and therefore ignore concerns, resulting in continued abuse. Responding effectively to THB/CSA/CSE requires specific training of workers on trauma-informed, developmentally appropriate, victim-centric patient care.

2.5. Goal

The goal of this training is to equip health workers with basic knowledge and competence to recognize patients who have experienced THB/CSA/CSE, and those at risk, and to respond in a trauma-informed, rights-based manner, addressing health and mental health needs using a holistic approach that involves multidisciplinary collaboration.

2.6. Objectives

Develop and disseminate a free, one-hour, online, self-paced, e-learning module for health workers that increases awareness of THB/CSA/CSE and describes an appropriate response to impacted individuals and those at risk. At the end of the module, participants will:

- Be familiar with the definitions and basic epidemiology of THB/CSA/CSE,
- Be able to describe risk factors and potential indicators of THB/CSA/CSE that may be identified in the health setting,
- Give examples of behaviours that reflect the basic tenets of a trauma-informed, victim-centred, rights-based approach to care,
- Explain the process of reporting suspected THB/CSA/CSE, making appropriate referrals to the responsible authorities and offering resources, based on a holistic approach to care,
- Be familiar with the Multidisciplinary Teams Framework on Trafficking in Human Beings and Child Sexual Abuse and Exploitation, from HEROES Task 7.3.

2.3.1. Activity 1

ICMEC will create a one-hour online learning module adapted for mobile devices addressing THB/CSA/CSE prevention, recognition, and response (see above). This very practical course will be designed to meet the clinical needs of health workers in multiple disciplines (e.g., physicians, nurses, paraprofessionals, psychologists, counsellors, social workers, administrative staff). The English version of the module will be translated and subtitled into languages used in countries represented in the HEROES Consortium.

2.3.2. Activity 2

To accompany the online training, ICMEC will provide access to online resources to include additional learning modules (providing in-depth learning on specific topics), a human trafficking toolkit for improving health and mental health services to patients/clients experiencing THB; tip sheets and algorithms outlining the health care response to THB/CSA/CSE, and a curriculum to assist health care organizations in creating a protocol to address THB/CSA/CSE.

2.3.3. Activity 3

ICMEC will establish collaborative relationships with key health stakeholders to assist in dissemination of the training module and resources. Key stakeholders may include national medical associations in the 6 target countries (e.g., professional societies for paediatricians, obstetricians/gynaecologists, psychiatrists), as well as national professional psychological and social work associations. Additional stakeholders may include representatives from the relevant ministries of health, public health and child protection in the 6 countries, as well as from large health systems and/or organizations.

1.4. Outputs and Outcomes

Directly measuring project outcomes with respect to changes in prevalence of THB/CSA/CSE is difficult since prevalence estimates are challenging to obtain and numbers are influenced by many factors outside the purview of health worker training. The target demographic in this project includes workers in the health sector so this will be the focus of monitoring and evaluation (M&E) efforts.

ICMEC will administer pre-training and immediate post-training surveys that measure changes in participant knowledge, attitudes, and confidence in future behaviour change. ICMEC will conduct a 3-month post-training survey to measure knowledge retention and behaviour changes. ICMEC will also evaluate participant 'behaviour' and commitment to change by monitoring use of online resources associated with the training (via Google analytics or similar system).

2.3.4. Outputs

1. A one-hour online self-paced e-learning module addressing THB/CSA/CSE prevention, recognition, and response, which will include:
 - a) An understanding of the definitions and basic epidemiology of THB/CSA/CSE,
 - b) A description of the risk factors and potential indicators of THB/CSA/CSE that may be identified in the health setting,
 - c) Examples of behaviours that reflect the basic tenets of a trauma-informed, victim-centred, rights-based approach to care,
 - d) An explanation of the process of reporting suspected THB/CSA/CSE, making appropriate referrals to the responsible authorities and offering resources, based on a holistic approach to care,

- e) A presentation of the Multidisciplinary Teams Framework on Trafficking in Human Beings and Child Sexual Abuse and Exploitation, from HEROES Task 7.3.
2. Supplementary resources to include:
 - a) Online e-learning modules:
 - I. 5-part online course on the health care response to human trafficking (for more information, please see Deliverable 5.5 “Enhanced training curricula on recognizing, intervening, and preventing various forms of sexual violence”)
 - II. 1-hour online training on Development of a health facility protocol to respond to THB/CSA/CSE (with >35 resources)
 - III. Agents of Change online learning modules¹
 - b) Downloadable Materials, available on ICMEC’s website:
 - I. Toolkit: “Improving the Health and Mental health Care Response to Human Trafficking and Exploitation”
 - II. 10 Tips to a Rights-Based, Person-Centred Approach to Speaking With Clients/Patients
 - III. Tips to Forensic Photography
 - IV. 10 Easy Ways You Can Make Your Work Environment More Rights- Based and Child-Friendly
 - V. 10 tips to Cross-Cultural Communication
 - VI. 10 Facts on THB and CSA/CSE
 - VII. Sample algorithm outlining roles/responsibilities for health care staff in recognizing and responding to THB and CSA/CSE
 - VIII. Template for community directory of victim services
 - IX. “Multidisciplinary Team Framework on Trafficking in Human Beings and Child Sexual Abuse and Exploitation” (HEROES task 7.3)
 3. Online database of training participants, which allows monitoring of individual and institutional participation, distribution of supplementary education materials and follow up email surveys to measure outcomes.

2.4.2. Outcomes

1. Health workers from at least half of the countries represented in the HEROES Consortium will participate in the one-hour online training during the course of the grant from the six countries in focus and beyond.
2. Participants will demonstrate a statistically significant increase in knowledge of THB and CSA/CSE, confidence in counselling children/caregivers on prevention and increase in behaviour changes consistent with the trauma-informed, rights-based approach. Outcomes data will be derived from pre/post and delayed-post training surveys.

¹ Agents of Change is an online, e-learning on demand training that ICMEC developed in collaboration with ECPAT International. You can access the course here: <https://icmec.tovuti.io>

3. Training participants from at least half of the countries represented in the HEROES Consortium will visit the ICMEC Health Portal where supplementary resources are located (as measured by the 3-month post-training survey).

3. Conclusions

The goal of this training is to equip health workers such as physicians, nurses, paraprofessionals, social workers, psychologists, counsellors and other professionals working with children in a health or mental health setting with the knowledge to recognise potential signs of THB and CSE/CSA in their patients/clients, and the capacity to respond in a trauma-informed, rights-based manner.

More precisely, after completion of the training, students will be sensitised with the definitions of THB/CSA/CSE and basic epidemiology. They will be able to describe risk factors and potential indicators of THB/CSA/CSE that may be identified in the health setting as well as give examples of behaviours that reflect the basic tenets of a trauma-informed, victim-centred, rights-based approach to care. They will also be able to explain the process of reporting suspected THB/CSA/CSE, making appropriate referrals and offering resources, based on a holistic approach to care. Finally, they will be familiarised with the Multidisciplinary Team Framework on Trafficking in Human Beings and Child Sexual Abuse and Exploitation, from HEROES Task 7.3.

References

- [1] UNICEF (1989). *Convention on the Rights of the Child text*. Available at: [https://www.unicef.org/child-rights-convention/convention-text#:~:text=For%20the%20purposes%20of%20the,child%2C%20majority%20is%20attained%20earlier](https://www.unicef.org/child-rights-convention/convention-text#:~:text=For%20the%20purposes%20of%20the,child%2C%20majority%20is%20attained%20earlier.). Last accessed on 15.05.23.
- [2] World Health Organization (1999). *Report of the Consultation on Child Abuse Prevention, 29-31 March 1999, WHO, Geneva*. Available at: <https://apps.who.int/iris/handle/10665/65900>, Last accessed on 15.05.23.
- [3] Greijer, S., and Doek, J. (2016). “Terminology Guidelines For The Protection Of Children From Sexual Exploitation And Sexual Abuse”, Interagency Working Group in Luxembourg. Available at: <https://ecpat.org/wp-content/uploads/2021/05/Terminology-guidelines-396922-EN-1.pdf>. Last accessed on 08.03.23.
- [4] United Nations (2017). “Task Team on the SEA Glossary for the Special Coordinator on Improving the United Nations Response to Sexual Exploitation and Abuse”, UN Glossary on sexual exploitation and abuse. Available at: https://hr.un.org/sites/hr.un.org/files/SEA%20Glossary%20%20%5BSecond%20Edition%20-%202017%5D%20-%20English_0.pdf; Last accessed on 08.03.23.
- [5] World Health Organisation (2008), *A Human Rights-Based Approach To Health*. Available at: https://www.ohchr.org/sites/default/files/HRBA_HealthInformationSheet.pdf. Last accessed on 15.05.23.
- [6] ICMPD (2009). *Guidelines for the Development of a Transnational Referral Mechanism for Trafficked Persons South-Eastern Europe*. Available at: <https://www.icmpd.org/file/download/52503/file/Guidelines%2520for%2520the%2520Development%2520of%2520a%2520Transnational%2520Referral%2520Mechanism%2520for%2520Trafficked%2520Persons%2520-%2520South-Eastern%2520Europe.pdf>. Last accessed on 15.05.23.
- [7] United Nations (2000). “Protocol to prevent, suppress and punish trafficking in persons especially women and children”, supplementing the United Nations convention against transnational organized crime. Available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/ProtocolTraffickingInPersons.aspx> Last accessed on 25.07.22.
- [8] Canadian Centre for Addiction and Mental Health (CAMH) (2023), *Trauma*, <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/trauma#:~:text=Trauma%20is%20the%20lasting%20emotional,regulate%20emotions%20and%20navigate%20relationships>. Last accessed on 15.05.23.
- [9] Substance Abuse and Mental Health Services Administration (2014). “SAMHSA's concept of trauma and guidance for a trauma-informed approach”, Substance Abuse and Mental Health Services Administration.
- [10] United Nations Human Rights (1990). “Convention on the Rights of the Child”, Office of the High Commissioner for Human Rights. Available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx> Last accessed on 23.07.22.
- [11] European Parliament (2012). *Directive 2012/29/EU*. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32012L0029> Last accessed on 23.07.22.