

POLICY BRIEF

INCLUSIVE HOLISTIC CARE FOR MIGRANT VICTIMS OF SEXUAL VIOLENCE (INHeRE project 2019 – 2021)

KEY RESULTS

4 practice-improving tools

Triage Tool for identification, care and referral of victims of sexual violence at European asylum reception and accommodation initiatives

Good Practice Tool for police hearings with migrant, applicant for international protection, refugee (MAR) victims of sexual violence and trafficking

Upgraded international remote interpreting system, including checklist

Safe reporting procedure for (undocumented) migrant victims of sexual violence

2 capacity-building trainings

Massive Open Online Course: "Sexual Violence & Migration"

Practice-oriented Training-of-Trainers: "Sexual violence & Migration"

POLICY RECOMMENDATIONS

Ensure effective and responsive care

Enhance knowledge and training in sexual violence in the context of migration

Train interpreters on sexual violence, cultural-sensitive and trauma-informed language

Promote wellbeing & self-care

Contextualization

In the European Union, up to 58% of female migrants and up to 32% of male migrants have experienced sexual victimization. Adopting an integrated and holistic approach, encompassing forensic, medical and psychosocial care, from detection to follow-up has been recognized as the best care for all victims of sexual violence, including victims of trafficking for sexual exploitation. However, **access** to holistic **care** for migrant victims is **hampered** by a broad range of **barriers**.

Frontline professionals working with migrant victims of sexual violence, often **lack** the **specialist knowledge**, **language skills** and **tools** to provide inclusive and holistic care for migrant victims, or do not know where to refer them. There is a need to build **capacity** among key professionals working with migrant victims of sexual violence through training, provision of **tailored tools** and development of **streamlined care pathways** in order to address gaps in all aspects of care from identification to follow-up.

Objectives

To address this need, the INHeRE project aimed to:

- **Build knowledge** and refine culturally-competent **skills** and **practices** of 5 key professional groups working with MAR through online and on-site training;
- **Align** national **policies** with EU regulations and guidelines for safe reporting of sexual violence regardless of legal status;
- **Bridge** competences, practices and policies **across professions** in order to streamline care pathways for MAR victims.

The project targeted **five professional groups**: (1) staff working in asylum reception centres, (2) staff working in sexual assault centres, (3) psychologists, (4) intercultural mediators and interpreters, and (5) police officers and law enforcement officials.

A participatory approach

A participatory approach was applied through the involvement of victims, representatives from migrant and victim support organisations, and professionals via an **Implementation and Community Advisory Board** (ICAB). An ICAB was established in each partner country and gathered every 4 months to review progress and outputs and provide feedback and direction.

Project consortium

The project consortium comprised Ghent University: International Centre for Reproductive Health (ICRH) & Centre for the Social Study of Migration and Refugees (CESSMIR) (BE); the Belgian Federal Service of Public Health (BE); Payoke (BE); Victim Support Europe (EU); NHS, The Havens Sexual Assault Referral Centre (UK) and the Irish Department of Justice (IE).



Policy recommendations

According to Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (2014), all victims regardless of their gender, sexual orientation or legal status, should be able to **access** and **benefit** from **holistic care** after experiencing sexual violence.

Having described the core aims and key results of the **IN**clusive **H**olistic care for migrant and **RE**fugee victims of sexual violence (**INHeRE**) project, the following recommendations are aimed at health services and seek to guide health care professionals on how best to improve inclusive, holistic care for migrant victims of sexual violence.

Building on the key findings of the INHeRE project, the consortium advises the following recommendations:

① Ensure effective and responsive care.

- Adopt a sensitive, trauma-informed approach when working with migrant victims of sexual violence.
- If required, ensure the use of an appropriately trained interpreter or intercultural mediator.
- Adapt the *Triage Tool* for different healthcare settings to assist professionals in these contexts to identify migrants victims of sexual violence, provide initial care and refer onwards to inclusive and holistic services.

Recommended tool: Triage Tool for identification, care and referral of victims of sexual violence at European asylum reception and accommodation initiatives.

Available at: <https://bit.ly/2ZPLWlm> [ENG, NL, FR, IT]

- Encourage healthcare professionals to familiarize themselves with services in their local communities that offer support to migrants who have experienced sexual violence and establish clear referral pathways with these services e.g. Sexual Assault Referral Centres (SARCS), third sector organisations.

② Ensure training is provided on sexual violence in the context of migration to all frontline professionals.

- To meet the unique needs of migrant victims of sexual violence, training of professionals is key. As part of the INHeRE project, a comprehensive online course, “Sexual Violence & Migration”, was developed and piloted with over 150 European professionals. Evaluation demonstrated that professionals’ knowledge increased significantly, remaining higher 6 months following the course. The online modules are available free of charge in English, French, Dutch and Italian. It is recommended that the Online “sexual Violence & Migration” course is adopted as part of the core mandatory training for all healthcare professionals

Recommended training: Free online course (8 modules): “Sexual Violence & Migration”
Available at: <https://bit.ly/2ZPLWlm> [ENG, NL, FR, IT]

- Identify a “Sexual Violence & Migration” champion within each department
- Review existing screening tools to aid identification of and care for migrant victims of sexual violence
- Encourage safeguarding leads to include Sexual Violence and Migration in their training curriculum
- Support healthcare professionals to be familiar with the complex needs of migrant victims of sexual violence and the burden of mental health difficulties experienced by this population.
- Expand staff’s knowledge of the legal context within different countries and policies around reporting of crimes experienced by undocumented migrants.

③ Train interpreters and intercultural mediators working in health settings on sexual violence, and cultural-sensitive and trauma-informed language.

Interpreters play a key role in helping professionals and migrants to overcome language barriers. Interpreting for migrant victims requires knowledge on sexual violence as well as familiarity with taboos, colloquial terms, sensitive phrasing and terminology.

Recommended training: Free online course (8 modules): “Sexual Violence & Migration” Available at: <https://bit.ly/2ZPLWlm> [ENG, NL, FR, IT]

④ Promote wellbeing and self-care.

It is widely recognized that burnout and vicarious trauma are occupational hazards of working with migrant victims who have experienced traumatic events, irrespective of staff’s job roles. Burnout and vicarious trauma are associated with job dissatisfaction, compassion fatigue, feelings of powerlessness and helplessness, decreased job performance and objectification of victims, among others. Strategies and support at an individual and organizational level are therefore paramount to mitigate against burnout.

- **At an organisational level:** Ensure appropriate and diverse caseloads; provide effective supervision and reflective practice; provide staff opportunities to debrief informally; group support can be helpful and may be formal or informal and may involve case conferences, clinical seminars or reading groups; provide time for social interaction between co-workers; provide a physical environment that is safe and comfortable; foment a workplace culture that expresses appreciation and positive regard for workers; allow for flexible working hours and not implicitly or explicitly expecting or encouraging staff to work overtime; make staff care and self-care part of a mission statement; support staff development, training and education.
- **At a personal level:** Encourage staff to nurture interests separate from work; take breaks at work, and from work; take opportunities for debriefing and other therapeutic support; maintain connections with others outside the field; engage in physical activity and bodily self-care; identify their successes; seek spiritual support or psychological therapy as needed.

Contact details

Triage Tool for identification, care and referral of victims of sexual violence at European asylum reception and accommodation initiatives.

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Find more information on INHeRE and its findings [here](#).

