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

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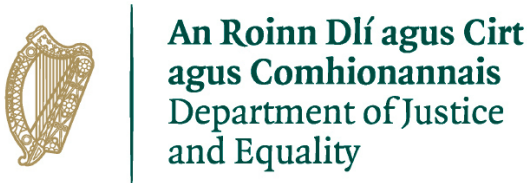
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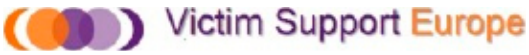
Victim Support Europe


the havens
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Feedback
We welcome you to contact us in case you would have questions or comments related to the Triage Tool, including reporting back your experiences in using it. Contact the authors on: Ines.Keygnaert@ugent.be and/or Leni.Linthout@ugent.be

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Abbreviations and acronyms used

LGBT+	**L**esbian, **G**ay, **B**isexual, **T**rans gender, intersex or people who identify themselves as non-binary or other
MAR	**M**igrants, **A**pplicants for international protection, **R**efugees
PTSD	**P**ost **T**raumatic **S**tress **D**isorder
UNHCR	**U**nited **N**ations **H**igh **C**ommissioner for **R**efugees
WHO	**W**orld **H**ealth **O**rganisation

Terminology

Victim/survivor: to describe an individual who has been raped and/or sexually assaulted, the term "victim", "survivor" and "individuals who have experienced/have been exposed to sexual violence" will be used interchangeably. Traditionally, there has been much debate about the appropriate terminology to describe an individual who has been sexually victimized. The term 'survivor' is sometimes preferred as it is viewed as more empowering. However, there is a lack of agreement by people, who themselves have experienced rape and sexual assault, about the term they prefer to use to describe their experience [2]. Furthermore, the two terms are often used inconsistently in practice and research, often reflecting the context. For example, the police and criminal justice system refer to 'victims' of crime, whereas practitioners in the field of sexual violence in health and social care contexts tend to use the term 'survivor' or 'client' instead [2].

Migrant: "A person who moved away from their place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons" [3].

Applicant for international protection: "A third-country national or a stateless person requesting protection from a EU Member State, who can be understood to seek refugee status or subsidiary protection status, and who does not explicitly request another kind of protection, outside the scope of Directive 2011/95/EU (Recast Qualification Directive), that can be applied for separately" [4].

Refugee: "Any person who is outside their country of nationality or habitual residence; has a well-founded fear of being persecuted because of their race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail him/her – or themselves of the protection of that country, or to return there, for fear of persecution" [5].

Sexual assault centre: a specialist, holistic service where a victim of sexual violence can get care, at any time and on any day. The service provides medical care, psychological care, forensic examinations and follow-up care and assistance. If wished, the victim can file a complaint [6].

Asylum reception and accommodation initiative: "throughout the procedure for international protection applicants for international protection have the right to material assistance (i.e. reception) in an open, collective or individual asylum reception

or accommodation initiative. Besides accommodation, the applicant for international protection receives meals, clothing, social, medical and psychological support as well as a daily allowance and access to legal assistance and services such as interpreting and training.

Sexual violence: The World Health Organisation (WHO) defines sexual violence as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against someone's will, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work' [8]. According to this definition, a very wide range of behaviours in which someone is (1) forced to have sex against their will and/or in which (2) no informed consent to sex has been/could be given, would be classed as an act of sexual violence.

Introduction

Within the European Union, **M**igrants, **A**pplicants for international protection and **R**efugees (in what follows abbreviated as **MAR**) are at high risk of sexual victimization prior to, during and after their arrival in Europe [9, 10]. Within this population, up to 58% and 32% of females and males respectively, have experienced sexual victimization [11, 12].

However, despite the high prevalence of sexual violence among MAR, sexual violence is rarely disclosed and/or reported, specifically in the setting of asylum reception and accommodation initiatives. Furthermore, the access to inclusive and holistic care that encompasses medical, forensic and psychosocial care for MAR victims of sexual violence is often hampered by a broad range of barriers.

In order to meet the unique needs of MAR victims by providing initial care and eventually referring them to inclusive and holistic services, professionals working in asylum reception and accommodation initiatives should be supported to adapt their approaches, build knowledge and refine their skills. This Triage Tool is designed to facilitate this process.

As a professional working in an asylum reception and accommodation initiative, **you can contribute to the recovery of a victim** by identifying indicators of sexual violence, providing appropriate care and referring to specialist services where needed.

This Triage Tool can assist and guide professionals in noticing behaviours and situations that are potentially indicative of sexual victimization. It is by no means a diagnostic scale or checklist. After using the tool, professionals should feel better equipped to address concerns relating to sexual violence among MAR victims and to reflect upon and communicate these concerns to colleagues. Identification of victims is a **continuous** and **repetitious** process rather than a one-time activity.

Given the broad range of professional profiles working in asylum reception and accommodation initiatives, the Triage Tool is designed for **multidisciplinary use**. Psychosocial care providers, medical professionals and case managers can play a role in the identification, care and referral of victims of sexual violence.

The Triage Tool consists of four different sections. In the **first section** we touch upon the definition and the different types of sexual violence in a migration context. Prevalence, risk factors and the impact of sexual violence as well as the provision of inclusive, holistic care is explained in this section. The **second section** focuses on the identification of potential victims of sexual violence whereas the **third section** focuses on practical care and referral pathways. Guidelines for management and infrastructural organisation of housing facilities for applicants for international protection are attached in a **fourth** and final **section** of the Triage Tool.

We truly hope this Triage Tool will help you to develop new skills to care for (and refer) MAR victims of sexual violence.

This "Triage Tool for identification, care and referral of victims of sexual violence in asylum reception and accommodation initiatives" was developed in 2019 – 2020 in a project entitled "Inclusive holistic care for refugee and migrant victims of sexual violence in Belgium, the United Kingdom and Ireland". This project was funded by the European Commission through the Rights, Equality and Citizenship Programme.

01

Sexual violence and migration

1. Sexual violence: what's in a name?

1.1. Many definitions

Sexual violence is a major health, judicial, and societal concern on a global scale [13, 14]. The range of experiences that pertain to sexual violence is broad and affects all sexes and genders across the lifespan [15]. Given the broad range of definitions regarding sexual violence, defining sexual violence in a consistent manner is an important issue in the identification, care and referral of victims.

The World Health Organisation (WHO) defines sexual violence as: **'Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against someone's will, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work'** [8]. In addition, sexual violence also takes place when someone is not able to give consent – for instance when coerced, intimidated, intoxicated, drugged, asleep or when mentally disabled [8].

According to this definition, a very wide range of behaviours in which someone is **(1)** forced to have sexual activity **against their will** and/or in which **(2) no informed consent** to sex has been/could be given, would be classed as an act of sexual violence.

Please note legal definitions regarding sexual violence vary from country to country and change over time. References to legal definitions and procedures per country are attached in annex.

1.2. Forms of sexual violence

Sexual violence is an umbrella term and can take many forms under different circumstances. Building upon a **scientific** and a **public health** perspective and depending on the nature of the violence, sexual violence can be divided into four different types [16-18].

Sexual harassment is any unwelcome, often repeated and unreciprocated sexual advance, unsolicited sexual attention, demand for sexual access or favours, sexual innuendo or other verbal or physical conduct of a sexual nature. Overall, sexual harassment does not involve physical contact.	***It includes*** **verbal intimidation, compulsory undressing, being looked at whilst undressing, forced to watch someone having sex or masturbating, forced to view pornography, unwanted sexual advances or invitations, etc.**
Sexual abuse is the forced imposition of a physical act of a sexual nature, the deliberate groping of the penis, the vagina, the buttocks, the breasts, including the inside of the buttocks, without the person's consent. In sexual abuse there is physical contact but no penetration.	***It includes*** **touching, pinching, fondling, touching up, kissing, etc.**
Attempted rape is the attempt to forceful sexual penetration of any body opening with an object or a body part of a person without the person's consent.	
Rape is any act of sexual penetration of any body opening with a body part or an object, by force, threat of force, coercion, taking advantage of a coercive environment against a person's will or against a person incapable of giving genuine consent.	***It includes*** **single rape (oral, vaginal and/or anal sexual penetration and/or sexual penetration of any other body opening), multiple rape (multiple orifices, multiple times), gang rape (by more than one person at the same time or one after the other), forced abortion, forced sexual relations within a marriage or relationship, etc.**

In a migration context, individuals may be particularly vulnerable to specific types of sexual violence:

Sexual exploitation is any abuse of a position of vulnerability, differential power or trust for sexual purposes.	***It includes*** **forced sex work (forced by someone else), transactional sex for survival (in exchange for food, clothing, money, papers, etc.), forced marriage for sex, sexual abuse of power by professional service provider, etc.**
Sexual violence as a weapon of war and torture is any act or threat of a sexual nature by which severe mental or physical pain or suffering is caused to obtain information, confession or punishment from the victim or third person, intimidate the victim or a third person or to destroy, in whole or in part, a national, ethnic, racial or religious group. It is a crime against humanity.	***It includes*** **rape, forced rape of others, forced witnessing of rape, sexual slavery, forced abortion, forced sterilization, forced pregnancy, forced childbearing, etc.**

MAR are extremely vulnerable to sexual violence at all stages of their migration including within their country of origin, at locations they transit through or settle in as well as in the country of destination [19, 20]. Depending on the phase in the refugee cycle as defined by the United Nations High Commisioner for Refugees (UNHCR), individuals may be more or less at risk of different types of sexual violence [16].

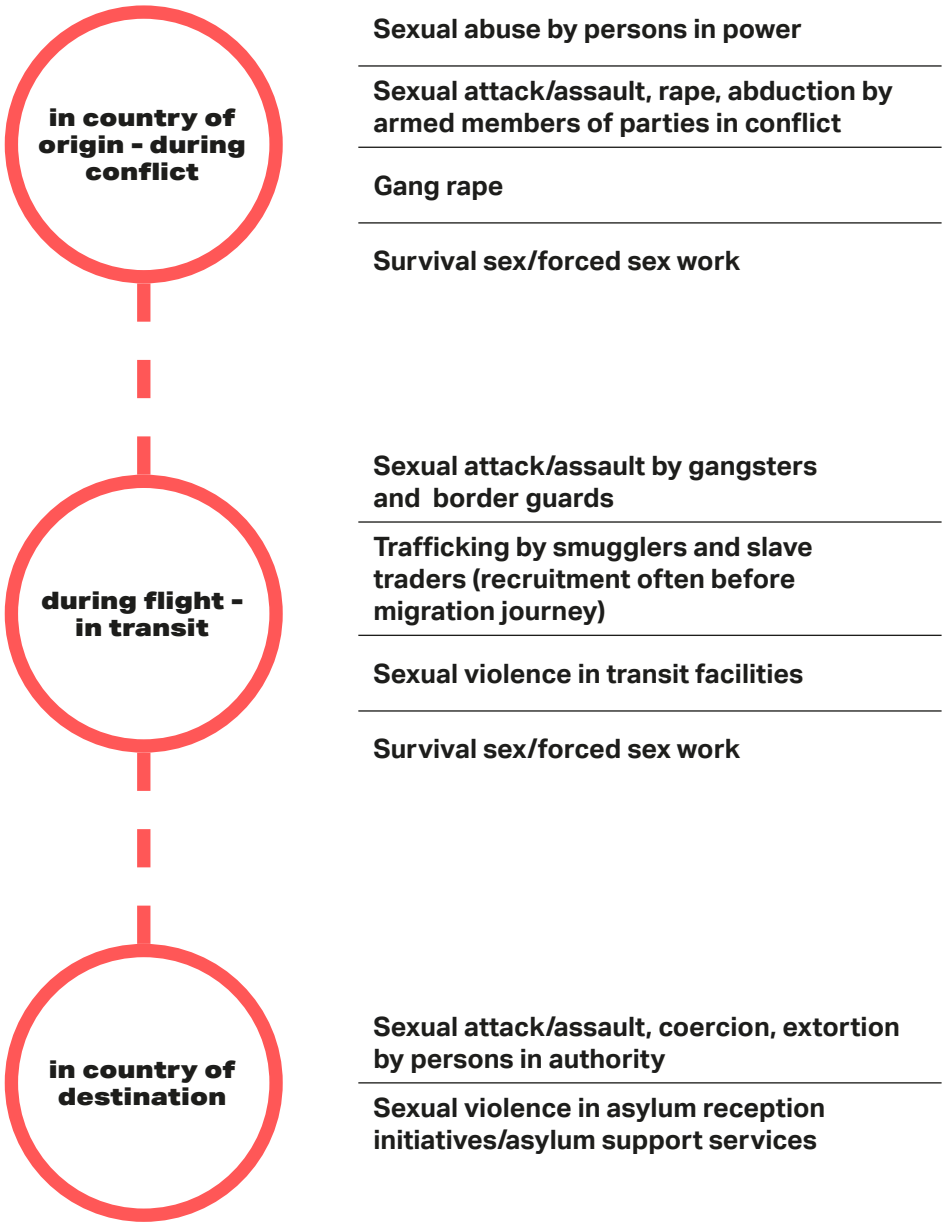


Figure 1: The scheme is based on UNHCR's (2003, p. 20) table on Sexual and Gender-Based Violence During the Refugee Cycle, originally developed by S. Purdin, and on the extended version developed by the CCM-GBV project (2019).

KEY MESSAGES

The World Health Organisation defines sexual violence as "**any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against someone's will, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work**"

Sexual violence comprises a very wide range of behaviours. Four different types of sexual violence can be distinguished:

- **Sexual harassment**
- **Sexual abuse**
- **Attempted rape**
- **Rape**

In a migration context, individuals may be particularly vulnerable to:

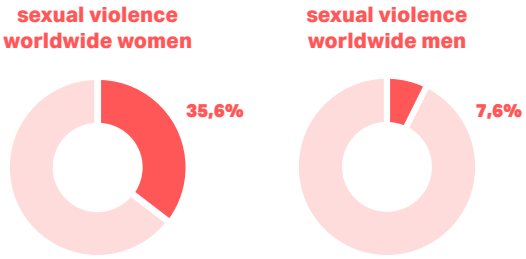
- **Sexual exploitation**
- **Sexual violence as a weapon of war and torture**

MAR are extremely vulnerable to different types of sexual violence in their **country of origin, during flight** as well as in the **country of destination**.

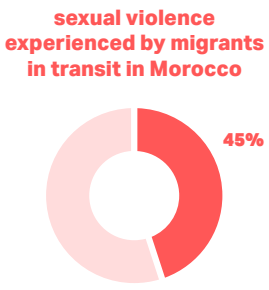
2. How common is sexual violence?

2.1. Prevalence

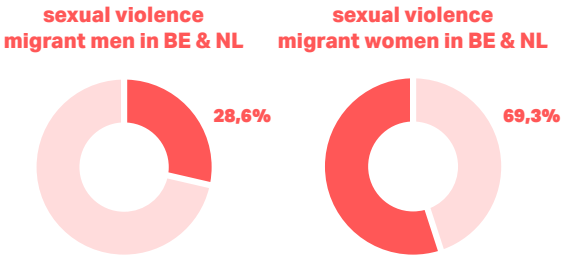
Sexual violence occurs all over the world, affecting people from all genders, in all age categories, transcending cultural, ethnic and economic boundaries [12, 16]. On a **global scale**, approximately over 1 in 3 women (35.6%) have experienced sexual victimization at some point in their lives [21] while the lifetime prevalence for childhood sexual abuse against males is estimated 7.6% globally [22].



Sexual violence is the most common form of violence refugees and migrants endure throughout their migration journey [10]. Research on violence against sub-Saharan migrants entering and crossing Morocco with the intention of reaching Europe, showed that **45% of the violence experienced within Morocco was of a sexual nature** [10]. Similar research showed that since their arrival in Europe, **more than half** of refugees, applicants for international protection and undocumented migrants in **Belgium** and **the Netherlands** were exposed to sexual violence incidents [11]. Victimization rates reach up to 28.6% in male and 69.3% in female MAR [11].



Migrant men and young boys appear to be more likely to experience sexual violence and other kinds of violence than is reported globally in men [17]. Yet, given the multiple barriers associated with disclosing sexual violence (see section 1, paragraph 4.3.), prevalence is likely underestimated [23].



Rape is the most prevalent form of sexual violence experienced by MAR. Sexual exploitation and rape involving multiple assailants are also commonly reported [10, 11]. If migrants are not victimized personally, they are often forced to witness the victimization of relatives, friends or co-migrants in their presence, which is equally traumatizing as they were not able to intervene or offer protection [10]. A significant proportion of assailants of sexual violence perpetrated against MAR are often either individuals who are unknown to the victim or persons in position of authority, including those assigned to protect them [17].

2.2. Risk factors for sexual violence exposure

Anyone can become a victim of sexual violence. However, research demonstrates that some people are at greater risk [16]. This includes people who identify as lesbian, gay, bisexual, transgender (LGBT+), intersex, non-binary or other; people who experienced or witnessed sexual violence during childhood and those living in poverty, in shelters, in remote areas and those in detention [16, 24]. Those reliant on transactional sex for financial needs may be at great risk of sexual victimization [11, 25-27], as are people with disabilities, adolescents and older adults. MAR, undocumented migrants and victims of trafficking are known to be at greater risk [11, 12, 18, 28, 29]. These **vulnerabilities**

may often **intersect** with each other, further exacerbating the risk of victimization. Examples of individuals with intersecting vulnerabilities include unaccompanied refugee minors, LGBT+ persons with disabilities, elderly refugees and refugees in transit. The combination of vulnerabilities increasing the risk of becoming a victim of sexual violence can be mapped out by the **socio-ecological model** below which identifies interacting determinants at four socio-ecological levels [18, 19, 30].

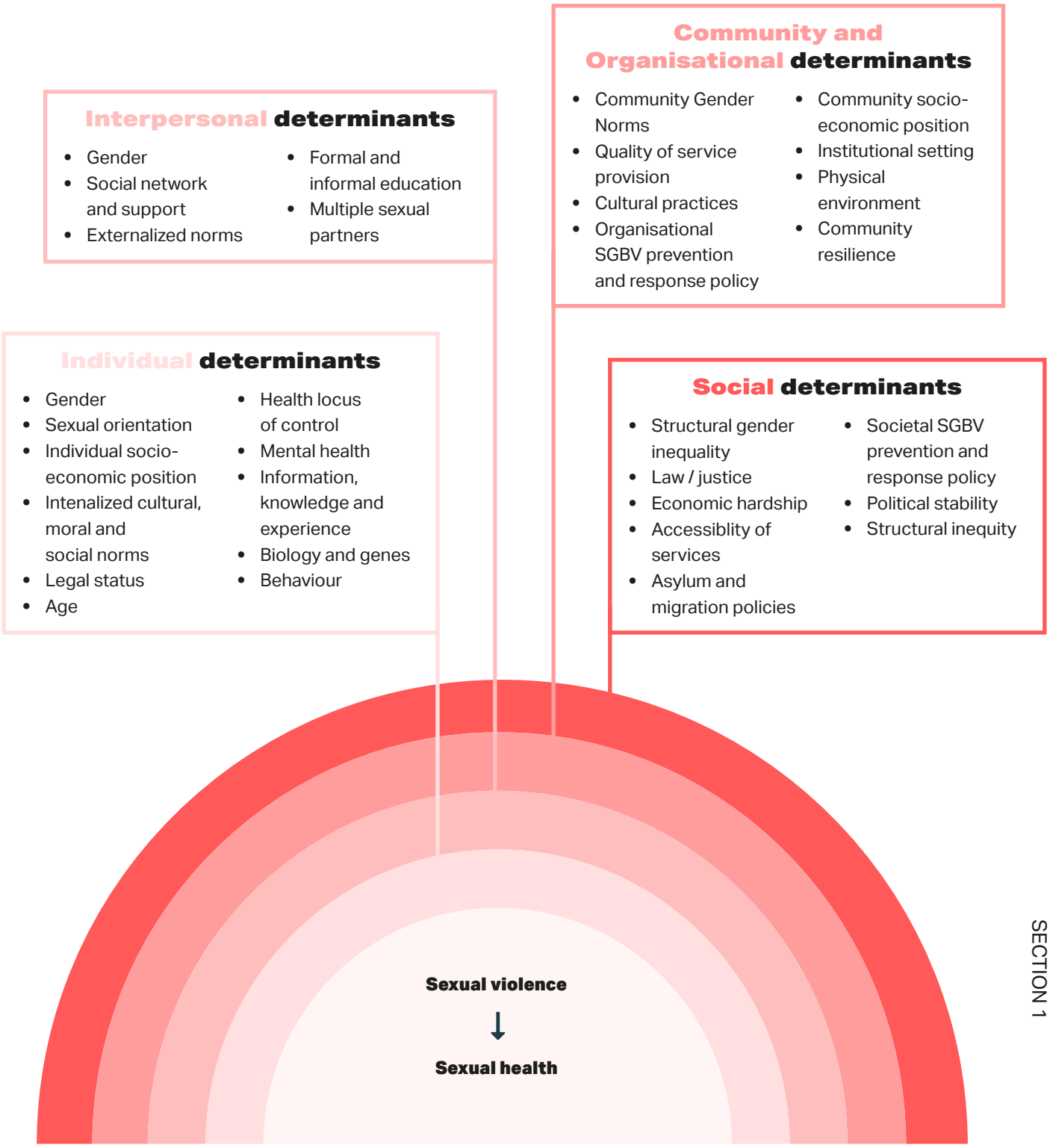


Figure 2: Sexual health and sexual violence determinants in migrants (Keygnaert, 2014, p. 154).

At the ***individual level***, a person's level of education, age, gender, disability, personal security, cultural beliefs and norms, level of income, access to and control of resources, services and social benefits and personal history of (sexual) abuse and neglect can influence the likelihood of becoming a victim of sexual violence [19].

The second level - the ***interpersonal level*** – represents a person's immediate and closest social circle that influences a person's behaviour and influences whether a person may become a victim of sexual violence. Social networks, social support, information exchange, awareness-raising and community resilience could be identified as determinants at this level [17].

The ***community and organisational level*** includes the socialized dynamics between and among people within local structures such as schools and educational bodies, religious institutions, workplaces, health care institutions, peer groups and neighbourhoods. At this level traditional gender roles, (lack of) safety in public spaces, poverty etc. can have a direct impact on whether or not incidents of sexual violence may occur [19].

The ***societal level*** includes the cultural and social norms about gender roles, attitudes towards children, women and men, the overall legislative and political frameworks governing behaviour and the attitude towards using violence as means of resolving conflicts in general [19].

The **migration context** can be recognized as a transversal determinant influencing other determinants at all socio-ecological levels. It heightens the risk of sexual victimization as MAR are often compelled to unsafely cross borders, use services of smugglers, reside in overcrowded refugee shelters or accommodation centres and live with an uncertain residence status. Vulnerability to sexual violence is further increased by a decline in socio-economic position, often exacerbated by restrictions placed on MAR preventing them from working legally and participating freely in civil society [17, 19].

KEY MESSAGES

Research indicates that more than half of refugees, applicants for international protection and undocumented migrants in Europe have been exposed to sexual violence.

If migrants are not victimized personally, they are often **forced** to **witness** the victimization of relatives, friends or co-migrants in their presence, which is equally traumatizing.

Assailants of sexual violence perpetrated against MAR are often either **individuals who are unknown to the victim** or **persons in a position of authority**.

A **migration context** may **interfere** with other risk factors for sexual victimization at the individual level, the interpersonal level, the community and organisational level and the societal level. Therefore, **migration** may **influence** a **person's vulnerability** to become exposed to **sexual violence**.

3. What is the impact of sexual violence?

Sexual victimization can cause numerous short- and long-term physical, psychological, sexual and social-economic consequences for victims as well as for family members, peers, and assailants [11, 21, 30-32]. However, note that just as there is no typical victim, there is **no typical reaction** to the experience of sexual violence either.

During sexual violence biological responses to sexual violence

Sexual violence may be perceived by victims as a life threatening act. During an act of sexual violence, victims may experience responses that they are not in conscious control over. These reactions may be thought of as a 'survival mode'. They are often automatic and are the body's natural reaction to danger. Sometimes victims react in ways that they would absolutely not expect. They are may be referred to as "**fight-flight-freeze-and-appease**" responses [6].

Fight: some individuals may fight back when attacked. However, in about one-third of cases victims do not fight back as their body responds through one of the other mechanisms listed in the categories below. Fighting back may carry the risk of further harm or injury [6].

Flight: a common reaction is to flee, however it is also normal for the body to utilize another response instead. Additionally, it is not always possible to flee when force, emotional blackmail or coercion are used to prevent victims from running away [6].

Freeze: freezing is a common involuntary reaction to a perceived imminent threat. It is a reaction that frequently occurs in sexual violence but is often misunderstood by both victims and others [6]. During an act of sexual violence, the victim may be unable to do anything other than freeze.

Appease: victims may be protected from negative psychological or physical experiencing by "appeasing" the assailant. By obeying, cooperating or calming the assailant, the violence might end sooner and reduce the risk of further harm [6].

After sexual victimization consequences of sexual violence

PHYSICAL CONSEQUENCES

Physical sequelae of sexual violence may include injuries such as bruises, abrasions, lacerations and bone fractures; infections including sexual transmitted infections, pelvic pain, pelvic inflammatory disease and urinary tract infections. Amputations, disabilities and even death are mostly linked to physically violent rapes [33]. However, note that no commonly accepted typology of injuries exists and that often there are no physical injuries at all [33].

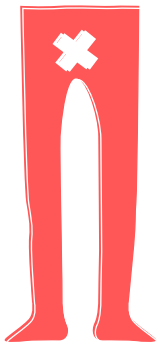
PSYCHOLOGICAL CONSEQUENCES

Common psychological and behavioural reactions in the immediate aftermath of sexual violence often include shock, denial, self-imposed isolation or social withdrawal, anger, fear, low mood, loss of interest in activities and "Acute Stress Symptoms". Acute Stress Symptoms may include nightmares, flashbacks, avoiding places associated with the incident or assailant, being overly alert to perceived danger, feeling irritable, ashamed or numb [34, 35]. Symptoms can occur immediately following the assault and have been reported up to years after, especially if not treated [36, 37]. If symptoms persist over time, a victim may be diagnosed with Post-Traumatic Stress Disorder (PTSD). PTSD is frequently diagnosed in victims of sexual violence. The symptoms are generally found to decline over

time [38-40]. In addition, PTSD often occurs in victims of sexual violence in combination with depression, fear, despair and hostility [40-43].

Other consequences may include low self-esteem, mood and anxiety disorders, sleeping disturbances, eating disorders, substance abuse, social phobia, suicidal ideas or suicide, aggression and gender role confusion [44-50].

SEXUAL AND REPRODUCTIVE CONSEQUENCES



Victims of sexual violence may acquire sexually transmitted infections (including HIV/AIDS), or experience chronic genital and extra-genital pain, sexual dysfunction and disrupted periods and acute vaginal bleeding in females [49, 51-54]. Assaults involving physical violence may cause women who are pregnant to miscarry [51]. Genital injuries such as lacerations of the vagina, the perineum, the rectum and the anus, penile, anal or scrotal erythema are mostly linked to physically violent rapes [33] as are unwanted pregnancy, forced abortion, (long-term) infertility and death [17].

SOCIO-ECONOMIC CONSEQUENCES

Victims of sexual violence are more likely to drop out of school or be unable to work, and to face stigma and discrimination from society, health providers, their community and their family, including their intimate partner [20, 29, 55-57]. Sexual violence can also have harmful consequences for partners, families and the community in general [50].

KEY MESSAGES

During sexual violence, the victim's body switches to '**survival mode**' and causes one of the following biological reactions: **fight-flight-freeze-and-appease reaction**.

Sexual violence can induce numerous **short-** and **long-term consequences**:

- **Physical** consequences
- **Psychological** consequences
- **Sexual** and **reproductive** consequences
- **Social-economic** consequences

4. Caring for victims of sexual violence

4.1. Inclusive, holistic care after sexual violence

Providing short- and long-term inclusive, holistic and multidisciplinary care, encompassing **forensic**, **medical** and **psychosocial** care, as well as **protection** and **legal assistance**, have internationally been put forward as the optimal approach for all victims of sexual violence [31, 58-60]. An inclusive, holistic and multidisciplinary approach increases the likelihood of positive medical and psychosocial outcomes. This approach has been shown to improve the quality of care provided, speed recovery of the survivor and reduce the risk of re-victimization [60-68].

In an inclusive, holistic and multidisciplinary approach, the **well-being** and **health** of the victim should always be the first priority [31]. A survivor may feel humiliated and degraded following an assault. Therefore, ensuring the **dignity** of the survivor whilst providing **effective** and **empathetic care** is key. It has been shown that a **relationship of trust** with a care provider promotes the recovery of a victim of sexual violence [69].

4.1.1. Sexual assault centres

A sexual assault centre is a centre of expertise where inclusive, holistic care is provided by specialized staff (e.g. specially trained forensic nurses, emergency doctors, gynaecologists, urologists, paediatricians, geriatricians, psychiatrists and psychologists).

A sexual assault centre usually operates 24 hours a day offering victims of sexual violence, regardless of their residence status:

• ***Medical care***: both immediate after care and follow-up care for possible medication and vaccinations are offered. This may include treatment of injuries and other physical, sexual or reproductive concerns.

• ***Psychological care***: including psychological first aid (such as listening and explaining what normal reactions are after a traumatic event and offering advice on how to manage this) and further counselling and/or trauma-focused therapy by especially trained psychologists.

• ***Forensic medical examinations***: if applicable, forensic medical examinations can be offered within a specific timeframe following the assault. This may include documentation of injuries and collection of DNA and other traces of the assailant as evidence for a possible charge and trial.

• ***Support in reporting to the police***: sexual assault centres can facilitate reporting to law enforcement should survivors chose to. Survivors will be offered interviews with specially trained officers who will lead the investigation.

All victims of sexual violence are entitled to receive care **free of charge**. Efforts are usually made to ensure that sexual assault centres are easily **accessible** by **public transport**, and have safe and discrete entrances to reduce barriers to access. Staff working within sexual assault centres, need to be sufficiently trained to support victims of sexual violence and interpreters should have adequate language and interpersonal skills to effectively and sensitively discuss issues around sexuality and violence.

In the aftermath of sexual victimization being disclosed to you, check the location and services offered by sexual assault centres in your region.

4.2. Secondary victimization of MAR

MAR victims face numerous challenges upon seeking care in the aftermath of sexual violence [70]. When not being provided the adequate care upon sexual victimization, victims may experience secondary victimization and develop aggressive behaviour themselves.

Secondary victimization occurs when the victim suffers further harm due to their experience of the **behaviours** and **attitudes** of others they interact with [71]. Secondary victimization may, for instance, be caused by repeated exposure of the victim to the assailant, questioning about the incident that is intended as, or perceived by the victim as "victim-blaming" such as questioning the victim's reaction to the assault, or by the use of inappropriate language or insensitive comments [72]. This process can **cause further trauma**, create **distrust** in **support services, health care professionals** and institutions and **impact** the victim's **help-seeking behaviour** [72].

MAR victims of sexual violence are at risk of secondary victimization at different stages throughout the process of migration. Examples include, during the asylum interview when MAR victims are asked to talk about traumatizing events, when reporting the assault to the police or due to institutional aspects disrupting one's privacy in a collectively organized asylum initiative [19]. Structural and institutional factors, in addition to direct social interactions may contribute to secondary victimization.

In order to prevent additional trauma in MAR victims of sexual violence, it is crucial as a professional to be aware of your own attitudes and behaviours towards sexual violence and victims and to take a victim-centred approach [73].

4.3. Barriers to disclosing sexual violence in MAR

Although disclosures of sexual violence have been linked to improved psychological and physical well-being of victims, there are many barriers to disclose. Concerns around the anticipated reaction of others, not wanting to upset or burden others, confidentiality, cultural expectations or language and norms around discussing sexuality [34]. Survivors fear the repercussions of disclosing, including being judged, blamed or not believed. Research has shown that victims of sexual violence are more willing to disclose if they were frequently victimized and/or assaulted by several assailants, if they worry a lot about the consequences oneself and significant others, if they are very upset during the victimization and if they perceive or consider oneself to be a victim of sexual violence [34, 74].

For example, MAR victims may originate from countries in which certain types of sexual violence are not perceived or penalized as a crime. MAR experiencing sexual violence may not perceive it as such, nor identify as a victim or survivor. Given the omnipresence of sexual violence among MAR, several individuals have reported that they came to perceive sexual violence as an inevitable part of migration similar to "an **initiation rite**, in which one endures a hardship during a certain period of time in order to get to a next phase of life" [10]. Consequently, disclosing experiences of sexual violence might be delayed or not happen at all.

Research indicates that MAR victims, particularly those that are undocumented, are unlikely to disclose due to fear of **deportation**, **stigmatization**, **isolation** from their family, **reprisals** by community members or **impact** on their **asylum claim** and/or their stay in the asylum reception and accommodation initiative [10]. A lack of gender-sensitive and culturally appropriate reporting processes further deter MAR from reporting sexual violence [70]. Other barriers to disclosing sexual violence include **lack** of **knowledge** of support services, or **rights** as a **victim**, language barriers and **economic** and/or **emotional dependency** on the assailant [19, 70].

As previously mentioned, the consequences of **secondary victimization such as self-blame, or distrust in services**, may also hinder disclosure. **Myths** and **misconceptions** about the likely response of authorities to a reported crime may also deter MAR from disclosing. For example, the belief that authorities may remove the victim's children if they report sexual violence [70]. Personal factors such as gender, age and personality, as well as culture and religion influence the likelihood of someone disclosing sexual violence [75].

Memories of traumatic events are recorded and processed differently to other events. It is common for survivors of traumatic experiences such as sexual violence, to have incomplete memories or memories that appear to change over time. This is the result of trauma [76]. Some victims of severe sexual victimization consciously or unconsciously block(ed) these traumatic experiences from their memory [6] and require specific psychological techniques to recall what happened. All these factors may make it hard for a person to disclose their experiences and can be misunderstood by some as an indication that the survivor's account is not reliable or false.

Sexual victimization should open grounds for international protection [77]. In the last two decades, global as well as European frameworks on sexual violence have addressed sexual violence in migrants [77-80]. The **European "Istanbul" Convention on combating violence against women and domestic violence** dedicates a full chapter (VII) to migration and asylum, defining sexual violence based on the absence of consent [81]. The 2013 **edition** of the **European Directive on minimum standards for reception of asylum seekers** requests Member states to take "appropriate measures preventing gender-based violence" in asylum reception/accommodation initiatives, and to ensure "access to appropriate medical and psychological treatment or care for vulnerable groups", which now include victims of sexual violence [77, 82].

Yet, despite the increased recognition of sexual violence as a breach of human rights, these **legal** and **policy frameworks** on violence, migration and migrant health, mostly focus on **sexual violence** experienced by women in conflict or as a weapon of war [79, 80, 83]. As a result male migrant victims or those experiencing sexual violence whilst in transit or outside of a conflict setting, still face major **legal obstacles** when trying to **access sexual and reproductive health services** [77, 84-86] and/or when **seeking international protection** [87]. This includes many migrants with additional vulnerabilities such as those who lack legal documentation, those with non-conforming sexuality or gender identities, or those engaged in sex work.

Services working with MAR survivors of sexual violence need to consider the potential barriers to disclosure that their clients might experience and adapt their services accordingly to create a safe environment that facilitates disclosure.

4.4. Inclusive, holistic care after sexual violence

Identification and the response to sexual violence should be handled sensitively by professionals. The WHO recommends professionals should only ask about sexual violence when they have established a **trusting** relationship with the person [88]. **Belief** and **validation** of the victim's **feelings** is critical [89]. Positive body language, warm gestures and facial expressions all contribute in conveying belief and empathy to the patient. Insensitive language may contribute not only to victim distress but may hinder long-term recovery and cause secondary victimization [31].

The UNHCR recommends that professionals are culturally sensitive in their approach to working with MAR victims of sexual violence [18]. **Professionals need to be aware of their own perceptions, biases and attitudes towards sexual violence and different cultures**.

Being informed on cultural and contextual factors impacting MAR victims of sexual violence may help professionals to develop rapport and empathy with their clients [70].

Psychological First Aid details five basic principles for care providers to follow when caring for people confronted with disaster, tragedy and loss [90]. When a MAR victim or support figure discloses sexual assault, it is advisable to apply these **empirically supported principles** [91].

The five essential principals of first psychological aid are [91]:

Promote a sense of safety	• **Make sure the victim is safe from (further) physical and psychological harm.**
Promote calming	• **Create calm by calming yourself first. Find a quiet place to talk with minimum outside distractions.**
Promote a sense of self-efficacy	• **Help the victim to regain control (as much as possible) of the situation. Create hope.** • **Recognize and remind the victim of existing strengths and their capacity to overcome adversity.**
Promote connectedness	• **Reassure the victim you want to help him/her/them.** • **Listen carefully to the victim and his/her/their story (cfr. do & don'ts).** • **Do not urge the victim to tell you the whole story or to tell details. Do not interrupt or rush the victim's story.** • **Recognize the injustice of the violence and normalize the victim's feelings.** • **Respect privacy and confidentiality (as appropriate).**
Instil hope	• **Offer future perspectives.** • **Give information in a way the person can understand. Keep it simple.** • **Provide correct information regarding specialist care, an eventual forensic examination and follow-up care.** • **Make clear to the person that even if she/he/they refuse help now, the person can still access help in the future.**

do

- **Offer privacy, safety, empathy** and respect
- **Keep appropriate distance** from the victim
- Respect **silences**

do not

- **Do not** promise secrecy (in some cases there is a mandatory reporting law)
- **Do not** play detective

say

- **Take** the victim **seriously**
- **Tell** the victim the violence is not their fault
- **Give information** in an understandable way
- **Acknowledge** the victim's feeling
- **Acknowledge** the victim's strengths
- **Rephrase** what the victim has told you
- Ask **closed questions** to clarify or confirm a point

do not say

- **Do not** question the victimization
- **Do not** judge, **do not** blame
- **Do not** make false promises
- **Do not** pressure the victim to tell the story or to reveal details (never ask: why)
- **Do not** use technical terms
- **Do not** tell them someone else's story
- **Do not** talk about your own troubles

RESPECT AT EVERY MOMENT

- **The victim's autonomy**
- **The victim's dignity**
- **The victim's right to take decisions**
- **The victim's right to correct information**

4.5. Interpretation

Many MAR face, despite their genuine efforts to learn the language of the host country, language barriers on a daily basis. These challenges compromise MAR victims' ability to exercise their voice and to take informed decisions about their own lives [92]. The inappropriate use of family members (including children) as interpreters and the lack of certified, and culturally and linguistically competent interpreting services, result in information deficits, curtailed relationship-building processes and feelings of mistrust [93], especially in cases in which legal, medical or protection information needs to be shared [19].

As language barriers may seriously hinder victims' access to rights and the effectiveness of assistance offered by professionals [19], **certified interpreters are of utmost importance when caring for MAR**.

The UNHCR (2017) describes the primary task of interpreters as "enabling communication between participants who do not speak the same language and do not share the same cultural background" [94]. In general, interpreters dealing with MAR victims of sexual violence should be **neutral** and **objective**, whilst also showing **empathy** and **avoiding** use of **intimidating** or **inappropriate body language** or gestures [94]. They will need to be familiar

with taboos and colloquial terms, particularly in regards to sexuality and sexual violence, within the victim's culture and language [94]. Using sensitive phrasing and terminology and being familiar with culturally common non-verbal communication will improve communication all round [94].

Both female and male victims of sexual violence often prefer to see female interviewers and interpreters [17, 95]. It's advisable to establish the victim's preference in terms of the gender of the care provider and/or interpreter they see, and to accommodate this preference where possible. If it is not possible to accommodate the victim's preference, enquire if there are ways in which the experience could be made more comfortable to the victim. Besides, it is very important to ensure a **sympathetic** and **quiet** atmosphere when interviewing survivors of sexual violence, who especially need sufficient time to tell their stories [94]. Interpreters should translate the interviewer's questions accurately, avoid interrupting or paraphrasing, and should not pressure the victim to respond [94]. MAR victims refusing to answer questions should be treated with respect, and the interpreter should inform the interviewer of the victim's choice [94]. In cases where interpreters display inappropriate behaviour, a replacement may have to be arranged [94].

As it is important that the interviewer and interpreter establish a **transparent relationship**, it is advisable they have a **preliminary** discussion prior to seeing the client and a follow-up conversation post consultation [19].

In case **no certified interpreter** is available, telephone interpreting or a Video Remote Interpreting System can be used instead. Please see the annex for references to country-specific phone and video interpreting services as well as other online tools that might improve your practice.

The use of untrained **volunteer interpreters are only recommended when no other alternatives are available** or in emergency situations. Interpreters that have not gone through professional training might lack particular vocabulary or professional skills. They might have their own past traumatic experiences and be unprepared for the potential impacts of hearing someone else recount theirs. They may also have biases and opinions which might affect the quality of the interpretation. Finally, when working with any interpreter, confidentiality needs to be considered [19].

KEY MESSAGES

Inclusive, holistic and multidisciplinary care is presented here as the optimal approach for all victims of sexual violence. It encompasses:

- **Forensic** care
- **Medical** care
- **Psychosocial** care
- **Protection and legal assistance**

Sexual assault centres provide 24 hour inclusive, holistic and multidisciplinary care to all victims, regardless of their residence status.

Secondary victimization is a process by which victims suffer further harm due to the behaviours and attitudes of others. It is a risk **throughout the migration process**.

Barriers to disclosure of sexual violence in MAR exist at different levels. Consideration needs to be given to reduce these barriers and to create a context in which the victim can disclose safely.

The **five principles** of **psychological** first **aid** are:

- **Promote a sense of safety**
- **Create a sense of calm**
- **Promote a sense of self-efficacy**
- **Promote connectedness**
- **Instil hope**

Certified interpreters are of utmost importance when caring for MAR victims. **Voluntary** interpreters should be utilized as **last resort**.

02

Sexual violence identification sheets

This section describes indicators that may alert professionals to consider the possibility that someone has experienced sexual violence. These indicators have been compiled to form a user-friendly identification tool.

How do I use the Triage identification sheets?

Recognizing signs of sexual victimization, especially in MAR, is not easy. Many indicators or symptoms of sexual violence can also relate to other mental or physical health conditions or traumatic experiences. A large proportion of MAR are likely to have experienced violence or other forms of psychological trauma throughout their migration. Some of the indicators listed below may also be related to the (cumulative) impact of other trauma's. In addition, the list below is not comprehensive. Other symptoms or indicators may be a result of trauma experienced through sexual violence or other factors such as the consequences of long asylum procedures, lack of future perspectives, unstable or overcrowded reception/ accommodation initiatives.

Therefore, it is important to **carefully assess, on an individual basis and at different points in time**, whether indicators in an individual could be linked to sexual violence or not.

Please note indicators might also differ depending on one's cultural background. Yet, we must stress **sexual violence can never be legitimized by a "so called" cultural reason**.

Who should use the triage identification sheets?

As a broad range of professionals work in asylum reception and accommodation initiatives, the Triage Tool is developed for **multidisciplinary use**. All professionals should be able to use the Triage Tool.

Sheet 1

includes indicators regarding verbal and non-verbal communication, daily behaviour and a person's broader context, including third party signals. Any professional working in a reception and accommodation initiative for MAR is able to assess these indicators.

Sheet 2

includes indicators regarding one's physical, mental and sexual and reproductive health. The assessment of these indicators is restricted to medical professionals working in (close collaboration with) reception and accommodation initiatives for MAR.

When should I use the triage identification sheets?

Identification of victims of sexual violence should be a repetitious process. Moreover, the assessment of some indicators requires **observations over a period of time** and **assessment** of a person and their context rather than a snapshot view. Consequently, the Triage Tool should be completed at different points in time.

To assist the user, space to record notes has been included in the triage identification sheets.

BEAR IN MIND

- It is not necessary to complete all sections of the triage identification sheet in order to assess a person or a situation.
- It is not usually appropriate to go through the triage identification sheet while sitting in front of the person. It is recommended that the user familiarizes themselves with the tool and records their observations after meeting the client.
- It is important to take action on any concerns raised by using the tool (cfr. section 3).

SHEET 1

Identification by any professional working in an asylum reception and accommodation initiative.

VERBAL COMMUNICATION	DATE	SPECIFIC REMARKS
Person says she/he/they does not feel safe in her/his/their room, at a certain place in the centre or at the centre in general		
Person asks to move to another room/corridor/centre		
Person expresses feelings of sadness, guilt, shame, fear, anxiety, anger (I don't feel good, I am unhappy)		
Person says she/he/they feels less involved in things or feels dissociated from what is happening around them		
Person says she/he/they hates her/him/themselves		
Person says she/he/they feels disgust for their own body		
Person says she/he/they doesn't want to live anymore (*follow-up on suicidal ideation/attempts done/ plans if positive)		
Person minimizes or rejects signs of distress		
Use of explicit sexual talk or play not in accordance to one's sexual development and/or age		
Person asks questions related to sexual victimization		
Person discloses sexual violence		

NON-VERBAL COMMUNICATION	DATE	SPECIFIC REMARKS
Slouching posture while seated		
Person systematically avoids eye contact more than usually		
Person avoids physical contact		
Person seems more nervous and/or agitated		
Person jumps up/overreacts upon sudden hard noises		

CHANGES IN DAILY BEHAVIOUR	DATE	SPECIFIC REMARKS
Sudden and severe deterioration in mental state		
Increased substance use or abuse		
Excessive daytime sleepiness		
Insomnia, afraid to sleep		
Person tries to hide injuries or minimize their extent		
Person cautiously scans the room upon entering		
Person hides her/his/their face		
Person is easily distracted, has poorer concentration and memory		

CHANGES IN DAILY BEHAVIOUR	DATE	SPECIFIC REMARKS
Person is reactive and quickly gets angry/aggressive		
Changes in routine and habits (avoids certain places, people or smells, etc.)		
Changes in hygiene and physical appearance (not showering anymore, excessive washing/ showering, neglect of appearance, taking greater care of appearance, total change in clothing e.g. more baggy, hidden, more masculine…)		
Isolation (stops participating in activities, does not show up for appointments, doesn't eat in the canteen anymore, drops out at school, etc.)		
Change in behaviour towards children, family members, peers (becomes angry more easily, high-risk sexual behaviour, etc.…)		
Avoidance of professionals		
Person responds negatively when physically touched		

CONTEXTUAL FACTORS	DATE	SPECIFIC REMARKS
Person resided in transit country		
Person is unaccompanied		
Person is an unaccompanied minor		
Person's migration route included a large proportion of travelling over land and/or sea		
Person is working/has worked in (forced) sex industry		
Person has a disability		
Person identifies her/him/themselves as LGBT+ or non-binary		
CONTEXTUAL CUES FOR VICTIMS OF TRAFFICKING IN HUMAN BEINGS		
Person is accompanied by someone who follows her/him/them closely, interprets for the person and provides her/him/them no privacy		
Person shows signs of having endured deplorable working conditions or shows inexplicable injuries		
Person shows signs of being exposed to inappropriate living conditions (poor hygiene, overcrowded rooms, malnutrition, no day light etc.) and of general poor health (teeth, hair, skin)		
Person lacks her/his/their identity documents		

CONTEXTUAL FACTORS	DATE	SPECIFIC REMARKS
Person is not allowed to move freely without permission and/or control		
Person has no control over their money		
Person is unable to describe the journey they made to reach the country of destination (does not know what countries they passed through, how long the journey took, where they are at present, etc.)		
Person is not aware of their location or the current date		
Person mentions a very high number of sexual partners compared to peers of that age		
Person relates a highly structured, rehearsed story		

THIRD PARTY SIGNS	DATE	SPECIFIC REMARKS
Person is always accompanied by someone else when going to the lavatories/showers, does not want to go alone		
Person is always accompanied by someone else when going to the lavatories/showers, does not want to go alone		
Person is reluctant to speak in front of partner, family members or peers		
Another person always attends to her/him/them unnecessarily		
Allegations of sexual violence by a resident		
Complaints about noise or behaviour by neighbours		

SPECIFICITIES IN CHILD AND UNACCOMPANIED MINOR VICTIMS OF SEXUAL VIOLENCE

	DATE	SPECIFIC REMARKS
The child/minor is involved in sexualized play not in accordance to their sexual development and/or age		
The child/minor is looking for ways to easily earn a lot of money		
The child/minor suddenly has a new and older boyfriend		
The child/minor is suddenly in the possession of expensive belongings such as phones, clothes, make-up, jewelry, etc.		
The child/minor often runs away from the asylum reception/accommodation initiative		
The child/minor expresses a distrust towards social and health professionals in the asylum reception/ accommodation initiative		

SHEET 2

Identification by medical professionals working (in close collaboration with) an asylum reception and accommodation initiative.

PHYSICAL HEALTH	DATE	SPECIFIC REMARKS
Frequent health consultations for vague symptoms or with no clear diagnosis		
Ongoing belief she/he/they have a medical problem despite no diagnosis possible		
Deterioration of pre-existing conditions		
Circadian misalignment (chronic alteration in sleep/eating patterns)		
Person explicitly hides injuries		
Person has injuries that are not coherent with her/his/their history		
Several injuries in different healing stadia (new and old fractures, scars, lacerations, etc.)		
Injuries to the head, neck, face, breasts and abdomen		
Dermatological problems: rashes, itches or sores		
Sudden hair loss		
Migraine and other frequent (chronic) headaches		
Sudden weight changes		

PHYSICAL HEALTH	DATE	SPECIFIC REMARKS
Malnutrition, poor nutrition		
Gastrointestinal symptoms (nausea, vomiting, abdominal pain, constipation, diarrhoea, bloodedness) that are not food-induced		
Self-harm		
Pain in, on and/or around the genitals		
Haemorrhoids		
Difficulties to sit down		

MENTAL HEALTH	DATE	SPECIFIC REMARKS
Shame, low self-esteem, lack of self-respect and self-worth		
Guilt, humiliation, self-blame, self-neglect		
Hostility: irritability, defiant behaviour, a general sense of mistrust of others, anger, frequent outbursts, frustration, anger management issues		
Symptoms of chronic anxiety: restlessness, panic attacks, hypervigilance/being on guard, muscle tension		

MENTAL HEALTH	DATE	SPECIFIC REMARKS
Symptoms of depression (e.g. decreased motivation and concentration, depressed mood, disrupted appetite, social withdrawal)		
Self-harming (!) (e.g. cutting, self-injurious behaviour)		
Psychosomatic complaints		
Sleep disturbances		
Unhealthy maladaptive coping mechanisms		
Suicidal ideation/intent/ attempts plans		
Eating disorders		
Re-experiencing intrusive memories (flashbacks, nightmares, etc.)		
Avoidance and emotional numbing		
Dissociative symptomatology: depersonalization (feeling unreal or disconnected from oneself or own body) and/or derealization (the environment feels unreal, as if it was a dream).		
Attention deficit and memory difficulties: unable to tell events in chronological order, no memory of the details of events or only limited, indistinct recollection of certain facts, or problems of concentration		

SEXUAL AND REPRODUCTIVE HEALTH	DATE	SPECIFIC REMARKS
Genital injuries (lacerations of the vagina, anal or rectal trauma)		
Fistula		
Pelvic pain and pelvic inflammatory disease		
Penile/anal/scrotal erythema and lesions		
Sexually transmittable diseases (STIs)		
Urinary tract infections		
Sexual dysfunction or sexual difficulties		
Sexual risk behaviour		
Questioning own gender		
Questioning own sexual orientation		
Unwanted pregnancy		
Pregnancy not followed up		
Teenage pregnancy		
Fertility problems		

03

Care and referral pathways for victims of sexual violence

Complementary to the Triage Tool identification sheets, several action pathways have been developed to assist professionals in caring for MAR victims and referring them to specialist services. The pathways are designed to assist you in making decisions and taking action in different cases.

Pathway 1

guidance for taking action in case of reasonable grounds to presume sexual victimization

Pathway 2

guidance for taking action in case a victim discloses sexual violence

Pathway 3

guidance for take action in case you witness an act of sexual violence

PATHWAY 1

In case of reasonable grounds to presume sexual victimization

Take action

STEP 1
WRITE DOWN CONCERNS

Write down signs and cues, as precise and as factual as possible, that triggered presumptions.

< Use Triage Tool identification sheets to support you in this >

Reference questions may be:

- **When did you start to presume sexual victimization in that person? Why, what happened?**
- **What signals and cues did you pick up? [cfr. Triage Tool identification sheets]**

STEP 2
REACH OUT TO COLLEGUES

Are you a medical professional?

YES → Go to step 3

NO → Are you the person's personal case manager?

YES → Go to step 3

NO → **Discuss in a discrete way**, under strict **confidential** conditions your presumptions with **preferably only 1 colleague**, preferably a colleague with a social/ psychological/medical background.

Beware of professional secrecy !

STEP 3
REACH OUT TO PERSON CONCERNED

Discuss your worries with the person concerned, if appropriate.

< Use the Triage Tool sections on 'disclosure', 'professional attitudes' and 'interpretation' to support you >

Does the person disclose sexual violence?

YES

Go to **pathway II**:
"in case a victim discloses sexual violence"

NO

- **Do not** force the person to disclose
- **Do not** act as a detective

Be aware of the **barriers** and criteria for disclosure and create a safe context.

Go to **step 4**

STEP 4
FOLLOW-UP

Check with the person concerned which support you can give. Provide information about (online) services in case they want to know more.

< Use the regional referral contacts in the annex of the Triage Tool >

do not

- **Do not** act as a detective
- **Do not** act impulsively
- **Do not** be overprotective
- **Do not** question the presumed victim
- **Do not** ask exploratory probing questions
- **Do not** ask questions to the person's family or friends
- **Do not** contact the suspected assailant

WARNING!

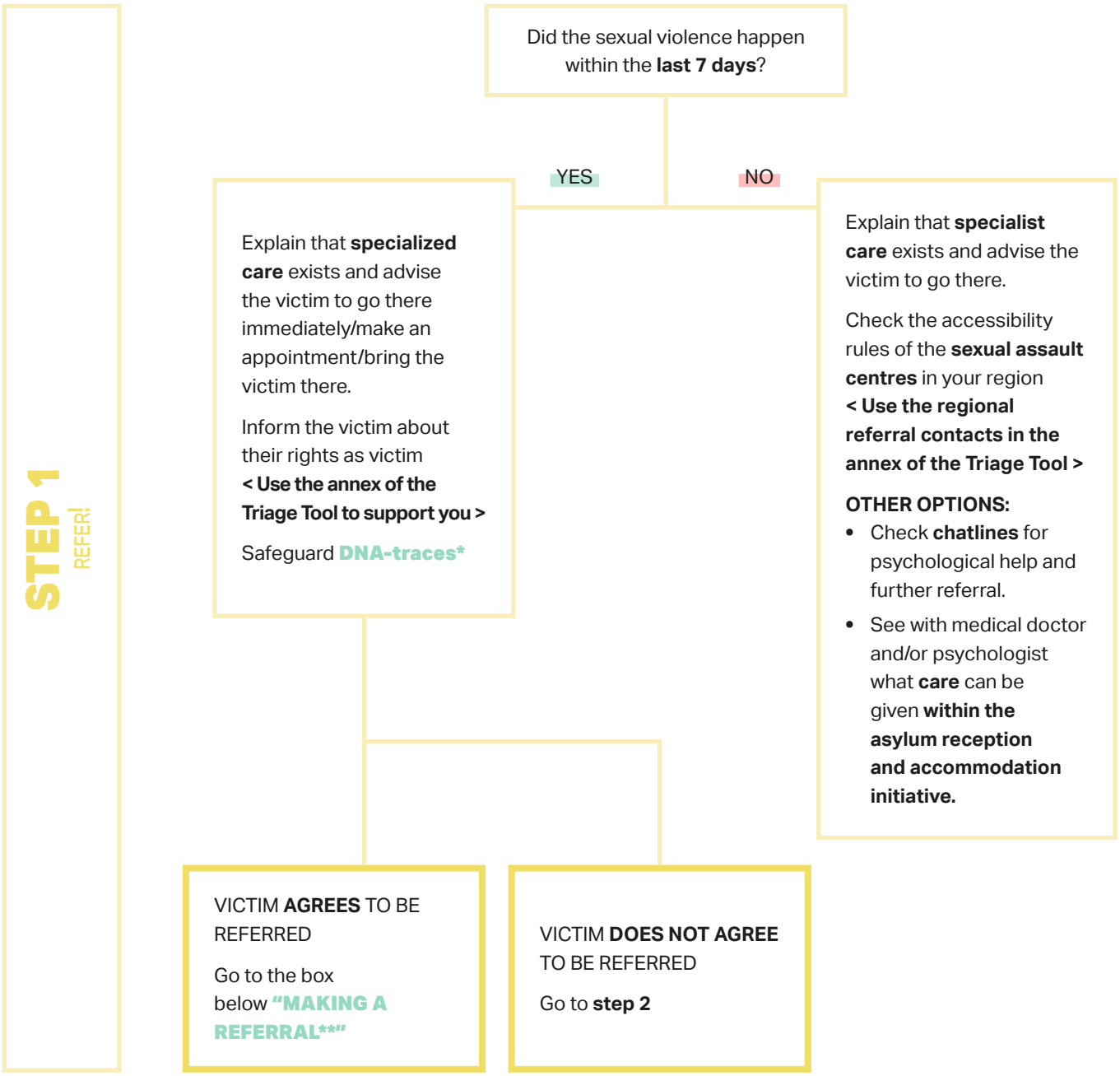
The victim and the assailant are preferably followed-up by a different professional.

Exception: in case of domestic violence, victim and assailant may be followed-up by the same professional.

PATHWAY 2

In case a victim discloses sexual violence

Take the victim seriously, care & refer where indicated



SAFEGUARD DNA-TRACES*

to do

- Have the victim **keep the clothes** on that they were wearing during the sexual violence or put them in a **paper bag** and take them to the sexual assault centre.
- Bring the **sheets** on which there may be traces from the assailant and put them in a paper bag.
- If the victim **wiped** themselves with paper or something else after the sexual violence, or if they had a **sanitary napkin** in their underwear, bring this with you in a paper bag.

avoid / do not

- Do not let the victim wash or shower, even if this is the first thing she/he/they wants to do.
- Do not allow the victim to drink or rinse their mouth if there was oral contact.
- Try not to let the victim urinate. If they do, try to collect the urine in a jar and bring it to the sexual assault centre.
- Avoid physical contact with other people.

MAKING A REFERRAL**

Provide **clear information** to the victim about what will happen.

< An **interpreter** can be useful to do so >

Discuss with the victim **who** will **contact** the **specialist service.**

Contact the service.

Assist the victim in **accessing** the **specialist service.**

Go to **step 3**

STEP 2
ACT YOURSELF: HOLISTIC CARE

Assess the victim's (immediate) **physical** and **psychological safety and integrity.**

- **Is there (a risk of) ongoing (sexual) violence (to others)?** YES – NO
- **Does the victim experience psychological symptoms or difficulties?** YES - NO
- **Is the (alleged) assailant present in the daily surrounding of the victim?** YES – NO

1X YES?

Discuss with the victim how safety can be enhanced.

OPTIONS TO ASSESS:
- Relocation of assailant
- Relocation of victim
- Safe space

Beware of possible community reprisals !

STEP 2.1
FIRST PSYCHOLOGICAL AID

Provide **first psychological aid** to the victim.

< Use the Triage Tool sections on 'professional attitudes' to support you >

1. Promote safety
2. Promote calming
3. Promote self-efficacy
4. Promote connectedness
5. Instil hope

Check for **longer follow-up care** and assess possibilities of **online help.**

< Use the regional referral contacts in the annex of the Triage Tool >

Assess specific **vulnerabilities** and care and refer accordingly.

< Use the regional referral contacts in the annex of the Triage Tool>

Is the victim...
- A single parent
- An accompanied minor
- An unaccompanied minor
- An older adult
- LGBT+
- A person with disabilities
- A victim of trafficking
- A sex worker

Refer the victim to the **medical team for medical evaluation and/or treatment.**

Check **national protocols** and most recent WHO/CDC **guidelines** to provide medical care

1. **Evaluate** the patient **generally**.
2. Be alert for **signs and symptoms of violence** (injuries, haemorrhages, etc.).
3. Conduct a **clinical examination.**
4. Conduct eventual **additional examinations** (blood sampling, swaps, urinalysis):
   - N. Gonorrhoea
   - C. Trachomatis
   - Hep-BS Ag (in case the patient is not vaccinated)
   - Hep-BS AI
   - Hep-Anti BS AI
   - Syphilis
   - Hepatitis-C
   - HIV
   - Pregnancy test
5. Perform **preventive treatments**:
   - HIV-prophylaxis (PEP)
   - Hepatitis-B vaccination
   - Tetanus vaccination (if needed)
   - Morning after pill
   - Anti-conception
   - HPV vaccination (with Gardasil 9)
   - Ceftriaxone 500 mg I.M.
   - Azithromycin 1g per os
   - Metronidazole or Tinidazole 2g per os
6. Follow-up (gynecologist, infectiology, psychosocial service,...)

IF STILL POSSIBLE:

Conduct a **forensic examination** if the sexual violence happened less than 7 days ago

1. Take samples of traces of semen, saliva, blood, hair and store accordingly.
2. Document injuries precisely (pictures if possible).
3. Collect clothes and other material on which DNA traces of the assailant could be found (underwear, sheets, etc.) and store these in a paper bag.

STEP 2.3
LEGAL SUPPORT

Explain to the victim the possibility to **file a complaint.**

Ask whether she/he/them is willing to do so.

- The victim is willing to file a complaint. → Sexual assault centre? Police?
- The victim is not willing to file a complaint. → Go to **step 3**
- The victim is not yet sure about filing a complaint. → Explain the possibility to decide at a later moment and go to **step 3.**

STEP 3
SUPPORT SIGNIFICANT OTHERS

Does the victim have immediate close family members or friends staying in the asylum reception and accommodation initiative?

- NO
- YES → Does the victim give consent to disclose the violence to them?
  - YES → Discuss with the victim **who** will inform them about the violence.

    Note: if needed, suggest to be present during the conversation.
  - NO → Respect the victim's choice.

FOLLOW-UP CARE

Provide follow-up care to the victim.

<Use the regional referral contacts in the annex of the Triage Tool>

Medical	Psychological	Judicial	Social

SELF-CARE

Caring for victims of sexual violence can be overwhelming. Maintaining resilience is crucial in order to keep doing the work with care, energy and compassion.

10 things to do for each day:

1. Get enough sleep
2. Get enough to eat
3. Do some light exercise
4. Vary the work that you do
5. Do something pleasurable
6. Focus on what you did well
7. Learn from your mistakes
8. Share a private joke
9. Pray, meditate or relax
10. Support a colleague

< For more information: www.proQOL.org **>**

PATHWAY 3

In case you witness an act of sexual violence

STEP 1
INTERVENE & STOP THE VIOLENCE

STEP 2
KEEP THE VICTIM SAFE

Make **sure** the victim is **safe** from harm - Do not leave the victim alone.

Assess the **seriousness** of the situation and decide on **appropriate action.**

< The flags and criteria developed by Sensoa [1] below may help you in this >

MUTUAL CONSENT	Clear mutual consent	Mutual consent is not clear
VOLUNTARY	Voluntary	Light coercion or compulsion reward
EQUALITY	Equal partners	Slight inequality in maturity, age, intelligence, etc.
APPROPRIATE TO AGE	At least 20% of people this age are known to show this behavior	Behaviour of people belonging to another age group
APPROPRIATE TO CIRCUMSTANCES	The behavior disturbs nobody, privacy is respected	Considering circumstances the behaviour is offensive/impolite
SELF-RESEPECT	Behavior is not harmful to oneself, self-respect is satisfactory	Behaviour if not modified has potential to cause harm to oneself or another
ACTION	1. AFFIRM 2. ACCEPT 3. CARE 4. CONDITION	1. EXPLAIN 2. GIVE ALTERNATIVES 3. GIVE ADVICE AND HELP

STEP 2
KEEP THE VICTIM SAFE

Unique lack of mutual consent	Repeated lack of mutual consent	**MUTUAL CONSENT**
Unique use of manipulation, blackmail, force	Repeated use or threat of manipulation, blackmail, force or aggression	**VOLUNTARY**
Greater inequality in maturity, age, intelligence, in a unique situation	Significant inequality in maturity, age, intelligence, in repeated situations	**EQUALITY**
Behaviour of people belonging to much younger or older age groups	Behaviour of people belonging to much younger or older age groups	**APPROPRIATE TO AGE**
The behaviour is more offensive and not appropriate to circumstances	The behaviour is very offensive (shocking) or illegal	**APPROPRIATE TO CIRCUMSTANCES**
Behaviour has physically, emotionally or psychologically harmful consequences	Behaviour has significant physically, emotionally or psychologically harmful consequences	**SELF-RESEPECT**
1. **FORBID** 2. **EXPLAIN** 3. **MENTION CONSEQUENCES** 4. **OBSERVE** 5. **PREVENT**	1. **FORBID** 2. **EXPLAIN** 3. **CALL LAW ENFORCEMENT** 4. **OBSERVE** 5. **PREVENT**	**ACTION**

Leave the scene as it is to ensure any evidence is not tampered with.

Go to **PATHWAY 2** in order to care for and refer the victim appropriately.

do	do not
• Take the victim seriously	• Do not question the victimization
• Offer privacy, safety and empathy	• Do not judge
• Listen to the victim	• Do not blame
• Recognize the injustice of violence	• Do not ask questions of what exactly happened and how
• Tell the victim the violence is not their fault	• Do not promise secrecy (in some cases there is a mandatory reporting law)
• Normalize the victim's feelings	

04

Management guidelines for safe housing of applicants for international protection

Well-designed asylum reception and accommodation initiatives for MAR help to reduce exposure to sexual violence.

The short checklist below may help you in assessing the design and organisation of your asylum reception and accommodation initiative.

PHYSICAL SPACE	CHECK
Are there sufficient and accessible private spaces for confidential conversations?	
Is single room accommodation without shared facilities available?	
Is there sufficient lighting throughout the space, particularly in areas at high risk of sexual violence (e.g. sanitary facilities, unsupervised areas)?	
Are there any safe shelters and/or safe spaces that can provide immediate protection for sexual violence survivors and those at risk?	
Is a list of in and out visitors to the asylum reception/accommodation initiative in place?	
Are there safety alarms in higher risk locations such as wash facilities?	
Is a contact number to call in case of danger available and accessible to residents?	
Is sexual violence-related information (flyers, brochures, posters, etc.) available for residents and staff?	
Is sexual violence-related information (flyers, brochures, posters, etc.) placed in visible and accessible locations (e.g. reception area, health facilities, sanitary facilities, etc.)?	

TRAINING AND SUPERVISION	CHECK
Has training on sexual violence been provided to staff?	
Has training on sexual violence been provided to interpreters, volunteers or other professionals who may occasionally work in the asylum reception/ accomodation initiative?	
Is supervision of professionals' practices available?	
Is psychological support for professionals available?	

PROTOCOLS AND PRACTICE	CHECK
Are safety audits or risks assessments regularly undertaken in and round the premises?	
Is there a system in place for recording (external) visitors to the premises, who they saw and length of stay?	
Are guidelines or protocols in place ensuring safe relocations of perpetrators or victims at risk?	
Are there effective protocols and systems in place to ensure residents can engage in prevention of sexual violence?	
Is this Triage Tool implemented as a standard practice in the asylum reception/ accommodation initiative?	
Are professionals aware of specialist sexual violence services and do they refer victims to them?	

Annex: regional referral contacts for victims of sexual violence

BELGIUM

Sexual assault centres

The **Sexual Assault Care Centres** (SACC) in Belgium are directly accessible in case of acute sexual violence (less than one week ago) as well as by phone or by e-mail. There is a national plan to have one SACC per province. For the latest updates see: www.seksueelgeweld.be (DUTCH) / www.violencessexuelles.be (FRENCH) / www.sexuellegewalt.be (GERMAN)

Sexual Assault Care Centre Ghent
+32 9 332 80 80
zsg@uzgent.be
Accessible via Entrance 47 at the UZ Ghent, De Pintelaan 10, 9000 Ghent,
tram 4 (end stop UZ), bus 5 (stop UZ)

Sexual Assault Care Centre Brussels
+32 2 535 45 42
cpvs@stpierre-bru.be
Accessible via Hoogstraat 320, 1000 Brussels,
Métro 2 and 6: stop Hallepoort, Pré-métro: 3 - 4 - 51 stop Hallepoort,
Bus: 27, 48 stop Hallepoort, Bus De Lijn and TEC: Saint-Gilles (Hallepoort/Blaes)

Sexual Assault Care Centre Liège
+32 4 367 93 11
cpvs@chu.ulg.ac.be
Accessible via the emergency department of CHU Liège: Urgences
des Bruyères, Rue de Gaillarmont 600,
4032 Chênée

For more specialist services after (sexual) violence in Belgium:
https://www.we-access.eu/map

Online help for victims and their significant others can be found at **Chatline upon sexual violence**:
www.seksueelgeweld.be (DUTCH) /
www.violencessexuelles.be (FRENCH) /
www.sexuellegewalt.be (GERMAN)

Migrant victims of gender-based violence can chat in different languages through the Chatline of ACCESS. The chatline can be accessed on:
https://www.we-access.eu/chat-with-us

Legal information

The INHeRE-project conducted an in-depth analysis of national legislation and practices in Belgium, the United Kingdom and Ireland. The report of the analysis can be found on the INHeRE-page at the website of ICRH Belgium:
https://www.icrhb.org/nl

Information regarding legal procedures and definitions in Belgium go to:
www.seksueelgeweld.be (DUTCH) /
www.violencessexuelles.be (FRENCH) /
www.sexuellegewalt.be (GERMAN)

For further information on the rights of victims of a crime in Belgium, go to: https://justitie.belgium.be/nl/themas_en_dossiers/wat_moet_u_doen_als/slachtoffer

Legal aid services

For advice and support on legal matters for MAR victims of sexual violence in Belgium, the following organisations might help you further:

A.D.D.E - Association for the Rights of Foreigners: a service providing legal advice on general matters (residence, family reunification, social assistance, etc.) as well as on international family law. Lawyers will answer your questions

and provide advice over phone or by e-mail in multiple languages. (More information: https://www.adde.be/)

Nansen – The Belgian Refugee Council: a centre of legal expertise on international protection. Persons in a vulnerable position such as victims of torture and stateless persons are core to their mandate. (More information: www.nansen-refugee.be)

For advice and support on legal matters for undocumented MAR victims of sexual violence in Belgium, the following organisations might help you further:

Myria – Federal Migration Centre: independent public institutions that provides information and legal advice on different migration-related topics such as international protection, family reunification, etc. In addition, they provide information and advice as regards to filing a complaint with the police and with the social inspection services for undocumented migrants. (More information: https://www.myria.be/en)

SIREAS: one of the only remaining legal services in Brussels offering pro bono legal services. (More information: http://sireas.be/le-service-juridique/)

For advice and support on legal matters for (MAR) sex workers who experienced sexual violence in Belgium, the following organisations might help you further:

Entre2 Wallonie: a service offering psychosocial, medical and legal support to sex workers and their relatives. (More information: https://www.entre2wallonie.com/).

Espace P: a service providing social, medical, administrative and legal assistance to sex workers, their relatives and their clients. They are specialized in working with migrant sex workers. Espace P is present in Liège, Seraing, Brussels, Namur, Charleroi, Mons, Tournai and the region of Arlon. (More information: https://espacep.be/im-sex-worker/).

Interpretation and intercultural mediation services

For intercultural mediation in health care institutions, the on-site services and the Video Remote Interpreting System (VRIS), financed by the Belgian Federal Public Service Health, Food Chain Safety and Environment and the Federal Institute for Health Insurance (RIZIV), might help you in overcoming language and socio-cultural barriers.

For more information and appointments, go to: www.intercult.be

For intercultural mediation services in health and welfare institutions, the on-site as well as video conference services of Foyer Intercultural Mediation might help you. They are located in Brussels.

For more information and appointments, go to: https://www.foyer.be/interculturele-bemiddeling/

For general interpretation services, the following organisations might help you with on-site, phone and video interpretation:

Agentschap Integratie en Inburgering: a Flemish government agency working with different partners who provide on-site, phone and video interpretation services. For more information per region, go to: https://www.integratie-inburgering.be/sociaal-tolken-en-vertalen

Brussel Onthaal: a Dutch-speaking social translation and interpreting service, located in Brussels. They provide on-site, phone and video interpretation services. For more information, go to: https://www.sociaalvertaalbureau.be/gebruikers/tolk-en-vertaalaanvragen/

Bruxelles Acceuil: a French-speaking social translation and interpreting service, located in Brussels. They provide on-site, phone and video interpretation services. For more information, go to: https://www.servicedinterpretariatsocial.be/gebruikers/tolk-vertaalaanvragen/

SeTIS: an association providing on-site, phone and video intepretation services in public and non-public institutions. For more information about SeTIS Brussels, please go to: https://www.setisbxl.be/. For more information about SeTIS Wallonia, go to: https://setisw.com/

Services for specific vulnerabilities

(Un)accompanied minors

Child Focus – Foundation for Missing and Sexually Exploited Children: an organisation focusing on the prevention and combating of sexual exploitation of minors. In case of (presumptions of) a sexual exploitation of a minor, call 116 000 (7/7 24/24). (More information: https://childfocus.be/nl).

Minor Ndako: an organisation providing reception and support to unaccompanied migrant minors in Belgium. (More information: https://minor-ndako.be/)

Victims of trafficking

Belgium **has three government recognized shelters and support centres** for victims of human trafficking.

For Flemish region, go to Payoke (more information: https://www.payoke.be/).

For Walloon region, go to Sürya (more information: https://www.asblsurya.org/).

For Brussels Capital Region, go to Pag-asa (more information: https://pag-asa.be/).

Esperanto: an organisation offering reception and protection to presumed minor victims of human trafficking in a secure setting. For more information, go to: https://www.esperantomena.org/

Older adults

Aditi vzw: a centre for advice, information and concrete support in the field of sexuality and intimacy for older adults and persons with disabilities. (More information: + 32 488 87 06 77, info@aditivzw.be or http://aditivzw.be/nl/).

Respect Seniors: an organisation for the benefit of older adults in matters of elder abuse. A free phoneline is available: 0800 30 330 (each day from 9 a.m. until 5 p.m.) (More information: http://www.respectseniors.be/).

Persons with disabilities

Aditi vzw: a centre for advice, information and concrete support in the field of sexuality and intimacy for older adults and persons with disabilities. (More information: + 32 488 87 06 77, info@aditivzw.be or http://aditivzw.be/nl/).

LGBT+ persons

Arc-en-ciel Wallonie: umbrella organisation of LGBT+ organisations in Wallonia. (More information: https://www.arcenciel-wallonie.be/).

Çavaria: umbrella organisation of LGBT+ organisations in Flanders. Çavaria is committed to the rights and welfare of gays, lesbians, bi's and transgender and intersex persons in all aspects of daily life. (More information: https://cavaria.be/).

Lumi: information and support line for questions about gender and sexual orientation. Lumi can be reached by e-mail, phone or chat. (More information: https://www.lumi.be/).

Merhaba: an organisation providing support to LGBT+ persons with a migration background. (More information: +32 487 55 69 38, info@merhaba.be or https://www.merhaba.be/nl).

RainbowHouse: umbrella organisation of LGBT+ organisations of the Brussels Capital region. It is a safe haven where LGBT+ persons and their relatives can get information. When necessary, they provide shelter and legal, social, psychological aid or medical assistance. A specific project to support LGBT+ asylum seekers is carried out by RainbowHouse as well. (More information: http://rainbowhouse.be/en/).

Transgender Infopunt: a neutral, free and anonymous place for all your questions about gender diversity and the transgender theme. (More information: 0800 96 316 (free) or http://transgenderinfo.be/). (Only available in Dutch).

Sex workers

BNMTP - Belgian Network Male and Trans gender prostitution: umbrella organisation of 4 Belgian services (Alias Brussels, Boysproject Antwerp, Espace P, Icar Wallonie) providing support to male and trans gender sex workers (More information: https://www.info4escorts.be/).

Entre2 Wallonie: a service offering psychosocial, medical and legal support to sex workers and their relatives. (More information: https://www.entre2wallonie.com/).

Espace P: a service providing social, medical, administrative and legal assistance to sex workers, their relatives and their clients. They are specialized in working with migrant sex workers. Espace P is present in Liège, Seraing, Brussels, Namur, Charleroi, Mons, Tournai and the region of Arlon. (More information: https://espacep.be/im-sex-worker/).

Violett: a service providing medical and social aid to sex workers. Violett is present in Antwerp, Ghent and Hasselt. (More information: https://www.violett.be/nl/).

Services for perpetrators of sexual violence

I.T.E.R.: a centre for prevention, guidance and treatment of sexually transgressive behaviour. (More information: http://www.iter-hulp.be/).

Stop it now!: organisation providing information, advice and support to persons who are concerned about pedophile feelings or behaviour towards minors or towards their loved ones. Stop it now! can anonymously be reached via chat or by phone (**0800 200 50**). (More information: https://stopitnow.be/)

UNITED KINGDOM

Sexual assault centres

The **Sexual Assault Referral Centres** (SARC) are specialist centres for people who have been raped or assaulted. A map and list of SARCs across the UK can be found on the website of the UK **association for Forensic Nurses and Paramedics**: https://ukafn.org/useful-info/sarc-map/ or by location via NHS UK on: https://www.nhs.uk/service-search/other-services/Rape-and-sexual-assault-referral-centres/LocationSearch/364

In London, The Havens Sexual Assault Referral Centre:

24h helpline for urgent advice and appointments: +44 20 3299 1599

For non-urgent information and advice, please call: +44 203 299 1599

Website: www.thehavens.co.uk

Other specialist services and support

Freedom from Torture: a service providing specialist psychological therapy to help applicants for international protection and refugees who have survived torture recover and rebuild their lives. They provide training for professionals working with survivors of torture as well. (More information: https://www.freedomfromtorture.org/).

Helen Bamber Foundation: a specialist organisation delivering a range of services to people who have survived physical, sexual and psychological violence. The Helen Bamber Foundation helps refugees and applicants for international protection who have survived extreme violence and abuse. (More information: http://www.helenbamber.org/).

IKWRO – Women's Rights Organisation: a charity providing advise and support to Middle Eastern and Afghan women and girls who are at risk of forced marriage, child marriage, honour based violence, female genital cutting and domestic violence. They offer advice in Farsi, Dari, Kurdish, Arabic, Turkish, Pashto and English. Their counseling service is for free. (More information: http://ikwro.org.uk/).

London Survivors Gateway: offers victims and survivors of sexual abuse help to access specialist services. (More information: https://survivorsgateway.london).

Nafsiyat: an intercultural therapy centre, commited to providing effective and accessible psychotherapy and counceling services to people from diverse religious, cultural and ethnic communities in London. (More information: https://www.nafsiyat.org.uk/).

Rape Crisis England and Wales: specialist support and services for victims and survivors of sexual violence. (More information and a list of all Rape Crisis Centres throughout the United Kingdom can be found at: www.rapecrisis.org.uk).

Survivors UK: an inclusive service for male victims of sexual violence. They welcome anyone who identifies as male, trans, non-binary or has identified as male in the past. An online chat service is available on their website. (More information: https://www.survivorsuk.org/).

The Survivors Trust: a network of agencies providing specialist services to survivors of sexual violence. Advice and information can be found via their website and helpline. (More information: 08088 010818 or https://thesurvivorstrust.eu.rit.org.uk).

The Women's Therapy Centre: a specialist provider of psychoanalytic psychotherapy to women, including refugee and asylum-seeking women. (More information: www.womenstherapycentre.co.uk).

Victim Support UK: an independent organisation that supports people affected by crime or traumatic events. Their support is free, confidential and tailored to the victim's needs. (More information: https://www.victimsupport.org.uk/).

Women and Girls Network: a free service run by women, for women in London who have been affected by all forms of violence and abuse. (More information: https://www.wgn.org.uk).

Legal information

The INHeRE-project conducted an in-depth analysis of national legislation and practices in Belgium, the United Kingdom and Ireland. The report of the analysis can be found on the INHeRE-page at the website of ICRH Belgium: https://www.icrhb.org/nl

For further information regarding legal procedures, definitions and victims' rights in the United Kingdom go to https://www.cps.gov.uk/crime-info/sexual-offences

Legal aid services

For advice and support on legal matters for MAR victims of sexual violence in the United Kingdom, the following organisations might help you further:

Asylum Aid: organisation providing legal aid advice and representation on behalf of asylum seekers and refugees. They take on legal cases to secure the status of those in the UK who are currently stateless, and also provide welfare and advice services to migrants. (More information: www.asylumaid.org.uk).

Asylum Support Appeals: organisation providing asylum seekers with free legal representation and advice. (More information: http://www.asaproject.org/).

Duncan Lewis Solicitors: organisation providing reliable, accessible, and professional legal services. (More information: https://www.duncanlewis.co.uk/LegalAid.html).

Refugee Legal Centre – RLC: organisation providing free legal advice and representation for those seeking protection under international and national Human Rights Asylum law. (More information: www.refugee-legal-centre.org.uk).

For advice and support on legal matters for minor (unaccompanied) MAR victims of sexual violence, the following organisations might help you further:

CORAM – Children's Legal Centre: a centre providing free legal advice and information to young refugees and migrants. (More information: https://www.childrenslegalcentre.com/).

Services for specific vulnerabilities

(Un)accompanied minors

NSPCC: service providing protection to children and minors who have been (sexually) abused. **Helpline on**: 0808 800 5000. (More information: https://www.nspcc.org.uk/).

Refugee Council - Children's Advice Project: a UK national service providing advice and support to minors who arrive unaccompanied in the UK. They support minors through the asylum system and ensures their protection and representation. The organisation provides information to professionals working with unaccompanied minors. (More information: https://www.refugeecouncil.org.uk/our-work/children/).

The Baobab Centre: a non-residential therapeutic community that enables child and adolescent asylum seekers who have experienced organized violence, violation, exploitation, threats, rejection, loss and bereavement in their home communities and on their journeys into exile to thrive in the UK. (More information: https://baobabsurvivors.org/)

Please see the "legal aid services" for services providing legal advice especially targeted at minor MAR victims of sexual violence.

Persons with disabilities

Respond: a national charity providing therapy and specialist support services to people with learning disabilities, autism or both who have experienced abuse, violence or trauma. They specifically provide support for people with a learning disability, autism or both who are victims of sexual violence. (More information: https://respond.org.uk/).

LGBT+ persons

GALOP: an LGBT+ organisation providing confidential and independent support to all LGBT+ communities who are experiencing hate crime, domestic abuse or sexual violence. (More information: domestic abuse helpline: 0800 999 5428 or https://www.galop.org.uk/).

Micro Rainbow: organisation providing temporary safe housing for LGBT+ applicants for international protection and refugees. They are located in the London area, in the North West and in the West Midlands. They also provide 'moving on' services and various social inclusion programmes. (More information: micro-rainbow.org).

Survivors UK: an inclusive service for male victims of sexual violence. They welcome anyone who identifies as male, trans, non-binary or has identified as male in the past. An online chat service is available on their website. (More information: https://www.survivorsuk.org/).

UKLGIG - UK Lesbian & Gay Immigration Group: organisation supporting LGBT+ people through the asylum and immigration system. Tthey provide psychosocial, emotional support and legal advice for LGBT+ people seeking asylum. (More information: uklgig.org.uk).

An elaborated list of organisations providing support to LGBT+ MAR victims of sexual violence across the United Kingdom can be found at: http://www.lgsmigrants.com/do-you-need-help.

Victims of trafficking

Modern Slavery Foundation Helpline: service providing a 24-hour helpline. Helpline on: 0800 0121 700. Besides, they provide advice and information about trafficking and offer the opportunity to file a report online. (More information: https://www.modernslaveryhelpline.org/).

The Salvation Army: service providing 24-hour confidential helpline for reporting modern slavery. **Helpline on**: 0800 818 3733. Besides, they also provide practical help for victims of trafficking. (More information: https://www.salvationarmy.org.uk/).

Sex workers

Beyond the Streets: charity working to end sexual exploitation by offering safe spaces and providing reliable information and support. They provide a freephone **helpline on** 0800 1337870. (More information: https://beyondthestreets.org.uk/).

X:talk project: an organisation aiming to organise and empower sex workers. Their main task is teaching English classes to migrant sex workers. (More information and a list of regional services for sex workers: http://www.xtalkproject.net/).

Services for perpetrators of sexual violence

National Organisation for the Treatment of Abusers – NOTA UK – Ireland: a charity committed to reduce victimisation through the development of policy and practice with children and adults with harmful sexual behaviours, their families and communities. (More information: https://www.nota.co.uk/).

Respect UK: association providing services for perpetrators and young people who use violence and abuse in their close relationships. (More information: https://www.respect.uk.net/).

IRELAND

Sexual assault centres

The **Sexual Assault Treatment Units (SATU)** in Ireland are accessible **on call** 24 hours a day, 7 days a week, 365 days a year. Victims do not have to report what happened to the Gardaí/ Police to access this service.

If the incident has been reported to the Gardaí/ Police, they will arrange your appointment and help you get to the nearest SATU. In case the incident has not been reported (yet), please contact your local SATU by phone before you arrive.

Contact details of the 6 SATUs in Ireland are listed below.

Cork SATU - South Infirmary Victoria University Hospital.
Phone: 021 492 6297 weekdays from 8am to 4.30pm.
Phone: 021 492 6100 weekends and after 4.30pm, ask for SATU.

Donegal SATU - Justice Walsh Road, Letterkenny.
Phone: 087 06 81 964 at any time. This is a direct line to SATU.

Dublin SATU - Rotunda Hospital Campus.
Phone: 01 817 1736 weekdays from 8am to 5pm.
Phone: 01 817 1700 after 5pm and weekends, ask for SATU.

Galway SATU
Phone: 091 76 57 51 or 087 63 38 118 weekdays from 8am to 8pm.
Phone: 091 75 76 31 after 8pm and weekends, ask for SATU.

Mullingar SATU Midland Regional Hospital.
Phone: 044 939 4239 or 086 04 09 952 weekdays from 8am to 5pm.
Phone: 044 934 0221 after 5pm and weekends, ask for SATU.

Waterford SATU - University Hospital Waterford.
Phone: 051 842 157 weekdays from 8am to 5pm.
Phone: 051 848 000 after 5pm and weekends, ask for SATU.

If the victim is below the age of 14, please check the Child and Adolescent Forensic Medical Assessment Services on: https://www2.hse.ie/services/child-and-adolescent-forensic-medical-assessment-services/child-and-adolescent-forensic-medical-assessment-services.html

Other specialist services and support

Rape Crisis Centres: centres providing specialist support after sexual violence. (**More information and a list of rape crisis centres can be found on:** https://www.rapecrisishelp.ie/find-a-service/).

Legal information

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For further information regarding legal procedures, definitions and victims' rights in Ireland go to **https://www.victimscharter.ie/**

For further information regarding the rights of victims of trafficking in Ireland go to: http://blueblindfold.gov.ie/

For further information regarding the rights of sex workers in Ireland go to: https://sexworkersallianceireland.org/

Legal aid services

FLAC: a human rights organisation promoting equal access to justice for all. They provide legal aid in three ways: telephone information & referral line, in their local legal advice centres across Ireland and online information at their website. (More information: flac.ie).

Immigrant Council of Ireland – Promotes the rights of migrants through information, legal advice, advocacy, lobbying, research and training. (More information: https://www.immigrantcouncil.ie/).

Legal Aid Board: organisation providing access to justice for everyone. (More information: legalaidboard.ie).

Services for specific vulnerablities

(Un)accompanied minors

Tüsla: the Irish Child and Family Agency providing a range of universal and targeted services, including services responding to domestic, sexual and gender-based violence in minors. (More information: https://www.tusla.ie/).

Victims of trafficking

Ruhama: organisation providing free support to women affected by sexual exploitation, sex trafficking and other forms of commercial sexual exploitation, regardless of their legal status and language proficiency. (More information: https://www.ruhama.ie/).

LGBT+ persons

BeLonG To: an organisation offering personal support for LGBT+ young people from 14-23 years. These services include informal one-on-one chat services, professional counselling and drugs and alcohol support service. All are confidential, free of charge and welcoming to all young people, regardless of ability or disability. Information and advice is also are available on their website in English, Arabic, Urdu, French, Lithuanian and Polish. (More information: https://www.belongto.org/).

LGBT Ireland: national organisation providing support, training and advocacy which aims to improve the lives of LGBT+ people across Ireland. They provide an LGBT+ helpline (contact: 1890 929 539), a transgender family support line (01 907 3707), an online instant messaging support service as well as in person LGBT+ peer support groups across the country. (More information: https://lgbt.ie/).

Sex workers

Ruhama: organisation providing free support to women affected by sexual exploitation, sex trafficking and other forms of commercial sexual exploitation, regardless of their legal status and language proficiency. (More information: https://www.ruhama.ie/).

Sex Workers Alliance Ireland (SWAI): an NGO that works with sex workers for better access to rights, health and justice in Ireland. Their website provides clear information on the rights of sex workers and the services available for sex workers, including for LGBT+ sex workers, in Ireland. (More information: https://sexworkersallianceireland.org/).

Services for perpetrators of sexual violence

Move Ireland – Men Overcoming Violence: organisation facilitating men in a weekly group process that involves them taking responsibility for their violence and changing their attitude and behaviour. (More information: https://www.moveireland.ie/).

National Organisation for the Treatment of Abusers – NOTA UK – Ireland: a charity committed to reduce victimisation through the development of policy and practice with children and adults with harmful sexual behaviours, their families and communities. (More information: https://www.nota.co.uk/).

EUROPEAN UNION

For organisations providing assistance to victims across the European Union, please have a look at the interactive map of **Victim Support Europe**: https://victimsupport.eu/interactive-map/ and at the website of **Women Against Violence Europe (WAVE Network)**: https://www.wave-network.org/find-help/

For information on **victims' rights** in the **European Union**, go to: https://ec.europa.eu/info/policies/justice-and-fundamental-rights/criminal-justice/protecting-victims-rights/victims-rights-eu_en

OTHER USEFUL TOOLS TO IMPROVE YOUR PRACTICE

Zanzu: online tool to discuss sexuality issues in many different languages, with icons and explanations written and orally provided, possibility to switch between languages. **Available at**: https://www.zanzu.be

A brochure to facilitate **self-identification** of **victims of trafficking in human beings**. **Available in 22 languages at**: https://www.payoke.be/wp-content/uploads/2019/06/Brochure-multilingual-1.pdf

Brochure with information and advice for significant others supporting victims of sexual violence. Written by Prof. Dr. Keygnaert Ines and Van Melkebeke Inse. **Available at**: https://www.violencessexuelles.be/sites/default/files/bestanden/EN%20Guide%20for%20significant%20others%20victims%20of%20sexual%20violence_0.pdf

Comprehensive Massive Open Online Course (MOOC) on sexual violence and migration for professionals working with migrant victims of sexual violence. The course is published in Dutch, French, Italian and English and **available at the INHeRE-page on the website of ICRH Belgium**: https://www.icrhb.org/nl

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