

# What the eye does not see: a critical interpretive synthesis of European Union policies addressing sexual violence in vulnerable migrants

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**Abstract:** *In Europe, refugees, asylum seekers and undocumented migrants are more vulnerable to sexual victimisation than European citizens. They face more challenges when seeking care. This literature review examines how legal and policy frameworks at national, European and international levels condition the prevention of and response to sexual violence affecting these vulnerable migrant communities living in the European Union (EU). Applying the Critical Interpretive Synthesis method, we reviewed 187 legal and policy documents and 80 peer-reviewed articles on migrant sexual health for elements on sexual violence and further analysed the 37 legal and 12 peer-reviewed articles among them that specifically focused on sexual violence in vulnerable migrants in the EU-27 States. Legal and policy documents dealing with sexual violence, particularly but not exclusively in vulnerable migrants, apply ‘tunnel vision’. They ignore: a) frequently occurring types of sexual violence, b) victimisation rates across genders and c) specific risk factors within the EU such as migrants’ legal status, gender orientation and living conditions. The current EU policy-making paradigm relegates sexual violence in vulnerable migrants as an ‘outsider’ and ‘female only’ issue while EU migration and asylum policies reinforce its invisibility. Effective response must be guided by participatory rights- and evidence-based policies and a public health approach, acknowledging the occurrence and multiplicity of sexual victimisation of vulnerable migrants of all genders within EU borders.*  
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## Introduction

Sexual violence refers to the “use of physical force to compel a person to engage in a sexual act against his or her will, whether attempted or completed, involving a person who is unable to understand the nature or the condition of the act, to decline participation or to communicate unwillingness to engage in the sexual act”<sup>1</sup> and conducted “by any person regardless of their relationship to the victim, in any setting including but not limited to home and work”.<sup>2</sup> It includes sexual harassment, sexual abuse, attempted or completed rape, sexual exploitation, forced prostitution and the use of sexual violence as a weapon of war or torture,<sup>3</sup> and can generate severe sexual, reproductive, physical and mental health consequences and socio-economic problems in victims regardless of their gender.<sup>4,5</sup> It is also considered a global public health problem,<sup>6</sup> with potential harms afflicting victims, their peers, offspring, community, and eventually society.<sup>7,8</sup>

A World Health Organisation (WHO) report published in 2013 demonstrated that 25.4% of women and girls in the WHO European Region have been subject to sexual and physical violence by an intimate partner and 5.2% subject to sexual violence by non-partners – emphasizing the lack of data on men.<sup>6</sup> In the European Union (EU), lifetime prevalence is rated at 11% for women over the age of 15.<sup>9</sup> Research shows that compared to the general population, refugees, asylum seekers and undocumented migrants are at greater risk: up to 28.6% of male and 69.3% of female migrants have been subject to sexual violence since their arrival in Europe, by European professionals and citizens in a fifth and third of incidents respectively.<sup>10–12</sup> They also face numerous challenges upon seeking care in the aftermath.<sup>13,14</sup> In addition to general determinants such as age, gender, sexual orientation, prior victimisation or exposure to violence and other trauma, research has demonstrated that the pivotal determinant is their restricted legal

status, which hampers their active participation in society, puts them at risk of exploitation and abuse, and inhibits their access to health care.<sup>8,11,15–18</sup> Yet, whether and how European legal and policy frameworks address prevention of and response to sexual violence in these vulnerable migrants is rarely questioned. Hence, this literature review primarily aims to examine the extent and scope to which these frameworks have been addressing sexual violence in vulnerable migrant communities living in the EU since the Lisbon Treaty. Adopted in 2007, this forms the new constitutional basis of the EU. Secondly, we aim to discuss how the applied scope and extent might impact the prevention of and response to sexual victimisation of vulnerable migrants, while formulating recommendations for improvement.

### Methods

This review is part of a broader study on vulnerable migrants' sexual health and victimisation in the EU. We have chosen to divide the results of our study, focusing on sexual health and sexual violence separately, as the examined frameworks differ and often do not relate sexual violence to broader sexual health perspectives. For a detailed description of our methods and limitations, we refer to our previously published article on sexual health of vulnerable migrants and European legal and policy frameworks.<sup>17</sup>

Our conceptual framework combines a public health and rights-based approach with the socio-ecological model on health.<sup>19</sup> As our study is composed of a diverse data pool of literature addressing migration, sexual health and/or sexual violence, we chose to use Critical Interpretive Synthesis (CIS).<sup>20</sup> CIS is a review method tailored to study inequalities within healthcare systems, supporting the development of concepts and theories along the review process and the synthesis of “a diverse and complex body of evidence”.<sup>21,22</sup>

Our search was conducted through PubMed and Web of Science for peer-reviewed references and manual search for grey literature in English, French, Dutch and German. CIS favours prioritisation over exclusion and therefore our only criteria of selection were for publications to address policies regarding sexual health, sexual violence and/or migration policies with a specific focus on the European Union. Our study on sexual health ultimately included 187 grey literature documents and 80 peer-reviewed articles.

To locate references on sexual violence, our MESH terms included “sexual violence” as well as specific forms of sexual violence, combined with our target populations (“refugees”, “undocumented migrants”, “asylum seekers”, and more broadly “migrants”). Since we hypothesised that diverse groups might face specific vulnerabilities and depend upon different legal and policy documents, we also paid attention to migrant sex workers and lesbian, gay, bisexual and transgender (LGBT) migrants. The period of publication set forward was December 2007 (the adoption of the Lisbon Treaty, new constitutional framework for EU policies) - April 2013. Due to the scarcity of references, we subsequently decided to explore also earlier references cited in included publications. We limited our scope to the 27 EU Member States as of April 2013 (thus before Croatia entered the EU). Throughout this paper, we use ‘vulnerable migrants’ when references explicitly included all vulnerable migrant groups or did not differentiate among them; otherwise the target group is specified. Literature reviews do not require ethical approval within our University.

### Results

Out of the 187 legal and policy documents and 80 academic peer-reviewed references screened for the purpose of our broader study on sexual health, only 37 and 12 respectively focused specifically on sexual violence. Many documents are however cross-cutting, informing the context in which frameworks on sexual violence in (vulnerable) migrants have been developed. In what follows, we describe the evolution of the major legal and policy frameworks on sexual violence in vulnerable migrants and the gaps that emerged during our critical interpretive synthesis.

#### Global and European legal and policy frameworks

The 1994 International Conference on Population and Development in Cairo first acknowledged the right to be free from sexual violence and coercion as a health right of all, worldwide.<sup>23</sup> It recognised migrants' vulnerability to sexual victimisation and subsequent poor sexual health. Yet, it took about a decade before the United Nations (UN) issued specific guidelines on sexual violence in refugees and asylum seekers, however, limiting the understanding of sexual violence in this group to a form of violence experienced by women in conflict or as a weapon of war.<sup>3,24,25</sup> Moreover, global frameworks on sexual violence have used a confusing

terminology, jumping from ‘sexual violence’ to ‘violence against women (VAW)’ and later to ‘gender-based violence (GBV)’,<sup>6,26</sup> rarely defining what those terms precisely cover.

A European body of policy documents consequently emerged, initially framing sexual violence

in migrants in this scope of human rights, though focusing on victimisation of female migrants that occurred either in their countries of origin (war, torture), or during – forced – migration (trafficking), or resulting from harmful cultural practices such as female genital mutilation (FGM) (See Table 1.).<sup>27,30,76,77</sup>

**Table 1. 20 years of European Union legal provisions on sexual violence and migration**

Year	Document	Main relevant provisions	Reference
1997	Treaty of Amsterdam amending the Treaty on European Union, the Treaties establishing the European Commission and certain related acts	Establishing efficient policy responses to trafficking in human beings, including for sexual purposes and promoting prevention	11997D/TXT
2001	Council Directive on minimum standards for giving temporary protection in the event of a mass influx of displaced persons and on measures promoting a balance of efforts between Member States in receiving such persons and bearing the consequences thereof	Member States to provide medical and other forms of assistance to beneficiaries of temporary protection who have been victims of rape or other forms of “serious” sexual violence	2001/55/EC
2001	European Parliament resolution on female genital mutilation	Acknowledge FGM as human rights violation, particularly in the frame of the EU’s development policy – FGM a priority in the cooperation programmes for SRHR	A5-0285/2001
2002	Council Framework Decision on combating trafficking in human beings	Merely a judicial approach to trafficking; only minors are considered a particularly vulnerable group	2002/629/JHA
2003	Council Directive laying down minimum standards for the reception of asylum seekers	Specific needs of victims of rape and severe sexual violence (only after individual evaluation) to be taken into account for material reception conditions and treatment	2003/9/EC
2004	Council Directive on the residence permit issued to third country nationals who are victims of trafficking in human beings or who have been the subject of an action to facilitate illegal immigration, who cooperate with the competent authorities	Give victims a reasonable reflection period and a temporary residence when agreeing to cooperate with judicial authorities. Medical and other forms of assistance to be provided to such victims and especially the most vulnerable	2004/81/EC
2004	Council Directive on minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted	Victims of rape or other forms of sexual violence included in vulnerable migrant groups, Member States being asked to provide “adequate healthcare”	2004/83/EC

*(continued on next page)*

Table 1 (continued)			
Year	Document	Main relevant provisions	Reference
2005	EU Plan on best practices, standards and procedures for combating and preventing trafficking in human beings	Rights-based approach claimed but trafficking defined only as a “serious crime against persons”. Call for gender-specific prevention measures with attention to vulnerable groups (only unaccompanied minors mentioned)	2005/C 311/01
2006	European Parliament Resolution on the current situation in combating violence against women and any future action	Call to Member States to provide “proper protection” to migrant victims of domestic violence. Awareness-raising needed in the migrant community living in Europe on FGM as an “assault on women’s health and a violation of human rights” with a call for comprehensive European approach on the topic	P6_TA(2006)038
2008	The Lisbon Treaty – Treaty on the European Union and Treaty on the functioning of the European Union	Trafficking in human beings and sexual exploitation of women included in EU competences in harmonizing criminal law	12007L/TXT; 12008M/TXT
2008	Directive on common standards and procedures in Member States for returning illegally staying third country nationals	Victims of rape and sexual violence included in vulnerable groups, whose specific needs shall be taken into account during voluntary return periods and for the provision of emergency healthcare in detention	2008/115/EC
2009	The Stockholm Programme: an open and secure Europe serving and protecting its citizens	Specific mention of greater vulnerability of victims of FGM and GBV in Member States of which they are not citizens or residents	2010/C 115/01
2009	European Parliament Resolution on the elimination of violence against women	Mention of specific vulnerabilities of female migrants and refugees. Awareness-raising on FGM needed in the migrant community living in Europe	P7_TA(2009)0098
2010	European Parliament Resolution on social integration of women belonging to minority ethnic groups	Prevention of GBV and protection services to cover all women independently of their legal status	P7_TA(2010)0305
2011	Directive on standards for the qualification of third country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted	Asylum claims assessment should take into account specific vulnerabilities of victims of rape and other forms of sexual violence, only after an individual evaluation confirms the specific needs. Adequate healthcare should be provided	2011/95/EU

Table 1 (continued)

Year	Document	Main relevant provisions	Reference
2011	Directive on preventing and combating trafficking in human beings and protecting its victims, and replacing Council Framework Decision 2002/629/JHA	Mention of various prevention strategies, including trainings for officials and in a gender perspective	2011/36/EU
2012	Directive establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA	No reference to migrants or vulnerable migrant groups, only to victims in a Member State of which they are not nationals or residents. Sexual assault and harassment recognized as forms of sexual violence beyond rape, trafficking and FGM	2012/29/EU
2013	Directive laying down standards for the reception of applicants for international protection	Member States are requested to take appropriate measures to prevent sexual violence in accommodation premises, including sexual assault and harassment, to ensure access to appropriate medical and psychological treatment and to provide information on these measures to the European Commission (Annex 1)	2013/33/EU
2013	Regulation establishing the criteria and mechanisms for determining the Member State responsible for examining an application for international protection lodged in one of the Member States by a third-country national or a stateless person	Member States must provide information on sexual violence victimization for medical purposes to another Member State in case of transfer of an individual under international protection	604/2013
2013	Directive on common procedures for granting and withdrawing international protection	Special guarantee procedures for victims of sexual violence before first instance decisions and throughout the asylum procedure; recognition of vulnerability due to gender identity and sexual orientation	2013/32/EU
2013	European Parliament resolution on the situation of unaccompanied minors in the EU	Provision of adequate medical and psychological care to unaccompanied minors victims of sexual violence; recognition of minors' and particularly girls' vulnerability to trafficking for sexual exploitation; call for enhanced prevention and reporting mechanisms	2012/2263
<p><i>Note: This table exclusively includes legal and policy frameworks that have been adopted or voted by European Union institutions and published in its Official Journal, and which contain provisions on both sexual violence and migration. It therefore leaves aside broader frameworks on sexual health, migration, as well as any framework adopted by other regional or international bodies.</i></p>			

In 1997, the EU discussed trafficking and sexual exploitation in the Hague Conference, which resulted in the “STOP” programs: the first EU funding opportunity for capacity-building around issues of trafficking.<sup>27</sup> In 2000, the Council of Europe (CoE) issued a Recommendation<sup>28</sup> and a Convention on trafficking and sexual exploitation.<sup>29</sup> A Council Framework Decision was then adopted in 2002,<sup>30</sup> followed by a specific plan and the promotion of cooperation among Member States and with the EU border management agency, FRONTEX.<sup>31,32</sup>

In 2011, the European Commission launched a small-scale “Pilot project for foreign Victims of Torture”,<sup>33</sup> yet the EU Qualification Directive for international protection of asylum seekers (2011) differentiated sexual violence from torture,<sup>34</sup> and therefore it was not included in the Pilot. Simultaneously, FGM was tackled in different European Parliament Resolutions and in the European Commission Strategy for Equality between Women and Men.<sup>35–37</sup>

As aforementioned, the existing frameworks focus on women and ignore male victimisation. It was only in around 2010 that LGBT migrants appeared in legal provisions around migration and/or sexual violence.<sup>38,39</sup> Although they are considered particularly vulnerable to sexual violence in both origin and host countries,<sup>40</sup> and the UN Refugee Agency (UNHCR) guidelines increasingly included them,<sup>3,41</sup> very few asylum seekers have reportedly obtained a legal status in the EU based on their gender identity and/or sexual orientation.<sup>42</sup> As such, this migrant group occurs rarely in reports.<sup>43</sup> Yet, academic literature demonstrates that LGBT migrants are often confronted with stereotypes and negative attitudes from migration agencies staff, resulting in their enduring invisibility.<sup>44</sup> The European Asylum Support Office (EASO), established in 2011, only aimed at developing a training module on gender in the course of 2014, although Non-Governmental Organisations (NGOs) strongly advocated to develop its gender expertise.<sup>45</sup> Migrant sex workers also face specific challenges. In many EU Member States, including those where sex work is legalised, sex workers are often requested to exit the sex industry before applying for legal assistance<sup>46</sup> - which is not always a feasible and/or safe option for them, particularly for undocumented ones. It also ignores the agency of those migrants who are engaging in sex work for economic reasons.

### Impact of legal and policy frameworks on migration practices at European, regional and national level

The vision behind EU frameworks has a direct impact on how sexual violence victimisation in migrants is addressed during the lengthy procedures for protection status. The EU Qualification Directive endorses the use of Country of Origin Information (COI)<sup>34</sup> following UNHCR recommendations championing COI since 2003 as an effective way to “become informed about the refugee and host country or community culture, protection traditions, customs, and gender/power relations”.<sup>3</sup> Within the EU, EASO provides national authorities with COI to help assess the validity of asylum claims.<sup>47</sup> NGOs note that COI is often unreliable and misused during assessment,<sup>48</sup> including in the case of LGBT individuals.<sup>40</sup> A recent ruling from the European Court of Human Rights on the case of an LGBT asylum seeker shows an inconsistency, stating that “on a purely pragmatic basis, it cannot be required that an expelling Contracting State only returns an alien to a country which is in full and effective enforcement of all rights and freedoms set out in the Convention”.<sup>49</sup>

Despite a growing body of frameworks around trafficking and FGM, few EU Member States have implemented adapted prevention and response policies and tools. In 2010, only 10 of the 27 Member States applied a rights-based approach towards victims of trafficking and only nine clearly framed FGM in their criminal law,<sup>50</sup> resulting in a low number of cases reaching European national courts.<sup>51</sup> More generally, only seven had gender-sensitive National Action Plans on sexual violence in both general and migrant populations in 2011,<sup>52</sup> and less than half of the 27 Member States provided dedicated services or helplines to rape victims in 2013.<sup>53</sup> Our search identified only one explicit strategy on prevention of sexual violence in migrants, including undocumented migrants, namely in Spain.<sup>54</sup>

Building and implementing prevention and response tools require investments, including financial ones. Although funding opportunities and joint initiatives between public health services, governmental agencies and NGOs have been encouraged by the EU and the Council of Europe,<sup>32,33,55,56</sup> NGOs are voicing strong concerns about their structural lack of funding limiting them to volunteer-based, small-scale and short-term initiatives.<sup>10,52,57,58</sup> This has an impact on migrant victims of sexual violence and their communities.

### A new starting point?

Yet, two recent European instruments seem promising for future effective prevention and response policies.

The 2003 European Directive on minimum standards for reception of asylum seekers stipulated that victims of sexual violence (notably sexual torture or rape) should receive treatment.<sup>59</sup> Its 2013 recast goes further and now requests EU Member States to take “appropriate measures that prevent gender-based violence including sexual assault and harassment” within reception centres and accommodation facilities, and to ensure “access to appropriate medical and psychological treatment or care for vulnerable groups”, which now include victims of a range of sexual violence forms.<sup>60</sup> These requirements remain limited but might be a starting point for more holistic prevention and response policies. Member States had until July 2015 to translate those provisions into national law, meaning their implementation remains to be evaluated.

The second potentially fruitful instrument is the European “Istanbul” Convention on preventing and combating violence against women and domestic violence,<sup>56</sup> which endorses a definition of sexual violence based on the absence of consent. It also proposes that multiple perpetrators or repeated offences are to be considered aggravating circumstances in legislation. Moreover, a full chapter (VII) is dedicated to migration and asylum, broadening opportunities regarding residence status, gender-based asylum claims and non-refoulement. The Convention was voted by the CoE in 2011 and entered into force in 2014. Only 11 EU Member States have ratified it while twelve others have only signed it.<sup>61</sup> Since the Lisbon Treaty, the EU itself can sign international agreements and the Istanbul Convention explicitly allows it. A European Parliament Resolution voted in 2014 asks the Commission to “promote national ratifications and launch the procedure for the accession of the EU to the Istanbul Convention on violence against women, once it has evaluated the impact and added value the latter would have”.<sup>62</sup> To this day the EU has not yet signed this Convention.

### Discussion

Our results firstly show that at global and European levels, legal provisions fuel a double and somehow contradictory interaction between sexual violence

and migrants’ legal status. On the one hand, the increased recognition of sexual violence as a breach of human rights has led to the adoption of provisions opening international protection to victims. On the other hand, as shown above, vulnerable migrants still face major legal obstacles when trying to access sexual and reproductive health services<sup>17,63–65</sup> or when seeking protection.<sup>34</sup>

Yet, above all, our results reveal that the current legal and policy frameworks on violence, migration and migrant health, apply too narrow a scope of sexual violence by a) focusing solely on female victimisation, b) ignoring the most vulnerable among the vulnerable migrants (undocumented, LGBT, sex workers,...) and c) focusing predominantly on victimisation in the countries (sexual violence as a weapon of war, torture, trafficking) or cultures of origin (e.g. FGM).

Secondly, a confusion of sexual violence with violence against women appears. While the latter encompasses physical, emotional, socio-economic and sexual violence against women, it ignores that also men and transgender people are frequently enduring those types of violence, including sexual violence. Studies show that migrant men are especially vulnerable to sexual victimisation,<sup>11,16,66–68</sup> although women represent the majority of victims.<sup>5</sup> Hence, current frameworks structurally ignore potential male migrant victims. This is exemplified in article 60 of the Istanbul Convention stipulating that gender guidelines and gender-sensitive asylum and reception procedures, including application for international protection status, should be developed. However, the Convention only tackles female victims. We argue that the current binary vision of women-victims, men-perpetrators ignores the complexity and multiplicity of sexual violence, women’s agency, male and LGBT victims, and finally, the role of all genders in the continuation of accepting social norms on violence.<sup>18,69</sup> This could be exemplified by the interaction of stigma associated with sex work, migration and homosexuality that migrant male sex workers are often faced with.<sup>70</sup> Finally, we are convinced that any credible prevention policy should address all genders as their “equal participation [...] is a crucial factor for lasting development” and long-term change.<sup>71</sup>

Third and finally, our results demonstrate that when legal frameworks do tackle sexual violence and subsequent victims’ needs, they focus on a limited set of sexual violence forms. Trafficking for sexual exploitation purposes and FGM clearly hold a pole position in this respect. This not only

“fail[s] to acknowledge the diverse experiences of violence that migrants may experience”,<sup>72</sup> it can also be considered an “othering”<sup>73</sup> or even “bordering” practice<sup>74</sup> putting the agency of perpetration merely in the countries or cultures of origin. When victimisation in host countries is considered, for example in the recast Directive of minimum reception standards of asylum seekers mentioning accommodation centres,<sup>60</sup> occurrences of sexual violence in migrants outside those centres remain ignored. Finally, European citizens and professionals are not assumed to potentially sexually victimise migrants while research has shown that they do<sup>11,75</sup> – meaning prevention policies are inadequate and further expose migrants. Here again, the Istanbul Convention<sup>56</sup> broadens the scope as it includes different types of sexual violence. Yet, unlike the articles on gender-based asylum claims and non-refoulement for victims of violence against women, the article on protective measures related to the residence status of a victim (art.59) is still subject to national conditioning.

## Conclusions

This paper examined the extent and scope of legal and policy frameworks addressing sexual violence in vulnerable migrants and their potential impact on prevention and response strategies. Our results show that the main obstacle to holistic and effective prevention and response policies at EU level seems to be not so much the lack of frameworks, as a lack of scope in covering the complexity and multiplicity of sexual violence, for vulnerable migrants but also for the general EU population. The current paradigm in EU policy-making enforces the notion that

sexual violence is an ‘outsider’ issue, with violence against migrants happening almost exclusively within their countries of origin or on Europe’s doorstep, and/or caused by cultural factors. The EU’s own migration and asylum policies contribute to the reinforcement of the invisibility of this vulnerable population. The interaction between migrants’ status, living conditions and sexual violence is complex; however it is striking that while sexual victimisation should open grounds for international protection, the legal and social status of migrants still largely prevents their access to specialised support and care in Europe.

By not openly acknowledging sexual victimisation of vulnerable migrants happening on its territory or the impact of its own policies, and thus “othering” and “bordering” sexual violence in migrants, the EU suffers from tunnel vision. As the proverb goes, “what the eye does not see, the heart does not grieve over”. We argue that by remaining ignorant of the diversity in the types of sexual violence that affect vulnerable migrants, simply because they are migrants, and to a lesser extent because of their gender and origin, the EU is less likely to produce and enforce effective legal and policy frameworks on sexual violence prevention and response. In order to address reality and to contribute to European public health, we urge EU policy makers to acknowledge the true magnitude, nature and determinants of sexual violence in vulnerable migrants within the EU and to take this into account when discussing and deciding on measures of prevention and response at European and global fora.

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## Résumé

En Europe, les réfugiés, les demandeurs d'asile et les migrants sans papiers sont plus vulnérables à la victimisation sexuelle que les citoyens européens. Ils rencontrent davantage d'obstacles pour obtenir des soins. Cet examen des publications analyse comment les cadres juridiques et politiques aux niveaux national, européen et international conditionnent la prévention et le traitement de la violence sexuelle touchant ces communautés migrantes vulnérables qui vivent dans l'Union européenne (UE). À l'aide de la méthode de synthèse interprétative critique, nous avons recherché des éléments sur la violence sexuelle dans 187 documents juridiques et politiques et 80 articles publiés dans des revues à comité de lecture sur la santé sexuelle des migrants. Parmi ces documents, nous avons également analysé les 37 articles juridiques et 12 articles de revues à comité de lecture qui traitaient spécifiquement de la violence sexuelle chez les migrants vulnérables dans les 27 pays de l'UE. Les documents politiques et juridiques abordant la violence sexuelle, en particulier, mais pas exclusivement chez les migrants vulnérables, appliquent une « vision étroite ». Ils ignorent : a) les types fréquents de violence sexuelle ; b) les taux de victimisation entre sexes ; et c) les facteurs spécifiques de risque au sein de l'UE, comme la situation juridique des migrants, leur orientation sexuelle et leurs conditions de vie. Actuellement, le paradigme politique de l'UE confine la violence sexuelle chez les migrants vulnérables à une question « extérieure » et « uniquement féminine », alors que les politiques de l'UE en matière de migrations et d'asile renforcent son invisibilité. Pour être opérante, la riposte doit être guidée par des politiques participatives à base factuelle et fondées sur les droits, et par une approche de santé publique, et elle doit reconnaître la réalité et la multiplicité de la victimisation sexuelle des migrants vulnérables de tous les sexes au sein des frontières de l'UE.

## Resumen

En Europa, refugiados, solicitantes de asilo y migrantes indocumentados son más vulnerables a la persecución sexual que la ciudadanía europea. Enfrentan más retos cuando buscan atención médica. Esta revisión de la literatura examina cómo los marcos jurídicos y políticos a nivel nacional, europeo e internacional condicionan la prevención de y respuesta a la violencia sexual que afecta a estas comunidades de migrantes vulnerables que viven en la Unión Europea (UE). Aplicando el método de Síntesis Interpretativa Crítica, revisamos 187 documentos jurídicos y políticos y 80 artículos revisados por pares sobre la salud sexual de migrantes, en busca de elementos de violencia sexual; de estos, analizamos los 37 artículos jurídicos y 12 artículos revisados por pares enfocados específicamente en violencia sexual contra migrantes vulnerables en la UE-27 Estados. Los documentos jurídicos y políticos que tratan sobre violencia sexual, particular pero no exclusivamente en migrantes vulnerables, aplican la 'visión de túnel'. Hacemos caso omiso de: a) los tipos de violencia sexual que ocurren con frecuencia, b) las tasas de persecución de todos los géneros c) factores de riesgo específicos en la UE, tales como el estatus legal, orientación de género y condiciones de vida de cada migrante. El paradigma de formulación de políticas de la UE relega la violencia sexual en migrantes vulnerables como un asunto de 'extranjeros' y 'mujeres únicamente', mientras que las políticas de migración y asilo de la UE reafirman su invisibilidad. Una respuesta eficaz debe ser guiada por políticas participativas basadas en derechos y evidencia y un enfoque en salud pública, reconociendo la ocurrencia y multiplicidad de la persecución sexual de migrantes vulnerables de todos los géneros dentro de las fronteras de la UE.